

History of the Robert Young Center

Introduction

The Community Mental Health Centers Act of 1963 allowed for the planning, staffing and construction of Comprehensive Community Mental Health Centers (CMHC) across America. By the time this funding was halted in 1980, more than 800 such CMHC's had been developed throughout the United States.

The Robert Young Center was the first CMHC in Illinois as well as the first hospital-based CMHC in either Illinois or Iowa. Despite the national movement toward integration of behavioral health services and primary health care, it is extremely rare to come across hospitals that include a community mental health center as part of its corporate configuration (less than 1%). Throughout its history, the Center has been a major product line and a contributor to quality health services in Trinity Regional Health System.

Background of the Center

The former St. Anthony's Hospital, Rock Island's first hospital, paved the way for the establishment of the Robert Young Center for Community Mental Health. The Hospital operated two psychiatric units and, in 1968, served as the anchor for the planning and establishment of The Comprehensive Community Mental Health Center of Rock Island & Mercer Counties.

In the mid 1960's, St. Anthony's Hospital, which was operated by the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, began planning a new facility (the current West Campus of Trinity Medical Center). The Federal Hill Burton Act made it possible for the Sisters to build the new medical facility with a combination of private donations and federally guaranteed loans from conventional private sources. It was discovered that State and Federal Construction Grants were available for the psychiatric portion of the hospital if a CMHC could be formed in conjunction with the psychiatric inpatient unit. Community leaders, interested citizens and mental health advocates gathered to plan for such an entity.

With passage of the Community Mental Health Act of 1963, Federal Construction and Staffing Grants added \$2 million to build the Center (all of the area from the cafeteria to the MOB; and, the lower level). An additional \$2.5 million grant was secured to help staff the Comprehensive Community Mental Health Center of Rock Island and Mercer Counties. A plan was presented to the hospital board with an agreement that established the Community Mental Health Center as a separate entity. The Child Guidance Clinic of Moline, with roots to 1920, the Outpatient Clinic of East Moline State Hospital and the Brief Encounter Team (BET) in Rock Island were the first community programs to merge with the Center.

The 1963 Community Mental Health Centers Act focused on developing community-based short-term treatment rather than the century-old methods of long-term confinement or imprisonment for the mentally ill.

There were five required services that had to be provided by a Community Mental Health Center:

- Outpatient Services
- Partial Hospitalization Services
- Inpatient Hospitalization Services
- Consultation & Education Services
- Emergency Services

Federal funding was intended as start-up monies prior to the development of a more diversified funding base at the local level. The grant initially covered seventy-five percent of the center's salaries and then declined to thirty percent over an eight-year period.

The Birth of a Community Mental Health Center

In April 1971, the CMHC of Rock Island and Mercer Counties employed one of the national pioneers of the Community Mental Health movement, Dr. Thomas Tourlentes. Dr. Tourlentes came to the Center from Galesburg State Research Hospital where he was Superintendent. He was an individual who brought ability, experience, integrity, and prestige to the position. In agreeing to accept the long vacant post, Dr. Tourlentes imposed several important conditions onto the three affiliates. He insisted upon and received a separate freestanding Board of Trustees that was given full responsibility for all CMHC funds and programming. The CMHC Board contracted with the Franciscan Medical Center through the Department of Psychiatry with the Executive Director of the Center becoming the Chairperson of the Psychiatry Department. Thus, any affiliates could be assured the Center maintained its corporate autonomy while simultaneously purchasing infrastructure services from the Medical Center such as accounting, human resources, and payroll.



The Impact of Robert Young and the 708 Tax Referendum

In 1976, Dr. Tourlentes initiated a campaign to pass a local property tax to support the Community Mental Health Center on a local level. Through local physician Dr. Eduardo Ricaurte's well-known association with actor Robert Young, the widely known television and movie star, Mr. Young agreed to make numerous presentations with Dr. Ricaurte in support of the 708 referendum.

Dr. Ricaurte has been a source of strength as a legendary leader within the community mental health center since its beginning. Passage of this tax assured that a 708 Mental Health Board would be established to collect these funds and distribute them to community efforts related to specific mental health needs. The referendum passed in 1976 and, to date, nearly \$40,000,000 has been provided to community mental health agencies in Rock Island and Mercer Counties. Dr. Tourlentes led the Center in its early years to a level of statewide and regional esteem as one of the few hospital-based comprehensive community mental health centers in the nation. The public-private partnership model he developed resulted in a one-class system of care that assured quality psychiatric services for all the citizens of the service area, based on needs not means.

Corporate Configuration

In 1983, Franciscan Medical Center restructured the configuration of its corporate entities. This reconfiguration resulted in the Mental Health Center becoming a corporate subsidiary of Franciscan Health System and a parallel Corporation to the Franciscan Medical Center. The name of the Center was changed to the Franciscan Mental Health Center in January 1985. Dr. Tourlentes retired in June 1985 after 14 years as the Executive Director.

Looking for New Direction

By 1985, utilization of behavioral health services had become a target for cost containment among a growing number of commercial insurance companies. Many corporations were convinced that behavioral health was a major cause of rising healthcare costs. In order to reduce behavioral health expenses, insurance companies:

- Authorized fewer admissions to psychiatric inpatient units,
- Average length of stay was significantly reduced,
- The number of outpatient therapy sessions per year was cut,
- Benefits plans contained lower annual and lifetime benefits for behavioral health-related concerns,
- Patients were submitted to higher co-pays than other disease groups.

The era of managed care had emerged in the Quad Cities areas which created a financial threat to the one class system of care at the Robert Young Center. Thus, financial accountability and competition for public dollars began to heat up; health care expense control became critical; it was clear a new era was thrust into the behavioral health world. A new environment had emerged and the Center was in need of someone who could balance these sometime incongruous forces.

Dr. David Deopere was named Executive Director in the fall of 1985. Dr. Deopere, who had worked as an orderly and mental health technician at St. Anthony's Hospital in 1970, came to this position having been chief planner of Spoon River Mental Health in Galesburg, the "youngest" CMHC in Illinois. Deopere served as a Psychiatric Triage Specialist during the Vietnam War. He received his

Master's Degree from the University of Maryland and Ph.D. from the University of Iowa. He held leadership positions in Illinois, San Francisco and Washington, D.C. and served on a number of State and National committees related to behavioral health.

He came with a belief of blending the medical and psychosocial models into true multidisciplinary teams. He was insistent about putting the "community" back into mental health and did so with the introduction of a number of innovative community-based programs while simultaneously introducing financial accountability in the rapidly evolving era of managed care. It was imperative that quality services be provided in the most efficient manner yet maintaining the satisfaction of those persons seeking services.

Over the years, Dr. Deopere has done much to gain respect and acceptance for the importance of behavioral health services within the greater communities in which we live. Dr. Deopere directed the implementation of a number of important community-based programs including the nationally award-winning Project S.A.F.E. (Substance Abuse Free Environment) in 1989, which is an assertive community outreach program for chemically dependent mothers who have been neglectful or abusive of their children. He also directed the implementation of in-home services for older adults, expanded Community Support Services for the severely mentally ill and community-based screening and assessment services for children.

Name Change to Robert Young Center

In honor of the many contributions made by Mr. Young, Deopere urged the Board of Trustees to change the name of the Center to the Robert Young Center for Community Mental Health and this was done in 1989.

Managed Care & Precedence

In the early 1990's, the Center facilitated the development of a successful network of eleven Community Mental Health providers called, Precedence Plus, in 23 counties to compete with managed care efforts by proprietary managed care companies seeking to gain control of the public behavioral health funds in Illinois.

Zeller Mental Health Center Closes in August

On August 31, 2002, Zeller Mental Health Center in Peoria closed its doors as a State Inpatient Psychiatric facility. The closure had stimulated a significant amount of restructuring in the community-based services of the region, including the Robert Young Center. The Office of Mental Health (OMH) had awarded RYC \$600,041 for further development of services.

In addition, an additional \$575,000 of subsidy was allocated to the RYC to function as a regional inpatient psychiatric facility, accepting patients from the 23 county North Central Mental Health Network.

Breaking Down the Stigma - Building Community Support

The Center sought support from the State of Illinois in an effort to relocate the CSP program and was awarded \$1,000,000 of Illinois First funding to go toward the construction of a new facility that would be moved from the center of downtown Rock Island to a more peripheral locale.

On a sweltering August 2002 morning in downtown Rock Island, the groundbreaking for the new CSP building was conducted in dramatic fashion! Consumers of the Community Support Program painted two steel encased doors with negative terms they have been called over their lives. The doors were painted with such terms as "crazy, nuts, wacko, funny farm, looney, and schizo. Dr. David Deopere announced that the RYC was in the process of breaking down the stigma of mental illness and building community support."

With that, a CSP consumer fired up a full-sized bulldozer and crashed into the doors and leveled them. Standing behind the fallen doors was consumer Damita French and Dr. Deopere who unveiled the artist's rendering of the new facility. The event was a major success and was attended by many community dignitaries including Senator Denny Jacobs, Representative Joel Brunsvold, and Rock Island Mayor Mark Schweibert.

When the building opened in May 2003, those plans became a reality. The state-of-the-art facility would help to improve the lives of an important segment of the community - those with severe and persistent mental illness.

Consumer's named their new "clubhouse" District 22. The building has features that are both functional and recreational. The first floor boasts a non-alcoholic bar with a handcrafted cherry wood bar, where consumers can enjoy soft drinks and popcorn from an antique popcorn machine while watching television or listening to live piano music. Next-door is a stadium style surround-

sound theatre with more than 30 plush burgundy seats. A nearby dining room serves double duty as a dance hall and there is a billiards room.

Facilities are available that allow consumers to learn to cook, do laundry and search the Internet. An enclosed courtyard off the back of the building offers a safe, pretty place for the people to enjoy the weather. The second floor houses psychiatric services, physician exam rooms and office spaces.



Behavioral Health Carve-Out Project for Trinity Regional Health System and Iowa Health System

In January of 2002, Precedence began managing the behavioral health benefits for the 3,600 Trinity insured employees and proved to be a demonstration of the capability of Precedence and its potential for expansion to other IHS health care systems and/or the 23 county area of Precedence Plus.

In 2004, Precedence was selected to provide utilization management services as a Behavioral Health Carve Out for all IHS hospitals and clinics after having completed a third successful year of the Trinity Behavioral Health Carve Out. Even though the Des Moines affiliates of IHS dropped out in the first year, the project has been a major success and highly regarded by the other affiliates. Precedence is managing 21,000 lives in the carve out with more than 300 members in its provider panel across Iowa.

Trinity Enrichment Center

For years, Dr. Deopere had been convinced that personal growth and human development programs could be successfully implemented in the Midwest. The Center had also been exploring a number of boutique behavioral health services that also have the potential to be self-pay and profitable.



No behavioral health entity in the Quad Cities region had ever

tested services that are oriented toward relationships and delivered predominantly in a group setting. In addition, an exploration of services that are focused from more of a "human growth and development" slant have not been marketed in the greater Quad Cities area. These types of programs have been successful in the West and East Coast markets.

Rarely do CMHC's develop programs from more of a "wellness" perspective. The primary goal of the Enrichment Center is to offer an array of consumer-desirable and cost-effective behavioral health programs that focus on interpersonal relationships in both the personal and work setting.

Anti-Stigma Campaign

Dr. Deopere and the Center decided to strangle the stigma embracing mental illness and teamed up with Henry Russell & Bruce, a Davenport advertising agency, and together in 2002 they brainstormed the award-winning "Lose It" campaign. The campaign was aimed at Trinity employees, physicians and volunteers and focused on reducing the stigma associated with mental illness. The goal was to break down the barriers that stand in the way of one seeking treatment from a mental health professional. It was a progressive approach that used shock value to make a point. Themes included benefits parity, stigma associated with seeking services,



connection of behavioral health with physical health, etc. Benchmarking research involving Trinity physicians, employees and consumers supported the need for education about mental illness.

In 2002, the Anti-Stigma Campaign was awarded a QC "Addy Award" and named "Best of Show" at the Annual Awards banquet of the QC Advertising Federation.

Newly Reconstructed Mental Health Inpatient Unit Opens

With the support of our local legislators and the State of Illinois, the Robert Young Center's expanded Inpatient Unit re-opened in April, 2007.



This reconstruction allowed RYC to increase the capacity of psychiatric adult inpatients from 20 to 25. This expansion allows for RYC to truly become the provider of choice for

inpatient behavioral health in the western Illinois arena. The Center became able to extend services to meet the demands and needs of communities outside of just the greater Quad City area. The remodeled units have brighter lighting, renovated nurses' stations, new furniture, state of the art sound system and an overall therapeutic atmosphere that allows healing to begin for those in a mental health crisis. This reconstruction also allowed for the installation of multiple safety features.

Integration of Behavioral and Physical Health

One of the most important directions to be pursued by the Robert Young Center in the coming years deals with enhancing the integration of behavioral health issues with physical concerns.

Research supports the notion that treatment for biological and behavioral disorders can potentially reduce other

medical care utilization and costs. Employers and health insurers may potentially realize savings from cost offsets resulting from behavioral health treatment. However, the existence of such medical cost offsets has been debated but not conclusively proven.

Research has also begun to reveal intriguing relationships between behavioral and biological disorders such as depression, and heart disease. In addition, evidence also has shown that oncology patients who receive group therapy might live longer and experience less pain.

The Robert Young Center of the 21st Century will strive to fully integrate behavioral medicine with the placement of psychiatrists and other behavioral health specialists into primary care practices.

Conclusion

The Center is striving to defeat the stigmatization of mental illness on public, economic and political fronts. The Robert Young Center of the 21st century is striving to fully integrate behavioral medicine with the placement of psychiatrists and other behavioral health specialists into primary care practices.

The Robert Young Center for Community Mental Health has been in existence for nearly forty years providing a seamless system of behavioral health services within the framework of Trinity Regional Health System.

For twenty-five consecutive years, the Center has produced a positive operating margin and profit; and, has been a significant contributor to the success of Trinity Regional Health System and its predecessor healthcare systems.