

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

|                                                              |                        |                            |
|--------------------------------------------------------------|------------------------|----------------------------|
| Facility Name: Choate Mental Health and Developmental Center |                        |                            |
| Street Address: 1000 N. Main St.                             |                        |                            |
| City and Zip Code: Anna, 62906                               |                        |                            |
| County: Union                                                | Health Service Area: 5 | Health Planning Area: F-07 |

**Applicant(s)** [Provide for each applicant (refer to Part 1130.220)]

|                                                                  |
|------------------------------------------------------------------|
| Exact Legal Name: Choate Mental Health and Developmental Center  |
| Street Address: 1000 N. Main St                                  |
| City and Zip Code: Anna, 62906                                   |
| Name of Registered Agent: Amy Crawford                           |
| Registered Agent Street Address: 69 W. Washington St., Suite 901 |
| Registered Agent City and Zip Code: Chicago 60602                |
| Name of Chief Executive Officer: Dulce Quintero                  |
| CEO Street Address: 401 S. Clinton St., 7 <sup>th</sup> Fl.      |
| CEO City and Zip Code: Chicago 60607                             |
| CEO Telephone Number: (217) 557-1603                             |

**Type of Ownership of Applicants**

|                                                                                                                                                                                                                                                                                                                                                  |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Partnership                                  |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Governmental                      |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> |
| Other                                                                                                                                                                                                                                                                                                                                            |                                                                       |
| <ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li></ul> |                                                                       |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                             |                                                                       |

**Primary Contact** [Person to receive ALL correspondence or inquiries]

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| Name: Amy Crawford                                                                         |
| Title: General Counsel                                                                     |
| Company Name: Illinois Department of Human Services                                        |
| Address: 60 W. Washington St., Suite 901, Chicago, IL 60602                                |
| Telephone Number: (312) 485-9253                                                           |
| E-mail Address: <a href="mailto:amy.crawford2@illinois.gov">amy.crawford2@illinois.gov</a> |
| Fax Number: N/A                                                                            |

**Additional Contact** [Person who is also authorized to discuss the application for permit]

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| Name: Ryan Rollinson                                                                         |
| Title: Chief of Staff, Division of Behavioral Health and Recovery                            |
| Company Name: Illinois Department of Human Services                                          |
| Address: 401 S. Clinton, 2 <sup>nd</sup> Fl., Chicago, IL 60607                              |
| Telephone Number: (312) 405-3214                                                             |
| E-mail Address: <a href="mailto:Ryan.Rollinson@illinois.gov">Ryan.Rollinson@illinois.gov</a> |
| Fax Number: (312) 814-4832                                                                   |

**Post Permit Contact**

[Person to receive all correspondence after permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

|                                                             |
|-------------------------------------------------------------|
| Name: Amy Crawford                                          |
| Title: General Counsel                                      |
| Company Name: Illinois Department of Human Services         |
| Address: 69 W. Washington St., Suite 901, Chicago, IL 60602 |
| Telephone Number: (312) 485-9253                            |
| E-mail Address: amy.crawford2@illinois.gov                  |
| Fax Number: N/A                                             |

**Site Ownership**

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: Illinois Department of Human Services                                                                                                                                                                                                                                           |
| Address of Site Owner: 100 S. Grand Ave. E, Springfield, IL 62704                                                                                                                                                                                                                                               |
| Street Address or Legal Description of the Site:<br>1000 S. Main Street<br>Anna, IL 62906                                                                                                                                                                                                                       |
| <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b> |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                           |

**Operating Identity/Licensee**

[Provide this information for each applicable facility and insert after this page.]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|-------------------------------------------------|--------------------------------------------------|----------------------------------------------------|----------------------------------------------|--------------------------------|--------------------------|
| Exact Legal Name: Illinois Department of Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |
| Address: 100 S. Grand Ave. E, Springfield, IL 62704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |
| <table border="0"><tr><td><input type="checkbox"/> Non-profit Corporation</td><td><input type="checkbox"/> Partnership</td></tr><tr><td><input type="checkbox"/> For-profit Corporation</td><td><input checked="" type="checkbox"/> Governmental</td></tr><tr><td><input type="checkbox"/> Limited Liability Company</td><td><input type="checkbox"/> Sole Proprietorship</td></tr><tr><td><input type="checkbox"/> Other</td><td><input type="checkbox"/></td></tr></table> <ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li><li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul> | <input type="checkbox"/> Non-profit Corporation  | <input type="checkbox"/> Partnership | <input type="checkbox"/> For-profit Corporation | <input checked="" type="checkbox"/> Governmental | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Other | <input type="checkbox"/> |
| <input type="checkbox"/> Non-profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Partnership             |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |
| <input type="checkbox"/> For-profit Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Governmental |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |
| <input type="checkbox"/> Limited Liability Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Sole Proprietorship     |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |
| <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                         |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                                      |                                                 |                                                  |                                                    |                                              |                                |                          |

**Organizational Relationships**

|                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution. |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                       |

### Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

**APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### DESCRIPTION OF PROJECT

#### 1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☒ Substantive

☐ Non-substantive

## 2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Illinois Department of Human Services Division of Behavioral Health and Recovery seeks a permit to discontinue providing inpatient psychiatric services at the Choate Mental Health and Developmental Center in Anna, Illinois ("Choate"). Choate is located at 1000 N. Main Street, Anna, Illinois 62906. The 75-psychiatric beds currently in operation will be completely phased down at Choate. This capacity will be replaced and expanded upon in the region and other parts of the system, based on need. IDHS' 40-bed forensic unit for individuals with developmental and intellectual disabilities will remain operational.

The project is classified as substantive, in that it involves a discontinuation of a category of service within an existing healthcare facility per 77 Ill. Admin. Code 1110.20(c)(1)(B)(ii).

### Project Costs and Sources of Funds – NOT APPLICABLE

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

| Project Costs and Sources of Funds                                                                                                                    |          |             |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-------|
| USE OF FUNDS                                                                                                                                          | CLINICAL | NONCLINICAL | TOTAL |
| Preplanning Costs                                                                                                                                     |          |             |       |
| Site Survey and Soil Investigation                                                                                                                    |          |             |       |
| Site Preparation                                                                                                                                      |          |             |       |
| Off Site Work                                                                                                                                         |          |             |       |
| New Construction Contracts                                                                                                                            |          |             |       |
| Modernization Contracts                                                                                                                               |          |             |       |
| Contingencies                                                                                                                                         |          |             |       |
| Architectural/Engineering Fees                                                                                                                        |          |             |       |
| Consulting and Other Fees                                                                                                                             |          |             |       |
| Movable or Other Equipment (not in construction contracts)                                                                                            |          |             |       |
| Bond Issuance Expense (project related)                                                                                                               |          |             |       |
| Net Interest Expense During Construction (project related)                                                                                            |          |             |       |
| Fair Market Value of Leased Space or Equipment                                                                                                        |          |             |       |
| Other Costs to Be Capitalized                                                                                                                         |          |             |       |
| Acquisition of Building or Other Property (excluding land)                                                                                            |          |             |       |
| <b>TOTAL USES OF FUNDS</b>                                                                                                                            |          |             |       |
| SOURCE OF FUNDS                                                                                                                                       | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities                                                                                                                                   |          |             |       |
| Pledges                                                                                                                                               |          |             |       |
| Gifts and Bequests                                                                                                                                    |          |             |       |
| Bond Issues (project related)                                                                                                                         |          |             |       |
| Mortgages                                                                                                                                             |          |             |       |
| Leases (fair market value)                                                                                                                            |          |             |       |
| Governmental Appropriations                                                                                                                           |          |             |       |
| Grants                                                                                                                                                |          |             |       |
| Other Funds and Sources                                                                                                                               |          |             |       |
| <b>TOTAL SOURCES OF FUNDS</b>                                                                                                                         |          |             |       |
| <b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b> |          |             |       |

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

|                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Purchase Price: NOT APPLICABLE<br>Fair Market Value: NOT APPLICABLE                                                              |
| The project involves the establishment of a new facility or a new category of service<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                   |
| If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. |
| Estimated start-up costs and operating deficit cost is \$ NOT APPLICABLE.                                                                                                                                                                      |

**Project Status and Completion Schedules**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>For facilities in which prior permits have been issued please provide the permit numbers.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Indicate the stage of the project's architectural drawings:<br><br><input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Schematics <input type="checkbox"/> Final Working                                                                                                                                                                                                                                                                                                                          |
| Anticipated project completion date (refer to Part 1130.140): December 31, 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <b>NOT APPLICABLE</b><br><br><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies<br><input type="checkbox"/> Financial Commitment will occur after permit issuance. |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**State Agency Submittals** [Section 1130.620(c)]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are the following submittals up to date as applicable?<br><br><input type="checkbox"/> Cancer Registry NOT APPLICABLE<br><input type="checkbox"/> APORS NOT APPLICABLE<br><input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted NOT APPLICABLE<br>All reports regarding outstanding permits NOT APPLICABLE<br><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Cost Space Requirements – NOT APPLICABLE

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

**Not Reviewable Space [i.e., non-clinical]:** means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

| Dept. / Area          | Cost | Gross Square Feet |          | Amount of Proposed Total Gross Square Feet That Is: |            |       |               |
|-----------------------|------|-------------------|----------|-----------------------------------------------------|------------|-------|---------------|
|                       |      | Existing          | Proposed | New Const.                                          | Modernized | As Is | Vacated Space |
| <b>REVIEWABLE</b>     |      |                   |          |                                                     |            |       |               |
| Medical Surgical      |      |                   |          |                                                     |            |       |               |
| Intensive Care        |      |                   |          |                                                     |            |       |               |
| Diagnostic Radiology  |      |                   |          |                                                     |            |       |               |
| MRI                   |      |                   |          |                                                     |            |       |               |
| Total Clinical        |      |                   |          |                                                     |            |       |               |
|                       |      |                   |          |                                                     |            |       |               |
| <b>NON-REVIEWABLE</b> |      |                   |          |                                                     |            |       |               |
| Administrative        |      |                   |          |                                                     |            |       |               |
| Parking               |      |                   |          |                                                     |            |       |               |
| Gift Shop             |      |                   |          |                                                     |            |       |               |
|                       |      |                   |          |                                                     |            |       |               |
| Total Non-clinical    |      |                   |          |                                                     |            |       |               |
| <b>TOTAL</b>          |      |                   |          |                                                     |            |       |               |

**APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

|                                                                                                      |                 |            |                      |             |               |
|------------------------------------------------------------------------------------------------------|-----------------|------------|----------------------|-------------|---------------|
| FACILITY NAME: Choate Mental Health and Developmental Center                                         |                 |            | CITY: Anna, Illinois |             |               |
| REPORTING PERIOD DATES: From: 1/1/25 to: 12/31/25                                                    |                 |            |                      |             |               |
| Category of Service                                                                                  | Authorized Beds | Admissions | Patient Days         | Bed Changes | Proposed Beds |
| Medical/Surgical                                                                                     |                 |            |                      |             |               |
| Obstetrics                                                                                           |                 |            |                      |             |               |
| Pediatrics                                                                                           |                 |            |                      |             |               |
| Intensive Care                                                                                       |                 |            |                      |             |               |
| Comprehensive Physical Rehabilitation                                                                |                 |            |                      |             |               |
| Acute/Chronic Mental Illness                                                                         | 75              | 64         | 32,780               | -75         | 0             |
| Neonatal Intensive Care                                                                              |                 |            |                      |             |               |
| General Long-Term Care                                                                               |                 |            |                      |             |               |
| Specialized Long-Term Care                                                                           |                 |            |                      |             |               |
| Long Term Acute Care                                                                                 |                 |            |                      |             |               |
| Other ((identify): Forensic Beds for Individuals with Developmental and/or Intellectual Disabilities | 40              | 29         | 8942                 | 0           | 40            |
| TOTALS:                                                                                              | 115             | 93         | 41,722               | -75         | 40            |

## CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors.
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist).
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist).
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of the Illinois Department of Human Services in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Dulce M. Quintero

PRINTED NAME

Secretary

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

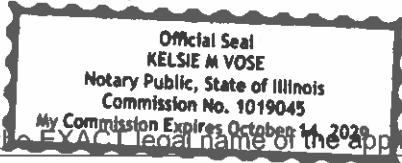
Subscribed and sworn to before me  
this 21<sup>st</sup> day of September 2020

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

Signature of Notary

Seal

## SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

### Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

#### REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

#### IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

**APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

### SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS – Not Applicable

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### 1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

##### **BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
  - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

**Criterion 1110.110(b) & (d)**

**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.**

**APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES: Not Applicable**

- 1) Identify **ALL** the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost.
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

### Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

#### SIZE OF PROJECT: NOT APPLICABLE

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

| SIZE OF PROJECT    |                       |                   |            |                  |
|--------------------|-----------------------|-------------------|------------|------------------|
| DEPARTMENT/SERVICE | PROPOSED<br>BGSF/DGSF | STATE<br>STANDARD | DIFFERENCE | MET<br>STANDARD? |
|                    |                       |                   |            |                  |

**APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

#### PROJECT SERVICES UTILIZATION: NOT APPLICABLE

**This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

| UTILIZATION |                       |                                                |                                  |                       |                       |
|-------------|-----------------------|------------------------------------------------|----------------------------------|-----------------------|-----------------------|
|             | DEPT./<br>SERVIC<br>E | HISTORICAL<br>UTILIZATION<br>(PATIENT<br>DAYS) | PROJECTE<br>D<br>UTILIZATIO<br>N | STATE<br>STANDAR<br>D | MEET<br>STANDARD<br>? |
|             |                       |                                                |                                  |                       |                       |

|  |        |  |                      |  |  |  |  |
|--|--------|--|----------------------|--|--|--|--|
|  |        |  | (TREATMENTS)<br>ETC. |  |  |  |  |
|  | YEAR 1 |  |                      |  |  |  |  |
|  | YEAR 2 |  |                      |  |  |  |  |

**APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**UNFINISHED OR SHELL SPACE: NOT APPLICABLE**

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
3. Evidence that the shell space is being constructed due to:
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data is available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ASSURANCES: NOT APPLICABLE**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## SECTION X. SAFETY NET IMPACT STATEMENT

**SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

1. The project's material impact, if any, on essential safety net services in the community, **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 37.**

| Safety Net Information per PA 96-0031 |      |      |      |
|---------------------------------------|------|------|------|
| CHARITY CARE                          |      |      |      |
| Charity (# of patients)               | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| Total                                 |      |      |      |
| Charity (cost in dollars)             |      |      |      |

|                                 |             |             |             |
|---------------------------------|-------------|-------------|-------------|
| Inpatient                       |             |             |             |
| Outpatient                      |             |             |             |
| <b>Total</b>                    |             |             |             |
| <b>MEDICAID</b>                 |             |             |             |
| <b>Medicaid (# of patients)</b> | <b>Year</b> | <b>Year</b> | <b>Year</b> |
| Inpatient                       |             |             |             |
| Outpatient                      |             |             |             |
| <b>Total</b>                    |             |             |             |
| <b>Medicaid (revenue)</b>       |             |             |             |
| Inpatient                       |             |             |             |
| Outpatient                      |             |             |             |
| <b>Total</b>                    |             |             |             |

---

**APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## SECTION X. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

| CHARITY CARE                     |      |      |      |
|----------------------------------|------|------|------|
|                                  | Year | Year | Year |
| <b>Net Patient Revenue</b>       |      |      |      |
| Amount of Charity Care (charges) |      |      |      |
| Cost of Charity Care             |      |      |      |

APPEND DOCUMENTATION AS **ATTACHMENT 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM**  
**- NOT APPLICABLE**

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: \_\_\_\_\_  
(Name) (Address)  
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: \_\_\_\_\_  
(Address) (City) (State)  
\_\_\_\_\_  
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

**IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes\_\_\_ No \_\_\_?**

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?**

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

(City) (State) (ZIP Code) (Telephone Number)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

**If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428**

| INDEX OF ATTACHMENTS |                                                                                                        |     |  |
|----------------------|--------------------------------------------------------------------------------------------------------|-----|--|
| ATTACHMENT<br>NO.    |                                                                                                        |     |  |
| PAGES                |                                                                                                        |     |  |
| 1                    | Applicant Identification including Certificate of Good Standing                                        | 22  |  |
| 2                    | Site Ownership                                                                                         | 23  |  |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 34  |  |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  | 35  |  |
| 5                    | Flood Plain Requirements                                                                               | N/A |  |
| 6                    | Historic Preservation Act Requirements                                                                 | N/A |  |
| 7                    | Project and Sources of Funds Itemization                                                               | N/A |  |
| 8                    | Financial Commitment Document if required                                                              | N/A |  |
| 9                    | Cost Space Requirements                                                                                | N/A |  |
| 10                   | Discontinuation                                                                                        | 37  |  |
| 11                   | Background of the Applicant                                                                            | 56  |  |
| 12                   | Purpose of the Project                                                                                 | 60  |  |
| 13                   | Alternatives to the Project                                                                            | N/A |  |
| 14                   | Size of the Project                                                                                    | N/A |  |
| 15                   | Project Service Utilization                                                                            | N/A |  |
| 16                   | Unfinished or Shell Space                                                                              | N/A |  |
| 17                   | Assurances for Unfinished/Shell Space                                                                  | N/A |  |
| 18                   | Relationship to Previously Approved Master Design Projects                                             | N/A |  |
|                      | <b>Service Specific:</b>                                                                               |     |  |
| 19                   | Medical Surgical Pediatrics, Obstetrics, ICU                                                           | N/A |  |
| 20                   | Comprehensive Physical Rehabilitation                                                                  | N/A |  |
| 21                   | Acute Mental Illness                                                                                   | N/A |  |
| 22                   | Open Heart Surgery                                                                                     | N/A |  |
| 23                   | Cardiac Catheterization                                                                                | N/A |  |
| 24                   | In-Center Hemodialysis                                                                                 | N/A |  |
| 25                   | Non-Hospital Based Ambulatory Surgery                                                                  | N/A |  |
| 26                   | Selected Organ Transplantation                                                                         | N/A |  |
| 27                   | Kidney Transplantation                                                                                 | N/A |  |
| 28                   | Subacute Care Hospital Model                                                                           | N/A |  |
| 29                   | Community-Based Residential Rehabilitation Center                                                      | N/A |  |
| 30                   | Long Term Acute Care Hospital                                                                          | N/A |  |
| 32                   | Clinical Service Areas Other than Categories of Service                                                | N/A |  |
| 33                   | Freestanding Emergency Center Medical Services                                                         | N/A |  |
| 33                   | Birth Center                                                                                           | N/A |  |
|                      | <b>Financial and Economic Feasibility:</b>                                                             |     |  |
| 34                   | Availability of Funds                                                                                  | N/A |  |
| 35                   | Financial Waiver                                                                                       | N/A |  |
| 36                   | Financial Viability                                                                                    | N/A |  |
| 37                   | Economic Feasibility                                                                                   | N/A |  |
| 38                   | Safety Net Impact Statement                                                                            | 96  |  |
| 39                   | Charity Care Information                                                                               | 98  |  |
| 40                   | Flood Plain Information                                                                                | N/A |  |

**ATTACHMENT 1**  
**Type of Ownership of Applicant**

The facility that is the subject of this application is owned by the Illinois Department of Human Services.

**ATTACHMENT 2**  
**Site Ownership**

Attached is a fact sheet from the State of Illinois Central Management Systems property management system and a deed showing ownership of the site by the Illinois Department of Human Services.



## Choate Mental Hlth & Developmntl Ctr - B0015

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### Site information

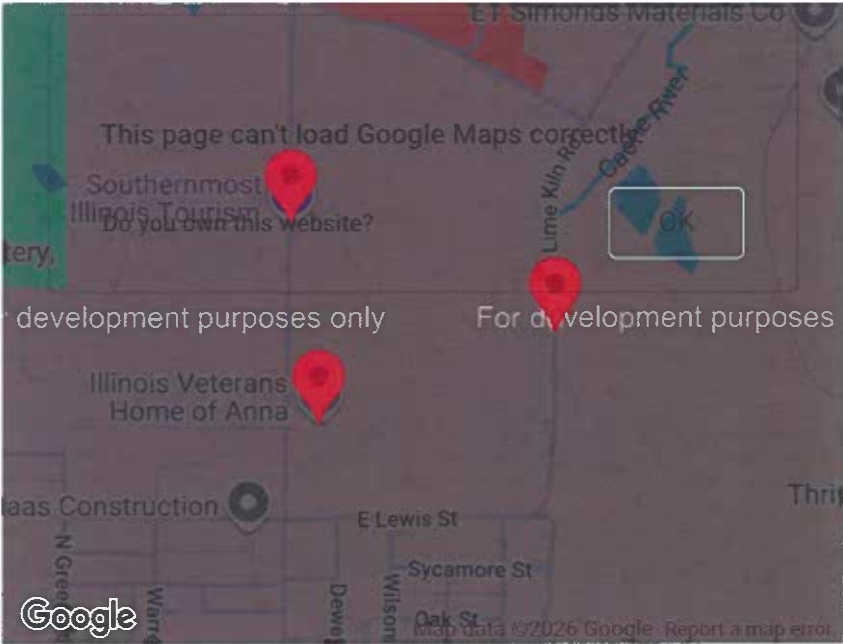
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Status</b>                   | Active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Agency certifying</b>        | Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Agency</b>                   | Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Agency holding title</b>     | Human Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Contemplated future u...</b> | Mixed Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Site name</b>                | Choate Mental Hlth & Developmntl Ctr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Site number</b>              | B0015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Agency tag</b>               | Not provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Agency sub-tag</b>           | Not provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Method funds used</b>        | General Revenue Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Location of deed</b>         | Attached and Choate Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Responsible officer</b>      | Paul Hartman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Responsible officer date</b> | 6/30/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>IL House district(s)</b>     | 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>IL Senate district(s)</b>    | 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>US Congress district(s)</b>  | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Legal description</b>        | See attachments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Physical Address</b>         | 1000 N Main St<br>Anna, IL 62906-1652                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Mailing Address</b>          | 1000 N MAIN ST<br>ANNA, IL 62906-1652                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Comments</b>                 | DD & MH Facility with other state agencies/outside agencies occupying buildings on grounds Most of the capacity headcounts for the buildings has been estimated. Other agencies utilizing building space on grounds include: Anna State Hospital Credit Union, Family Community Resource Center, Fellowship House, Guardianship and Advocacy Commission, Office of Inspector General, Office of Rehabilitative Services, Office of State Guardian, Shawnee Development Council, Region 5 Network, Southern 7 Headstart, Southernmost Tourism, Sunrise Pre-School, Tri-County Special Education |
| <b>Last updated</b>             | By 'PUBLIC\RBspay' on '6/28/2024 8:23:25 AM'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Nearby Properties (3 total)

0.5

Refresh

- B0015 - Choate Mental Hlth & Developmntl Ctr**  
1000 N Main St, Anna, IL 62906-1652  
[Site Details](#) | [Directions](#)
- D0564 - Anna**  
N Lime-Kiln Rd, Anna, IL 62906  
[Site Details](#) | [Directions](#)
- W0060 - Anna Veterans Home**  
792 N Main St, Anna, IL 62906-1627  
[Site Details](#) | [Directions](#)



Site Type(s)

| Site type | Designation | Total acres | Total acres utilized |
|-----------|-------------|-------------|----------------------|
| Mixed Use | Agency      | 204.840     | 204.840              |

Parcel(s)

| Parcel Index Number     | Tract number | Total acquisition cost | Acquired from         | Date acquired | Reported acres |
|-------------------------|--------------|------------------------|-----------------------|---------------|----------------|
| 051703026Z, 051703256Z3 |              | \$125,000.00           | Isaac and Anna Sitter | 3/29/1870     | 204.840        |

Appraisal(s)

No appraisal(s) found!

**Lease(s)/Agreement(s)**

| <b>Tenant</b>                        | <b>Expiration date</b> | <b>Comments</b>                                                                                                                                                                                                                      |
|--------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Guardianship and Advocacy Commission | 6/30/2025              | Annual Renewal. This business occupies space in the Clinical Services building (BG011).                                                                                                                                              |
| Centerstone Fellowship House         | 5/31/2021              | This business has it's own separate building on grounds. The Fellowship House was bought out by Centerstone in 2021. A new lease agreement was sought through CMS. None has been forthcoming since the initial request(s) were made. |
| Anna State Hospital Credit Union     | 2/28/2026              | This business occupies space in the Clinical Services building (BG011).                                                                                                                                                              |
| Office of Rehabilitative Services    | 6/30/2025              | In the past this agency has had no lease, just utilizes building space in Willow Hall building (BG018). Currently in CMS hands to establish usage/reimbursement agreement.                                                           |
| Family community Resource Center     | 6/30/2025              | In the past this agency has had no lease, just utilizes building space in Willow Hall building (BG018). Currently in CMS hands to establish usage/reimbursement agreement.                                                           |

**Attachment(s)**

| <b>Attachment type</b> | <b>Description</b>                                        | <b>Attachment (maximum of 5 megabytes)</b> |                          |
|------------------------|-----------------------------------------------------------|--------------------------------------------|--------------------------|
| Deeds/Title work       | Deed for 117 acre dam from county to DHS                  | QCD - Union County to DHS (2).pdf          | <a href="#">Download</a> |
| Deeds/Title work       | deed for 117 acre dam property from DHS to CMS as surplus | Choate Dam recorded deed.pdf               | <a href="#">Download</a> |
| Other                  | Geo location & topo view                                  | Geocode - Choate.PNG                       | <a href="#">Download</a> |
| Other                  | Map of Choate                                             | Map of Choate Grounds.jpg                  | <a href="#">Download</a> |
| Deeds/Title work       | Original deed from 1870                                   | Property Deed 1870 (1).pdf                 | <a href="#">Download</a> |

**Site Image(s)**

No site image(s) found!

[Edit site information](#)

[Back to search](#)

Said husband, and that she does not wish to retract the same.

In testimony whereof, I have hereunto set my hand and  
Notarial Seal, this fourth day of May 1870.

Clayton C. Horn Notary Public.

Filed for Record on the 6<sup>th</sup> day of June 1870.

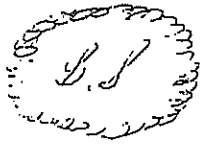
I Hailson me Not-

This Indenture, made and entered into the Thirty first day of May in the  
year of Our Lord One Thousand Eight hundred and Sixty nine, Between  
Waac J. Sitter, and Anna Sitter his wife, of the County of Union and State  
of Illinois, parties of the first part, and The State of Illinois, party of the second  
part. Witnesseth, that the said parties of the first part, for and in considera-  
tion of the sum of Nineteen Thousand, Two hundred Dollars, in hand  
paid by the said party of the second part, the receipt of which is hereby  
acknowledged, do hereby grant, bargain, and sell unto the said  
party of the second part, a certain tract of Land, situate, lying and  
being in the County of Union and State of Illinois, known, designated  
and described as follows, to wit: The East half, of the South West  
quarter of Section Seventeen, (17) Township twelve (12) South of Range  
One (1) West containing Eighty acres, Also the North West quarter of  
Section Seventeen (17) Township Twelve South of Range one (1) West  
containing One hundred and Sixty acres,

And for the consideration aforesaid the said parties of the first  
part hereby give, and release, confirm and transfer and forever  
relinquish, to the said party of the second part, all right, interest or  
title they may now have or may hereafter acquire, in and to the  
Real Estate hereinbefore described by virtue of the Laws of the State  
of Illinois, approved, February 11<sup>th</sup> A.D. 1851, entitled "An Act to  
except homesteads from sale on execution", and all laws am-  
endatory thereof. To Have and to Hold the aforesaid tracts or  
parcels of land, free from all homestead exemption rights, toge-  
ther with all the appurtenances thereto belonging or in any  
wise appertaining, to the only proper use and benefit of the said  
party of the second part, forever, And the said parties of the first  
part for themselves, their heirs, executors and administrators, do  
covenant with the said party of the second part that they are  
lawfully seized, that said land is free from all incumbrances  
that they have full right to convey, and until forever Warrant  
and defend the said tract of land from the claims of themselves  
the said parties of the first part their heirs and assigns, against

the closing or closing of any other person whomsoever  
 In Witness Whereof, the said parties of the first part have  
 their hands and seals, the day and year first above  
 In the presence of  
 19. P. ind. S. Clerk  
 2. Revenue Stamps  
 3. on the Deed.  
 Isaac J. Sitter, Anna J. Sitter

State of Illinois, Before me, the undersigned a Notary  
 Public in and for the Town of Anna, and  
 for the County of said, came Isaac J. Sitter, and  
 his wife, who are personally known to me as the real persons  
 and in whose names the above conveyance was executed,  
 whom and in whose names the same is proposed to be a  
 and whether severally acknowledged their signatures  
 be their free and voluntary act, and deed for the purpose  
 of releasing all right, title and interest in and  
 land by virtue of the homestead exemption laws of said  
 and for all the other purposes therein expressed.  
 And the said Anna Sitter wife of the said Isaac J. Sitter  
 by me first examined separately and apart from her said  
 and the contents of the said conveyance being first read  
 to her, acknowledged that freely and voluntarily, without  
 compulsion or coercion from her said husband, she  
 the same, and forever released and waived all right  
 or title to said real estate by virtue of the homestead  
 laws of said State, relinquished all her right to the  
 claim in and the lands and tenements in said conveyance  
 created, and sold, transferred and conveyed all her  
 simple, or right by inheritance, in and to the real estate  
 said, and that she does not wish to retract,



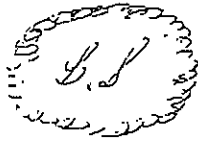
Given under my hand and Official Seal  
 day of May, in the year of our Lord  
 eight hundred and sixty nine.

Cyrus Shick Notary

Filed for record on the 7<sup>th</sup> day of June 1870. at 9 O'clock  
 D. Heilman

This Indenture, made and entered into the Thirty first  
 in the year of our Lord one thousand eight hundred and  
 12 and 13 D. O. Attachment 2.

compulsion or coercion from her said husband. She the same and forever released and waived all right or title to said real estate by virtue of the homestead laws of said state, relinquished all her right to the crown in and the lands and tenements in said country, and sold, transferred and conveyed all her simple, or right by inheritance, in and to the real estate said, and that she does not wish to retract,



Given Under my hand and Official Seal  
day of May, in the year of our Lord one  
thousand eight hundred and sixty nine.

Copy of this Notary

Filed for record on the 7<sup>th</sup> day of June 1870. at 9 o'clock  
J. Heilman

✓ This Indenture, made and entered into the thirty first day of May, in the year of our Lord one thousand eight hundred and sixty nine, between Daniel S. Davis, and Julia M. Davis his wife, of Union and State of Illinois, parties of the first part, and of Illinois, party of the second part, Witnesseth, that the said first part, for and in consideration of the sum of one hundred and forty Dollars, in hand paid, by the said party of the second part, the receipt of which is hereby acknowledged, do hereby sell unto the said party of the second part a certain parcel of land, situate, lying and being in the County of Union, State of Illinois, designated and described as follows: A parcel of Land, Commencing at the Center of Section Seventeen, (17) and Twenty (20) Township

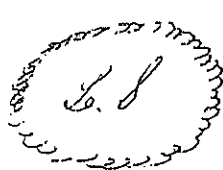
Attachment 2

entire, and all laws amendatory thereof, To Have and to hold the  
 aforesaid tract or parcel of land free from all Homestead exemp-  
 tion Rights, together with all the appurtenances thereto belonging,  
 in any and all appurtenances, to the only proper use and benefit of the  
 said party of the second part, forever. And the said parties of the first  
 part for themselves, their heirs, executors and administrators, do cove-  
 nant with the said party of the second part, that they are lawfully  
 seized, that said land is free from all incumbrance, that they  
 have full right to convey and with forever Warrant and defend  
 the said tract of Land from the claim of themselves the said party  
 of the first part their heirs and assigns and against the claim or  
 claims of any other person whatsoever,

In Witness Whereof the said parties of the first part have hereunto  
 set their hands and seals the day and year first above written,  
 in presence of <sup>1145 in Merion County</sup> Daniel S. Davis (Seal)  
 C. Shick <sub>on this deed.</sub> Julie A. Davis (Seal)

State of Illinois,  
 Merion County

Before me, the undersigned a Notary Public in  
 and on the term of March, within and in the County aforesaid  
 came Daniel S. Davis, and Julie A. Davis his wife, who are  
 personally known to me as the real persons by whom and in whose  
 name the above conveyance was executed, and by whom and  
 in whose names the same is proposed to be acknowledged, and  
 who then solemnly acknowledged their signatures there to to be  
 their free and voluntary act and deed for the purpose of waiving  
 and releasing all right, title and interest in and to said land  
 by virtue of the Homestead exemption laws of said State and  
 for all the other purposes therein expressed; and the said Julie  
 A. Davis wife of the said Daniel S. Davis, being by me first  
 examined separate and apart from her said husband and  
 the contents of the said conveyance being first made known  
 to her acknowledged that freely and voluntarily, without  
 any compulsion or coercion from her said husband she  
 executed the same, and forever released and waived all right  
 interest or title to said real estate by virtue of the homestead  
 exemption laws of said State, relinquished all right to the claim  
 of dower, in and to the land and tenements in said conveyance  
 described, and sold and transferred and conveyed with her  
 title in fee simple, or right of inheritance in and to the real  
 estate therein, and that she does intend to Attachment 2



Given under my hand and Official Seal, this the first day of May, in the year of Our Lord one thousand eight hundred and sixty nine,

Leopold Schick Notary Public  
Filed for Record on the 7<sup>th</sup> day of June 1870, at 9 o'clock A.M.  
J. Heilman and Notary

This Indenture, made and entered into the thirty first day in the year of Our Lord one thousand eight hundred and sixty nine, Between, Daniel S. Davis, and Julia A. Davis his wife of the County of Union and State of Illinois, parties of the first part, and The State of Illinois, party of the second part. Witnesseth That the said parties of the first part for and in consideration of the sum of One Dollar, in hand paid by the said party of the second part, the receipt whereof is hereby acknowledged, do hereby grant, bargain, sell unto the said party of the first part a certain tract of land, situate, lying and being in the County of Union and State of Illinois, known, designated and described as follows, to wit: A strip or piece of land, being an extension of Franklin Street in the Town of Anna, in the County and State of Illinois, commencing where said Street intersects the line between the East 1/4 of the N.W. 1/4 and the S.W. 1/4 of the N.W. 1/4, Thence running North 89 degrees East to the N.E. 1/4, and the N.W. 1/4 of the N.W. 1/4, Thence South 89 degrees West along the line of said extension of said Street sixty six feet wide the width of said extension, and for the consideration aforesaid the parties of the first part hereby waive and release and transfer and forever relinquish to the said party of the second part all right interest or title they may now have, or may hereafter acquire in and to the real estate herein before described in the Laws of the State of Illinois, approved February 11<sup>th</sup> 1869, entitled An Act to exempt homesteads from sale on execution of all laws amendatory thereof, so leave and to hold the tract or parcel of land here from all homestead exemption together with all the appurtenances thereto belonging and pertaining, to the only proper use and benefit of the said party of the second part, forever, and the said parties of the first part themselves, their heirs, executors and administrators, jointly with the said party of the second part, do hereby agree, that they, as

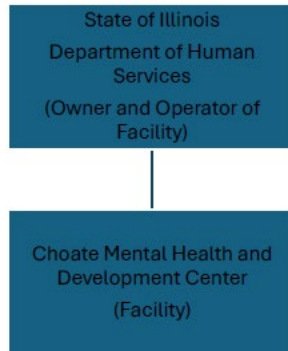


**ATTACHMENT 3**  
**Operating Entity**

Choate Mental Health and Developmental Center is not licensed by the State of Illinois but is under the operation of the Illinois Department of Human Services pursuant to the Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705/4).

**ATTACHMENT 4**  
**Organizational Chart**

Choate Mental Health and Developmental Center is not licensed by the State of Illinois but is under the operation of the Illinois Department of Human Services pursuant to the Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705/4).



### **ATTACHMENTS 5-9**

These attachments are not applicable. This discontinuation does not involve construction and thus criteria related to Attachments 5 and 6 related to Flood Plain Requirement and Historic Resources Preservation Act are not applicable. Further, this project has no costs associated with it and thus attachments 7, 8 and 9 related to Project Costs and Financial Commitment are not applicable either.

**ATTACHMENT 10**  
**Discontinuation**

1. Identify the categories of service and the number of beds, if any that are to be discontinued.

75 inpatient psychiatric beds will be discontinued at Choate Mental Health and Developmental Center. The beds are for acute and chronic patients. This project will result in the elimination of the civil inpatient psychiatric beds at Choate. 40 forensic beds for individuals with intellectual and/or developmental disabilities will remain.

2. Identify all the other clinical services that are to be discontinued.

Although not a “clinical service,” the general developmental disability units at Choate will also be eliminated. The population in Choate’s general DD units has already been dramatically reduced. At present, approximately 15 individuals remain following others’ transition to the community or transfer to other centers.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The phase-down of the civil psychiatric beds is intended to be complete by mid-calendar year 2027. IDHS anticipates that the phase-down may take slightly longer than the March 31, 2027 date that IDHS announced on July 23, 2026, in order to ensure that capacity expansions occur in parallel.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

The Choate campus will continue to be used for the DD Forensics units as well as other IDHS administrative offices, including an IDHS Family & Community Resource Center (FCRC) and offices of the IDHS Medicaid Long Term Care Unit, Statewide Processing Unit, Division of Rehabilitation Services, and IDHS Office of the Inspector General for IDHS, as well as several non-State offices.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.

All medical records less than ten years from the date of last discharge will be stored at Alton Mental Health Center, 4500 College Ave., Alton, IL 62002 or Packard Mental Health Center, 901 E Southwind Rd., Springfield, IL 62703. All records will be preserved in their original form for the time period noted above. All records will be managed in accordance with IDHS Administrative Directive 01.05.04.030. Hospitals may not destroy any records until they have submitted a Record Disposal Certificate to the Secretary of State and have received authorization to proceed.

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

IDHS’s July 23, 2026 press statement is at Attachment 10-1. IDHS’s proposed media notice with respect to its Certificate of Need filing is Attachment 10-2.

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.

IDHS is not discontinuing the entire facility, and thus, this item is not applicable. However, IDHS verbally notified State Representative Doody and State Senator Jacobs on July 23. IDHS held a meeting with local legislators on August 6, which was attended by Rep. Doody and others. IDHS leadership also held in-person meetings with Rep. Doody and Sen. Jacobs on August 20.

8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

NOT APPLICABLE. As stated above, IDHS is not discontinuing the entire Choate facility.

### **Reasons for Discontinuation**

The Illinois Department of Human Services ("IDHS") seeks to discontinue the 75 civil psychiatric beds at the Choate Mental Health and Developmental Center ("Choate"). All 75 civil beds will be phased out by mid-calendar year 2027, with patients either being clinically appropriately discharged to community-based settings or transferred to other state-operated psychiatric hospitals closer to their homes. As set forth below, the discontinuation is justified under multiple review criteria.

Choate has faced chronic challenges in hiring and retaining licensed clinicians necessary to provide adequate inpatient psychiatric care. There is a limited pool of health care professionals in the area surrounding Choate, making recruitment inherently more difficult as Choate competes with private regional facilities. In particular, the facility has experienced persistent difficulty hiring and retaining psychiatrists, psychologists, internal medicine physicians, and social workers. Staffing shortages have compounded the problem, as burnout and attrition among existing staff add complexity to the recruitment cycle.

Despite IDHS's substantial investments in the Choate campus to ensure high-quality patient care, the aging physical plant impacts continuity of services and severely hampers IDHS from modernizing its provision of inpatient mental health services. IDHS does not have the capital funds to responsibly meet the ongoing maintenance needs of all its facilities and must invest in those as economically workable.

The infrastructure underlying these units is over 100 years old, and interim remediation measures are of uncertain long-term effectiveness. Rather than continue to pursue stopgap repairs that may not sustain compliance over time, IDHS has determined that discontinuation of the civil psychiatric service and transfer of patients to facilities with more modern, compliant infrastructure is the more prudent and responsible course.

This trend is consistent with IDHS's ongoing transformation initiative, which transitions individuals who can be appropriately supported in a less restrictive setting in community-based care, reducing reliance on long-term civil placement at Choate and other facilities.

### **Impact on Access**

IDHS has evaluated whether the discontinuation of the 75 psychiatric beds at Choate will have an adverse impact upon access to care for residents of the facility's market area, as defined by the established radii outlined in 77 Ill. Adm. Code 1100.510(d). As set forth below, the discontinuation will not create an adverse impact on access to inpatient psychiatric care, and IDHS is taking affirmative steps to ensure continuity of services both within the region and statewide.

Pursuant to 77 Ill. Adm. Code 1100.510(d), the facility's market area is the 21-mile radius surrounding the facility. No other facilities within this 21-mile geographic service area currently provide acute mental illness ("AMI") beds. However, AMI capacity remains available in the broader region. According to the HFSRB-CON Authorized Bed Tracker (Attachment 10-3), Harrisburg Medical Center (approximately one hour from Choate) maintains 42 authorized AMI beds, and SSM Health St. Mary's Hospital in Centralia (approximately 1.5 hours from Choate) maintains 24 AMI beds. Notably, the HFSRB Hospital Facility Profile for Harrisburg Medical Center (CY 2025) reports that Harrisburg's 42 AMI beds had a CON bed occupancy rate of only 51.5% during the reporting period of April 2024 through March 2025, with a daily census of approximately 21.6 patients against its 42 authorized beds. This means that, on average, approximately 20 AMI beds at

Harrisburg are available on any given day – substantial surplus capacity that can absorb incremental demand from the region.

Importantly, IDHS is actively negotiating contracts with hospitals in the Region 5-S area, including Harrisburg Medical Center, to secure a total of 4 AMI beds to address acute psychiatric needs in the region. Given that Choate's acute care utilization for the Region 5-S population is only approximately 4 beds, and Harrisburg alone maintains roughly 20 available AMI beds on average, the existing regional capacity is more than sufficient to accommodate this need. These contracted beds will formalize this arrangement and ensure that acute inpatient psychiatric services remain accessible to residents of the area surrounding Choate.

The discontinuation of the civil psychiatric beds at Choate will not result in creating or increasing a shortage of beds or services in the market area. A six-year analysis of Choate's inpatient psychiatric population demonstrates that an average of only 2.13 patients per month from Region 5-S (a 16-county area substantially larger than the 21-mile market area) enter on a detain and evaluate order, and an average of only 1.76 patients per month from the region present for acute civil admission – for a total average acute utilization under 4 beds. (See Attachment 10-4) The remaining beds are used by extended-care patients and patients formerly in a forensic status, with 73% of current patients originating from Regions 1 through 5-N — that is, from areas far outside the facility's market area. Attachment 10-5 demonstrates patient types and region of origin of the current Choate census, along with a map of the regions. Attachment 10-6 demonstrates the number of patients from Region 5-S as compared to Regions 1 through 5-N across the different categories of patients.

IDHS is making significant investments to expand inpatient psychiatric capacity at other state-operated facilities where the data show bed capacity is needed. Specifically:

- IDHS is adding 5 "detain and evaluate" civil beds at Alton Mental Health Center, raising total civil capacity there from 15 to 20 beds.
- IDHS is adding 44 civil beds at Madden Mental Health Center in Chicago.
- IDHS is also adding 100 forensic beds at Alton and 56 forensic beds at Chester Mental Health Center.

Attachment 10-7 is a fact sheet projecting how the elimination of this line of service at Choate will be compensated for, and total system beds will be significantly increased, by capacity at other facilities. In combination with the contracted AMI beds being negotiated with regional hospitals, these expansions ensure that the discontinuation at Choate will not result in a net loss of access to inpatient psychiatric care.

### **Investments in Community-Based Behavioral Health Services**

In addition to expanding inpatient capacity at other facilities, IDHS is making substantial investments in community-based behavioral health services to help serve and divert individuals before they reach the criminal justice system or require inpatient hospitalization. These investments include:

- 988 Suicide & Crisis Lifeline: The 988 Lifeline offers support via phone, chat, or text, along with mobile crisis teams able to respond in all 102 Illinois counties.
- Living Room Program: IDHS is funding the Living Room Program opening in Marion, a voluntary community-based alternative to emergency rooms for individuals in need of crisis respite, with services and supports designed to proactively divert crises and break the cycle of emergency room visits and psychiatric hospitalization.
- Certified Community Behavioral Health Clinics (CCBHCs): Multiple CCBHCs operate in Southern Illinois with State and federal support, including Centerstone, Chestnut, Arrowleaf, and Community Resource Center, providing access to robust and integrated behavioral health care.
- Mobile Crisis Response: State-funded mobile crisis response coverage is provided across the southern counties by Centerstone, Arrowleaf, Chestnut, Comprehensive Behavioral Health, One

Hope United, Perry Counseling Center, Lawrence County Health Department, and Egyptian Health Department.

- Substance Use Disorder Services: IDHS funds substance use disorder services at Gateway in Carbondale, Illinois Recovery Center in Swansea, and Centerstone in Anna.

These community-based services provide a robust continuum of care that reduces the need for inpatient hospitalization and ensures that residents of the region have access to timely behavioral health support.

No facilities within the 21-mile geographic service area maintain AMI beds. Accordingly, a written request for an impact statement from existing or approved health care facilities providing the same services within the geographic service area is not applicable.

Overall, the discontinuation reflects a strategic initiative to serve individuals in more suitable environments, align resources across regions, and modernize the State's psychiatric care system.

**Discontinuation**  
**IDHS Media Statement**

On July 23, 2026, the following statement was sent to The Southern, KFVS, WSIL, Chicago Tribune, and CapFAX.

As part of Governor JB Pritzker's vision for transformational change within the state's support system for those with intellectual and developmental disabilities (I/DD) – operations at the Choate Developmental Center will be reduced.

The decision to reduce the services provided on the Choate campus was made following careful review of state-operated facilities, declining census in State Operated Developmental Centers (SODCs), increasing interest in community living arrangements, and changing service delivery needs across the state.

This decision aligns with the state's commitment to reducing institutionalization across Illinois, enabling individuals to live in the least restrictive environment of their choice.

The census across Illinois' seven SODCs is 1,413, as of July 17, 2026, down from 1,639 in March 2023 when the Governor's transformation plan began. Choate's general census of individuals with I/DD went from 199 in March 2023, to the 16 general census persons with I/DD there today.

In addition, there are 75 IDHS Division of Behavioral Health and Recovery beds at Choate, which will be phased down by March 2027, while capacity at the Madden Mental Health Center increases.

The 40-bed Forensic program will continue to operate at Choate.

IDHS, in partnership with CMS Labor Relations, will work with the labor partners representing the affected employees through the contractual layoff process to offer employment opportunities to Choate staff impacted by the change in operations, including opportunities at other state operated facilities, with the overall goal of limiting impact to affected staff.

For affected staff, there are available downstate vacancies across the system at state-operated facilities, including Murray, Chester, and Alton. These centers are expanding capacity and adding new positions to the Southern Illinois community.

**Discontinuation**  
**Media Notice**

The Applicant will publish the notice below in The Southern, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on September 25, 2026. The Southern is newspaper of general circulation throughout Union County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

“The Illinois Department of Human Services has filed a Certificate of Need application with the Illinois Health Facilities and Services Review Board (“HFSRB”) to discontinue 75 Acute Mental Illness beds at the Choate Mental Health and Development Center which is located at 1000 North Main Street, Anna, IL 62906 in the 2<sup>nd</sup> quarter of 2026. If you have been a patient at Choate Mental Health and Development Center, you may contact Clinical Director Tali Myers at (618) 833-5161 or [tali.myers@illinois.gov](mailto:tali.myers@illinois.gov) with questions or requests for records.”



# Harrisburg Medical Center, Inc

Harrisburg / Saline County / General Hospital

Hospital profile · Calendar year 2025

HSA 5

HPA F-05

0000521

**85**

Authorized CON beds

**1,495**

Admissions

**9,483**

Inpatient days

**30.6%**

CON occupancy

**9,576**

ED visits

**78,804**

Outpatient visits

## 01 Ownership, management and general information

|               |                                                   |                  |                              |
|---------------|---------------------------------------------------|------------------|------------------------------|
| Address       | 100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946 | Ownership        | Southern Illinois Healthcare |
| Administrator | Rodney Smith                                      | Operator         | Southern Illinois Healthcare |
| Phone         | 618-253-7671                                      | Ownership type   | Not for Profit Corporation   |
| License no.   | 0000521                                           | Certification    | —                            |
| Site no.      | 521                                               | Reporting period | 4/1/2024 – 3/31/2025         |

## 02 Service area profile

Health planning area · American Community Survey 5-year estimates

| Metric                  | HPA F-05 | HSA 5    | IL statewide | United States |
|-------------------------|----------|----------|--------------|---------------|
| Total population        | 55,163   | 583,268  | 12,694,798   | 334,922,499   |
| Age 65+                 | 23.2%    | 20.4%    | 17.0%        | 17.2%         |
| Age <18                 | 20.5%    | 21.1%    | 21.8%        | 22.0%         |
| Median household income | \$57,179 | \$63,978 | \$85,655     | \$80,734      |
| Poverty rate            | 15.9%    | 15.3%    | 11.8%        | 12.5%         |
| Uninsured rate          | 5.3%     | 6.0%     | 6.9%         | 8.4%          |

## 03 Utilization by category of service

Authorized CON beds from the HFSRB bed inventory · rates derived from reported days

|                         | Beds           |                       |             | Volume     |                |                  | Averages       |              | Occupancy rate % |          |
|-------------------------|----------------|-----------------------|-------------|------------|----------------|------------------|----------------|--------------|------------------|----------|
|                         | Authorized CON | Peak set up & staffed | Peak census | Admissions | Inpatient days | Observation days | Length of stay | Daily census | Staffed beds     | CON beds |
| Medical/Surgical        | 43             | 25                    | 12          | 668        | 1,583          | 376              | 2.4            | 4.3          | 17.3%            | 10.1%    |
| Intensive Care          | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Pediatrics              | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Obstetrics/Gynecology   | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Neonatal Intensive Care | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Rehabilitation          | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Acute Mental Illness    | 42             | 30                    | 30          | 827        | 7,900          | 3                | 9.6            | 21.6         | 72.1%            | 51.5%    |
| Long-Term Care          | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Long-Term Acute Care    | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Facility total          | 85             | 55                    | 42          | 1,495      | 9,483          | 379              | 6.3            | 26.0         | 47.2%            | 30.6%    |

#### 04 Inpatient admissions profile

Age bands are collected for medical/surgical patients only

| Age group         | Admissions | Inpatient days |
|-------------------|------------|----------------|
| 0–14 years        | 0          | 0              |
| 15–44 years       | 70         | 113            |
| 45–64 years       | 155        | 361            |
| 65–74 years       | 177        | 422            |
| 75 years and over | 266        | 687            |
| <b>Total</b>      | <b>668</b> | <b>1,583</b>   |

| Admission source / service        | Admissions | Inpatient days |
|-----------------------------------|------------|----------------|
| Intensive care — direct admission | 0          | 0              |
| Intensive care — transfers        | 0          | 0              |
| Admitted from emergency           | 1,161      | —              |
| Obstetrics                        | 0          | 0              |
| Clean gynecology                  | 0          | 0              |
| Swing beds                        | 0          | 0              |

#### 05 Emergency, trauma and outpatient services

|                                        |                                      |                                      |                                 |
|----------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| <b>Basic</b><br>Emergency service type | <b>10</b><br>Emergency room stations | <b>No</b><br>Certified trauma center | <b>9,576</b><br>Total ED visits |
|----------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|

| Emergency services                               | Count |
|--------------------------------------------------|-------|
| Persons treated by emergency services            | 9,576 |
| Patients admitted from emergency                 | 1,161 |
| Patient visits, free-standing emergency centers  | 0     |
| Treatment rooms, free-standing emergency centers | 0     |
| Admissions from free-standing emergency centers  | 0     |

| Trauma service                           | Count |
|------------------------------------------|-------|
| Trauma visits                            | 0     |
| Patients admitted from trauma            | 0     |
| Operating rooms dedicated to trauma care | 0     |

|                                                         |                                                         |                                          |
|---------------------------------------------------------|---------------------------------------------------------|------------------------------------------|
| <b>27,028</b><br>Outpatient visits at hospital / campus | <b>51,776</b><br>Outpatient visits offsite / off campus | <b>78,804</b><br>Total outpatient visits |
|---------------------------------------------------------|---------------------------------------------------------|------------------------------------------|

#### 06 Birthing and newborn nursery

| Birthing data                            | Count |
|------------------------------------------|-------|
| Total births                             | 0     |
| Live births                              | 0     |
| C-sections performed                     | 0     |
| Birthing rooms                           | 0     |
| Labor rooms                              | 0     |
| Delivery rooms                           | 0     |
| Labor-delivery-recovery rooms            | 0     |
| Labor-delivery-recovery-postpartum rooms | 0     |
| C-section rooms                          | 0     |

| Newborn nursery utilization | Beds     | Patient days |
|-----------------------------|----------|--------------|
| Level I                     | 0        | 0            |
| Level II                    | 0        | 0            |
| Level II+                   | 0        | 0            |
| <b>Total</b>                | <b>0</b> | <b>0</b>     |

## 07 Surgery, operating room and procedure room utilization

|                        | Operating rooms |          |          |          | Surgical cases |            |            | Surgical hours |            |            |
|------------------------|-----------------|----------|----------|----------|----------------|------------|------------|----------------|------------|------------|
|                        | Inpt            | Outpt    | Comb     | Total    | Inpatient      | Outpatient | Total      | Inpatient      | Outpatient | Total      |
| Cardiovascular         | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Dermatology            | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| General surgery        | 0               | 0        | 3        | 3        | 4              | 124        | 128        | 2              | 236        | 238        |
| Gastroenterology       | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Neurology              | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| OB / Gyn (surgical)    | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Oral / maxillofacial   | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Ophthalmology          | 0               | 0        | 0        | 0        | 0              | 342        | 342        | 0              | 177        | 177        |
| Orthopedic             | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Otolaryngology         | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Plastic surgery        | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Podiatry               | 0               | 0        | 0        | 0        | 15             | 100        | 115        | 16             | 165        | 181        |
| Thoracic               | 0               | 0        | 0        | 0        | 0              | 0          | 0          | 0              | 0          | 0          |
| Urology                | 0               | 0        | 0        | 0        | 0              | 9          | 9          | —              | 6          | 6          |
| <b>All specialties</b> | <b>0</b>        | <b>0</b> | <b>3</b> | <b>3</b> | <b>19</b>      | <b>575</b> | <b>594</b> | <b>18</b>      | <b>584</b> | <b>602</b> |

### Dedicated and non-dedicated procedure rooms

|                            | Procedure rooms |       |      |       | Procedure cases |            |       | Procedure hours |            |       |
|----------------------------|-----------------|-------|------|-------|-----------------|------------|-------|-----------------|------------|-------|
|                            | Inpt            | Outpt | Comb | Total | Inpatient       | Outpatient | Total | Inpatient       | Outpatient | Total |
| Gastrointestinal           | 0               | 0     | 2    | 2     | 0               | 997        | 997   | 0               | 589        | 589   |
| Laser eye                  | 0               | 0     | 0    | 0     | 0               | 0          | 0     | 0               | 0          | 0     |
| Cystoscopy                 | 0               | 0     | 0    | 0     | 0               | 0          | 0     | 0               | 0          | 0     |
| Other dedicated procedures | 0               | 0     | 0    | 0     | 0               | 0          | 0     | 0               | 0          | 0     |

## 08 Cardiac catheterization and cardiac surgery

| Catheterization laboratories       | Count | Procedures                              | 0–14 yrs | 15+ yrs |
|------------------------------------|-------|-----------------------------------------|----------|---------|
| Total cardiac catheterization labs | 0     | Diagnostic catheterizations             | 0        | 0       |
| Dedicated diagnostic labs          | 0     | Interventional catheterizations         | 0        | 0       |
| Dedicated interventional labs      | 0     | Cardiac surgery cases                   | 0        | 0       |
| Dedicated EP labs                  | 0     | EP catheterizations                     | —        | 0       |
| Multipurpose labs                  | 0     | <b>Total catheterization procedures</b> | <b>0</b> |         |

## 09 Diagnostic and interventional equipment

Examinations include those performed under contract

|                                    | Units |          | Examinations |            |       |
|------------------------------------|-------|----------|--------------|------------|-------|
|                                    | Owned | Contract | Inpatient    | Outpatient | Total |
| General radiography / fluoroscopy  | 6     | 0        | 901          | 7,339      | 8,240 |
| Nuclear medicine                   | 1     | 0        | 24           | 231        | 255   |
| Mammography                        | 1     | 0        | 0            | 1,878      | 1,878 |
| Ultrasound                         | 2     | 0        | 332          | 3,115      | 3,447 |
| Diagnostic angiography             | 2     | 0        | 0            | 163        | 163   |
| Interventional angiography         | —     | —        | 0            | 0          | 0     |
| Positron emission tomography (PET) | 0     | 0        | 0            | 0          | 0     |
| Computed tomography (CT)           | 1     | 0        | 873          | 7,445      | 8,318 |
| Magnetic resonance imaging (MRI)   | 1     | 0        | 92           | 1,763      | 1,855 |

## 10 Therapeutic equipment, laboratory and transplantation

|                                    |                                      |                                                  |
|------------------------------------|--------------------------------------|--------------------------------------------------|
| <b>74,750</b><br>Inpatient studies | <b>262,094</b><br>Outpatient studies | <b>7,649</b><br>Studies performed under contract |
|------------------------------------|--------------------------------------|--------------------------------------------------|

| Equipment                             | Owned | Contract | Therapies / treatments |
|---------------------------------------|-------|----------|------------------------|
| Lithotripsy                           | 0     | 0        | 0                      |
| Linear accelerator                    | 0     | 0        | 0                      |
| Image-guided radiation therapy        | —     | —        | 0                      |
| Intensity-modulated radiation therapy | —     | —        | 0                      |
| High-dose brachytherapy               | 0     | 0        | 0                      |
| Proton beam therapy                   | 0     | 0        | 0                      |
| Gamma knife                           | 0     | 0        | 0                      |
| Cyber knife                           | 0     | 0        | 0                      |

| Organ        | Transplants |
|--------------|-------------|
| Kidney       | 0           |
| Heart        | 0           |
| Lung         | 0           |
| Heart / lung | 0           |
| Pancreas     | 0           |
| Liver        | 0           |
| <b>Total</b> | <b>0</b>    |

## 11 Patient characteristics

Race and ethnicity as a share of all patients served

| Race / ethnicity                    | 2021          | 2022          | 2023          | 2024          | 2025          |
|-------------------------------------|---------------|---------------|---------------|---------------|---------------|
| White                               | 93.1%         | 92.5%         | 93.5%         | 92.3%         | 89.7%         |
| Black or African American           | 4.6%          | 5.6%          | 5.0%          | 5.2%          | 8.4%          |
| Hispanic/Latino                     | 1.8%          | 1.3%          | 1.2%          | 1.9%          | 1.6%          |
| Asian                               | 0.3%          | 0.5%          | 0.1%          | 0.4%          | 0.2%          |
| American Indian or Alaska Native    | 0.1%          | 0.0%          | 0.2%          | 0.1%          | 0.0%          |
| Native Hawaiian or Pacific Islander | 0.0%          | 0.0%          | 0.1%          | 0.1%          | 0.1%          |
| <b>All patients</b>                 | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> |

## 12 Patients and net revenue by payor source

Financial data cover the facility's reported fiscal year

|                                | Inpatient    |                     |               | Outpatient    |                     |               |
|--------------------------------|--------------|---------------------|---------------|---------------|---------------------|---------------|
|                                | Patients     | Net revenue         | Share         | Patients      | Net revenue         | Share         |
| Medicare                       | 643          | \$7,295,720         | 51.6%         | 26,247        | \$7,295,105         | 25.0%         |
| Medicaid                       | 585          | \$4,879,285         | 34.5%         | 23,081        | \$3,439,941         | 11.8%         |
| Other public                   | 58           | \$188,565           | 1.3%          | 1,712         | \$960,287           | 3.3%          |
| Private insurance              | 158          | \$1,771,463         | 12.5%         | 25,986        | \$17,428,279        | 59.7%         |
| Private pay                    | 44           | \$1,390             | 0.0%          | 1,593         | \$75,207            | 0.3%          |
| Charity care                   | 7            | —                   | —             | 185           | —                   | —             |
| <b>Total</b>                   | <b>1,495</b> | <b>\$14,136,423</b> | <b>100.0%</b> | <b>78,804</b> | <b>\$29,198,819</b> | <b>100.0%</b> |
| Charity care expense (at cost) | —            | \$97,700            | 0.7%          | —             | \$475,240           | 1.6%          |

**Source.** 2025 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development. Volume and patient counts are self-reported for the calendar year shown; financial data cover the facility's reported fiscal year. Authorized CON beds come from the HFSRB authorized bed inventory, not the survey's October 1 set-up-and-staffed cells. Race and ethnicity are reported against the same patient denominator and are shown as a share of patients whose category was reported. Service-area figures are American Community Survey 5-year estimates aggregated from census tracts. This profile covers one licensed hospital. — means surveyed blank or not separately collected — never a reported zero, which prints as 0.

**116**

Authorized CON beds

**3,043**

Admissions

**13,160**

Inpatient days

**31.1%**

CON occupancy

**16,360**

ED visits

**100,740**

Outpatient visits

**01 Ownership, management and general information**

|               |                                             |                  |                               |
|---------------|---------------------------------------------|------------------|-------------------------------|
| Address       | 400 North Pleasant Ave, Centralia, IL 62801 | Ownership        | St. Mary's Hospital Centralia |
| Administrator | Damon Harbison                              | Operator         | SSM Health                    |
| Phone         | (618) 436-6205                              | Ownership type   | Not for Profit Church         |
| License no.   | 0002642                                     | Certification    | —                             |
| Site no.      | 2642                                        | Reporting period | 01/01/2025 - 12/31/2025       |

**02 Service area profile**

Health planning area · American Community Survey 5-year estimates

| Metric                  | HPA F-04 | HSA 5    | IL statewide | United States |
|-------------------------|----------|----------|--------------|---------------|
| Total population        | 96,708   | 583,268  | 12,694,798   | 334,922,499   |
| Age 65+                 | 20.4%    | 20.4%    | 17.0%        | 17.2%         |
| Age <18                 | 22.1%    | 21.1%    | 21.8%        | 22.0%         |
| Median household income | \$65,743 | \$63,978 | \$85,655     | \$80,734      |
| Poverty rate            | 13.4%    | 15.3%    | 11.8%        | 12.5%         |
| Uninsured rate          | 6.2%     | 6.0%     | 6.9%         | 8.4%          |

**03 Utilization by category of service**

Authorized CON beds from the HFSRB bed inventory · rates derived from reported days

|                         | Beds           |                       |             | Volume     |                |                  | Averages       |              | Occupancy rate % |          |
|-------------------------|----------------|-----------------------|-------------|------------|----------------|------------------|----------------|--------------|------------------|----------|
|                         | Authorized CON | Peak set up & staffed | Peak census | Admissions | Inpatient days | Observation days | Length of stay | Daily census | Staffed beds     | CON beds |
| Medical/Surgical        | 70             | 70                    | 37          | 2,248      | 7,520          | 450              | 3.3            | 20.6         | 29.4%            | 29.4%    |
| Intensive Care          | 12             | 12                    | 9           | 17         | 904            | 24               | 53.2           | 2.5          | 20.6%            | 20.6%    |
| Pediatrics              | 10             | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | 0.0%     |
| Obstetrics/Gynecology   | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Neonatal Intensive Care | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Rehabilitation          | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Acute Mental Illness    | 24             | 24                    | 20          | 778        | 4,736          | 0                | 6.1            | 13.0         | 54.1%            | 54.1%    |
| Long-Term Care          | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Long-Term Acute Care    | —              | 0                     | 0           | 0          | 0              | 0                | —              | 0.0          | —                | —        |
| Facility total          | 116            | 106                   | 66          | 3,043      | 13,160         | 474              | 4.3            | 36.1         | 34.0%            | 31.1%    |

#### 04 Inpatient admissions profile

Age bands are collected for medical/surgical patients only

| Age group         | Admissions   | Inpatient days |
|-------------------|--------------|----------------|
| 0–14 years        | 0            | 0              |
| 15–44 years       | 348          | 1,012          |
| 45–64 years       | 560          | 1,582          |
| 65–74 years       | 541          | 1,934          |
| 75 years and over | 799          | 2,992          |
| <b>Total</b>      | <b>2,248</b> | <b>7,520</b>   |

| Admission source / service        | Admissions | Inpatient days |
|-----------------------------------|------------|----------------|
| Intensive care — direct admission | 17         | 38             |
| Intensive care — transfers        | 313        | 866            |
| Admitted from emergency           | 2,411      | —              |
| Obstetrics                        | 0          | 0              |
| Clean gynecology                  | 0          | 0              |
| Swing beds                        | 0          | 0              |

#### 05 Emergency, trauma and outpatient services

|                                        |                                      |                                      |                                  |
|----------------------------------------|--------------------------------------|--------------------------------------|----------------------------------|
| <b>Basic</b><br>Emergency service type | <b>18</b><br>Emergency room stations | <b>No</b><br>Certified trauma center | <b>16,360</b><br>Total ED visits |
|----------------------------------------|--------------------------------------|--------------------------------------|----------------------------------|

| Emergency services                               | Count  |
|--------------------------------------------------|--------|
| Persons treated by emergency services            | 16,360 |
| Patients admitted from emergency                 | 2,411  |
| Patient visits, free-standing emergency centers  | 0      |
| Treatment rooms, free-standing emergency centers | 0      |
| Admissions from free-standing emergency centers  | 0      |

| Trauma service                           | Count |
|------------------------------------------|-------|
| Trauma visits                            | —     |
| Patients admitted from trauma            | —     |
| Operating rooms dedicated to trauma care | —     |

|                                                         |                                                         |                                           |
|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| <b>89,557</b><br>Outpatient visits at hospital / campus | <b>11,183</b><br>Outpatient visits offsite / off campus | <b>100,740</b><br>Total outpatient visits |
|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|

#### 06 Birthing and newborn nursery

| Birthing data                            | Count |
|------------------------------------------|-------|
| Total births                             | 0     |
| Live births                              | 0     |
| C-sections performed                     | 0     |
| Birthing rooms                           | 0     |
| Labor rooms                              | 0     |
| Delivery rooms                           | 0     |
| Labor-delivery-recovery rooms            | 0     |
| Labor-delivery-recovery-postpartum rooms | 0     |
| C-section rooms                          | 0     |

| Newborn nursery utilization | Beds     | Patient days |
|-----------------------------|----------|--------------|
| Level I                     | 0        | 0            |
| Level II                    | 0        | 0            |
| Level II+                   | 0        | 0            |
| <b>Total</b>                | <b>0</b> | <b>0</b>     |

## 07 Surgery, operating room and procedure room utilization

|                      | Operating rooms |       |      |       | Surgical cases |            |       | Surgical hours |            |       |
|----------------------|-----------------|-------|------|-------|----------------|------------|-------|----------------|------------|-------|
|                      | Inpt            | Outpt | Comb | Total | Inpatient      | Outpatient | Total | Inpatient      | Outpatient | Total |
| Cardiovascular       | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| Dermatology          | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| General surgery      | 0               | 0     | 4    | 4     | 127            | 904        | 1,031 | 338            | 1,453      | 1,791 |
| Gastroenterology     | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| Neurology            | 0               | 0     | 0    | 0     | 0              | 2          | 2     | 0              | 3          | 3     |
| OB / Gyn (surgical)  | 0               | 0     | 0    | 0     | 1              | 2          | 3     | 4              | 4          | 8     |
| Oral / maxillofacial | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| Ophthalmology        | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| Orthopedic           | 0               | 0     | 0    | 0     | 79             | 597        | 676   | 326            | 875        | 1,201 |
| Otolaryngology       | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| Plastic surgery      | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| Podiatry             | 0               | 0     | 0    | 0     | 93             | 616        | 709   | 145            | 1,068      | 1,213 |
| Thoracic             | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| Urology              | 0               | 0     | 0    | 0     | 0              | 0          | 0     | 0              | 0          | 0     |
| All specialties      | 0               | 0     | 4    | 4     | 300            | 2,121      | 2,421 | 813            | 3,403      | 4,216 |

### Dedicated and non-dedicated procedure rooms

|                            | Procedure rooms |       |      |       | Procedure cases |            |       | Procedure hours |            |       |
|----------------------------|-----------------|-------|------|-------|-----------------|------------|-------|-----------------|------------|-------|
|                            | Inpt            | Outpt | Comb | Total | Inpatient       | Outpatient | Total | Inpatient       | Outpatient | Total |
| Gastrointestinal           | 0               | 0     | 1    | 1     | 1               | 102        | 103   | 2               | 112        | 114   |
| Laser eye                  | 0               | 0     | 0    | 0     | 0               | 0          | 0     | 0               | 0          | 0     |
| Cystoscopy                 | 0               | 0     | 1    | 1     | 0               | 0          | 0     | 0               | 0          | 0     |
| Other dedicated procedures | 0               | 0     | 0    | 0     | 0               | 0          | 0     | 0               | 0          | 0     |

## 08 Cardiac catheterization and cardiac surgery

| Catheterization laboratories       | Count | Procedures                       | 0–14 yrs | 15+ yrs |
|------------------------------------|-------|----------------------------------|----------|---------|
| Total cardiac catheterization labs | 0     | Diagnostic catheterizations      | 0        | 0       |
| Dedicated diagnostic labs          | 0     | Interventional catheterizations  | 0        | 0       |
| Dedicated interventional labs      | 0     | Cardiac surgery cases            | 0        | 0       |
| Dedicated EP labs                  | 0     | EP catheterizations              | —        | 0       |
| Multipurpose labs                  | 0     | Total catheterization procedures | 0        |         |

## 09 Diagnostic and interventional equipment

Examinations include those performed under contract

|                                    | Units |          | Examinations |            |        |
|------------------------------------|-------|----------|--------------|------------|--------|
|                                    | Owned | Contract | Inpatient    | Outpatient | Total  |
| General radiography / fluoroscopy  | 9     | 0        | 2,857        | 14,546     | 17,403 |
| Nuclear medicine                   | 2     | 0        | 46           | 888        | 934    |
| Mammography                        | 1     | 0        | 0            | 13,501     | 13,501 |
| Ultrasound                         | 7     | 0        | 949          | 6,416      | 7,365  |
| Diagnostic angiography             | 0     | 0        | 563          | 1,523      | 2,086  |
| Interventional angiography         | —     | —        | 0            | 0          | 0      |
| Positron emission tomography (PET) | 0     | 1        | 0            | 369        | 369    |
| Computed tomography (CT)           | 2     | 0        | 2,678        | 12,301     | 14,979 |
| Magnetic resonance imaging (MRI)   | 1     | 0        | 251          | 2,203      | 2,454  |

## 10 Therapeutic equipment, laboratory and transplantation

|                                    |                                      |                                                   |
|------------------------------------|--------------------------------------|---------------------------------------------------|
| <b>52,375</b><br>Inpatient studies | <b>178,049</b><br>Outpatient studies | <b>13,908</b><br>Studies performed under contract |
|------------------------------------|--------------------------------------|---------------------------------------------------|

| Equipment                             | Owned | Contract | Therapies / treatments |
|---------------------------------------|-------|----------|------------------------|
| Lithotripsy                           | 0     | 1        | 0                      |
| Linear accelerator                    | 1     | 0        | 13                     |
| Image-guided radiation therapy        | —     | —        | 10                     |
| Intensity-modulated radiation therapy | —     | —        | 24                     |
| High-dose brachytherapy               | 0     | 0        | 0                      |
| Proton beam therapy                   | 0     | 0        | 0                      |
| Gamma knife                           | 0     | 0        | 0                      |
| Cyber knife                           | 0     | 0        | 0                      |

| Organ        | Transplants |
|--------------|-------------|
| Kidney       | 0           |
| Heart        | 0           |
| Lung         | 0           |
| Heart / lung | 0           |
| Pancreas     | 0           |
| Liver        | 0           |
| <b>Total</b> | <b>0</b>    |

## 11 Patient characteristics

Race and ethnicity as a share of all patients served

| Race / ethnicity                    | 2021          | 2022          | 2023          | 2024          | 2025          |
|-------------------------------------|---------------|---------------|---------------|---------------|---------------|
| White                               | 90.9%         | 90.8%         | 91.1%         | 89.4%         | 88.7%         |
| Black or African American           | 7.1%          | 7.5%          | 6.8%          | 8.0%          | 8.4%          |
| Hispanic/Latino                     | 1.7%          | 1.4%          | 1.7%          | 1.9%          | 2.1%          |
| Asian                               | 0.1%          | 0.1%          | 0.1%          | 0.2%          | 0.2%          |
| American Indian or Alaska Native    | 0.1%          | 0.0%          | 0.2%          | 0.5%          | 0.5%          |
| Native Hawaiian or Pacific Islander | 0.2%          | 0.2%          | 0.2%          | 0.1%          | 0.1%          |
| <b>All patients</b>                 | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> | <b>100.0%</b> |

## 12 Patients and net revenue by payor source

Financial data cover the facility's reported fiscal year

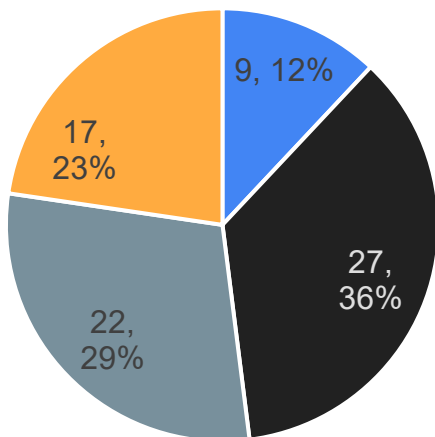
|                                | Inpatient    |                     |               | Outpatient    |                     |               |
|--------------------------------|--------------|---------------------|---------------|---------------|---------------------|---------------|
|                                | Patients     | Net revenue         | Share         | Patients      | Net revenue         | Share         |
| Medicare                       | 1,649        | \$16,229,801        | 25.6%         | 35,668        | \$15,661,136        | 17.4%         |
| Medicaid                       | 855          | \$35,960,774        | 56.8%         | 19,414        | \$9,463,968         | 10.5%         |
| Other public                   | 64           | \$707,448           | 1.1%          | 1,754         | \$867,485           | 1.0%          |
| Private insurance              | 383          | \$9,293,972         | 14.7%         | 18,527        | \$58,157,578        | 64.7%         |
| Private pay                    | 92           | \$1,128,510         | 1.8%          | 1,122         | \$5,699,115         | 6.3%          |
| Charity care                   | 31           | —                   | —             | 577           | —                   | —             |
| <b>Total</b>                   | <b>3,074</b> | <b>\$63,320,505</b> | <b>100.0%</b> | <b>77,062</b> | <b>\$89,849,282</b> | <b>100.0%</b> |
| Charity care expense (at cost) | —            | \$305,699           | 0.5%          | —             | \$1,028,134         | 1.1%          |

**Source.** 2025 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development. Volume and patient counts are self-reported for the calendar year shown; financial data cover the facility's reported fiscal year. Authorized CON beds come from the HF SRB authorized bed inventory, not the survey's October 1 set-up-and-staffed cells. Race and ethnicity are reported against the same patient denominator and are shown as a share of patients whose category was reported. Service-area figures are American Community Survey 5-year estimates aggregated from census tracts. This profile covers one licensed hospital. — means surveyed blank or not separately collected — never a reported zero, which prints as 0.

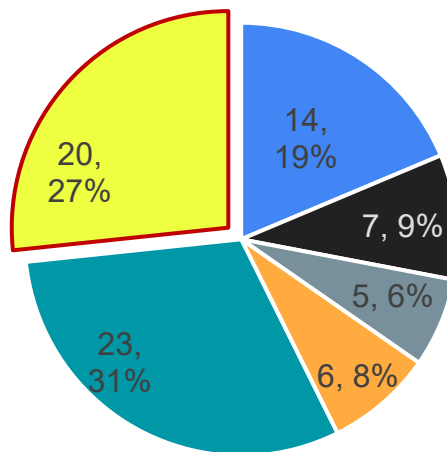
**Discontinuation**  
**Choate Inpatient Acute Intakes Per Calendar Year**

|        | Detain & Evaluate<br>Order | Acute Civil<br>Admission |
|--------|----------------------------|--------------------------|
| 2021   | 27                         | 26                       |
| 2022   | 28                         | 21                       |
| 2023   | 29                         | 36                       |
| 2024   | 39                         | 16                       |
| 2025   | 12                         | 13                       |
| 2026   | 8                          | 6                        |
| Total  | 143                        | 118                      |
| Avg/Mo | 2.13                       | 1.76                     |

## Patient Type



## Region of Origin



■ Acute Civil

■ Civil Extended

■ Region 1

■ Region 2

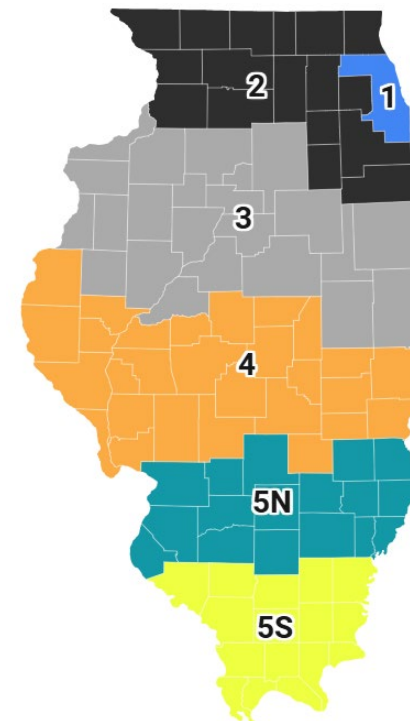
■ Region 3

■ Stepdown

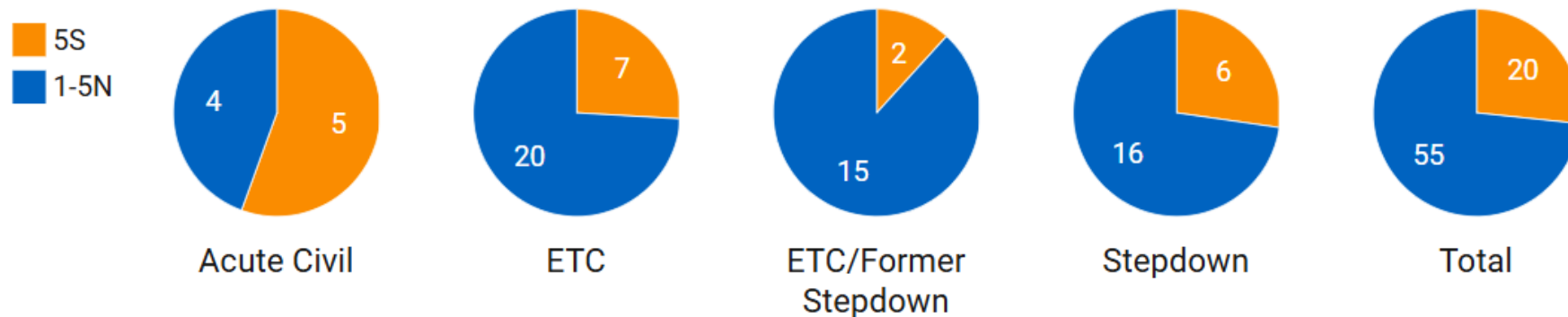
■ Former Stepdown

■ Region 4

■ Region 5N ■ Region 5S



## Region and Treatment Program



## Operations Continuing:

- Supports for people with Developmental Disabilities Forensic (Court ordered placements – 40 beds)
- IDHS Family and Community Resource Center
- IDHS Medicaid Long Term Care Unit
- IDHS Statewide Processing Unit
- IDHS Division of Rehabilitation Services
- IDHS Office of the Inspector General
- Guardianship & Advocacy Commission Office
- Centerstone's Fellowship House
- Shawnee Development Council
- Southernmost Illinois Tourism Board
- Anna State Hospital Employee Credit Union
- AFSCME Union Office

## Operations Ramping Down:

- Supports for people with Developmental Disabilities General Units (currently 15 residents transitioning to new living arrangements)
- Individuals needing inpatient Mental Health Services (Minimum Secure)

## IDHS Job Opportunities



## Intellectual and Developmental Disabilities Program

### Current



15 individuals with Intellectual and Developmental Disabilities in the Developmental Disabilities general units (non-forensic).

### Future



The services to the general Intellectual and Developmental Disabilities population, currently 15, will conclude by the end of September 2026.

### Background



This general Intellectual and Developmental Disabilities population has been transitioning to the community, other SODCs, and other settings as part of the transformation initiative announced in Spring 2023.

## Developmental Disabilities Forensic Program

### Current



40-bed Developmental Disabilities forensic program.

### Future



This program will continue to operate at Choate.

## Mental Health Civil Beds

### Current



75 mental health civil beds serving both civil and stepdown patients.

### Future



The 75 beds will be phased down by March 2027; patients will be discharged from Choate; if anyone is not ready for discharge before March, we will transfer patients to a state-operated psychiatric hospital in area of patient's support.

Attachment 10-7

# Plan for Continued Mental Health Services

## Average Choate Mental Health Bed Utilization

## Plans for Future Services

**Civil Acute**

~2

Contracting with 2 area hospitals for 4 acute psychiatric beds to meet needs.

**Detain & Evaluate**

~2

Adding 5 civil beds at Alton.

**Stepdown**

~48

Madden will serve these patients closer to patients' home communities.

**Extended Care**

~24

These services will be provided at Madden, Alton, Packard, and Chester across the state.

**ATTACHMENT 11**  
**Background of the Applicant**

IDHS, through its Division of Behavioral Health and Recovery (DBHR), is responsible for ensuring that children, adolescents, and adults throughout Illinois have access to comprehensive substance use and mental health services. Our statewide system supports prevention, intervention, treatment, harm reduction, and recovery services for individuals, families, and communities through a combination of state and federal funding. The system includes community-based mental health and substance use services delivered through partners and inpatient mental health services through 27 community hospitals with psychiatric units and seven state-operated hospitals. DBHR is also responsible for regulating all substance use intervention and treatment providers in the state of Illinois to ensure safety and quality of care.

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

IDHS's seven State-Operated Psychiatric Hospitals are listed below. All of these facilities are Joint Commission-certified. Choate's most recent accreditation letter is attached as Attachment 11-1.

IDHS also operates the Treatment & Detention Facility (TDF) in Rushville. The TDF delivers comprehensive, in-patient services for individuals committed under the Sexually Violent Persons Commitment Act. TDF is accredited by CARF.

| State Operated Hospital           | Address               | City, State, Zip      | County   | HCO ID       |
|-----------------------------------|-----------------------|-----------------------|----------|--------------|
| Alton Mental Health Center        | 4500 College Ave.     | Alton, IL 62002       | Madison  | 1628         |
| Chester Mental Health Center      | 1315 Lehmen Dr.       | Chester, IL 62233     | Randolph | 1505         |
| Chicago-Read Mental Health Center | 4200 N. Oak Park Ave. | Chicago, IL 60634     | Cook     | 1594         |
| Choate Mental Health Center       | 1000 N. Main St.      | Anna, IL 62906        | Union    | 622          |
| Elgin Mental Health Center        | 750 S. State St       | Elgin, IL 60123       | Kane     | 1395         |
| Madden Mental Health Center       | 1200 S. First Ave.    | Hines, IL 60141       | Cook     | 578          |
| Packard Mental Health Center      | 901 E. Southwind Rd.  | Springfield, IL 62703 | Sangamon | 1502         |
|                                   |                       |                       |          |              |
| <b>Other</b>                      |                       |                       |          |              |
| Treatment & Detention Facility    | 17019 County Farm Rd. | Rushville, IL 62681   | Schuyler | CARF - 78253 |

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility. **NOT APPLICABLE.**
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

- a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. **NOT APPLICABLE**
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed. **NOT APPLICABLE**
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude. **NOT APPLICABLE**
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her. **NOT APPLICABLE**
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency. **NOT APPLICABLE**
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

IDHS authorizes HFSRB and DPH to access any documents necessary to verify the information submitted.

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

This is the first application for permit that IDHS has submitted in calendar year 2026.



February 18, 2025

Angela Quigley-Ragland, LCSW  
Center Director  
Choate Mental Health & Developmental Center  
1000 N Main Street  
Anna, IL 62906

Re: # 622  
CCN: # 144038  
Deemed Program: Psychiatric Hospital  
Accreditation Expiration Date: December 13, 2027

Dear Mrs. Quigley-Ragland:

This letter confirms that your December 10, 2024 - December 12, 2024 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals, as well as the special Conditions for psychiatric hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on February 14, 2025, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of December 13, 2024.

The Joint Commission is also recommending your organization for continued Medicare certification effective December 13, 2024. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Choate Mental Health & Developmental Center  
1000 N Main Street, Anna, IL, 62906-1699

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Quigley-Ragland".



Ken Grubbs, DNP, MBA, RN  
Executive Vice President and Chief Nursing Officer  
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers  
CMS/SOG Location 5 /Survey and Certification Staff

## **ATTACHMENT 12**

### **Purpose of the Project**

The Illinois Department of Human Services proposes to discontinue the 75 psychiatric beds at the Choate Mental Health and Developmental Center in Anna, Illinois. As the State agency with primary responsibility for ensuring that Illinois residents have access to mental health services, IDHS has determined that this project is necessary and appropriate to improve the health care and well-being of the populations served by Choate and by IDHS's statewide psychiatric system.

Although this project involves the elimination of a category of service at a single facility, it is one component of a broader realignment that will modernize Illinois's inpatient psychiatric infrastructure, expand capacity at facilities better positioned to deliver high-quality care, and strengthen community-based behavioral health services in Southern Illinois. Consistent with the Mental Health Inpatient Facilities Access Act, IDHS is adding capacity across its system, working to provide inpatient services closer to patients' homes while modernizing its hospital infrastructure. In total, IDHS is adding 130 beds to its existing 1,300-bed inpatient capacity, a 10% increase, representing a necessary allocation of resources toward the State's growing forensic needs while preserving and improving civil psychiatric access.

For purposes of this application, the facility's market area is the 21-mile radius surrounding Choate, as established by 77 Ill. Adm. Code 1100.510(d). However, the population actually served by Choate's civil psychiatric beds extends well beyond this radius. Seventy-three percent of Choate's current civil patients originate from IDHS Regions 1 through 5-N, encompassing communities across the northern and central portions of the State. Only approximately 5% of Choate's civil beds, roughly 4 of 75 are utilized at any given time for acute care for individuals from the entire 16-county Region 5-S, which itself is far larger than the 21-mile market area. Accordingly, the relevant planning context encompasses both the local market area and the statewide service population that IDHS's psychiatric system is designed to serve.

IDHS has identified several interrelated problems that necessitate this project. First, Choate faces chronic and worsening staffing shortages that impair the facility's ability to deliver adequate inpatient psychiatric care. These shortages have contributed to clinician burnout and attrition, creating a self-reinforcing cycle that undermines continuity of care.

Second, Choate's physical plant presents serious infrastructure deficiencies that threaten the future patient and staff safety and the economic viability of continued operations. The capital expenditures that will be required to remediate deficiencies to a level suitable for continued inpatient psychiatric operations is not economically justified given the facility's declining census and the availability of capacity at other state-operated facilities.

Third, the aging infrastructure creates escalating risks to the facility's ability to maintain compliance with licensing and certification standards governing the physical environment of care, including requirements for adequate heating, structural soundness, and safe conditions for patients and staff. Interim remediation measures are of uncertain long-term effectiveness, and continued reliance on stopgap repairs is neither a responsible nor a sustainable approach to regulatory compliance for an inpatient psychiatric facility.

The foregoing problems and conditions are documented through the following sources: IDHS internal census and utilization data, including acute intake data; patient origin by region, length-of-stay analyses, and bed utilization reports (Attachments 10-4, 10-5, 10-6); the HFSRB-CON Authorized Bed Tracker, which identifies AMI bed capacity at regional hospitals; the CY 2025 HFSRB Hospital Facility Profile for Harrisburg Medical Center, which reports utilization and occupancy data for the facility's AMI beds (Attachment 10-3); and IDHS's Strategic Plan for Inpatient State-Operated Psychiatric Hospital Capacity and Access (Attachment 12-1).

The discontinuation of civil psychiatric beds at Choate will address each of the identified problems while improving the health care and well-being of the affected populations. By addressing issues at a facility that cannot sustain adequate clinical staffing, IDHS will ensure that civil psychiatric patients are served at facilities with the workforce necessary to deliver consistent, high-quality care. Extended-care and forensic stepdown patients currently at Choate will be discharged or transferred to other state-operated psychiatric hospitals, with a goal of transferring patients to facilities closer to those patients' homes, thereby improving

continuity of care and facilitating family and community connections that are therapeutically beneficial. Patients who are clinically eligible for discharge will transition to community-based settings and residential programs that provide care in the least-restrictive environment appropriate to their needs.

Inpatient capacity will be expanded at Madden Mental Health Center (44 additional civil beds), Alton Mental Health Center (5 additional civil beds, plus 100 forensic beds), and Chester Mental Health Center (56 forensic beds).

To meet the needs of patients in Southern Illinois, IDHS is negotiating contracts with regional hospitals to secure 4 AMI beds in the Region 5-S area to address acute psychiatric needs locally. In addition, existing AMI capacity at Harrisburg Medical Center (42 beds), with a CON bed occupancy rate of only 51.5% per the CY 2025 HFSRB Hospital Facility Profile) and SSM Health St. Mary's Hospital in Centralia (24 beds) remains available in the broader region. IDHS's parallel investments in community-based behavioral health services including the 988 Suicide & Crisis Lifeline, the Living Room Program in Marion, CCBHCs, mobile crisis response teams, and substance use disorder treatment providers will strengthen the continuum of care available to residents of the region, reducing reliance on inpatient hospitalization and ensuring access to timely mental health support.

IDHS plans to complete the phase-out of all 75 beds by mid-calendar year 2027, with all civil patients either discharged to appropriate community-based placements or transferred to other state-operated psychiatric facilities prior to that date. IDHS will ensure that no patient experiences a gap in care during the transition. IDHS's objective is to complete individualized transition planning for 100% of current civil patients, with each patient's discharge or transfer coordinated with the receiving facility or community provider in advance of the patient's movement.

IDHS will expand community-based behavioral health services in Southern Illinois. IDHS will continue funding and support for community programs including the 988 Lifeline, CCBHCs, mobile crisis response, the Living Room Program, and substance use disorder services, through and beyond the Choate transition period, with no reduction in service levels.

# Strategic Plan for Inpatient State-Operated Psychiatric Hospital Capacity and Access

Illinois Department of Human Services  
Division of Mental Health

In partnership with the Institute for  
Healthcare Delivery Design

SEPTEMBER 2023

The Illinois Department of Human Services' Division of Mental Health prepared the following strategic plan in partnership with the University of Illinois at Chicago's Institute for Healthcare Delivery Design. This plan lays out a roadmap of initiatives and solutions that the Division will undertake to improve access to inpatient beds in State-operated psychiatric hospitals, as mandated in the Mental Health Inpatient Facility Access Act.

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## Executive Summary

On May 27, 2022, Illinois Governor JB Pritzker signed into law Public Act 102-0913, the Mental Health Inpatient Facility Access Act. The act mandates that the Department of Human Services' Division of Mental Health (DMH) develop a written, strategic plan that comprehensively addresses improving access to inpatient psychiatric beds in State-operated mental health facilities for individuals needing a hospital level of care.

In response, DMH brought together a team from the University of Illinois at Chicago's Institute for Healthcare Delivery (IHDD) to work with the Division's leadership and its Forensic Work Group to develop a strategic plan that aims to improve the State's ability to provide recovery-oriented care, specifically to its forensic consumers, more efficiently and effectively.

Bearing in mind that some areas needing attention are in DMH's control but some are not, the Division will adopt 4 interconnected strategic priorities:

1. Hire and retain more staff.
2. Expand community access.
3. Build a data infrastructure to predict and manage current and future capacity.
4. Establish, measure, and communicate treatment progression, from admission to discharge, for all consumers.

Laid out here is a series of 35 solutions, grouped into 11 discrete initiatives and aimed at engaging 4 groups of DMH stakeholders – its consumers, employees, community partners, and DMH leadership. Together, these initiatives address all areas of improvement outlined in the statute and can be implemented in the short, medium, and long term.

Solutions range from defining fundamental DMH principles to creating an organizational development team, from improving staff recognition to offering new options for consumers with intersectional mental health issues, from system-level analytics to listening sessions at which community mental health providers can express their ideas for DMH improvements.

The strategic plan's initiatives and solutions comprise a roadmap of concrete steps for implementing a single cohesive strategy, building on actions that DMH already has underway. This document also contains principles for implementing and managing the plan, as well as foundational values essential to its ultimate success.

Attachment 12-1

## Goal of the Legislation

DMH and IHDD worked together to develop this strategic report in response to the State of Illinois' Mental Health Inpatient Facility Access Act,<sup>1</sup> a mandate that DMH develop and write a comprehensive strategic plan that addresses improving access to inpatient psychiatric beds in State-operated mental health facilities for individuals needing a hospital level of care.

This report includes initiatives, solutions, and steps toward effectuating improvements that DMH plans to put in place to provide recovery-oriented care, specifically to forensic consumers, more quickly and effectively than in the current state. **The solutions outlined in this strategic plan are aspirational, and achieving them will be an incremental and long-term process.**

## Limitations to DMH Control

It's important to note that although the Mental Health Inpatient Facility Access Act was written specifically to direct DMH to address challenges related to inefficient bed use in State-operated mental health facilities, DMH is part of a complex and dynamic system of actors over which it does not have control.

The creators of the strategic plan assumed that certain potential changes were out of DMH's control and as a result were never under consideration to be elements of the plan. If the Division was unsure whether exploring a particular area would be within the bounds of compliance, one of the first steps in the plan was to confirm that DMH would remain in compliance if it were to pursue the issue. More specifically, IHDD made the following assumptions about what is not in the control of DMH to change and therefore were not explored, or even discussed, in this strategic plan:

- DMH must comply with the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/) Code and all current Illinois statutes.
- DMH must comply with the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- DMH is unable to reduce the time it takes to get in front of a judge.
- DMH is unable to change how NGRI status and UST status are determined, or how many such determinations are made in a particular amount of time. County court systems make the determinations.
- DMH must comply with all current labor union agreements.
- DMH must comply with the State's Grant Accountability and Transparency Act (GATA) when notifications of funding opportunities are released.
- DMH must comply with all State of Illinois hiring practices and procedures.

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<sup>1</sup>The Mental Health Inpatient Facility Access Act, Public Act 102-0913, May 27, 2022, Illinois General Assembly, <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0913>

There are 2 important dimensions to the strategy:  
the 4 strategic priorities that DMH will adopt and the  
4 stakeholder groups DMH will engage.

## Four Strategic Priorities

To set the course for this strategic plan, DMH focused on two central questions: How do we implement immediate improvements for our forensic waitlist, and how do we improve the inpatient system 5 to 10 years from now?

Looking through this lens revealed 4 strategic priorities upon which DMH will focus its improvements. Together, these strategic priorities address both acute issues that affect the inpatient waitlist and chronic issues that impact the broader forensic system.

Because the strategic priorities are interrelated, DMH will address all 4 strategic priorities in concert.



### Priority 1: Hire and retain more staff.

Inpatient beds can be utilized fully only if the forensic units at inpatient hospitals are fully staffed, which would require filling the vacant hospital positions. In the short term, DMH might need to turn to contractors to fill positions quickly; however, in the longer term, the Division will work to convert contractor staff members to full-time employees. Doing this would require the collaboration of DHS Human Resources, Central Management Services (CMS), and unions to normalize compensation and shorten hiring timelines.

Attracting and retaining top talent would also require DMH to build a well-considered, sustainable hiring and training pipeline, a holistic approach to compensation, a data infrastructure that helps DMH understand employees' satisfaction levels better, and a values-based culture of continuous improvement.

### **Priority 2: Expand community access.**

Working with mental health service providers in Illinois communities would help DMH expand consumer options and capacity beyond state hospitals. To do this, DMH needs to 1) provide leadership and guidance to stakeholders, 2) simplify the processes required for community service providers to take on forensic consumers in existing programs, and 3) make it easier for those providers to get funding for the creation of new services tailored to local needs. To strategically expand its network, DMH will also need to create a data infrastructure, which would help the Division to assess and understand better partner services and coverage gaps throughout the state. In conjunction, DMH will need to educate the judiciary and its staff about options in the community that could serve as alternatives to inpatient treatment or provide continuity when a consumer is ready to step down to a less restrictive level of care and live in the community.

### **Priority 3: Build a data infrastructure to predict and manage current and future capacity.**

The inpatient capacity crisis touches many state departments and processes. To effectively plan for long-term capacity needs, DMH will need to be able to measure and predict trends, share that information with other departments, and collaborate with them on sustainable solutions.

To manage bed capacity more effectively overall, more extensive analysis is required to learn what affects the progression of consumer treatment at DMH facilities. Using that analysis, the Division could define treatment phases and timelines for consumers with different illnesses and legal designations. It could then apply data analytics to see the progression of all consumers and use that information to better understand and predict bed availability and how many consumers the organization can serve at any given time.

Without a definition of treatment progress and investments in data analytics, consumer throughput and bed capacity would remain unknown, hampering DMH's ability to provide clear and accurate guidance to its community partners.

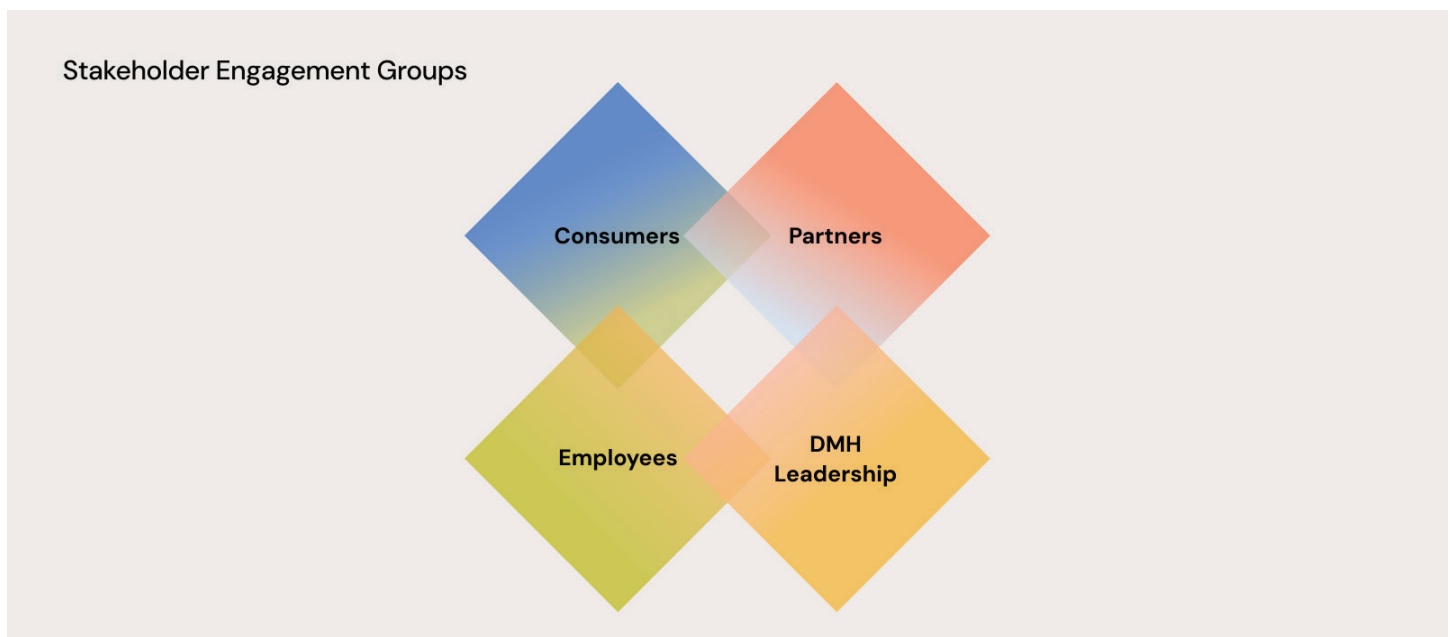
### **Priority 4: Establish, measure, and communicate treatment progression, from admission to discharge, for all consumers.**

Defining and measuring evidenced-based treatment stages, with accurate time estimates for each phase, is one of the most important things for DMH to do. Successfully integrating the measurement of treatment stages into its regular operations would have a wide-ranging impact.

First and foremost, it would provide information to consumers (and their advocates and family members) about where they are in their treatment journey and their next steps. Second, it would allow staff to see consumers' treatment progression and regression and then make evidence-based decisions about care that would propel efficiency and effectiveness. Third, DMH operations would be more transparent and efficient. With an accurate picture of the status of each consumer, it could predict bed capacity, see trends across consumers and hospitals, and make data-driven decisions based on those trends.

# Four Stakeholder Groups to Engage

To address these strategic priorities, DMH will change how it engages its consumers, employees, community partners (including community providers of health services, county judges and courts, and the Department of Corrections), and its leadership. Since the 4 stakeholder groups are inextricably intertwined, **DMH will need to pursue all 4 stakeholder groups in concert.**



Following are the 11 initiatives for change that DMH will pursue to change the experiences of its stakeholders – and, over the long term, improve how the system works. The initiatives here are directional descriptions.

## ◆ Consumer Engagement Initiatives

### Goals for DMH consumer stakeholders

Establish a consistent, system-wide community-readiness process that drives policies, privileges, assessments, and, in the long term, a mindset shift within DMH, to set up all forensic consumers for successful recovery and to hold care teams accountable for their performance.

### Initiative Descriptions

#### #1 [Forensic Recovery Framework](#)

A shared clinical-treatment philosophy that articulates clear phases, policies, privileges, and success metrics and enables the implementation of systems of accountability for clear team performance

Attachment 12-1

## **#2 [Data to Enable Effective Care](#)**

Data infrastructure and reporting on the recovery framework and other key performance indicators, to provide transparency into care and operations

## **#3 [Expanded Consumer Services](#)**

Expanded DMH services beyond State-operated psychiatric hospitals, so that forensic consumers have the services they need even in communities without the civic infrastructure to build those services

# ◆ Employee Engagement Initiatives

## **Goals for DMH employee stakeholders**

Create a hospital system stocked with high-performing, optimistic caretakers who act as respected advocates for forensic consumers.

## **Initiative Descriptions**

### **#4 [Hiring and Retention Improvements](#)**

Process changes and digital resources, to streamline hiring and reduce lead times, coupled with staff programs to boost morale and increase retention

### **#5 [DMH Organization-Wide Intranet](#)**

A secure, well-organized digital portal for employees at all hospitals to access the most up-to-date, DMH-approved resources and tools

### **#6 [Multimodal Forensic Training](#)**

Stronger, more formalized onboarding and training for both clinical and nonclinical roles, to better set up employees for success at the start of their employment and enable them to learn and contribute more effectively throughout their time at DMH

# ◆ Partner Engagement Initiatives

## **Goals for DMH partner stakeholders**

Through new funding, tools, and resources, make it easy for community partners to provide new competency, recovery, and reintegration services for forensic consumers.

## **Initiative Descriptions**

### **#7 [Community-Informed Funding Models](#)**

Easier ways for partners to receive funding for services that forensic consumers may need in their communities

### **#8 [Forensic Partner Web Portal](#)**

A central, online portal that provides: a) access to a repository of all up-to-date resources for community partners, including forms, policy updates, and news from DMH; and b) interaction among community partners to share questions and answers, success stories, best practices, and so on

Attachment 12-1

## #9 [Partner Advisory Services](#)

Personalized service and training for community service providers and county partners to strengthen relationships, off-load administrative work, and connect critical services to high-need areas

# ◆ DMH Leadership Engagement Initiatives

## Goals for DMH leadership stakeholders

Equip leaders with the information they need to make strategic decisions about consumer, employee, and partner needs.

## Initiative Descriptions

### #10 [System-Level Analytics](#)

A series of relational, interactive data dashboards that give DMH leaders and hospital leaders overviews of consumer waitlists, consumer recovery progression, employment trends, community partner services coverage and gaps, and other hospital operational information

### #11 [Organizational Development](#)

A fully staffed team that is responsible for identifying and managing various continuous-improvement initiatives across the hospitals and is focused on the development of talent and culture, wellness of staff, expansion of partnerships, and implementation of the strategic plan

| Initiatives Mapped to the Strategic Priorities |                                     |                            |                         |                                                            |                                                           |
|------------------------------------------------|-------------------------------------|----------------------------|-------------------------|------------------------------------------------------------|-----------------------------------------------------------|
|                                                |                                     | HIRE AND RETAIN MORE STAFF | EXPAND COMMUNITY ACCESS | BUILD A DATA INFRASTRUCTURE TO PREDICT AND MANAGE CAPACITY | ESTABLISH, MEASURE, AND COMMUNICATE TREATMENT PROGRESSION |
| Consumer ENGAGEMENT INITIATIVES                | 1 Forensic Recovery Framework       | ●                          | ●                       | ●                                                          | ●                                                         |
|                                                | 2 Data to Enable Effective Care     | ●                          | ●                       | ●                                                          | ●                                                         |
|                                                | 3 Expanded Consumer Services        | ●                          | ●                       | ●                                                          | ●                                                         |
| Employee ENGAGEMENT INITIATIVES                | 4 Hiring and Retention Improvements | ●                          |                         | ●                                                          |                                                           |
|                                                | 5 DMH Organization-Wide Intranet    | ●                          | ●                       | ●                                                          |                                                           |
|                                                | 6 Multimodal Forensic Training      | ●                          | ●                       | ●                                                          | ●                                                         |
| Partner ENGAGEMENT INITIATIVES                 | 7 Community-Informed Funding Models |                            | ●                       | ●                                                          | ●                                                         |
|                                                | 8 Forensic Partner Web Portal       |                            | ●                       | ●                                                          | ●                                                         |
|                                                | 9 Partner Advisory Services         |                            | ●                       |                                                            | ●                                                         |
| DMH Leadership ENGAGEMENT INITIATIVES          | 10 System-Level Analytics           | ●                          | ●                       | ●                                                          | ●                                                         |
|                                                | 11 Organizational Development       | ●                          |                         | ●                                                          | ●                                                         |

DMH believes that collectively, these initiatives will help the Division realize the strategic priorities and improve the availability and turnover of inpatient beds.

Attachment 12-1

# Enablement Drivers of the Strategy

Three important drivers underpin the successful implementation of these strategic initiatives: 1) data and technology, 2) processes and supporting tools, and 3) change management.

## Data and Technology

Data will be an important part of making DMH operations more efficient and effective and making various aspects of the Division's hospital operations transparent. Achieving those goals will require investments in data collection and technology, such as an electronic health records system (EHR), data analytics and dashboards, and digitized forms and workflows.

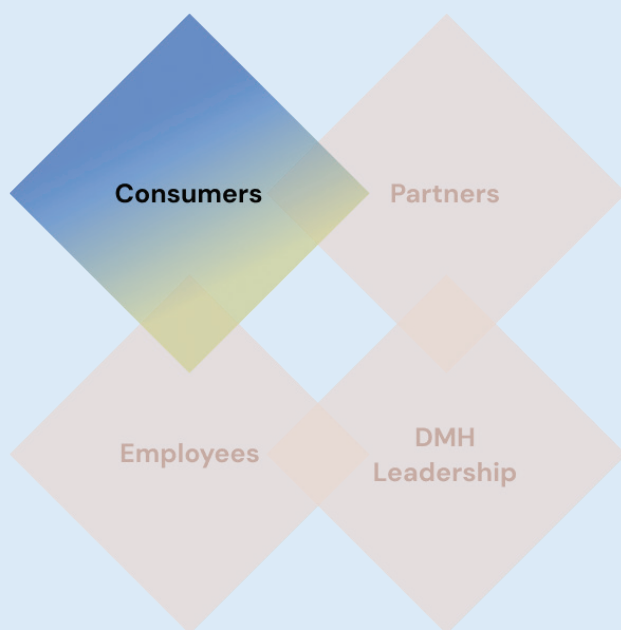
Although technology is fundamental to this plan's implementation, it's important to note that most, if not all, of the technology solutions recommended here can be executed using off-the-shelf software, which will enable speedy implementation and off-load ongoing product management and updates by the Division's information-technology team.

## Processes and Supporting Tools

As recommendations and solutions are introduced to the Division, DMH will need to make changes to staff processes and the tools and resources that support those processes — for example, creating support documents, updated protocols and workflows, and putting in place mechanisms for sharing information. We expect that the results of these changes will enable practitioners to adopt and implement the solutions in a timely manner.

## Change Management

Implementation of the outlined initiatives will require a multifaceted approach to managing change — including the devotion of resources to project management, staff training, and feedback collection. Large-scale change is difficult, and DMH will both drive top-down alignment and generate bottom-up excitement while maintaining a dialogue between the central office and the individual hospitals so that each hospital can implement the plan in a way that is appropriate for its culture.



## ◆ Consumer Engagement Initiatives

### Goals for DMH Consumers

Establish a consistent, system-wide community-readiness process that drives policies, privileges, assessments, and, in the long term, a mindset shift within DMH, to set up all forensic consumers for successful recovery and to hold care teams accountable for their performance.

### Initiatives

#### #1 Forensic Recovery Framework

**Objective:** Address the challenges of inconsistently applied policies and privileges that come from wide variations across the system in approaches to care.

#### #2 Data to Enable Effective Care

**Objective:** Break down tech-system and data silos to create transparent views of hospital operations and consumer care.

#### #3 Expanded Consumer Services

**Objective:** Expand forensic consumer care beyond inpatient hospitals to better support a wider diversity of consumer needs across the care continuum.

Attachment 12-1

# Initiative #1: Forensic Recovery Framework

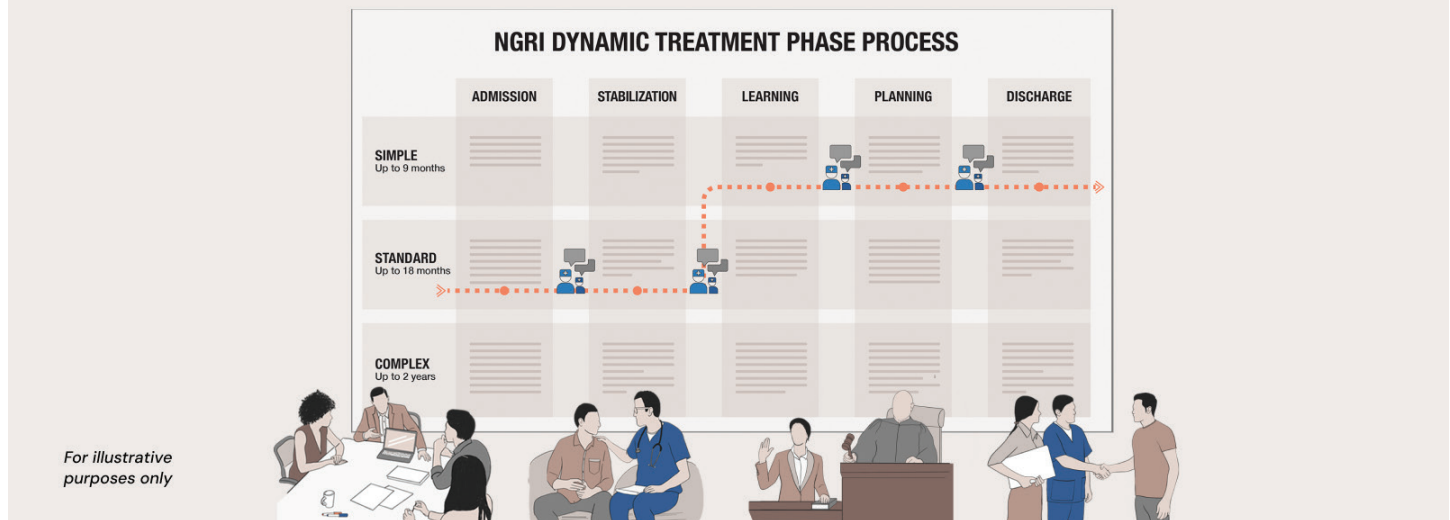
## #1 : Forensic Recovery Framework

### Objective

Address the challenges of inconsistently applied policies and privileges that come from wide variations across the system in approaches to care.

### Description

A shared clinical-treatment philosophy that articulates clear phases, policies, privileges, and success metrics and enables the implementation of systems of accountability for care-team performance



## Solutions

### Guiding Principles for DMH SHORT-TERM

A shared set of principles that provide clarity and transparency about DMH's approach to care both within and outside of DMH

### Individualized Treatment Pathways MEDIUM-TERM

A standard set of widely understood treatment **phases**, from admission to discharge, and **paces**, from simple to complex, that can be combined dynamically to create Individualized Treatment Pathways for all forensic consumers

### Smart Forms MEDIUM-TERM

Dynamic, paper-based decision algorithms that walk care teams through deliberative decisions in line with DMH best practices and statutory requirements

### Discharge Review Team SHORT-TERM

An experienced, multidisciplinary team that helps identify which consumers are not making planned progress on treatment plans and supports care-teams in making adjustments

### Consumer RACI MEDIUM-TERM

RACI (responsible, accountable, consulted, and informed) model to clarify documentation and processes that explicate duties and responsibilities across roles and ensure that treatment teams are working cohesively and helping one another on the unit

### Consumer Onboarding and Advocacy MEDIUM-TERM

Consumer-facing materials that clearly articulate the phases of treatment and their associated modalities, privileges, and care-team roles, so that consumers and their advocates know what to expect and can engage in informed advocacy

## Initiative #2: Data to Enable Effective Care

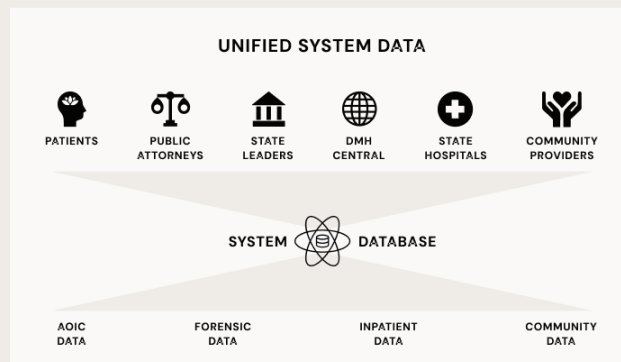
### #2 : Data to Enable Effective Care

#### Objective

Break down tech-system and data silos to create transparent views of hospital operations and consumer care.

#### Description

Data infrastructure and reporting on the recovery framework and other key performance indicators, to provide transparency into care and operations



*For illustrative purposes only*



### Solutions

#### Hospital Bed Registry MEDIUM-TERM

Transparent and real-time tracking of bed availability across the hospital system and ability for DMH team members and community providers to zoom in and out to understand when beds are freeing up, and where

#### Consumer-Progress Dashboard LONG-TERM

A single view of the recovery phase every consumer is currently in, as well as which inpatient resources are being utilized in that phase

Attachment 12-1

# Initiative #3: Expanded Consumer Services

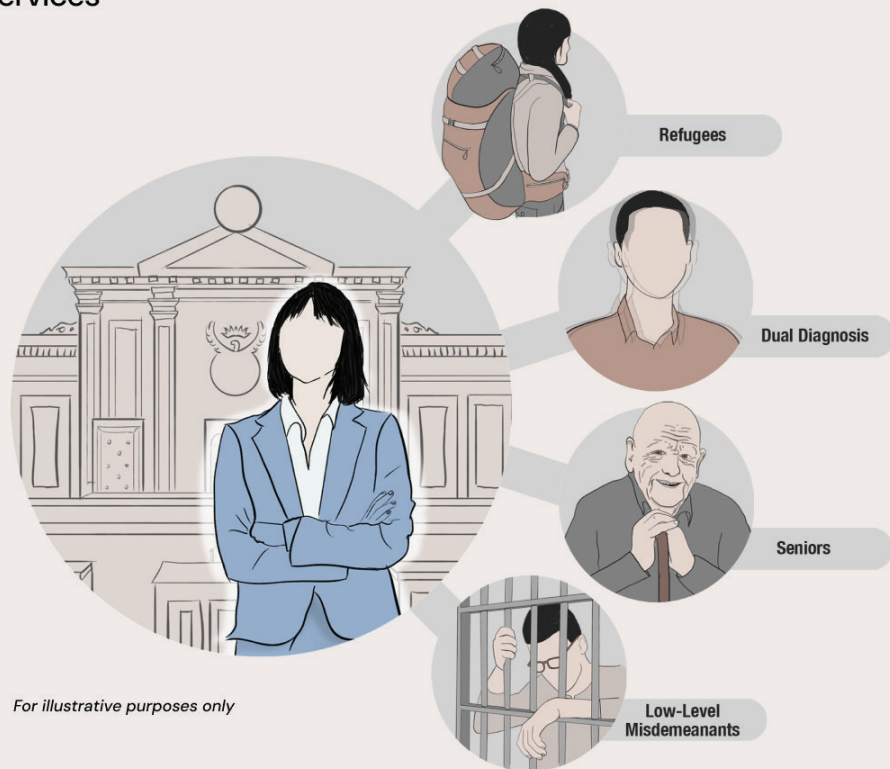
## #3 : Expanded Consumer Services

### Objective

Expand forensic consumer care beyond inpatient hospitals to better support a wider diversity of consumer needs across the care continuum.

### Description

Expanded DMH services beyond State-operated psychiatric hospitals, so that forensic consumers have the services they need even in communities without the civic infrastructure to build those services



## Solutions

### Forensic Navigator Function SHORT-TERM

A liaison among forensic consumers, jails, courts, and community providers to guide, support, and advocate for consumers undergoing competency evaluation, competency restoration, and community reintegration

### New Offerings for Permanent Placement LONG-TERM

New offerings for populations for whom the State will likely be the long-term caretaker because of insurance and community concern

### New Offerings for Intersectional Mental Health Issues LONG-TERM

New offerings for populations with specialized needs such as people who require housing support while in mental health treatment and people with diagnoses such as substance abuse or traumatic brain injury



## ◆ Employee Engagement Initiatives

### Goals for DMH Employees

Create a hospital system stocked with high-performing, optimistic caretakers who are respected advocates for forensic consumers.

### Initiatives

#### #4 Hiring and Retention Improvements

**Objective:** Attract, hire and retain top behavioral health talent by streamlining processes, building talent pipelines and recognizing staff in meaningful ways.

#### #5 DMH Organization-Wide Intranet

**Objective:** Establish and disseminate DMH-vetted forensic tools, resources, and information that employees need to do their jobs consistently and effectively.

#### #6 Multimodal Forensic Training

**Objective:** Prepare employees with the skills and knowledge they need to confidently provide high-quality services.

# Initiative #4: Hiring and Retention Improvements

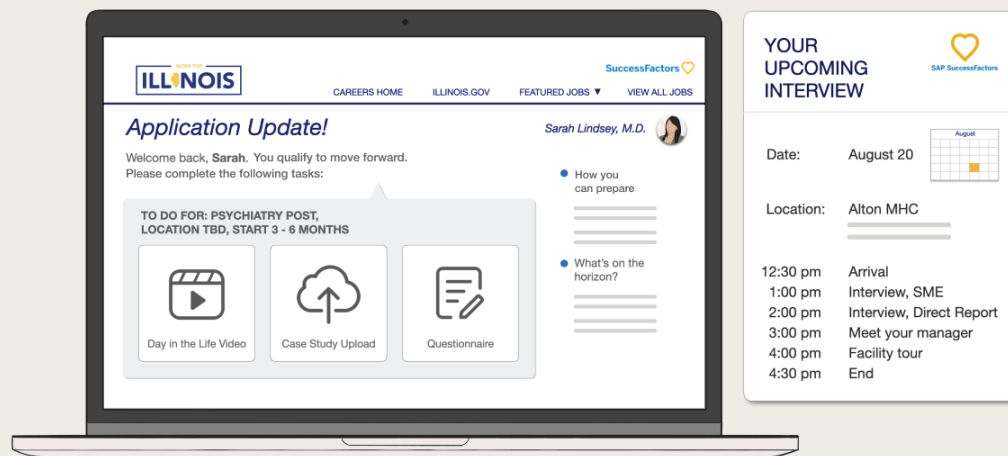
## #4 : Hiring and Retention Improvements

### Objective

Attract, hire and retain top behavioral health talent by streamlining processes, building talent pipelines and recognizing staff in meaningful ways.

### Description

Process changes and digital resources, to streamline hiring and reduce lead times, coupled with staff programs to boost morale and increase retention



*For illustrative purposes only*

## Solutions

### Prehiring Resources MEDIUM-TERM

Resources and activities available for all applicants to complete that provide more transparency into the role, ensuring job preparedness on the first day

### Proactive Hiring Protocol SHORT-TERM

Foundational improvements to DMH's backend hiring protocols designed to remove administrative bottlenecks to posting job openings and screening applicants

### Cross-Department Staffing and Collaboration SHORT-TERM

An ongoing collaboration model between CMS and DMH focused on addressing bottlenecks in the hiring process, improving understanding of various roles, and creating shared incentives

### Forensic Talent Partnerships with Universities LONG-TERM

Collaborations with academic institutions to expand forensic talent pools and knowledge in licensed roles in the organization and throughout the system

### Consumer-Led Staff Recognition Program MEDIUM-TERM

Regularly scheduled stories from current and former consumers and mechanisms for current consumers to recognize staff who have gone above and beyond for consumer recovery

Attachment 12-1

# Initiative #5: DMH Organization-Wide Intranet

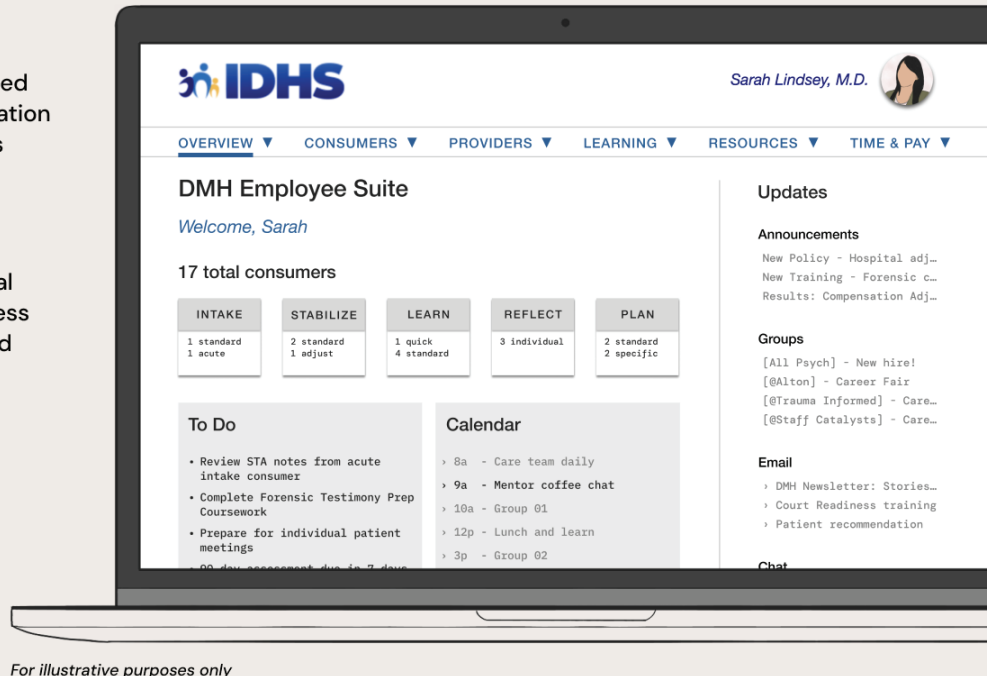
## #5 : DMH Organization-Wide Intranet

### Objective

Establish and disseminate DMH-vetted forensic tools, resources, and information that employees need to do their jobs consistently and effectively.

### Description

A secure, well-organized digital portal for employees at all hospitals to access the most up-to-date, DMH-approved resources and tools



For illustrative purposes only

## Solutions

### [Sharing Hub](#) MEDIUM-TERM

An intuitively organized, easily accessible digital hub for preferred resources to be used by all hospitals that includes clinical evaluation and reporting forms, documented best practices and protocols, and other tools that employees are trained to use in their role or practice

### [Fitness Toolkit](#) MEDIUM-TERM

A cohesive, best-in-class fitness curriculum that merges best practices and useful tools from DMH, academic research, and out-of-state fitness programs while incorporating perspectives from all DMH care-team roles and administration

### [Centralized Communication Hub](#) LONG-TERM

A DMH-wide communication system for critical alerts, upcoming events, policy and protocol updates, practice changes, and more, facilitating a stronger centralized connection to clinical practices and leading to a collaborative organizational culture at DMH

# Initiative #6: Multimodal Forensic Training

## #6 : Multimodal Forensic Training

### Objective

Prepare employees with the skills and knowledge they need to confidently provide high-quality services.

### Description

Stronger, more formalized onboarding and training for both clinical and nonclinical roles, to better set up employees for success at the start of their employment and enable them to learn and contribute more effectively throughout their time at DMH

*For illustrative purposes only*



## Solutions

### Digital Course Library with Micro-Credentials MEDIUM-TERM

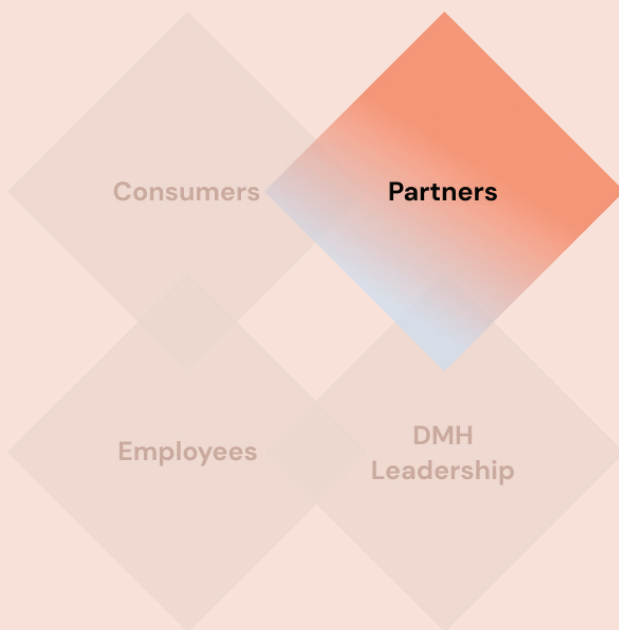
A cloud-based digital software tool, accessible through the DMH Organization-Wide Intranet, containing a variety of lecture- and video-based training modules on relevant forensic topics and pathways along modules to gain micro-credentials

### Credentialed On-the-Job Mentors LONG-TERM

Credentialed peers and supervisors who guide and mentor staff members through important job duties to facilitate skill development and determine if mastery has been achieved

### Testimony Prep Program MEDIUM-TERM

Rigorous training for clinicians that breaks down misconceptions about, and trains people for, the testimony process to help clinicians who must appear in a court setting feel more comfortable and prepared to take the stand



## ◆ Partner Engagement Initiatives

### Goals for DMH Partners

Through new funding, tools, and resources, make it easy for community partners to provide new competency, recovery, and reintegration services for forensic consumers.

### Initiatives

#### #7 [Community-Informed Funding Models](#)

**Objective:** Increase access to funding so that community partners can develop and deploy new forensic services.

#### #8 [Forensic Partner Web Portal](#)

**Objective:** Reduce the friction that partners experience when working with DMH so that it's easier for partners to meet their obligations when serving forensic consumers.

#### #9 [Partner Advisory Services](#)

**Objective:** Strengthen relationships with high-quality providers and support new or niche forensic providers by supporting their forensic needs beyond providing services.

Attachment 12-1

# Initiative #7: Community-Informed Funding Models

## #7 : Community-Informed Funding Models

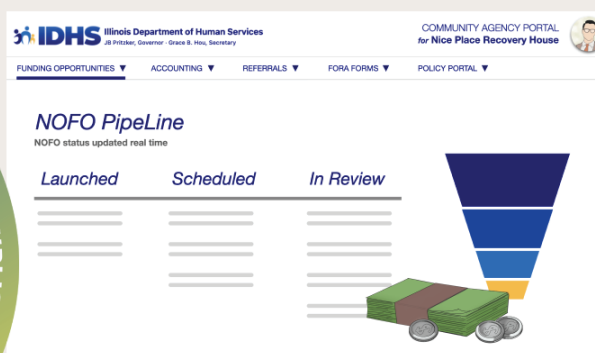
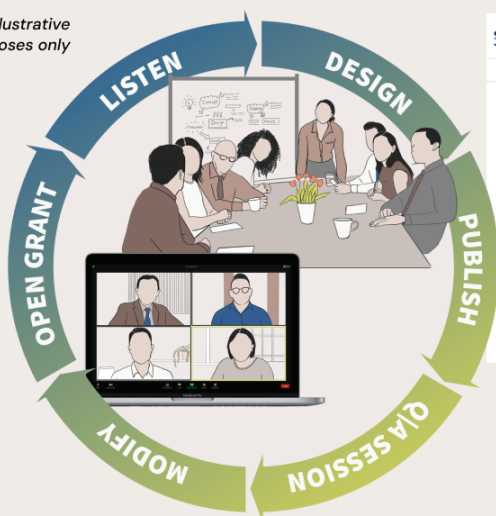
### Objective

Increase access to funding so that community partners can develop and deploy new forensic services.

### Description

Easier ways for partners to receive funding for services that forensic consumers may need in their communities

*For illustrative purposes only*



## Solutions

### Listening Sessions with Providers SHORT-TERM

DMH-hosted listening sessions with community providers and forensic influencers, including courts, corrections, advocates, and neighbors

### Funding for Community Pilots MEDIUM-TERM

A program to enable rapid piloting of new ideas that require low investment and have a high probability of positive impact

# Initiative #8: Forensic Partner Web Portal

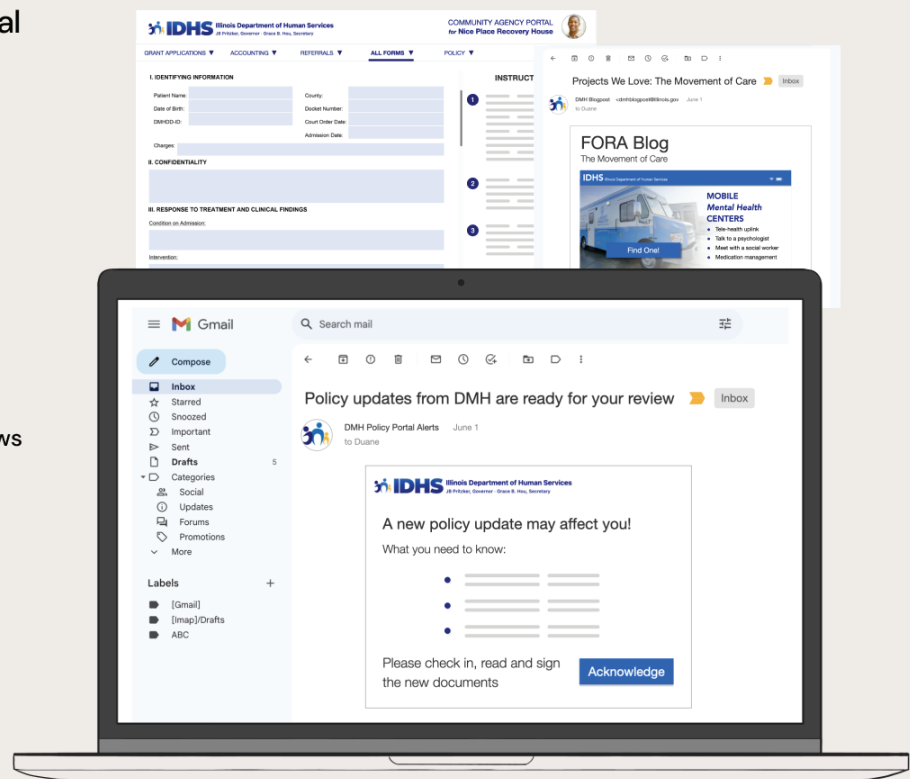
## #8 : Forensic Partner Web Portal

### Objective

Reduce the friction that partners experience when working with DMH so that it's easier for partners to meet their obligations when serving forensic consumers.

### Description

A central, online portal that provides: a) access to a repository of all up-to-date resources for community partners, including forms, policy updates, and news from DMH; and b) interaction among community partners to share questions and answers, success stories, best practices, and so on



*For illustrative purposes only*

## Solutions

### Digital Forms and Resources SHORT-TERM

A central repository of all current forms and documents that community providers can use for easy information compilation, submission, recall, and sharing

### Partner Knowledge Base MEDIUM-TERM

Accessibly, usably, and memorably formatted database for required provider-specific information, such as new hospital policies and procedures, new forms to use, and newly available services

### Partner Digital Community MEDIUM-TERM

Explore DMH-curated newsletters for DMH and community providers that can be used to interact and exchange information, advice, tips, guidance and support, and stories of success

# Initiative #9: Partner Advisory Services

## #9 : Partner Advisory Services

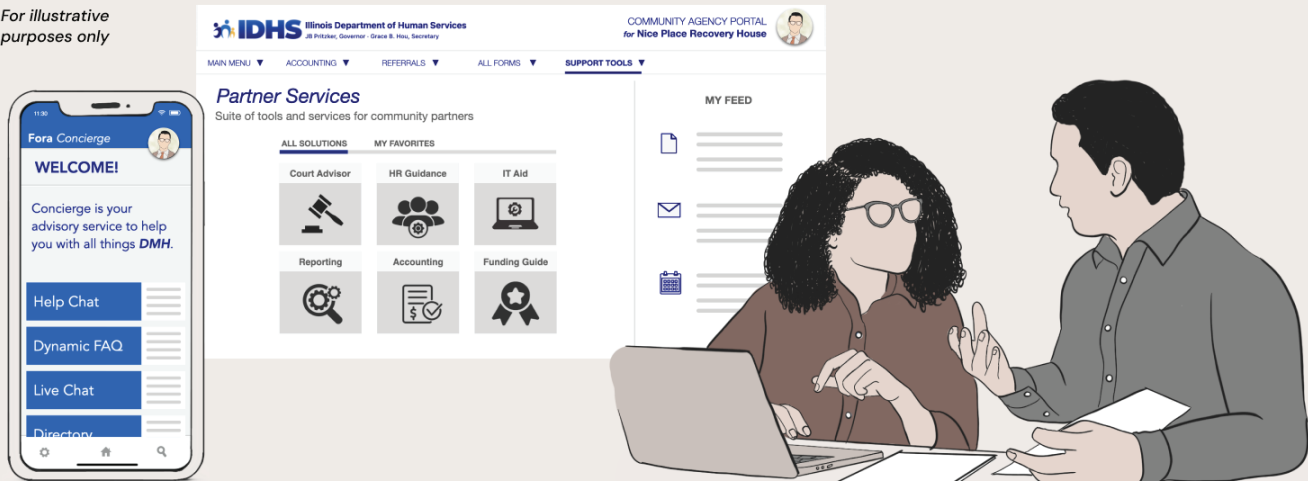
### Objective

Strengthen relationships with high-quality providers and support new or niche forensic providers by supporting their needs beyond those related to providing services.

### Description

Personalized service and training for community service providers and county partners to strengthen relationships, off-load administrative work, and connect critical services to high-need areas

*For illustrative purposes only*



## Solutions

### Provider Success Team MEDIUM-TERM

A team of DMH provider liaisons that provide one-on-one support and training to help community agencies with challenges specific to forensics, such as court and grant reporting and statutory responsibilities

### County-Specific Training MEDIUM-TERM

A small team of DMH-certified trainers who create high-touch, tailored training sessions for a county's community providers, law enforcement, judges, and attorneys

Attachment 12-1



## ◆ DMH Leadership Engagement Initiatives

### Goals for DMH Leadership

Equip leaders with the information they need to make strategic decisions about consumer, employee, and partner needs.

### Initiatives

#### #10 System-Level Analytics

**Objective:** Create transparency into system needs and trends to help inform strategic decisions.

#### #11 Organizational Development

**Objective:** Continuously improve consumer care outcomes by focusing on the ongoing development of talent, culture, and knowledge.

Attachment 12-1

# Initiative #10: System-Level Analytics

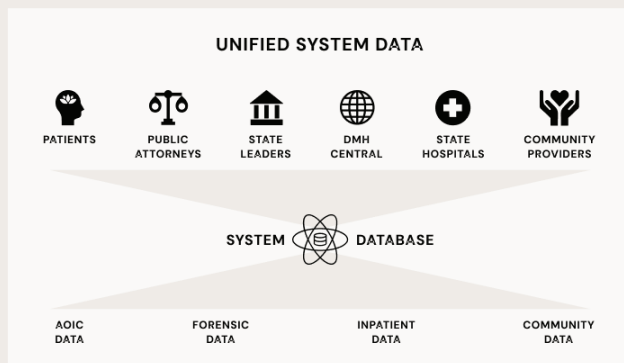
## #10: System-Level Analytics

### Objective

Create transparency into system needs and trends to help inform strategic decisions.

### Description

A series of relational, interactive data dashboards that give DMH executives and hospital leaders overviews of consumer waitlists, consumer recovery progression, employment trends, community partner services coverage and gaps, and other hospital operational information



*For illustrative purposes only*

## Solutions

### [Key Junction Reporting](#) MEDIUM-TERM

A dynamic snapshot of consumer throughput that measures how many individuals there are at each key step in the forensic journey, from time of incarceration to inpatient admission to discharge and beyond

### [State Trends and Forecasting](#) LONG-TERM

A dashboard that includes all the counties and catchment areas of the State of Illinois,, with several data sources overlaid into a single view: state census data, inpatient forensic data, behavioral health data, and criminal justice data

### [Funding Dashboard](#) LONG-TERM

An interactive dashboard that provides visibility into active and upcoming grant programs and partners and their utilization of funds, to inform ongoing allocation decisions

# Initiative #11: Organizational Development

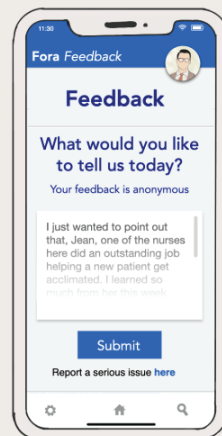
## #11: Organizational Development

### Objective

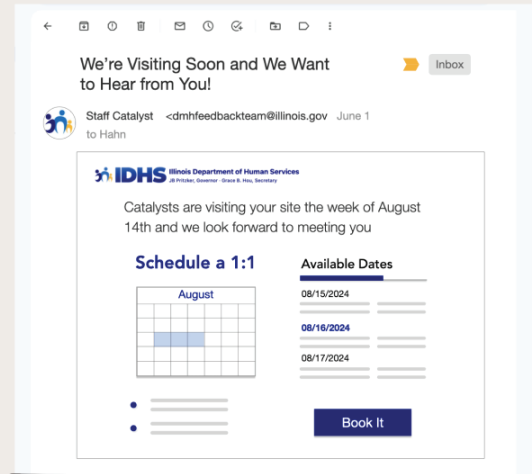
Continuously improve consumer care outcomes by focusing on the ongoing development of talent, culture, and knowledge.

### Description

A fully staffed team that is responsible for identifying and managing various continuous-improvement initiatives across the hospitals and is focused on the development of talent and culture, wellness of staff, expansion of partnerships, and implementation of the strategic plan



*For illustrative purposes only*



## Solutions

### On-Site Executive Meetings SHORT-TERM

Hospital rotation of hosting on-site meetings with staff and a team from the central office to share experiences and coordinate strategic-plan initiatives

### Continuous-Improvement Team and Programming LONG-TERM

A team held accountable for continuous-improvement goals and metrics at the central office and throughout the hospital system; and a Continuous-Improvement Team, which, among other responsibilities, designs events focused on building a culture of collaboration and embedding new attitudes and behaviors in inpatient facilities

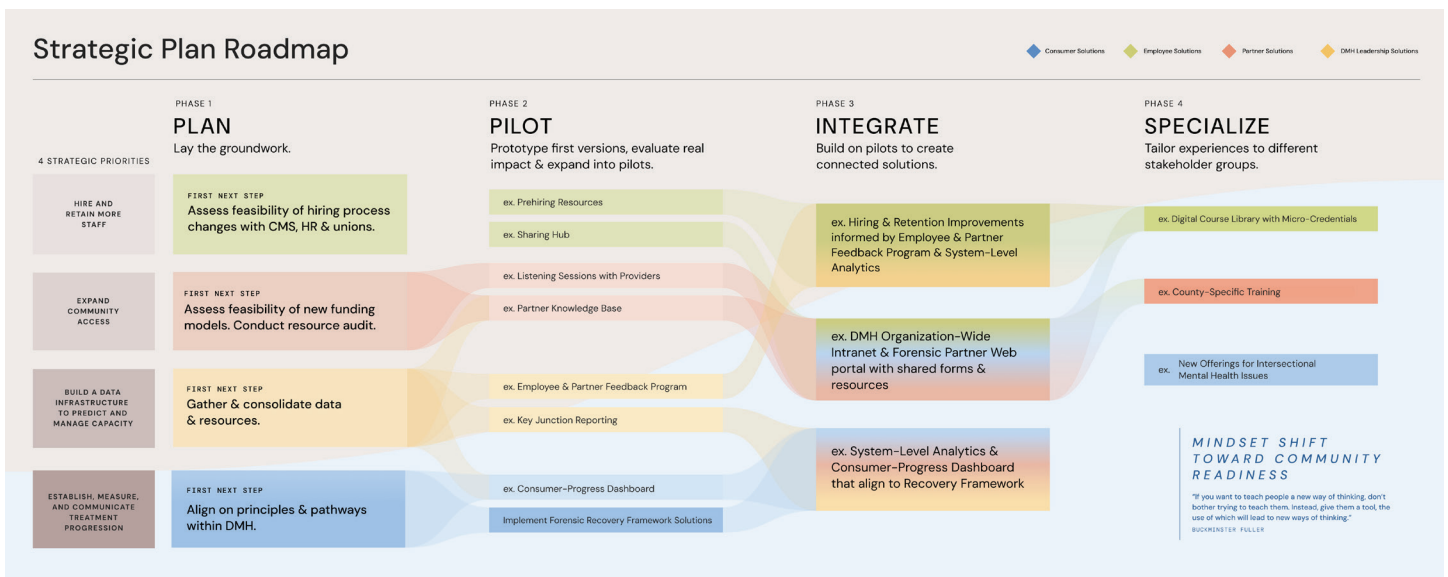
### Employee and Partner Feedback Program MEDIUM-TERM

A multifaceted feedback approach to gathering employee and partner input on a variety of topics, including policy changes, engagement programming, implementation of strategic initiatives, and collaboration with DMH leaders

Attachment 12-1

# High-Level Roadmap

The roadmap provides insight into how the Division will take clear, concrete steps to implement the strategic plan. The roadmap shows how DMH plans to move the strategic initiatives forward across 4 phases of implementation, each with a different goal in mind: Plan, Pilot, Integrate, and Specialize.



In the **Plan** phase, DMH will lay the groundwork by meeting with key teams to make go/no-go decisions and starting to tackle initiatives that are foundational to the strategy.

In the **Pilot** phase, DMH will create first versions, or prototypes, of many of the solutions. This phase will allow DMH to evaluate the real impact of several solutions without taking on the burden of large capital investments. DMH will then be able to use data from these pilots to determine how to refine them and increase their value.

In the **Integrate** phase, DMH will begin bringing together the discrete pilots to form connected solutions. For instance, disparate views of data might be networked into a series of relational dashboards, making all employee- and partner-based solutions available from a central web portal; and the linking of training modules, to form larger training programs, might begin.

Last, in the **Specialize** phase, the roadmap shows the potential for DMH to use the connected data and accumulated knowledge to create more tailored experiences for consumers, staff members, and partners. At this juncture, an Organizational Development team could play a critical role by ensuring that processes, training, and systems are clearly communicated and evolve as needed.

At its core, the roadmap is a representation of a mindset shift toward community readiness, which will start with the creation of the Forensic Recovery Framework. This framework will inform training, operations, and collaborations and lead to a new way of thinking throughout the DMH system.

# Already Underway

DMH has already undertaken, or is in the midst of taking, several actions to lay the groundwork for the implementation of the strategic plan and, in time, the realization of the Division's strategic vision. Following is a comprehensive list of measures that are currently underway at DMH and other entities represented in the Forensic Work Group.

## Foundational Initiatives

- A request for proposal (RFP) is in the requirements-refinement process for an electronic health record (EHR). The business requirements have indicated a need for a forensic module and/or processes for proper recovery and treatment planning.
- A subcommittee of the Forensic Work Group is rewriting the Fitness Statute (Article 104) for the legislature to consider, focusing on *United States v. Sell* as a precedent to expedite care.

## Consumer Engagement Initiatives

- A Clinical Review Committee has been formed.
- Forensic coordinators are collecting and sharing data on inpatient capacity.
- A forensic unit at the Alton facility is converting from a coed unit to an all-female unit, creating 8 or 9 additional beds for female forensic consumers on the waitlist.
- A Microsoft Access database called Forensic Database System (FDS) has been created to streamline and document inpatient placement.

## Employee Engagement Initiatives

- Cross-Hospital Fitness Work Group has been created.
- Elgin Mental Health Center and the Treatment and Detention Facility (TDF) share knowledge about returning consumers.
- Elgin Mental Health Center's Social Workers Group has piloted an extended onboarding training process.
- Multiple hospitals offer parking-spot and Employee of the Month rewards. A newly established process enables applicants to meet their prospective managers.
- Non-licensure roles are posted proactively.
- One-on-one preceptor consultants help staff members prepare for upcoming testimony.
- On-site career fairs are being held.
- Central-office UST and NGRI training has been updated.

## Partner Engagement Initiatives

- Forensic Work Group meetings are underway.
- Forensic Work Group member Scott Block, working with the Illinois Supreme Court Committee for Justice and Mental Health Planning (JMHPC), has requested a Technical Assistance Grant to provide technical assistance for Leading Change in Competency to Stand Trial Systems in Illinois courts.
- A Forensic Work Group subcommittee, led by Mark Heyrman, is currently conducting forensic training webinars with members of the Illinois judiciary.

## DMH Leadership Engagement Initiatives

- Employee–feedback mechanisms, such as suggestion boxes, are in place at some institutions.
- The Forensic Work Group, consisting of DMH leadership, judicial representatives, county corrections representatives, and consumer advocates, meets monthly.
- Monthly waitlist statistics are collected and shared with the Forensic Work Group.
- A TDF Employee Committee Model has been created and is being used.

## First Next Steps for the Strategic Plan

Creating and distributing this strategic plan to the Illinois General Assembly is only the first step to moving toward a more effective forensic system for all consumers. DMH will begin implementing this plan immediately.

As a starting point, the following action items are meant to kick-start the implementation plan and maintain momentum.

### Communication and Socialization

- Create and execute a communication plan to socialize the strategic plan with key audiences at DMH hospitals, community service provider partners, and judicial and correctional partners.

### Project Management

- Assemble an implementation oversight team.
- Assign or hire designated project managers and subject-matter experts.
- Schedule implementation meetings.
- Identify and assign staff catalysts, who could support each task force by supplying on-the-ground perspectives, cocreating solutions, and testing prototypes.

### Consumer Engagement Tasks

- Assemble an internal team of clinical experts and innovators to develop Guiding Principles and Individualized Treatment Pathways.
- Understand the existing scope of work of the Placement Evaluator, Forensic Coordinators, and similar roles in the court system. Consider modifying each role's focus to better support consumer access to the least restrictive level of care.
- Write a description of the Forensic Navigator Function and explore implementation, starting in high-need counties.

### Employee Engagement Tasks

- Work with CMS to discuss possible areas of collaboration and innovation.
- Work with HR departments and unions to discuss possible areas of collaboration and innovation.

## Partner Engagement Tasks

- Meet with the GATU to discuss possible areas of collaboration and innovation.
- Collaborate with forensic service providers to identify the biggest administrative pain points of working with DMH and taking on a forensic consumer and create a plan to solve these issues, starting with making the lowest-effort, highest-yield changes.
- Collect and consolidate a list of resources for a Forensic Partner Web Portal.

## DMH Leadership Engagement Tasks

- Audit existing forensic resources and training used by DMH and by other states.
- Assemble a team with psycho-legal expertise to curate the best existing training materials and staff resources.
- Attain alignment on metrics for assessing training effectiveness and progress.
- Assemble a team with data and IT expertise to develop first versions of discrete data dashboards with an eye to eventual integration.
- Audit hospital and system data.
- Build alignment of stakeholders regarding a minimum data set and data collection.

# Implementation Principles

The changes outlined in this plan are sweeping. The following 3 key principles will guide DMH's approach to managing future projects and programs. The Division will be able to manage these changes by starting small, taking a test-and-learn approach, and collecting ongoing feedback from the various groups of people with a stake in the outcomes of the plan.

## Start Small

DMH is beginning by tackling opportunities that are likely to have an immediate impact, focusing initially on opportunities that build on work that is currently underway or has a straightforward path to adoption.

## Keep Collecting Feedback

To ensure that solutions remain viable, feasible, and desirable throughout the plan's implementation, DMH will commit to collecting ongoing feedback from consumers, staff members, and partners throughout project life cycles. Feedback could take many forms, including staff workshops, staff interviews with current and former consumers and community partners, and meetings with State-level departments like DoIT and CMS.

## Take a Test-and-Learn Approach

Given both obvious and subtle differences among the multiple hospitals, consumer types, stakeholders, and workflows, taking a test-and-learn approach to implementing solutions will increase the likelihood of their adoption. By breaking each solution down into small and feasible stages of development, staff and other stakeholders will over time learn what has and hasn't worked at each stage. This approach is designed to bring unforeseen issues and roadblocks to the surface to be reckoned with and to clarify ways to make the next development stage work better.

# Clear Values: The Foundation of Success

Finally, the results of this work will sit in a larger ecosystem of existing processes, protocols, and organizational structures at the Division of Mental Health. As such, future solutions need to address not only the Mental Health Inpatient Facility Access Act's specific calls to action but also larger organizational opportunities that are foundational to the success of the solutions. To this end, DMH developed the following Values for solutions, to ensure that the recommendations are consistent with the long-term strategic vision and that the outcomes of the Mental Health Inpatient Facility Access Act are consumer-centric, scalable, adopted, and long-lasting.

**NUANCED:** Designing a system that is more responsive to individual needs will allow DMH to develop a more nuanced view of consumers' circumstances.

**CONNECTED:** DMH needs to lay the foundation for a larger and more connected network of stakeholders who are aligned with the big picture and not focused only on isolated problems on their turf.

**DIGITAL:** By making its data management more accessible, DMH will be able to provide its employees, community partners, and service providers a clear and accurate view of the information they need, when they need it.

**STRATEGIC:** Shaping an organizational structure that supports best-in-class clinical operation will support the capacity of DMH leaders to upskill and act more strategically.

**DATA-INFORMED:** By using data to fuel a service model that provides unbiased consumer assessments, DMH will be able to deliver treatment plans that meet consumers where they are clinically as well as culturally.

Attachment 12-1

# Forensic Work Group

This strategic plan was created in collaboration with the Forensic Work Group. The multidisciplinary nature of the team was critical to the plan's creation because of the sheer quantity and variety of individuals and organizations that would be affected by the plan and have a stake in the outcome.

Special thanks to the individuals below for providing expertise to inform the strategic plan. DMH looks forward to continued collaboration in future implementation efforts.

## The Forensic Work Group



### DEPARTMENT OF HUMAN SERVICES

**Dr. David Albert**  
**Dr. Donell Barnett**  
**Dr. Agoritsa Barczak**  
**Dr. Sharon Coleman**  
**Dr. James Corcoran**  
**Dr. John Cummins**  
**Dan Dyslin**  
**Danielle Jacobson**  
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**Patty Hudson**  
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**Ryan Rollinson**  
**Jason Stamps**  
**Tracey Thomas**  
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**Patrick Waller**, Cook County  
**Jacob Dennis**, Kane County  
**Kimberley Klein**, Kane County  
**Jamie Mosser**, Kane County  
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**Joseph McMahon**, formerly Kane County  
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**Meghan McCarthy**, Sangamon County  
**Dan Wright**, Sangamon County



### LAW ENFORCEMENT

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**Maureen O'Connell**, Treatment Liaison Coordinator, Kane County Sheriff's Office  
**Jim Kaitschuk**, Illinois Sheriffs' Association



### COUNTY EVALUATOR

**Dr. Dan Cuneo**, St. Clair County



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**Amy Campanelli**, Lawndale Christian Legal Center  
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**Rachel Bhagwat**, National Alliance of Mental Illness Chicago  
**Jen McGowan-Tomke**, National Alliance of Mental Illness Chicago  
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**Jennifer Hansen**, Illinois State Bar Association



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**Silvana Santilli**, Cook County  
**John Rekowski**, Madison County  
**Cathy MacElroy**, St. Clair County  
**Ernie Springer**, Winnebago County



### THE COURTS

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**Hon. Judge John Madonia**, Sangamon County  
**Hon. Judge Robert Haida**, St. Clair County  
**Hon. Judge Gibbons**, Winnebago County  
**Scott Block**, Administrative Office of the Illinois Courts  
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Attachment 12-1

**ATTACHMENT 38**  
**Safety Net Impact Statement**

1. The project's material impact, if any, on essential safety net services in the community, **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.

The proposed discontinuation reflects that acute psychiatric needs of the local community have resulted in historical utilization of only about 5% (4 of 75) of the civil psychiatric beds at Choate at any given time. Going forward, IDHS-contracted beds, the addition of 5 civil beds at Alton Mental Health Center, as well as existing inpatient capacity at Harrisburg and Centralia will address this need. IDHS will continue to serve extended care and forensic step-down patients in its other facilities, typically closer to those patients' communities and support systems. IDHS's significant investments in community behavioral health in Southern Illinois will continue to ensure that all Illinoisans have access to mental health services in the least-restrictive environment appropriate to their needs.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

The discontinuation of the Choate psychiatric beds will not adversely affect the ability of other providers to cross-subsidize safety net services. By realigning IDHS's inpatient psychiatric capacity with statewide need, IDHS will achieve more effective and efficient utilization of existing facilities. This discontinuation, in tandem with capacity expansion elsewhere, reduces unnecessary duplication of services and allows the State to better utilize public funds to tailor inpatient and community service delivery to the needs of far Southern Illinois.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

As noted above, the discontinuation of psychiatric inpatient beds at Choate is not anticipated to create an adverse impact on remaining safety net providers in the community. The overwhelming majority of patients at Choate come from other regions of the State. Further, a large portion of Choate's civil census are clinically eligible for discharge to community settings or residential programs, or can be served at other state hospitals. For these reasons, IDHS does not anticipate that the discontinuation will adversely impact remaining safety net providers.

**ATTACHMENT 38**  
**Safety Net Information**

| Safety Net Information per PA 96-0031 |                   |                   |                   |
|---------------------------------------|-------------------|-------------------|-------------------|
| CHARITY CARE                          |                   |                   |                   |
| Charity (# of patients)               | Year 2023         | Year 2024         | Year 2025         |
| Inpatient                             |                   |                   |                   |
| Outpatient                            |                   |                   |                   |
| <b>Total</b>                          |                   |                   |                   |
| Charity (cost in dollars)             |                   |                   |                   |
| Inpatient                             | 87,514,300        | 99,290,870        | 97,907,400        |
| Outpatient                            |                   |                   |                   |
| <b>Total</b>                          | <b>87,514,300</b> | <b>99,290,870</b> | <b>97,907,400</b> |
| MEDICAID                              |                   |                   |                   |
| Medicaid (# of patients)              | Year 2023         | Year 2024         | Year 2025         |
| Inpatient                             |                   |                   |                   |
| Outpatient                            |                   |                   |                   |
| <b>Total</b>                          |                   |                   |                   |
| Medicaid (revenue)                    |                   |                   |                   |
| Inpatient                             | 11,034,700        | 10,388,400        | 13,143,600        |
| Outpatient                            |                   |                   |                   |
| <b>Total</b>                          | <b>11,034,700</b> | <b>10,388,400</b> | <b>13,143,600</b> |

**ATTACHMENT 39**  
**Charity Care Information**

| <b>CHARITY CARE</b>              |            |            |            |
|----------------------------------|------------|------------|------------|
|                                  | <b>FY</b>  | <b>FY</b>  | <b>FY</b>  |
| Net Patient Revenue              | 12,036,600 | 11,161,100 | 13,551,800 |
| Amount of Charity Care (charges) |            |            |            |
| Cost of Charity Care             | 87,514,300 | 99,290,870 | 97,907,400 |