



---

Rod R. Blagojevich, *Governor*

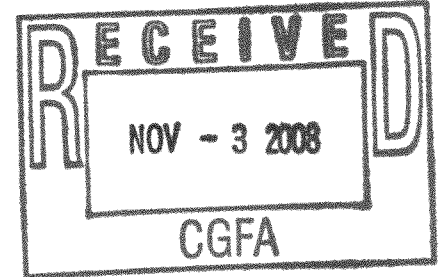
**Illinois Department of Human Services**

Carol L. Adams, Ph.D., *Secretary*

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

November 3, 2008

Senator Jeffrey M. Schoenberg, Co-Chairman  
Representative Richard P. Myers, Co-Chairman  
Mr. Dan R. Long, Executive Director  
Commission on Government Forecasting and Accountability  
703 Stratton Office Building  
Springfield, IL 62706



Dear Sirs:

On September 5, 2008, I notified you of the Department's proposal to close the Howe Developmental Center. In your response of September 18, 2008, you requested the filing of an official recommendation of closure in compliance with 30 ILCS 608 with the Commission on Government Forecasting and Accountability by November 3, 2008. Your letter included specific questions regarding the Center and its proposed closure. Please accept this correspondence and the information provided below as our official recommendation to close the Howe Developmental Center.

### **Factors Resulting in Recommendation**

The decision to close the Howe Developmental Center was extremely difficult given the number of people's lives that will be impacted. There is no single reason or factor that led to our decision to close Howe; the decision was based on a number of factors.

Our primary goal in recommending this closure is to ensure the provision of quality services for the individuals currently residing at Howe Developmental Center. This is an opportunity to improve the lives of those who live at the Howe Center and those we serve throughout the system.

The developmental disabilities service system is addressing changing needs and demands from individuals who would like services in smaller, community-based settings. This is true, not only in Illinois, but across the nation. This closure reflects these national trends and continues Illinois' efforts to transition people from State-Operated Developmental Centers (SODCs) into the community.

Moreover, the State is losing approximately \$30 million per year due to the loss of Medicaid certification and reimbursement through Federal Financial Participation (FFP) for services rendered at the Center. The system cannot continue to support Center operations with 100% State funding when we could obtain 50% Federal matching funds

by transitioning individuals to other certified centers or community-based Medicaid programs.

There have been many challenges in attempting to restore Medicaid certification, which was lost in April of 2007. Qualification for Medicaid certification requires that compliance with federal regulations be maintained per standards for Intermediate Care Facilities for Persons with Mental Retardation (§ 440.150). Considerable resources have been devoted to improve services at the Center. While we recognize that improvements have been made, we are at a point where we believe that all necessary improvements would be difficult to achieve and, even if achieved, difficult to sustain.

Throughout our attempts to regain Medicaid certification, we have redirected resources from other areas of the Division's service delivery system. We cannot continue to do this without jeopardizing the other centers and those we serve throughout the system.

The Department of Justice has opened an investigation into potential violations of the civil rights of people living at Howe Developmental Center under the Civil Rights of Institutionalized Persons Act (CRIPA). The DOJ recognized that attempts were being made to raise the standard of care in their exit interview in December 2007, but they clearly identified concerns with all aspects of the Center's operations. We are currently awaiting written findings from the Department of Justice.

We recognize this decision will have a significant impact on the lives of those residing at the Howe Developmental Center, their families and the staff who serve them. We assure you the decision was not made lightly and was based on multiple factors in the areas of quality, compliance, and fiscal responsibility.

#### **Transition Plans for Individuals Served**

Transition services for individuals, guardians, and families will be individualized, person focused, and determined according to each person's service and support needs and choices of the individual and guardian. No services will be lost during the transition process. All individuals will be offered alternative 24-hour residential services and day activities. People at Howe Center have their service needs documented in an individual service plan (ISP). The information in the ISP will be included in each person's transition plan in order to ensure that services continue without interruption.

There is capacity within the Illinois developmental disabilities service system—including home and community-based services, private Intermediate Care Facilities for Developmental Disabilities, and other State Operated Developmental Centers—to accommodate the needs of the individuals who reside at Howe Center. Transition staff, Howe Center staff, and representatives of the Independent Service Coordination/Pre-Admission Screening (ISC/PAS) agencies will be available to assist individuals, families and guardians in understanding available options and in facilitating decisions. Details regarding the overall transition process will be available for families. Every effort will be made to ensure that families are informed and engaged in every aspect of the transition process; in addition, the closure plan timelines will be adjusted as necessary to accommodate transition needs.

The Division has procedures already in place that are effective and comprehensive in accomplishing transition to community settings, private Intermediate Care Facilities for Persons with Developmental Disabilities, and other State Operated Developmental Centers. Every year, State Operated Developmental Centers have successfully assisted individuals in moving into other service settings. In the two past fiscal years, more than 300 persons within the State Operated Developmental Center system have moved into community settings or private ICF/DD settings. At Howe Center, during the last two fiscal years, 59 individuals made the transition.

Every effort will be made to help individuals to be in close proximity to their families. For those at Howe Center who have family or ties outside that area, the individual's transition staff will take steps to identify appropriate options.

The transition process for each person will be individualized, but the following are anticipated steps that will apply in most situations:

- (1) Individuals, guardians, and families will be provided information on the closure plan and the transition process. This step will be accomplished through announcements, distribution of printed information, individual and group meetings, and other processes for sharing information.
- (2) Individuals, guardians, and families will participate in individualized discussions and meetings to discuss the options available for the individual according to the individual's service and support needs and the individual's, guardian's, and family's preferences.
- (3) Individuals, guardians, and families will explore their options by visiting prospective service providers and gathering information in other ways. The Division of Developmental Disabilities will facilitate "Provider Expos" so that individuals, families, and guardians may gather a large amount of information in one place at one time.
- (4) Individuals, guardians, and families will decide which option is best for them and inform the individual's transition support team of their choice.
- (5) Individuals, guardians, and families, with the help of the individual's transition support team, will reach an agreement with prospective service provider(s) to pursue transition to services with those providers. These planned service providers will join with the individual's transition support team for the remainder of the transition process.
- (6) Individuals, guardians, and families will meet with the individual's transition support team (including planned providers) to develop and agree upon the individual's Transition Plan.
- (7) Individuals, guardians, families, and the individual's transition support team will work together to follow and implement the Transition Plan. Any changes to the Transition Plan will be made with the agreement of the individual, guardian, family, and other members of the individual's transition support team.

(8) The individual will transition into new services with the planned provider(s), according to the arrangements outlined in the Transition Plan.

(9) After transition, follow up services will be provided to monitor the individual's successful adjustment to the new services. These follow up services will be provided by staff in the State Operated Developmental Center, staff in an Individual Service Coordination/Pre-Admission Screening agency, and/or staff in the Division of Developmental Disabilities' Bureau of Transition Services.

Individuals and guardians who choose to continue to receive State-Operated Developmental Center services will go through a process that is similar to the above. They will have some time to consider and explore options on their own and with their transition support team. Once they make a firm decision to continue to receive State-Operated Developmental Center services, a prospective Center will be identified and that Center will begin to work with the individual, guardian, family, and transition support team to plan and implement the individual's transition to the new Center. The same care and consideration for individualized services and supports will be provided to these individuals as will be provided to individuals seeking community services.

A Howe Center Closure Clinical Subcommittee has been especially created to lead clinical activity associated with the Howe Center closure and to develop procedures for identifying and addressing individuals' clinical needs during the transition to new residential services. Clinical activity includes medical and dental, pharmacological, and psychological services. This Howe Center Closure Clinical Subcommittee is under the leadership of the Clinical Director of the Division of Developmental Disabilities. The members are representative physicians, nurses, psychologists, and pharmacists from the Division of Developmental Disabilities central office, Howe Developmental Center, Shapiro Developmental Center, Ludeman Developmental Center, and Murray Developmental Center. The Subcommittee has developed a comprehensive clinical assessment tool that ensures accurate representation of an individual's comprehensive health care and behavioral health care needs.

The Transition Plan (steps 6 through 9 above) is developed in partnership with the individual, the parent/guardian, the interdisciplinary team serving the individual at Howe Center, staff from the new residential services provider, and anyone that the individual asks to attend. The Transition Plan includes clinical considerations that address all significant aspects of an individual's service planning needs. The Transition Plan serves as the primary written vehicle for communication between the Howe Center habilitation team and the receiving habilitation team in the individual's new residential and day services programs. The details provided in the Transition Plan allow for many areas of need to be specifically addressed and for associated interventions to be spelled out. The Plan is used both as a basis for planning and, once transition to the new provider has taken place, as a tool for evaluating the new service arrangement.

The Transition Plan for each individual addresses the following areas.

- Individual/Guardian Considerations, including involvement in the transition process; concerns about the transition process and it is how addressed; the individual's friendships and supports needed to maintain them; and documentation regarding the transition decision process.

- Family/Guardian Considerations, including involvement in and concerns about the transition process and how it is addressed; level of involvement, including visits, mail, phone calls, etc.
- Agency Considerations, including contact information, description of services and staff resources, and additional funding requested and approved.
- Services, Supports, Strengths, Abilities, Needs, Preferences and Programs, including personal goals; medical and nursing services; current physician services and hospital services; most recent exams for physical, mammography, prostrate, tardive dyskinesia, etc.; most recent psychiatric exam; counseling services; oral motor services; nutritional services; dental services; vision services; hearing services; communication services, including language spoken and augmentative equipment needed; vocational services; educational services; therapies (occupational, physical, inhalation); recreation/community access and integration; special consultations; personal preferences; equipment/adaptive devices; service objectives; skill programs not previously discussed; behavior interventions; medication plan; level of supervision utilized and anticipated; rights; privacy; money management; access to personal possessions; voting; health management; and behavior management.
- Environmental Considerations, including use of kitchen, elevators, baths/showers, water temperatures, basement, yard, traffic, laundry facilities, cleaning supplies, access to the neighborhood, etc.
- Monitoring Considerations, including by whom, behaviors that should trigger requests for assistance, and contact information for assistance.
- Services/Action Required Prior To or On Day of Move.

One or two days before the move, an exit meeting is held between Howe Center and the receiving residential services provider. The "Exit Meeting Summary" is completed and includes documentation regarding participating staff, anticipated transportation and arrival arrangements, any medication changes since development of the Transition Plan, any dietary/nutritional changes since development of the Transition Plan, and conveyance of any adaptive devices.

As stated in step 9 above, follow up services will be provided to monitor the individual's successful adjustment to the new services.

### **Responses to the Commission's Questions**

Below are responses to your specific questions.

1) **The location and identity of the State facility proposed to be closed:**

William A. Howe Developmental Center  
7600 West 183<sup>rd</sup> Street  
Tinley Park, Illinois

The Center is located in Section 36, Township 36 North Range 12 East of the Third Principal Meridian, Cook County, State of Illinois.

2) **The number of employees for which the State facility is the primary stationary work location and the effect of the closure of the facility on those employees:**

As of September 2008, there were 756 active employees and 67 on leaves of absence. There will be no employees at Howe Developmental Center when the closure process is complete. The exact nature and location of other state jobs that may be available to employees at Howe Center will reflect requirements in the collective bargaining agreement and the closure agreement negotiated between the State and the American Federation of State, County and Municipal Employees Union in the upcoming days.

It is our plan to add staff at other developmental centers, especially those centers that accept large numbers of people transitioning from the Howe Center. Until the closure agreement is negotiated and we have begun all transition plans, we will not know how many employees will be offered other positions nor will we know how far those jobs will be from Tinley Park.

While all eight of the other Centers may be involved in the closure process as specific individuals move, we have a significant amount of physical space available at three of the eight centers: Elizabeth Ludeman Developmental Center in nearby Park Forest and Samuel Shapiro Developmental Center in Kankakee are within a 50 mile radius of Howe Center. The Warren G. Murray Center, located in Centralia, will accept those individuals that transition to the Central or Southern part of the state. Alternative service selections will be driven by the needs of the individuals, but in our early plans, we anticipate that staff at these three centers will be increased by approximately 120 at Murray, 100 at Ludeman, and 150 at Shapiro. Staffing increases at other centers and at the central office level will also occur as funding is reallocated.

3) **The location or locations to which the functions and employees of the State facility would be moved:**

Howe Developmental Center provides 24-hour residential services and day activities to individuals with developmental disabilities. At the time of the announcement of the proposed closure on September 5, 2008, 318 individuals were residing at the Center. All the individuals residing at the Center will be offered alternative 24-hour residential services and day activities within the State's developmental disabilities system.

Until we can meet with each individual and his or her guardian, if applicable, to discuss transition plans, we cannot provide specific locations of the new services. We estimate that approximately 75 individuals will move to licensed or certified community-based services, and the remainder will transition to other SODCs. We anticipate that moves will focus on three of the other eight developmental centers. Initial plans are that approximately 100 individuals may move to Shapiro, 70 to Murray, and 50 to Ludeman. These are only working estimates, however. Individuals, family members, and guardians will be actively included in the discussions and decisions regarding the selection of new providers and services.

The Center has not admitted individuals in approximately two years due to the Medicaid decertification issues; therefore, this proposed closure will not impact the service delivery system with regard to current individuals seeking new services.

See Number 2 above regarding the employees.

4) **The availability and condition of land and facilities at both the existing location and any potential locations:**

The Howe Center campus consists of five living units, each consisting of ten homes and one neighborhood house. In each living unit, there are three living areas comprised of three or four homes. Additionally, the Howe Center campus has a Professional Building, an Administration Building, and a Social Habilitation Building, which contains a pool, gym, snack area, physical therapy services, and vocational programming.

As part of the closure plan, these buildings would be vacated and deemed surplus.

In addition, the Center utilizes the following buildings that have been assumed from the Tinley Park Mental Health Center:

- Oak Hall, houses Nutrition Management and Dental;
- Pine Hall, houses Howe Center Clinic, Health Information management and Laundry;
- Mimosa Hall, houses Day Training services;
- Cedar Hall, houses Wheelchair Repair Shop and storage;
- Hickory Hall, houses training rooms;
- Power Plant, supplies heat, air conditioning, water, sewer, and electricity to the Tinley Park Mental Health Center buildings through a series of tunnels;
- Water Treatment Facility, treats water for both the developmental and mental health centers since the facilities use well water;
- Storeroom, houses storerooms for both the developmental and mental health centers, as well as work areas and offices for engineering and trades; the building has a three-bay loading dock and refrigeration and freezer storage; and
- Garage, serves as a garage for both the developmental and mental health centers and is used to store grounds equipment, as well as other vehicles including small trucks for transporting food, medication, and supply deliveries.

As part of the closure plan, the Division of Developmental Disabilities would vacate these buildings and deem them surplus.

5) **The ability to accommodate the functions and employees at the existing and at any potential locations:**

The Howe Developmental Center has been decertified from the Federal Medicaid program since April of 2007. Given this situation, it has not been admitting new individuals in need of services. It does continue to serve approximately 300 individuals who have lived at the Center for some time with 100% State funding. The service delivery system has the ability to serve these individuals through privately-operated residential services and the other eight State-Operated Developmental Centers. The entire service delivery system serves over 40,000 individuals; therefore, we are confident that it can meet the needs of these 318 individuals in the absence of the Howe Center. Once the individuals move, we will be able to restore the Federal match for their services.

As stated above, it is our plan to add staff at other SODCs, especially those centers that accept large numbers of people transitioning from the Howe Center. Until the closure agreement is negotiated, we will not know how many employees will be offered other positions nor will we know how far those jobs will be from Tinley Park.

6) **The cost of operations of the State facility and at any potential locations and any other related budgetary impacts:**

The cost of operating the Howe Developmental Center is approximately \$55 million in Fiscal Year 2009. Currently, 100% of these funds are drawn from the State's General Revenue Fund, due to decertification and the subsequent loss of Federal Financial Participation.

Under the proposal to close, these funds would be reallocated toward privately-operated providers and other centers as individual's transition to community-based services and other developmental center services. The amount of funds reallocated to other specific providers and centers will depend upon the choices made by the individuals and their guardians of alternative residential and day program providers. As individuals move to other services from providers enrolled in the Medicaid program, the State will once again be able to claim Federal Financial Participation for these services at the 50% matching rate, or a benefit to the State of \$27 million.

7) **The economic impact on existing communities in the vicinity of the State facility and any potential facility:**

This question is addressed in the enclosed report as commissioned from and completed by the University of Illinois Champaign-Urbana.

8) **The ability of the existing and any potential communities infrastructure to support the functions and employees:**

The service delivery system includes eight other SODCs that have certified capacity to serve additional individuals. In addition to these resources, all individuals at the Howe Center will be offered the opportunity to consider moving to community-based services. There is currently vacant capacity available within group homes as well as providers that are willing to develop new capacity.

Throughout Illinois' developmental disabilities service system, there are approximately 8,000 individuals residing in smaller, community-based settings; 6,600 individuals residing in Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD), which are operated by private organizations; and 2,400 individuals residing in the nine State-Operated Developmental Centers. We believe through vacancies and new community-based development, the system can meet the needs of the approximately 318 individuals residing at the Howe Center as the closure occurs.

9) **The impact on State services delivered at the existing location, in direct relation to the State services expected to be delivered at any potential locations:**



All the individuals residing at the Center will be offered alternative 24-hour residential services and day activities within the State's developmental disabilities system. Individuals will not lose services. Transition plans will ensure needed services are continued in accordance with the wishes of the individuals and their guardians.

The first priority in the closure process is to effectively meet the needs of the individuals currently living at Howe Center. Characteristics of the population in general are being considered in planning for alternative services. Factors include, but are not limited to, the following issues: The average age of persons currently living at the Center is 49. 82% of the individuals residing at the Center function in the severe or profound level of mental retardation. 68% have behavior programs (including both restrictive and non-restrictive behavior programs). 39% are on psychotropic medications. 44% have a psychiatric diagnosis. Given the number of people with developmental disabilities served by the Department in a number of settings, and the range of their individual needs, we are confident that we will be able to meet the needs of those living at Howe Center in community settings and in other SODCs.

10) **The environmental impact, including the impact related to potential environmental restoration, waste management, and environmental compliance activities:**

A formal review of the buildings between 1989 through 1996, conducted under a Capital Development Board project by a licensed asbestos building inspector, reports that Asbestos Containing Material (ACM) is assumed in the vinyl composition floor tile and mastic, under floor Heating Ventilation and Air Conditioning (HVAC) ducts, in the cores of fire rated doors, in exhaust and fire damper insulation, and in roof flashing and other components of the buildings. To our knowledge there are no other known environmental hazards at the Howe Developmental Center.

**Concluding Remarks**

We know this is a very difficult time for the individuals residing at the Howe Developmental Center, as well as for their families and guardians, and the people who serve them. We assure you this decision was not made lightly and was based on multiple factors in the areas of quality, compliance, and fiscal responsibility.

Throughout the transition process, we will place the utmost importance on working through issues and discussing options with individuals served, their family members and their guardians. We will do everything possible within our resources to meet the unique needs of each individual.

Again, our primary goal in recommending this closure is to ensure the provision of quality services for the individuals currently residing at Howe Developmental Center. We strongly believe this is an opportunity to improve the lives of those at the Howe Center and those we serve throughout the system.

Thank you for your consideration of this information. We look forward to working with you throughout this process.

Sincerely,

A handwritten signature in cursive script that reads "Carol L. Adams". The signature is fluid and elegant, with a long, sweeping tail on the final letter.

Carol L. Adams, Ph.D.  
Secretary