

Governor Quinn's Rebalancing Initiative-November 2011

Summary

Developmental Disabilities

The Department of Human Services will reduce the number of residents served by State-Operated Developmental Centers (SODCs) by at least 600 by the end of FY 14. This will permit DHS to close up to four facilities in the next 2.5 years.

Mental Health

The Department of Human Services will close at least two state psychiatric hospitals by the end of FY 14.

Implementation Plan

FY 12 Developmental Disabilities

The Division of Developmental Disabilities will initiate closures of SODCs during FY

12. To accomplish this, the department will:

1. Halt new admissions at first facility.
2. Assess and develop transition care plans for all current residents beginning December 1, 2011.
3. Initiate transfers to community based settings beginning January 1, 2012.
4. Transfer residents at the rate of 20 per month beginning in January until the facility is closed in the first quarter FY 13.

FY 12 Mental Health

The Division of Mental Health will:

1. Halt new admissions at Tinley Park (based on current appropriations).
2. Continue to treat current patients until discharge, within 14-21 days.
3. Develop care plans for patients who will have challenges discharging to community services after the treatment of their acute disorder.
4. Discharge remaining residents to the community providers or hospitals selected.
5. Develop and implement plan to maintain on-campus food and pharmaceutical services that serve other SODCs and state psychiatric hospitals in the area.

FY 13 and FY 14 Developmental Disabilities

DHS will continue to assess and transition residents from other SODCs throughout FYs 13 and 14 so that up to four centers will be closed by the end of FY 14.

The Department will work collaboratively with the General Assembly during the Spring session to determine the additional facilities that will be closed over the next two and a half years. The factors for facility closure should include:

1. Quality assurance issues
2. Assessment of residents

3. Current census, including average length of time residing in Center, special needs of residents
4. Physical plants (both anticipated future costs for maintenance as well as design of each Center and the design's impact on staffing costs, living experience, etc.)
5. Current staffing levels and overtime usage.

Governor Quinn's FY 13 and FY 14 budget requests will include funding for community placements for all residents of SODCs who are scheduled for transition. For budgeting purposes we estimate that the average cost of care in the community will be \$7,000 per month in FY 12. Subsequent years will include adequate reimbursements for community-based providers to deliver quality care. Their support is essential to assure the successful transition of residents and to achieve the rebalancing of spending objectives shared by Governor Quinn and the General Assembly.

The out-years' budget requests will reflect substantial savings from institutional operations. Specifically, the Department will:

- Reduce staffing levels through management of attrition and targeted layoffs as necessary. Labor relation plans will be negotiated as closures begin.
- Reduce other operating costs as census declines permit.
- Reduce all remaining operating costs once all residents have left the facility and it can be permanently closed.

Fiscal Year	Census Reduction	Center Closure
FY12	120 persons	
FY13	240 persons	1 SODC by 12/31/12 1 SODC by 6/30/13
FY14	240 persons	1 SODC by 12/31/13 1 SODC by 6/30/14

Results of the Closure Plan:

- 600 individuals currently residing in the eight SODCs will transition to community-based services.
- Illinois will reduce the number of Developmental Centers in the State from eight to four by the end of FY14.

FY 13 and 14 Mental Health

The state psychiatric hospital closures will occur in phases throughout FYs 13 and 14. The Affordable Care Act will reduce the need for state psychiatric beds as more

individuals who would currently seek care from state hospitals are covered under private insurance or Medicaid and are attractive to private hospitals.

At the end of the period, at least one psychiatric hospital in addition to Tinley Park will have closed. To reach this goal the Department will:

1. Expand community based alternatives for state civil psychiatric care and treatment by negotiating rates with community providers and hospitals that assure quality care.
2. Identify a facility to care for people detained under the Sexually Violent Persons Act.