

Constantino, Mike

From: Anne Irving [Alving@afscme31.org]
Sent: Wednesday, October 10, 2012 4:42 PM
To: Avery, Courtney
Cc: Constantino, Mike
Subject: same comments, but this time on letterhead!
Attachments: image2012-10-10-163719.pdf, JDC comment attachments.pdf



October 10, 2012

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Dale Galassie, Chair
Illinois Health Facilities and Services Review Board
c/o Courtney R. Avery, Administrator
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Written Comments regarding DHS request for
Jacksonville Developmental Center Discontinuation Permit

Dear Chair Galassie:

Our union strongly objects to the closure of Jacksonville Developmental Center, a state facility for individuals with developmental disabilities whose conditions present severe challenges [see Attachment 1, DHS Demographic and Acuity Data]. The closure of JDC would prevent access to necessary, life-sustaining care for the more than 120 current residents still residing on campus for whom no appropriate alternative placement has been able to be found. Moreover, as JDC and other congregate care state centers provide a broader array of services than group homes or even private ICF-DDs, the closure would leave Central Illinois residents with developmental disabilities who in the future may experience extreme behavioral and medical challenges without a safety net.

1. DHS has not met the requirement that the applicant document no adverse effect upon access to care for residents of the facility's market area.

In the application DHS says the discontinuation of services at JDC will have no adverse impact, but provides no documentation. In contrast, family members of JDC residents have provided eloquent and often heartrending testimony about how much their loved ones need the intensive services provided at JDC and will have no alternative for appropriate care. [See audio transcripts of two closure hearings conducted by the Commission on Government Forecasting and Accountability in October, 2011 <http://www.ilga.gov/commission/cgfa2006/upload/10242011meetingAudio.mp3> and also in March, 2012 <http://www.ilga.gov/commission/cgfa2006/upload/03072012meetingAudio.mp3>]

Individuals with significant health care needs require access to healthcare professionals on a round-the-clock basis. Individuals with significant behavioral issues benefit from the significant number of highly trained staff available on a campus setting, especially staff with years of experiences who have developed a bond with the individuals, can

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easily communicate with them, and can anticipate behavior triggers. Many families whose loved ones received services in smaller community settings before coming to JDC experienced both high numbers of health problems and hospitalizations in lieu of good medical care, as well as chemical restraints (overmedication), and even police involvement in lieu of adequate staff and behavior interventions. Early outcome data from the first JDC residents to be moved to the community show the difficulty they have in operating without access to JDC. The JDC Monitoring Tracker through Sept. 14 [see Attachment 2] shows for the month of August, with only 41 residents discharged to or visiting community placements, there were 3 incidents of police involvement, 5 hospitalizations and 1 psychiatric hospitalization.

Furthermore, some of the undocumented statements made in the DHS application to support the conclusion of "no adverse impact" are not accurate.

-“Community-based providers are able to increase the number of individuals served...” This statement is in direct contrast to what DHS has experienced in trying to place individuals out of JDC. DHS not only has had JDC professional staff and the department’s own central office staff working to discharge residents, they have had consultants on board to expedite this effort since February. Yet the most recent progress report filed by the consultants (CRA – Oct. 4, 2012) admits that of 181 JDC residents at the beginning of the process, only 34 have been discharged, with another 19 on visits to possible providers [see Attachment 3 – Census/Progress Report as of 10/4/2012]. That means there are 128 residents living at JDC with nowhere else to go, and another 19 who are visiting community providers but may return to the facility if their care needs cannot be met.

-“JDC does not have a large admission rate (5 individuals were admitted in the last 12 months).” Governor Quinn first announced the closure of JDC more than 12 months ago. Contrary to the DHS statement, in the three fiscal years before the announced closure JDC had the highest number of admissions of any civil (non-forensic) state developmental center. This is all the more remarkable because JDC is smaller than most of the other state centers. The only facility that came close, matching JDC in admissions one year, was Shapiro Center – which is more than twice the size of JDC. Given JDC was marked for closure or under threat of closure during the last 12 months, and DHS would not allow admissions during most of that time, the fact that 5 individuals were admitted shows the ongoing need for the services available [see Attachment 4, DHS admissions chart].

-“Individuals being served at JDC have a hometown connection to more than 80 communities, thus the market area is defined as the entire state.” DHS does not define what it means by “hometown connection”. This could mean the individual’s birthplace, which may be totally unrelated to more important factors, such as where guardians, family and friends currently live. Nor does DHS acknowledge that almost all of these 880 communities are outside of Central Illinois. Given that the small number of JDC residents who DHS has moved to other settings are disproportionately relocated outside of Central Illinois, it is likely

that this list of “hometown connections” is no more than a justification for uprooting individuals from the communities they know best. A list of JDC residents to be moved on two weeks’ notice [see Attachment 5] featured eight residents going to a provider in the Chicago area, four going to the Metro East area, and seven going to a provider that operates homes all over the state.

2. DHS has not met the requirement that the applicant document requests for impact statements or share copies of statements indicating the extent to which the applicant’s service delivery will be absorbed by area providers.

In its application DHS has not met the Board requirement of requesting or submitting letters from area providers stating they will replace the services provided at JDC. DHS has only attested to a process still underway to provide alternative services either in private ICF-DDs or in group homes or other smaller placements. DHS fails to note that it has had difficulty identifying placements in the Jacksonville area that are currently open and available to provide services at the level that JDC residents require.

As demonstrated by Attachment 3 there are not sufficient area providers willing and able to serve the individuals at JDC. There are still some 128 residents living at JDC less than four weeks from its scheduled closure date who have no alternative placement. DHS states, unsupported by documentation, that 44 providers intend to support JDC’s residents. However, DHS only identifies some nine community agencies in Attachment 4 and an equally small number of ICF-DD providers actually willing to provide care to JDC residents.

While the Inventory of Health Care Facilities shows an excess of 16-bed ICF-DD facilities in HSA 3, these facilities are not required to serve individuals when they believe they cannot meet their needs.

3. If DHS is allowed to discontinue services at JDC, it will negatively impact safety net services in Central Illinois.

State centers are safety net facilities, providing care to individuals who have extreme medical and behavioral needs who are not easily supported in community placements [see Attachment 6 – Comparison of SODC Services]. The guardians and JDC residents fighting to keep the facility open continually reference this need for safety net services. Early outcome results from the first JDC residents to be moved to the community show the difficulty they have operating without the JDC safety net [see Attachment 2].

In support of its application, DHS provides a letter from its deputy director for state center operations which acknowledges all other state centers are more than 45 minutes away. It fails to note there is not another state center in Central Illinois, which means individuals in this area who need the higher level of care available at state centers will have no area safety net.

DHS includes in its application Appendices 6, the mileage and travel time for Murray Center, the next closest state center. However the application fails to note that DHS has already announced its intention to close the Murray Center, located in Centralia, next year. Once these two facilities are closed, the nearest safety net options will be Choate Developmental Center, 241 miles to the South in Anna, Fox Center which is 153 miles away in Dwight but dedicated to medically fragile individuals, and Shapiro Center in Kankakee which is 191 miles away.

The letter from DHS Deputy Director for SODC Operations is not reassuring on the question of safety net services. The letter does not say JDC residents who have a qualifying condition are guaranteed a state center placement. Rather, it states they "have the right to request placement in an SODC" [emphasis added]. Similarly, those needing state center services may access them "dependent on the needs and SODC capacity". So residents in need and guardians requesting state center services may or may not be granted those services, depending on whether DHS agrees to make them available and whether there is any available capacity.

DHS goes farther in its attachment 43- Safety Net Impact Statement. While the department states that it will continue to operate state centers that will accommodate safety net admissions, it makes clear that it will not increase census at the remaining centers to accommodate the needs of those in Central Illinois seeking these services. "the goal in such instances is that a receiving state operated developmental center wouldtransition a proportional number of persons to a community setting". Thus safety net access will only be available farther away, and only to the degree that other state centers can reduce their census to create available beds.

4. DHS cannot verify its reason for discontinuation under the Act, which seems to be economic feasibility.

The applicant indicates the Governor has decided to cease funding for JDC. The Governor has made this decision despite the decision of the Illinois General Assembly to fully fund JDC. FY 13 SB2454, article 9 section 90 provides \$25,525,800 to operate JDC. This is sufficient to operate JDC for all of FY 13. [see Attachment 7 – budget bill]

The decision of the General Assembly to fund JDC in FY 13 follows from the legislative Commission on Government Forecasting and Accountability's vote to reject the closure of JDC on November 10, 2011 and to confirm that rejection at a subsequent meeting May 1, 2012. [see Attachment 8 – COGFA vote to reject the closure of JDC, and related documents on the COGFA website: <http://www.ilga.gov/commission/cgfa2006/Resource.aspx?id=1301>]

The Board would not consider a private hospital CEO's decision that he wants to spend his money elsewhere sufficient proof that the hospital is not economically feasible. The

application makes clear that Medicaid pays for nearly all services provided at JDC. The legislature felt the facility deserved an appropriation in a very difficult budget year. The applicant must show some evidence that the facility isn't economically feasible if that is the reason for discontinuation.

As DHS cannot verify its reason for discontinuation of JDC under the Act, as the center's services are in demand and as DHS has provided no specifics on how those services would be replaced for the more than 120 residents still living at JDC, as well as for those Central Illinois residents who will need the facility's safety net services in the future, we strongly urge the Board to reject this application for discontinuation.

Sincerely,

A handwritten signature in black ink that reads "Henry Bayer". The signature is written in a cursive style with a large, prominent "H" and "B".

Henry Bayer
Executive Director

Attachment 1

Demographic and Acuity Data as of 3-27-09									
Center	Choate	Fox	Howe	Jacksonville	Kiley	Ludeman	Mabley	Murray	Shapiro
Census	146	129	287	213	214	369	85	295	529
# of individuals with a behavioral plan	131 (90%)	70 (54%)	195 (68%)	143 (67%)	178 (83%)	278 (75%)	81 (95%)	186 (63%)	417 (79%)
# individuals with a behavioral plan for self injurious behavior	47 (32%)	33 (26%)	118 (41%)	65 (31%)	98 (46%)	93 (25%)	43 (51%)	105 (36%)	207 (39%)
# of individuals with one-to-one supervision	4 (3%)	2 (2%)	13 (5%)	11 (5%)	4 (2%)	8 (2%)	4 (5%)	7 (2%)	17 (3%)
# of individuals on psychotropic medications	78 (53%)	15 (12%)	121 (42%)	129 (61%)	101 (47%)	196 (53%)	55 (65%)	136 (46%)	211 (40%)
# of individuals with a dual diagnosis	99 (68%)	17 (13%)	130 (45%)	135 (63%)	142 (66%)	235 (64%)	68 (80%)	157 (53%)	318 (60%)
# of individuals who require extraordinary medical supports (at least 1 hr. medical support per shift)	20 (14%)	126 (98%)	126 (44%)	91 (43%)	6 (3%)	18 (5%)	1 (1%)	207 (70%)	160 (30%)
# of individuals who require tube feeding	1 (.06%)	48 (37%)	13 (5%)	11 (5%)	4 (15%)	2 (.05%)	1 (.01%)	87 (29%)	26 (5%)
# of individuals who require assistance when eating	86 (59%)	117 (91%)	86 (30%)	45 (21%)	33 (15%)	199 (54%)	21 (25%)	122 (41%)	297 (56%)
# of individuals age 61 to 70	10 (7%)	8 (6%)	47 (16%)	33 (15%)	18 (8%)	12 (3%)	6 (7%)	18 (6%)	87 (16%)
# of individuals age 71 and above	1 (.7%)	2 (2%)	8 (3%)	5 (2%)	6 (3%)	3 (8%)	4 (1%)	4 (1%)	42 (8%)

Percentages are based on number from the category divided by Center census.

JDC Monitoring Tracker
Transitions Effective April 1, 2012 - September 14, 2012

Attachment 2

Monitoring Issues	April 2012	May 2012	June 2012	July 2012	August 2012	September 2012	October 2012	November 2012	December 2012	January 2013	February 2013	March 2013	Total Per Category
Protein involvement (with or without court action)	0	0	0	0	1	1							4
ORC involvement	0	0	1	0	0	1							3
Engagement or attempts	0	0	0	0	0	5							5
* Behavior management with or without C.A.B.T.													
SST, Set definition before	0	0	0	0	3	2							5
Hospital admissions or IJK visits	0	0	3	3	5	3							14
Psychiatric hospitalizations Agency for Family/Youth/Self Care	0	1	0	2	1	0							4
Subsequent admission to a Nursing Home post discharge from JDC	0	0	0	0	0	0							0
Temporary re-admission to SODC	0	0	0	0	0	1							2
Deaths	0	0	0	0	0	0							0
Total Issues Identified Per Month Per Setting	0	1	4	5	13	11							34
Induplicated Count of Individuals Per Month	0	1	2	4	6	4							21
Number Transitions Per Month	1	10	3	10	17	6							47
Total Cumulative Number Transitions	1	11	14	24	41	47							

* Behavior Management Issues identified in this category include injury to self or others, restraint or SODC, requiring medical attention, reduced assistance provided, request for psychiatric support and/or removal to C.A.B.T.

ICF/ID Assessed

Jacksonville Developmental Center

Count	ICF/ID Assessed Name	11	IDC		Discharges		PCP	Assess - Ill/Inps
			ICF Selected/Proposed	Target Date	Actual Date	ICF/ID		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

- PCP - Person Centered Plan
- HST - Health Risk Screening Tool
- PHH - Psychiatric/Mental Health
- RS - Resident Behavioral Supports
- OT - Occupational Therapy Assessment
- RS - Residential Assessment
- VOC - Vocational Assessment
- Comm - Communication/Swallow Study
- summ - Medical/Psychological Summary

ICF/DD Not Assessed

Jacksonville Developmental Center

ICF/DD Not Assessed

JDC Staff

Count	Name	IC Choice	Guardian unresponsive	ICF Selected/Proposed	Target Date	Actual Date	Discharges:	
							ICF/DD	SQDC
1	[REDACTED]						0	0
2	[REDACTED]	X		Progressive Careers, St. Mary Square, Park Place, Brother James Court				
3	[REDACTED]	X		Brother James Court, Progressive Careers				
4	[REDACTED]	X		Brother James Court, Progressive Careers				
5	[REDACTED]	X		Beverly Farms				
6	[REDACTED]	X		Park Place				
7	[REDACTED]	X		Exceptional Care				
8	[REDACTED]	X		SQDC - Shalpio				
9	[REDACTED]	X		SQDC - Mashley				
10	[REDACTED]							
11	[REDACTED]							
12	[REDACTED]							
13	[REDACTED]							

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No Consent/Verbal Consent Only/Verifying Consent

Count	Name	5 Written Consent Received	Move to ACCT on Campus	Move to ICF Sheets	Guardian Refusal	Guardian Unresponsive
1		Consent under duress				
2		DD Homes, Pathway				
3						
4						
5						
6						
7						
8						
9						

Holds

Count	Name	3 Reasons	Providers	Assessed
1		No Quincy Provider	Mosaic, Seguin	Yes
2		Waiting on External Assess		Yes
3		Medical Issues		Yes
4				
5				

Pre-Transition Youth

Jacksonville Developmental Center

Case #	Name	Provider	Initial Interview Date	19 Discharge Date
1		DD Homeless	7/17/2012	0
2		DD Homeless	7/17/2012	
3		Therapy	7/17/2012	
4		Sequin	8/28/2012	
5		DD Homeless	8/28/2012	
6		AID	8/28/2012	
7		DD Homeless	8/28/2012	
8		Sequin	9/12/2012	
9		DD Homeless	8/28/2012	
10		AID	8/28/2012	
11		Sequin	8/30/2012	
12		Sequin	8/28/2012	
13		Sequin	8/28/2012	
14		AID	9/18/2012	
15		DD Homeless	8/24/2012	
16		DD Homeless	8/24/2012	
17		Sequin	8/28/2012	
18		DD Homeless	8/28/2012	
19		DD Homeless	7/23/2012	

Pre-Transitions

19 Pre-Transitions Home Discharges :	13
Pre-Transitions :	0
Discharges :	0
Total Pre-Transitions :	13

Community Discharges

19 Pre-Transition Discharges :	0
Home Discharges :	14
Community Discharges :	0
Total Community Discharges :	14

KE/DOB Discharges

19 Pre-Transition Discharges :	2
Home Discharges :	9
Other KE/DOB Discharges :	7
Total KE/DOB Discharges :	7

SOBC Discharges

19 Pre-Transition Discharges :	3
Home Discharges :	3
Other SOBC Discharges :	8
Total SOBC Discharges :	14

19 Pre-Transition Discharges :	1
Home Discharges :	1
Other Discharges :	2

OTHER 1

2

Community Home Discharges

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
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15	
16	
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131	<u>Current On Campus Census</u>	
	<u>Number of Persons Not in the ACCT Process</u>	
3	Individuals on hold (medical concerns, additional info needed)	
11	Individual whose guardian have chosen an ICF/DD as Option (Assessed)	
10	Individual whose guardian have chosen an ICF/DD as Option (Non Assessed)	
5	Individual whose guardian a exploring an ICF/DD as Option	
29	Sub Total	
99	<u>Number of Persons in the ACCT Process</u>	
57	Individuals with Committed Providers	
24	Individuals with Interested Providers	
21	Individuals with No Providers	
102	Sub Total	
	<u>Pre-Transitions</u>	
19	Individuals on Pre-Transition Visits As of 9-28-2012	
0	Individuals on Pre-Transition Visits	

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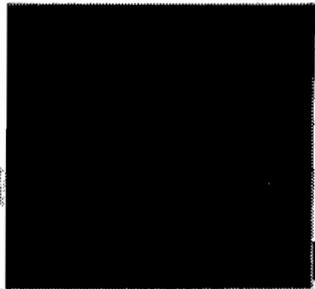
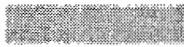
ACCT Enrolled on Campus

Audit Info

Count	Name	Grade
1	[REDACTED]	Verbal
2	[REDACTED]	Verbal
3	[REDACTED]	Verbal
4	[REDACTED]	Verbal
5	[REDACTED]	Verbal
6	[REDACTED]	Verbal
7	[REDACTED]	Verbal
8	[REDACTED]	Verbal
9	[REDACTED]	Verbal
10	[REDACTED]	Verbal
11	[REDACTED]	Verbal
12	[REDACTED]	C/W
13	[REDACTED]	W
14	[REDACTED]	C/W
15	[REDACTED]	C/W
16	[REDACTED]	C/W
17	[REDACTED]	W
18	[REDACTED]	C/W
19	[REDACTED]	OK
20	[REDACTED]	WRITTEN
21	[REDACTED]	
22	[REDACTED]	
23	[REDACTED]	
24	[REDACTED]	
25	[REDACTED]	
26	[REDACTED]	
27	[REDACTED]	
28	[REDACTED]	
29	[REDACTED]	
30	[REDACTED]	
31	[REDACTED]	
32	[REDACTED]	
33	[REDACTED]	
34	[REDACTED]	
35	[REDACTED]	
36	[REDACTED]	
37	[REDACTED]	
38	[REDACTED]	
39	[REDACTED]	

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40
41
42

**Department of Human Services
Division of Developmental Disabilities
SODC Admissions FY09, FY10, FY11**

Center	FY09	FY10	FY11
Choate - Civil	5	7	8
Choate - Forensic	34	23	27
Fox	1	0	4
Jacksonville	13	11	16
Kiley	0	0	2
Ludeman	10	4	9
Mabley	1	1	3
Murray	4	9	7
Shapiro	13	6	12
TOTALS	81	61	88

There were no admissions to Howe during these three fiscal years.
These numbers do not include transfers from one SODC to another.

Center	FY09	FY10	FY11
Choate - Civil	5	7	8
Fox	1	0	4
* Jacksonville	13	11	16
Kiley	0	0	2
Ludeman	10	4	9
Mabley	1	1	3
Murray	4	9	7
Shapiro	13	6	12
TOTALS	47	38	61

Attachment 5

... (unreadable) ...
 ... (unreadable) ...
 ... (unreadable) ...
 ... (unreadable) ...
 ... (unreadable) ...

Transition Plan: Critical Transition Plans ready and schedule transition meetings
 ... (unreadable) ...
 ... (unreadable) ...
 ... (unreadable) ...

... (unreadable) ...
 ... (unreadable) ...
 ... (unreadable) ...

NAME	PROVIDER	DATE
ALREADY MOVED	FLG	4.15
ALREADY MOVED	FLG	4.15
OSG	Sequit	4.22
FLG	Sequit	4.22
OSG	Sequit	4.22
OSG	Sequit	4.22
FLG	DO Home	4.23
OSG	MOJAN	4.24
FLG	DO Home	4.24
OSG	INS	4.24
OSG	INS	4.24

8
 Sejour - Western
 suburbs of
 Chicago

4
 Regalbury -
 Westro East

7
 IAG - all over
 the state

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NO	NAME	PROVIDER	DATE
1	[REDACTED]	Search	8/28
2	[REDACTED]	Search	8/28
3	[REDACTED]	Seguin	8/29
4	[REDACTED]	Seguin	8/29
5	[REDACTED]	Seguin	8/29
6	[REDACTED]	Seguin	8/29
7	[REDACTED]	Pathway	8/31
8	[REDACTED]	LAG	8/31
9	[REDACTED]	LAG	8/31
10	[REDACTED]	LAG	8/31
11	[REDACTED]	LAG	8/31
12	[REDACTED]	Royal	8/31
13	[REDACTED]	Royal	8/31
14	[REDACTED]	Pathway	8/31
15	[REDACTED]	Pathway	8/31
16	[REDACTED]	Pathway	8/31
17	[REDACTED]	Pathway	8/31
18	[REDACTED]	AID	8/31
19	[REDACTED]	LAG	8/31
20	[REDACTED]	Royal	8/31
21	[REDACTED]	Royal	8/31

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Comparison of SODC Services vs. Small Community Settings

Attachment 6

The Quinn scheme to close Jacksonville Developmental Center and three others state centers calls for transitioning JDC residents into apartments or homes with 4 or fewer individuals. But what will that mean for the services to those individuals, who live at state centers precisely because they have greater medical and behavioral needs that until now community care has not been able to meet?

	SODC	4 Bed Group Home	Individual Apartment
Experienced and stable workforce	yes	no*	no*
Doctors and nurses available on site 24/7	yes	no	no
Specialists readily available (i.e. dentists)	yes	?	?
Behavioral programs developed by professionals on-site (Behavioral Analysts and Psychologists)	yes	no**	no**
Sufficient staff to initiate behavioral programs	yes	no***	no***
Crisis services available	yes	no****	no*****
Quality oversight by both DHS and IDPH	yes	no	no
Oversight by federal quality inspectors	yes	no	no
Annual surprise inspections for both quality of care and physical plant safety	yes	no*****	no*****
Campus setting that provides safe place for recreation, easy access to friends, café to purchase drinks and snacks	yes	no	no
Off-site work programs available	yes	yes	yes
Trips to the movies, bowling, shopping	yes	yes	yes

*Community agencies have high staff turnover rates due to very low wages and few benefits.

**One common experience families share is that their individual is taken off restraining drugs after admission to an SODC, because there is clinical staff available to develop less restrictive behavior plans.

***Because so few staff are available in a small home, if a resident does act out violently the standard procedure is to call the police, risking traumatic and dangerous incarceration for the individual.

****If an individual experiences a medical crisis which less trained staff can't support they will be sent to a hospital and/or nursing home. If an individual experiences a period of violent behaviors they may be sent to a psychiatric hospital. SODCs are staffed to handle most medical issues and all behavioral issues on site, without traumatizing the individual by sending him/her to another setting.

*****If a provider sets up an individual in an apartment and puts the individual's name on the lease, DHS does not inspect that setting.

1	For Equipment	294,200
2	For Telecommunications Services	66,300
3	For Operation of Automotive Equipment	<u>0</u>
4	Total	\$693,800

5 Section 80. The sum of \$35,014,200, or so much thereof
6 as may be necessary, is appropriated from the General Revenue
7 Fund to the Department of Human Services for costs associated
8 with the operation of Choate State Operated Developmental
9 Center or the costs associated with services for the
10 transition of State Operated Developmental Centers residents
11 to alternative community settings.

12 Section 85. The sum of \$16,170,900, or so much thereof
13 as may be necessary, is appropriated from the General Revenue
14 Fund to the Department of Human Services for costs associated
15 with the operation of Fox State Operated Developmental Center
16 or the costs associated with services for the transition of
17 State Operated Developmental Centers residents to alternative
18 community settings.

19 Section 90. The sum of \$25,525,800, or so much thereof
20 as may be necessary, is appropriated from the General Revenue
21 Fund to the Department of Human Services for costs associated
22 with the operation of Jacksonville State Operated

1 Developmental Center or the costs associated with services
2 for the transition of State Operated Developmental Centers
3 residents to alternative community settings.

4 Section 95. The sum of \$27,259,300, or so much thereof
5 as may be necessary, is appropriated from the General Revenue
6 Fund to the Department of Human Services for costs associated
7 with the operation of Kiley State Operated Developmental
8 Center or the costs associated with services for the
9 transition of State Operated Developmental Centers residents
10 to alternative community settings.

11 Section 100. The sum of \$49,905,800, or so much thereof
12 as may be necessary, is appropriated from the General Revenue
13 Fund to the Department of Human Services for costs associated
14 with the operation of Ludeman State Operated Developmental
15 Center or the costs associated with services for the
16 transition of State Operated Developmental Centers residents
17 to alternative community settings.

18 Section 105. The sum of \$10,116,500, or so much thereof
19 as may be necessary, is appropriated from the General Revenue
20 Fund to the Department of Human Services for costs associated
21 with the operation of Mabley State Operated Developmental
22 Center or the costs associated with services for the

SENATE
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Co-Chair

Michael Frerichs
Matt Murphy
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November 11, 2011

MEMORANDUM

TO: The Honorable Patrick Quinn, Governor, State of Illinois
The Honorable John Cullerton, President of the Senate
The Honorable Michael Madigan, Speaker of the House of Representatives
The Honorable Christine Radogno, Minority Leader of the Senate
The Honorable Tom Cross, Minority Leader of the House of Representatives
The Honorable Jesse White, Secretary of State
Michelle R. B. Saddler, Secretary, Illinois Department of Human Services

RE: Advisory Opinion of the Commission on Government Forecasting and Accountability
Regarding the Closure of the Jacksonville Developmental Center

The Commission met on Thursday, November 10, 2011 at 8:00 am to take final action on the proposed closure of the Jacksonville Developmental Center and to accept or reject the recommendation for closure submitted by the Department of Human Services (DHS) for that facility. The Commission, on a vote of 7-4, rejected the recommendation by the Department of Human Services to close the Jacksonville Developmental Center in Jacksonville, Illinois. A copy of the motion to reject the recommendation for closure and the vote tally is attached.

INTRODUCTION AND BACKGROUND

The Department of Human Services officially notified the Commission on Government Forecasting and Accountability (the Commission) of the intent to close the Jacksonville Developmental Center (Jacksonville) on September 8, 2011. According to the State Facilities Closure Act (30 ILCS 608/5-10): "In the case of a proposed closure of: (i) a prison, youth center, work camp or work release center operated by the Department of Corrections; (ii) a school, mental health center, or center for the developmentally disabled operated by the Department of Human Services; or (iii) a residential facility operated by the Department of Veterans' Affairs, the Commission must require the executive branch officers to file a recommendation for closure. The recommendation must be filed within 30 days after the Commission delivers the request for recommendation to the State executive branch officer."

The Commission requested the required recommendation on September 14, 2011. The Department of Human Services submitted the recommendation for closure to the Commission on September 23, 2011. Following the State Facility Closure Act requirements for conducting a public hearing within 35 days after the filing of the recommendation and no more than 25 miles from the facility, the Commission conducted a public hearing regarding the closure of the Jacksonville Developmental Center on October 24, 2011 at 5:00 p.m. at the Bruner Recreation Center at Illinois College in Jacksonville, IL.

The Jacksonville Developmental Center began in the 1800s as the first facility created by the state legislature to care for mentally ill individuals. The Center has changed over time as its role has expanded and contracted in working with individuals with mental illnesses. It currently works with Developmentally Disabled individuals and has 196 residents at this time, according to DHS (letter dated September 23, 2011).

The Department has noted that their plans to close this facility will result in most of the individuals residing at the Center (170 individuals) transitioning to a community-based setting. However, 26 individuals with more severe mental illness will be transferred to remaining state operated facilities. The Department has not outlined the specific number of individuals transferring to each existing facility or the expected costs of this transfer and subsequent increase in responsibilities for the existing facilities. The closure plan submitted by the Department sets the Jacksonville Developmental Center to close on February 29, 2012. During the public hearing, however, Kevin Casey, the recently hired Director of the Division of Developmental Disabilities, indicated that it would take at least one year (possibly up to two years) in order to properly close a facility such as the Jacksonville Developmental Center. It was noted that the resources to move the residents into a community-based setting would have to be developed, as they do not currently exist.

The Jacksonville Developmental Center has 20 buildings in its campus, with four used for residential living for developmentally disabled individuals. The remaining buildings are used for administration, power generation, cooling/heating, education, food preparation, and storage. Also, there is a sizable amount of land at the Center that would be unused as a result of the proposed closure.

There are 420 employees at the Jacksonville Developmental Center according to DHS. The Department has stated that they have no knowledge of other state jobs available to the employees until the collective bargaining and closure agreements are determined between the State and AFSCME. DHS has noted that Illinois Nurses Association, Teamsters, Trade Unions and the Illinois Federation of Public Employees will also be affected by this proposed closure.

The Department has noted that their cost of operating the Jacksonville facility is approximately \$27.9 million per year, based on FY 2011 spending totals. They have stated that they will provide funding to serve people in community-based settings. It is unknown to what extent individuals currently residing at the Developmental Center will need to move elsewhere in the state to receive treatment from community-based providers.

DHS Secretary Michelle Saddler testified that the Department has received a letter dated July 1, 2010 from the Centers for Medicare and Medicaid Services (CMS) concerning Life Safety Code issues at the Jacksonville Developmental Center. DHS indicated that several million dollars had

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been expended to correct these Life Safety issues. A subsequent letter from CMMS was received accepting the Department plan for correcting the Life Safety issues.

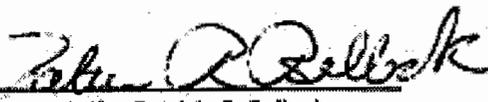
DHS did a Deferred Maintenance Needs Summary which indicated that the Jacksonville Developmental Center has \$102.8 million in deferred maintenance. A footnote to the Summary stated "it is important to note that items are not projects, but systems that are aged beyond their useful life. This does not necessarily mean they need to be replaced."

The Department has provided an economic analysis of their proposed closure of the Jacksonville facility, prepared by a unit from the University of Illinois. The analysis examines the various economic factors that would be affected by the proposed closure, including employment and tax revenues. According to the analysis, the Jacksonville Developmental Center employs 441 individuals (this is different from the DHS records, but is acceptable for the purpose of an economic analysis). Indirect and induced jobs in the surrounding community and area from this facility total 150, for a total of 591 jobs created through this facility. Many of the indirect and induced jobs are in subsidiary fields that serve the staff and individuals of the Jacksonville facility. The University of Illinois analysis also notes that the Jacksonville facility creates approximately \$400,000 in state sales tax revenues and \$190,000 in state income tax revenues. In addition to these financial concerns, the analysis notes that additional money may be lost by local school districts from reduced enrollment and other community and area based organizations.

These facts have weighed heavily on Commission members' minds. After hearing testimony from the Department of Human Services and numerous other individuals and organizations, the Commission members present voted 7-4 to reject the Department of Human Services recommendation to close the Jacksonville Developmental Center.



Senator Jeffrey M. Schoenberg



Representative Patricia R. Bellock

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MOTION 1 VOTE
JACKSONVILLE DEVELOPMENTAL CENTER

Meeting Date: Thursday, November 10, 2011 - 8:00 a.m.
Room 400, Capitol Building

<i>Commission Member</i>	<i>YES</i>	<i>NO</i>
Representative Patricia Bellock (R)		✓
Senator Michael Frerichs (D)	✓	
Representative Kevin McCarthy (D)		✓
Senator Matt Murphy (R)		
Representative Elaine Nekritz (D)	✓	
Representative Raymond Poe (R)		✓
Representative Al Riley (D)		✓
Senator Suzi Schmidt (R)		✓
Senator Jeffrey Schoenberg (D)	✓	
Senator David Syverson (R)		✓
Senator Donne Trotter (D)	✓	
Representative Michael Tryon (R)		✓
VOTE: Motion 1	4	7

MOTION: NEKRITZ
 2ND: SCHENBERG

MOTION: TO CLOSE JACKSONVILLE D.C.

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