Community Behavioral Healthcare
Association of Illinois

Community
Behavioral
Healthcare
Association

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February 7, 2012

Commission on Government Forecasting and Accountability
Senator M. Schoenberg Co-Chair
Representative Patricia R. Bellock Co-Chair
Honorable Members of COGFA

Regarding: Tinley Park Proposed Closing

CBHA would like to thank the committee for this opportunity to secure input regarding Governor Quinn's announced closing of Tinley SoH.

Cognizant of the comments and testimony CGFA has received in the fall of 2011, Michael Gelder's November 1, 2011 testimony, the committee's fall actions; and in preparation for today's hearing testimony the information and comments posted on the commissions website - CBHA offers the following comments regarding the proposed closing of Tinley Park state operated mental health facility.

I. **A plan and budget while not currently available is needed.** A plan for the closing, restructuring and safe transition of individuals in the affected region must be supported by a commitment of state financial resources for the development and implementation of local support care, treatment and services - from crisis, transportation, civil commitment through and including recovery community care, treatment, and services.

II. **In order to meet statutory requirements and alternative planning and service delivery objectives** the Department of Human Services and General Assembly should prioritize the local development of the array of services inclusive of community support systems to those currently offered at Tinley.

III. **In addition to the State Facilities Closure Act compliance with state responsibilities and executive branch roles, responsibilities and requirements should be ensured** for those found in Public Acts: 80-1414, 88-380, 89-507, 93-770, 94-498, 95-682, 96-652, 96-1399, 96-1472, 97-528; as specified in state Acts and Codes including but not limited to: (405 ILCS 30/) Community Services Act.; (405 ILCS 35/) Community Support Systems Act.; (405 ILCS 5/) Mental Health and Developmental Disabilities Code**.**
   a. Emergency admissions by petition
   b. Court ordered admissions
   c. Transportation

CBHA believes Governor Quinn's announced closing of Tinley state operated mental health facility **should be accompanied by a benchmarked plan** that:

1. Ensures the safety and receipt of care, treatment and services for individuals in need of that care, treatment or service.

2. Includes support that improves client outcomes within limited resources by articulating the next steps in efficiencies needed from redundant state regulations and the delivery system to efficiently and effectively integrate and coordinate care treatment and services.

3. Ensures alternative plan development that includes the informed expertise that exists among local legislators, officials, community providers and stakeholders.

4. Provides an opportunity to
    a. address systemic barriers
    b. ensure renewed efforts focus on services care and treatment of extended and/or repeat users of inpatient and other intensive mental and behavioral health care, treatment and services.

5. Enunciates a plan to meet the state responsibility for Civil Confinement.

6. Comply with state responsibilities and requirements found in Public Acts: 80-1414, 88-380, 89-507, 93-770, 94-498, 95-682, 96-652, 96-1399, 96-1472, 97-528; as specified in state Acts and Codes including but not limited to:(405 ILCS 30/) Community Services, (405 ILCS 35/) Community Support Systems Act. And (405 ILCS 5/) Mental Health and Developmental Disabilities Code for among other responsibilities:
    - Emergency admissions by petition,
    - Court ordered admissions,
    - Transportation.

Existing expertise and lessons learned.
On January 27, 2011 CBHA met with community behavioral health care providers from the Tinley Park "service area". These providers expressed concerns that deadlines and projected GRF savings have been proposed prior to the release of a plan.

During a meeting hosted by DHS Friday February 3, 2012 my office offered to meet with Mark Doyle Project Manager and Dr. Lorrie Jones DMH concerning the development of a plan and to share the "lessons learned" from the closings of Meyer, Zeller SoH's, as well as the several nursing home facilities closed in 2011.

Please note:
CBHA's October 31, 2011 testimony to the Commission is on file.

Illinois Commission on Government Forecasting and Accountability
Respectfully submitted by AJ French on 02-07-12, Springfield, IL

Good Morning and thank you for the opportunity to continue the dialog on the closure of Tinley Park Mental Health Center.

I once had a psychiatric admission to a community hospital and the Psychiatrist on staff threatened to place me in a state hospital for the rest of my life. Why? Because I had the audacity to not shake his hand. I was admitted into the hospital for a suicide attempt, I was not experiencing delusions or hallucinations and I was powerless.

My experience with abuse of power was not an anomaly. Persons who are imprisoned because of the poor condition of their mental health are often not living in the least restrictive environment. This is why the World Health Organization and the Olmstead Decision set a humanitarian standard of de-institutionalization that we should uphold.

In doing so, provisions for fully funded community based mental health recovery services need to be in place. We especially need psychiatric crisis options such as the living room model which is a peer-delivered alternative to hospitalizations that is both financially and ethically affordable. The truth is many people go to the hospitals because they need help, not necessarily hospitalization, and there is nowhere else to turn.

Once again, I respectfully ask you to urge the Governor and the General Assembly to cooperatively do everything within their power to avoid human disasters. Please recommend the closure of Tinley Park stipulating a plan that includes crisis alternatives and community based supports.

Thank you and I will do my best to answer any questions you might have.

AJ French
619-792-2049
sacred.creations@thebridge.to

February 10, 2012

Re: The Proposed Closing of
The Jacksonville Dev. Center

Commission on Government
Forecasting and Accountability
703 Stratton Office Bldg.
Springfield, IL 62706

Dear Commissioners,

First, good day to all.

This letter is being written with pain in my heart, because I have been told that Governor Quinn is ordering The Jacksonville Development Center in Jacksonville, Illinois to be closed, along with The Oak Forest facility.

My son, Ronald Cavin, has lived there many years and has had developmental training and many other types of training to assist in his ability to help himself. He has been alleged incompetent due to the fact that the facility at Lincoln, Illinois did not have facilities to service the blind, and the very young patients who needed special service workers. But had it not been for The Jacksonville Development Center and people there who had love and compassionate hearts, we both may have expired.

Please ask Governor Quinn to reverse his decision.

I met the Governor at President Toni Preckwinkle's breakfast and was impressed by his taking the time to visit our areas, which made me think he was someone who cared about the disabled and blind persons, not only the elite.

Thank you in advance for your efforts on behalf of Ronald Cavin as well as the other residents at Jacksonville.

Yours truly,

Mary McClellan

Mrs. Mary McClellan
4800 S. Lake Park Ave
Apt. 709
Chicago, IL 60615

Council 31 AFSCME

February 2, 2012

Representative Patti Bellock
Senator Jeff Schoenberg
Commission on Government Forecasting and Accountability
703 Stratton Building
Springfield, IL 62706

Dear Co-Chairs Bellock and Schoenberg:

On January 19 of this year the Illinois Department of Human Services notified COGFA of two facility closures – the Jacksonville Developmental Center and the Tinley Park Mental Health Center.

We note that COGFA has already acted to require IDHS to file new recommendations for closure under the State Facilities Closure Act. Unfortunately, however, it does not appear that you are taking the subsequent steps prescribed by the Act. We have just learned that it is the Commission's intent to hold a combined—and relatively brief—hearing on the closures at the State Capitol in Springfield next Tuesday.

We are very disturbed to learn that COGFA has no apparent plan to hold public hearings on these closures in the impacted communities as required by the Act (30 ILCS 608/5-10b) and I write to urge you to reconsider that course of action.

Not only does the current hearing plan violate the law, in our opinion, but it also appears to be intended to make it as difficult as possible for some of the parties most directly impacted to be able to participate. Holding such a brief hearing on such short notice and at considerable distance for many stakeholders is certain to depress turnout and limit the opportunity for a full range of views to be heard.

The Quinn Administration asserts that the closure plans now proposed are newly-developed as part of a broader system "rebalancing" plan that was not unveiled until after the COGFA hearings that were held last fall. If these plans truly are new and different, then citizens in the affected communities should have the opportunity to evaluate them and to present public testimony based on those evaluations.

As you know, families of those who rely on these centers, local law enforcement, state's attorneys, human service providers, local government officials and community hospitals all have a strong interest in the matter of these proposed closures. It is very likely that the current hearing plan will significantly hamper their ability to participate. Moreover, if past experience is any guide, the presentation by and questioning of the Department of Human Services could easily take up the entire two hours that are scheduled, leaving

Belknap, Donna K.

From: Rita Burke <explorerra@aol.com>
Sent: Friday, February 03, 2012 10:50 AM
To: Belknap, Donna K.
Subject: Jacksonville and SODC families wish to testify at COGFA hearing

February 3, 2012

Dear Ms. Belknap:

I am president of the Illinois League of Advocates for the Developmentally Disabled (IL-ADD), an organization composed of representatives from all eight of the State Operated Developmental Center (SODC) family/guardian organizations. I have called your office to notify you of my intention to attend the February 7, 2012 COGFA hearing and of my desire to testify.

I am concerned that, due to the short notice, some Jacksonville family members, who should be provided an opportunity to testify at a hearing whose outcome critically impacts the lives and future of their loved ones, will not have received adequate notice of the hearing. Some families may receive letters from us in time to attend, but may not have called your office with their intent to attend and testify. Whether or not they call your office in advance, I believe that they should be offered the opportunity to speak if they are able to make the trip to attend the hearing.

I would appreciate it if you would make COGFA members aware of this request.

Sincerely,

Rita Burke

Illinois League of Advocates for the Developmentally Disabled

IL-ADD

February 3, 2012

Senator Jeff Schoenberg
Representative Patti Bellock
Commission on Government Forecasting and Accountability
703 Stratton Building
Springfield, IL 62706

Dear Co-Chairs Schoenberg and Bellock:

The residents and families of Jacksonville Developmental Center -- and all families whose loved ones reside at state centers -- feel blindsided and betrayed by your decision to discuss our lives and our future without including us. We strongly urge you to reconsider, and set an example of inclusiveness. Use the hearing you have scheduled for February 7 to set up a public hearing on Governor Quinn's dangerous plan to close JDC. Use it to urge his representatives to bring family members to the table.

Governor Quinn has chosen to shut out families from the start. I have personally called and written the Governor and his staff several times since he announced facility closures last year. Our family group was simply asking for a meeting, and we were repeatedly rebuffed and ignored. Finally last November 9th about 40 us -- family members from JDC, Mabley DC and other state centers -- alerted the media and marched up to the Governor's office demanding a meeting. Under duress, Michael Gelder agreed to meet that day. Just two days before he presented the Quinn plan to your body, he told us that there were no final plans and that he would include families in any discussions. Despite my many follow up phone calls and e-mails, we have not heard from him since.

Your decision to schedule a hearing with only 6 day's notice to get the word out to families makes it more difficult for our point of view to be included. Holding it in Springfield adds another hurdle to family participation. We are not even sure if families are going to be allowed to testify, or if there will be time to do so.

Please consider that the Quinn scheme to close state centers affects no one so directly as it does state center residents and their families. The Governor had already betrayed his long-stated support for openness in government by refusing to include us in his decision making. That is why your support for openness and honesty in the process defined in the State Facilities Closure Act is so important. We are counting on you.

Sincerely,

Rita Burke

Rita Burke
President

cc: CGFA commission members

VOR

Speaking out for people with intellectual disabilities

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November 7, 2011

The Honorable Members of the Illinois State Legislature
State House
Springfield, Illinois

Re: VOR's written comments for consideration by Illinois Legislators in support of a full array of residential options, including State Operated Developmental Centers (SODCs). Saving Mabley, Jacksonville and all SODCs is cost effective and consistent with state and federal law.

Dear Illinois Legislators:

I represent VOR, a national advocacy organization for persons with intellectual and developmental disabilities (ID/DD) and their families and legal guardians.

VOR offers a unique perspective: VOR is the only national advocacy organization that supports the provision of a full spectrum of care options for individuals with ID/DD, from own home and smaller homes to federally-licensed larger residential homes (ICFs/MR), including State Operated Developmental Centers (SODCs).

VOR's respect for families as experts in their loved ones care also sets VOR apart from other national groups. The majority of individuals for whom we advocate that receive ICF/MR care have profound intellectual disabilities with the cognitive ability of infants or young toddlers. They rely on their families to ensure they receive high quality care. Their families, many of whom are also court-appointed legal guardians, know them best and have no ulterior motives other than their well-being.

As our written comments will explain in detail, VOR supports the expansion of desperately needed "community"-based options, but not at the expense of equally necessary developmental centers (licensed Intermediate Care Facilities for Persons with Mental Retardation, ICFs/MR).

To meet the diverse needs of the ID/DD population, one size does not fit all. Illinois can and should have it both ways.

Table of Contents

I. Summary of VOR Position and Recommendations

The catalysts which support closure are based on faulty assumptions relating to cost, quality and the law.

Developmental centers provide cost-effective, specialized services and care not available elsewhere for the State's most disabled citizens. Current census numbers and downsizing do not reflect demand. Individuals who may benefit from developmental center supports are not even presented with the developmental center as service option unless court ordered or referred from another provider who could not handle the individual.

True demand and need for developmental center care cannot be known because state policy deflects admissions and requires transfers based on arbitrary quotas which have the net result of reducing census. Nearly all residents and their families overwhelmingly support continued developmental center supports and object to transition from the center. With such a high satisfaction rate, how can an arbitrary quota which requires transitions be reconciled with federal laws regarding resident/guardian choice and ***Individual*** Habilitation Plans (IHPs)? (See "The Law Requires Residential Choice," p. 6, below).

The lack of community capacity is also well documented. Long waiting lists and recent budget cuts have further decimated the community infrastructure, cutting some programs (e.g., the Community Professional Supports and Training program) and making expansion of life-sustaining health care and other specialized supports out of reach.

Recommendations

1. Illinois is strongly urged to arrange for an independent cost comparison of developmental center versus community-based care. Such a study must take into account all costs for each setting[1], the cost to develop presently inadequate community programs and infrastructure; consider the impact that closed admissions have had on the cost-effectiveness of developmental centers (which are artificially under-utilized), and take into account the revenues that will be lost with any developmental center closure.

2. Illinois is strongly urged to arrange for an independent outcome study that considers the present well-being of former developmental center residents who have been transferred to the community, especially within the last 5 years. Before displacing current ICF/MR residents, this Illinois should consider any lessons learned from prior closings, as well as the impact on individuals who have more recently displaced from developmental centers due to downsizing. An outcome study, to focus on individual outcomes, such as mortality, access to health care and other necessary services, trends associated with 911 calls and emergency room utilization, staffing turnover and more, could be built into the required review of community capacity.

3. **Expand, don't eliminate, service options available to citizens with ID/DD. Thousands of people are languishing without services.** Some of these individuals would benefit from developmental center supports if provided that option. Given the state's budget crisis, the lack of community

[1] Although it is often assumed that smaller residential settings cost less, ***very*** often this comparison is based on the all-inclusive cost of developmental center supports and a community cost figure that excludes significant line items such as room-and-board, transportation, health care, day programming and more. *See*, "Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research," *Mental Retardation*, Vol. 41, No. 2: 103-122 (April 2003) (detailed on page 4 of this testimony and *Attachment A*).

infrastructure, current needs, and the likelihood that costs will not be saved, Illinois is urged to embrace a forward-thinking solution that would allow admissions to developmental centers based on individual choice and need, while also making the specialized services at developmental centers available to non-residents. Offering outpatient care to non-residents is a proven model already in place in several states. These "Community Resource Centers" (CRC) have been shown to be a cost-effective way to provide not otherwise available professional services to community-based individuals. Because the CRC model relies on an existing infrastructure, it is cost-effective and helps keep individuals in community-settings well-cared for and out of (more expensive) crisis situations.

II. Rationale and Background

VOR's recommendations are supported by the following background information and rationale.

1. The People Being Served

ICFs/MR are often the best, most cost-effective way to meet the needs of the most vulnerable of the population with intellectual and developmental disabilities.

Residents of ICFs/MR are among the neediest, most fragile and most disabled members of our society. They need support in every aspect of life including walking, communicating, bathing, eating and toileting.

Nationally, nearly 75% (74.5%) of all ICF/MR residents experience severe and profound intellectual disabilities; they also endure multiple disabilities, chronic medical conditions and/or behavioral challenges. Many also have seizure disorders, behavior problems, mental illness, are visually-impaired or hearing-impaired, or have a combination of these conditions[2].

In Illinois, 75.8% of developmental center residents have severe or profound intellectual disabilities, with 64.9% having two or more additional disabling conditions such as cerebral palsy, blindness, hearing impairments, seizure disorders, psychiatric disorders, etc.[3] A significant number of residents cannot communicate "basic desires verbally" (55.2%) and cannot "understand simple verbal requests" (29.5%) [4]. Many developmental center residents also need assistance walking (27.5%), transferring (27.3%), eating (44%), dressing (39.3%) or toileting (53.3%) [5].

In Illinois and nationally residents of ICFs/MR are our most fragile citizens. Compassionate, specialized care provided in ICFs/MR homes – homes specially designed for these complex needs – is a good human and fiscal investment. ***Where*** will these individuals receive life-sustaining services and ***at what cost*** are two questions that must be answered before a decision is made to displace ICF/MR residents from their current homes.

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[2] "Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2008,"Research and Training Center on Community Living Institute on Community Integration/UCEDD, College of Education and Human Development University of Minnesota (2009) (http://rtc.umn.edu/docs/risp2008.pdf)

[3] Id.

[4] Id.

[5] Id.

VOR Recommendation

1. Illinois is strongly urged to arrange for an independent cost comparison of developmental center v. "community"-based care. Such a study must take into account all costs for each setting, the cost to develop presently inadequate community programs and infrastructure; consider the impact that closed admissions have had on the cost-effectiveness of developmental centers (which are artificially under-utilized), and take into account the revenues that will be lost with any developmental center closure.

2. Costs

a. Developmental Centers provide cost effective care; Conduct accurate, independent cost comparisons

Common-sense says that it is more cost effective to serve individuals with complex, high cost needs in one location than in scattered locations. The care provided in developmental centers is not only cost effective, but also compassionate, consistent, and experienced. In contrast to high turnover of direct care staff in community settings, and the often non-existent professional care, many of the developmental center direct care and professional staff have worked for the developmental centers for many, many years.

The widely-held belief that it always costs less to care for people with intellectual and developmental disabilities in smaller homes rather than in developmental centers **is not true** for people with the most severe disabilities, according to peer-reviewed study published in *Mental Retardation*, a journal by the American Association on Mental Retardation:

"From the studies reviewed here, it is clear that large savings are not possible within the field of developmental disabilities by shifting from institutional to community placements."[6]

The study details several cost factors that are often overlooked by policymakers and advocates, including, but not limited to:

- **Level of disability**: The failure to adjust for the different levels of disability of the people included in the studies skews the results. Facility residents are the most needy, most vulnerable and most costly of all Medicaid recipients, regardless of service setting. In Illinois, 75.8% of developmental center residents are persons with severe and profound intellectual and other complex disabilities.

- **Aggregate costs and cost shifting:** When individuals are moved from facility-based to community placements, costs shift from the all-encompassing facility care budget to a community services budget that draws from multiple public welfare funding sources for housing, food (e.g., food stamps), transportation, and health care costs. Often only the housing costs are considered in community v. facility cost comparisons. The result is an incomplete look at the true costs of serving the individuals, and a false claim of taxpayer savings.

- **Staffing:** The failure to consider the relevance of lower staffing costs in the community also impacts quality outcomes. If federal initiatives to enhance wages for community-based direct care workers are successful community costs will increase.

The dogmatic belief that placement in the community is always cheaper has resulted in a woefully under-funded community system that is not at all prepared to care for the complex needs of most of the

[6] Kevin K. Walsh, Theodore A. Kastner, and Regina Gentlesk Green, "Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research," *Mental Retardation*, Vol. 41, No. 2: 103-122 (April 2003). An updated summary of this study by the primary researcher is attached (*Attachment A*).

people now residing in larger, specialized facilities, or the thousands of people waiting for services. This study gives state lawmakers the data they need to determine accurate costs.

b. The potential for lost revenues

In addition to the potential loss of federal Medicaid funding, lost state and local revenues is another often-overlooked cost of closure. Consider this testimony (excerpts) by a representative of the Topeka, Kansas Chamber of Commerce:

> "We are being told that moving residents out of KNI [a state operated ICF/MR] will save the state money. Yet, we have those who indicate quality housing and services for clients with such significant needs are not currently available. To replicate what now exists at KNI will certainly be very costly.
>
> "Most residents have lived in their KNI home for many years and relate to those who care for them as family members. Deliberations to force them from their home, is devastating to their families and guardians. We understand none of the committees reviewing this issue have been provided a list of facilities with available space, appropriate specialized equipment and quality trained staff for KNI residents? We are not convinced such housing is readily available here or throughout the state and believe this proposal will only result in cost shifts to provide what is already existing at KNI, we doubt there will be any cost savings. . . .
>
> "The Topeka Chamber commissioned an economic impact analysis of KNI on Topeka, for the State Closure Commission in 2009. This study was completed by Impact Data Source, Austin, TX. It is attached to my testimony[7].
>
> "KNI had a significant impact on the Topeka area economy during FY 2010. KNI's revenues and expenditures and its employees and their salaries provide direct economic activity. In addition, this activity ripples through the area's economy supporting indirect benefits including sales at local businesses and organizations, as well as indirect jobs and salaries . . . In total the economic impact of KNI in FY 2010 was $66 million . . .
>
> "If the motive for closing KNI is saving the state dollars, we respectfully ask your very careful consideration of whether there are real cost savings or cost shifts. We ask that you listen to those who know the residents of KNI the best – their families, care-givers and the medical community. The Greater Topeka Chamber of Commerce urges your decision to be that KNI [ICF/MR] and support services continue to serve our State's most needy." (March 2, 2011, Testimony by Christy Caldwell, Vice President Government Relations, Greater Topeka Chamber of Commerce; complete testimony available here: http://vor.net/images/ChamberTestimonyKNIClosure.pdf).

See also, **Illinois: Closing center would cost $47 million, report finds (The State Journal-Register, September 23, 2011 at** http://www.sj-r.com/top-stories/x26164536/Closing-JDC-would-cost-Morgan-County-47-million-report-finds.

3. The Law Requires Choice

a. The Americans with Disabilities Act (ADA) and Olmstead[8]

[7] "A Report of the Economic Impact During Fiscal Year 2010 of the Kansas Neurological Institute in Topeka, Kansas" (September 19, 2009), available at http://vor.net/images/KNI_Impact_Report1.pdf.

[8] The Olmstead decision can be found at http://supct.law.cornell.edu/supct/pdf/98-536P.ZS; and additional Olmstead resources can be found at http://www.vor.net/olmstead_resources.htm.

Despite propaganda to the contrary, the law, including the landmark Olmstead decision, does not require that *all* people with disabilities be served in community-based settings, nor does Olmstead require that ICFs/MR be closed.

Rather, in its Olmstead decision, the U.S. Supreme Court considered the ADA's "integration mandate" and very expressly concluded that "integration" (community placement) is only required when an individual's needs can be safely served in a non-ICF/MR setting and when transfer from the ICF/MR is not opposed by the individual (Olmstead v. L.C., 119 S. Ct. 2176, 2181 (1999)).

The Supreme Court even cautioned against taking its holding too far:

> "We emphasize that nothing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings...Nor is there any federal requirement that community-based treatment be imposed on patients who do not desire it." Olmstead v, L.C, 119 S. Ct. 2176, 2187 (1999).

Consistently, the plurality opinion noted:

> "As already observed [by the majority], the ADA is not reasonably read to impel States to phase out institutions, placing patients in need of close care at risk... 'Each disabled person is entitled to treatment in the most integrated setting possible for that person — recognizing on a case-by-case basis, that setting may be an institution' [quoting VOR's *Amici Curiae* brief]." 119 S. Ct. at 2189 (*plurality opinion*).

Federal courts since Olmstead have recognized its "Choice Mandate":

> "Thus, the argument made by Arc and the United States [*Department of Justice*] who filed regarding the risk of institutionalization fails to account for a key principle in the Olmstead decision: personal choice. And here, where more residents desire to remain in institutional care than the new facility can provide for, there is little to no risk of institutionalization for those whose needs do not require it and who do not desire it." Arc of Virginia v. Kaine (December 2009)[9]; see also, People First of Tennessee v. Clover Bottom Developmental Center (May 2010) ("The intersection of citizen choice and the ADA was addressed by the Supreme Court in *Olmstead v. L.C.* . . . [T]here is no federal requirement under the ADA that community-based treatment must be imposed on citizens who do not desire it.")[10]

A recent federal court decision further emphasized the importance of the respecting the input of ICF/MR residents and their families as the input that matters most. The court went as to chastise the United States Department of Justice, which brought the lawsuit in its own name, for pursuing a cause without a plaintiff:

> "Most lawsuits are brought by persons who believe their rights have been violated. Not this one . . . All or nearly all of those residents have parents or guardians who have the power to assert the legal rights of their children or wards. Those parents and guardians, so far as the record shows, oppose the claims of the United States. Thus, the United States [Department of Justice] is in the odd position of asserting that certain persons' rights have been and are being violated

[9] For full decision: http://www.vor.net/images/SEVTCDecision.pdf
[10] For full decision: http://www.vor.net/images/CloverBottomChoiceDecision.pdf

while those persons – through their parents and guardians disagree." United States v. Arkansas (June 2011)[11]

b. Medicaid Law

The receipt of federal Medicaid funding is contingent upon ***a state*** offering the choice of ICFs/MR or Home and Community Based Services (HCBS) waivers.

A Medicaid HCBS waiver shall not be granted unless the state provides satisfactory assurances that –

> "such individuals who are determined to be likely to require the level of care provided in a hospital, nursing facility or intermediate care facility for the mentally retarded are informed of the feasible alternatives, if available under the waiver, at the choice of such individuals, to the provision of inpatient hospital, nursing facility services or services in an intermediate care facility for the mentally retarded." 42 U.S.C. §1396n(c)(2)(C).

When a recipient is determined to be likely to require the level of care provided in an ICF/MR, the recipient or his or her legal representative will be –

> "(1) Informed of any feasible alternatives available under the waiver, and (2) Given the choice of either institutional or home and community-based services." 42 C.F.R. §441.302

The State agency ***must*** furnish CMS with sufficient information to support the assurances required by §441.302, including its "plan for informing eligible recipients of the feasible alternatives . . . institutional services or home and community-based services." 42 C.F.R. §441.303(d).

VOR Recommendation

2. Illinois is strongly urged to arrange for an independent outcome study that considers the present well-being of former developmental center residents who have been transferred to the community, especially within the last 5 years. Before displacing current ICF/MR residents, this Illinois should consider any lessons learned from prior closings, as well as the impact on individuals who have more recently displaced from developmental centers due to downsizing. An outcome study, to focus on individual outcomes, such as mortality, access to health care and other necessary services, trends associated with 911 calls and emergency room utilization, staffing turnover and more, could be built into the required review of community capacity.

Likewise, federal law relating to Individual Habilitation Plans (IHPs) for residents of Medicaid Intermediate Care Facilities for Persons with Intellectual Disabilities (ICFs/MR) ***requires*** individualized plans.

Simply stated, Medicaid law requires that Illinois' ICF/MR (developmental center) residents be granted a choice between an ICF/MR and HCBS waiver alternatives.

4. Quality and Outcomes

Quality care is not a function of where one lives but of the involvement of relatives and guardians, the skills and commitment of the staff and proper oversight.

The cause of documented, compromised quality in community-based settings for people with intellectual and developmental disabilities is generally linked to the rapid expansion of community programs over the past decade; inadequate access to health care; the lack of adequate staff training and competency (attributed to low wages and qualifications); the lack of state and federal oversight; and the lack of adequate funding.

[11] For full decision: http://www.vor.net/images/ArkansasDecision.pdf

These concerns are widespread. In at least 30 states (including Illinois[12]) and the District of Columbia, reports of ***systemic*** abuse, neglect and death have appeared in newspapers, state audits, and scholarly journal articles (http://vor.net/images/AbuseandNeglect.pdf) Congress, the U.S. Surgeon General, the General Accountability Office and CMS have also cited serious concerns regarding compromised quality in community settings. For example, citing lack of access to necessary health care, the U.S. Surgeon General noted in 2002, "Compared with other populations, adults, adolescents, and children with mental retardation experience poorer health and more difficulty in finding, getting to, and paying for appropriate health care." Financial exploitation was the subject of a 1993 House Committee on Small Business, released by then-Chair Ron Wyden: "Increasingly, millions of Americans with these life-long handicaps are at risk from poor quality care, questionable and even criminal management practices by service providers, and lackluster monitoring by public health and welfare agencies."

VOR Recommendation

3. Expand, don't eliminate, service options available to state citizens with ID/DD. Thousands of people in Illinois are languishing without services. Some of these individuals would benefit from developmental center supports if provided that option. Given the state's budget crisis, the lack of community infrastructure, current needs, and the likelihood that costs will not be saved, Illinois is urged to embrace a forward-thinking solution that would allow admissions to developmental centers based on individual choice and need, while also making the specialized services at developmental centers available to non-residents. Offering outpatient care to non-residents is a proven model already in place in several states. These "Community Resource Centers" (CRC) have been shown to be a cost-effective way to provide not otherwise available professional services to community-based individuals. Because the CRC model relies on an existing infrastructure, it is cost-effective and helps keep individuals in

While similar problems do occur in ICFs/MR, state and federal scrutiny regarding ICF/MR care guards against long-term, systemic problems. CMS holds ICFs/MR to 378 specific standards ("Conditions of Participation") annually. In contrast, HCBS waiver programs are reviewed only every 3-5 years and are **not** subject to uniform quality assurance standards (***see*, Attachment B**). While there are good community programs, there are many others that fail to provide high quality care. The current system of oversight often fails to identify these "bad apples" until tragedy occurs.

5. An Ideal Balance: Admissions and Community Resource Centers

Across the country, individuals with intellectual and developmental disabilities who reside at home or in community-based services face long waits for needed services, such as health care, dental care, OT/PT, and even wheel chair adjustments. Illinois is no exception: thousands of individuals await services. Many of these people simply go without.

It doesn't have to be that way.

VOR recommends the expansion of specialty out-patient clinics (Community Resource Centers) situated at Illinois' existing Developmental Centers, while also allowing admissions to developmental centers for individuals who choose and require this level of care.

Presently, the State's Developmental Centers are an undervalued resource. Closed admissions have resulted in higher-than-necessary waiting lists and artificially higher costs. Developmental centers have extensive, onsite specialized, professional services that are not available in most Illinois communities **(*see* Attachment C).**

Allowing admissions ***and*** making the developmental center's specialized professional supports available to nonresidents, would have the effect of making the developmental centers more cost effective, while also ensuring successful community placements. Costly crises that occur when individuals don't have access to health care (e.g., 911 calls,

[12] As recently as May 2011, the *Associated Press* reported that more than 130 cases of abuse and neglect were investigated and confirmed in group homes for adults in 2010, a 33 percent increase compared to 2006, according to government documents obtained by *AP*. The reports of mistreatment and outright cruelty at the hands of low-wage workers with scant supervision, illustrate a mostly overlooked problem in Illinois.

emergency room visits, dental surgeries v. preventative care) could be avoided by allowing non-residents to access the center's professional services as out-patients.

Community Resource Centers are a proven model in several states.[13] Attached is a compelling letter from the Dr. Matt Holder, Director of a Community Resource Center in Kentucky, the Underwood and Lee Clinic. Situated at Kentucky's Hazelwood ICF/MR, the clinic opened its doors a decade ago and now serves more than 1,000 individuals with intellectual and developmental disabilities from throughout Kentucky. Demand is significant; major expansion is in process and when completed (2012), the clinic's capacity will quadruple **(*see*, Attachment D).**

State lawmakers are encouraged to speak directly with Dr. Holder. Another helpful resource is Dr. Mark Diorio, Director of the Northern Virginia Training Center, a state operated ICF/MR that has a long-standing, successful Community Resource Center on site.

III. Conclusion

Thank you for this opportunity to present our recommendations. Community expansion is desperately needed. Community expansion, however, must not take place on the backs of the fragile residents receiving life-sustaining supports in state developmental centers (Medicaid licensed ICFs/MR).

Rather than eliminating developmental centers and displacing people from their *homes*, consider the opportunities that the developmental centers offer to assist in delivering high quality care to more people at less cost.

Thank you for your thoughtful consideration and your compassionate leadership. Please support a full spectrum of services and supports, including State-Operated Developmental Centers, to meet the diverse needs of all Illinois citizens with intellectual and developmental disabilities. For more information, please contact VOR's Director of Government Affairs and Advocacy, Tamie Hopp at thopp@vor.net or 877-399-4867.

Sincerely,

Julie Huso
VOR Executive Director

[13] Examples of Community Resource Centers can be found in Virginia, Massachusetts, Kentucky, Washington State, Missouri, and Florida. In New Jersey, a component of the model - training – is in place at Hunterdon Developmental Center where students preparing for a career in healthcare (nursing, physicians and dentists) receive onsite training opportunities working with people with disabilities.

ATTACHMENT A

(For a copy of this 2003 study contact thopp@vor.net)

UPDATE

January, 2009

Cost Comparisons of Community and Institutional Residential Settings: Historical Review of Selected Research

Kevin K. Walsh, Theodore A. Kastner, and Regina Gentlesk Green
Mental Retardation, Volume 41, Number 2: 103-122, April 2003

In the 2003 article noted above a review of selected literature was undertaken to determine the validity of institutional vs. community cost comparisons. A number of methodological problems were identified in the literature reviewed that compromised much of the earlier research on the topic. Additionally, a number of considerations were outlined – *source of funds, cost shifting, cost variation, staffing,* and *case mix* – that need to be taken into account when such comparisons are undertaken.

The question has arisen whether the conclusion of this 2003 review, that large savings are not possible within the field of developmental disabilities by shifting from institutional to community settings, remains current.

For the reasons explained below, we find that the 2003 article continues to be valid in 2009 and beyond. That is, cost savings at the macro level are relatively minor when institutional settings are closed and, if there are any at all, they are likely due to staffing costs when comparing state and private caregivers.

As such, the study will continue to be useful in policy discussions in states.
Several factors point to why the study's conclusions remain valid in 2009:

Review Article. As a *review* article, the 2003 publication does not generate new *data*; that is, it reviews previous research. Because of this, the article is more resistant to becoming outdated. Those reading the article, however, would do well to keep in mind that the studies reviewed in the article employ cost figures that existed *at the time the original research articles were published.* Therefore, while the findings and conclusions drawn in Walsh, et al. (2003) will continue to be timely, the actual cost figures may need to be adjusted to current levels.

Stability of the Components. Because the service and support landscape remains, in large part, similar in 2009 to 2003 and before, the conclusions of Walsh, et al. are likely to hold. For the most part comparisons reviewed generally compared congregate ICF/MR settings and community-based residential settings (typically group homes) funded under the Medicaid HCBS waiver. Although many states have been moving toward personal budgets and fee-for-service models, group homes continue to be a primary community residential service setting. In this way also the conclusions of the 2003 article continue to be applicable.

Stability of the Issues. As noted, the 2003 article presented descriptions of various considerations that affect cost comparisons across states. Because the structural components of the issue have remained unchanged (e.g., institutional settings, group homes) and the funding models have remained largely intact (i.e., Medicaid ICF/MR and HCBS waivers), the various factors affecting them, for the most part, remain as presented in Walsh, et al.

That is, there remains a great deal of cost variation from institutional to community settings as described in the article; cost shifting, as described in Walsh, et al., is to some extent likely to be structurally fixed in most states owing to the nature of state governments. That is, when certain costs disappear, when individuals are transferred from ICF/MR settings, it is highly likely that these costs will reappear in other state budgets (such as Medicaid). In nearly all instances, this is almost unavoidable. In short, costs don't just disappear when individuals are moved.

Based on the forgoing, it appears that the conclusions drawn in the 2003 article continue to be valid.

Kevin K. Walsh, January 23, 2009

ATTACHMENT B

Home and Community Based Services Waivers: An overview

The Home and Community-Based Services (HCBS) waiver program was established in 1981 as part of Medicaid in the Social Security Act (1915(c)). Under the HCBS waiver program, states can elect to furnish a broad array of services (excluding room and board) that may or may not be otherwise be covered by Medicaid, including case management, homemaker, home health aide, personal care, adult day health care, habilitation, and respite services. States can request permission to offer additional services. The Centers for Medicare & Medicaid Services (CMS) must grant approval of all waiver applications. The intent of the waiver is to give states the flexibility to develop and implement alternatives to institutional care for eligible populations. Eligible populations include Medicaid-eligible elderly and disabled persons, physically disabled, persons with developmental disabilities or mental retardation, or mental illness. Individuals must be shown to be eligible for institutional services (such as an Intermediate Care Facility for Persons with Mental Retardation (ICFs/MR) to be eligible for HCBS. (Source: Duckett, M.J. & Guy, M.R., *HCBS Waiver*, Health Care Financing Review (Fall 2000). Vol. 22, Number 1, pp 123-125).

Quality Assurance: ICF/MR and HCBS Compared

ICF/MR	HCBS
To be federally certified, ICFs/MR must meet 8 conditions of participation: (CoPs): Management; Client Protections; Facility Staffing; Active Treatment; Client Behavior and Facility Practices; Health Care Services; Physical Environment; and Dietetic Services. The eight CoPs comprise 378 specific standards and elements. State surveyors conduct annual onsite reviews. CMS is currently conducting "look behind" surveys of every state and public ICFs/MR to "double check" the state surveyors' findings. Serious deficiencies must be corrected within 90 days; other deficiencies must be corrected within a year. Failure to correct deficiencies results in loss of certification and loss of Medicaid funding. The Department of Justice (DOJ) also has a role in overseeing public (not private) ICFs/MR. DOJ does not have jurisdiction over community programs.	Although there is no standard HCBS program, all are required to provide CMS with the following assurances, as a condition of waiver approval: health and welfare of waiver participants; plans of care responsive to waiver participant needs; only qualified waiver providers; State eligibility assessment includes need for institutionalization; State Medicaid Agency retains administrative authority; and the State provides financial accountability **(the waiver must cost less than the institutional program).** HCBS waivers are reviewed every 3-5 years. Earlier this year, CMS refined its method of quality oversight, initiated with the release of *The Protocol* in 2000. In January 2004, CMS made mandatory the use of the *Interim Procedural Guidance* as the method for federal waiver review. The *Guidance* requires CMS staff to solicit evidence from the states as to their quality management strategy and implementation, including evidence that the statutory and regulatory assurance have been met. CMS is also revising the voluntary waiver application template and the annual report form ("372 form") to gather additional information about how states assure and improve quality.

Note of caution: The "flexibility" catch-22

The cornerstone of the HCBS waiver – state flexibility – is also its catch 22 for participants. Every 3-5 years a state has the option to renew, not renew, or change the terms of its waiver program. HCBS services must be delivered pursuant to the development of a plan of care and based upon assessed individual needs. However, because the HCBS program is an optional benefit and states have the flexibility to determine the service package, number of persons to be served, target group, etc., a participant may find themselves cut from the program or with a different mix of services than in prior years. In Mississippi, for example, an approved waiver resulted in 48,000 people being cut from the waiver program. In nearly every state, Governors are considering changes to the Medicaid program.

There is no question that the HCBS waiver program has allowed thousands of individuals to be adequately served in community-based settings. The residents remaining in our nation's ICFs/MR, however, are the most fragile and most in need of consistent, high quality, services. When considering the waiver option, individuals, families and guardians are cautioned to weigh the benefits with the costs.

ATTACHMENT C
The services people receive in licensed
Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR)

For More Information

Background and Milestones – ICFs/MR →
http://www.cms.hhs.gov/CertificationandCompliance/Downloads/ICFMR_Background.pdf

ICFs/MR: → Meeting the Long Term Care Needs and Maximizing the Potential of Individuals with MR/DD:
http://www.ihca.com/consumer/ddcare.htm#Meeting

Characteristics of Residents of Large Facilities: →
http://rtc.umn.edu/docs/risp2008.pdf (pages 33-39)

ICFs/MR as Permanent Homes: →
http://vor.net/images/stories/ICFsMR_are_home.pdf

ICFs/MR: A sampling of the comprehensive services provided to residents

Medical	**Dental**	**Behavioral psychology**	**Clinical social work**	**Dermatology**
ENT	**Gastroenterology**	**Gynecology**	**Neurology**	**Nursing**
Nutrition	**Occupational therapy**	**Physical therapy**	**Orthopedics**	**Ophthalmology**
Pharmacology	**Psychiatric**	**Podiatry**	**Pulmonology**	**Lab work**
Speech/ language therapy	**Therapeutic recreation (e.g, swimming, equestrians, etc.)**	**Vocational assessment, training and opportunities (on and off campus)**	**Wheelchair clinics/Rehab engineering**	**Assistive technology/ communication augments/ switch activation**
audiology	**Respite Services**	**Habilitation**	**Staff and Student Training (classroom/on-the-job).**	**Residential, including dormitory, group homes, private rooms, cottages, apartments.**
Direct care for activities of daily living (eating, dressing, bathing/ hygiene, toileting, mobility, etc.)	**Sensory integration/ Stimulation Room**	**Pet therapy**	**Respiratory therapist**	**QMRPs**
Family Support and Advocacy Organizations	**Active Treatment Services**	**Transportation**	**Library**	**Nutritionist/ Dieticians**
Religious services/ chapel	**Human Rights Committee**	**Cafeteria, private kitchens, Canteens**	**Restaurants and stores open to public**	**Other services not noted here**

This comprehensive assortment of federally-certified professional therapeutic, dietary, health care, recreational, and residential services is required by the neediest, most fragile, and most disabled members of our society.

Group homes – even those homes that are certified by the Centers for Medicare and Medicaid Services (CMS) – do not provide the same level of programming, with the same assortment of onsite, specialized services, as ICFs/MR.

For many ICF/MR residents, the provision of professional support and health care is required for their very survival.

ATTACHMENT D

October 12, 2011

My name is Dr. Matthew Holder, I am writing in support of the Community Resource Center model, as recently proposed by VOR, a national advocacy organization for persons with intellectual and developmental disabilities. . I am the Chief Executive Officer of what is arguably the most successful patient care, teaching and research model of dental care designed for people with neurodevelopmental disorders (ND) in the United States, the Underwood and Lee Clinic in Louisville, Kentucky. I would like to share with you our experience in starting, maintaining, growing and transforming this clinic over the past decade.

The Community Resource Center Model is not a new concept. It has been around for over a decade. In 1999 our clinic founder, Dr. Henry Hood, first started working on the idea of building an outpatient clinic on the campus of the Hazelwood Intermediate Care Facility for Mental Retardation (ICF/MR) in Louisville. Originally, the concept was to have a medical and dental outpatient clinic focusing exclusively on adults with neurodevelopmental disorders and/or intellectual disabilities (ND/ID) living in the community. One of the benefits of the model was that existing ICF/MR infrastructure could be utilized, thereby reducing the cost of care provided.

As a concept in 1999, the Underwood and Lee clinic met some significant resistance. There was resistance from those in the state who felt that ICF/MR infrastructure was untouchable ground – that people in the community would be so repelled by the thought of setting foot on ICF/MR grounds, that the clinic would be destined to fail. There was resistance from those who had the incredibly misguided notion that community-based healthcare was adequate for this population and that a specialized clinic would only represent redundant care – after all, there were Medicare clinics and Federally Qualified Health Centers (FQHC) who were supposedly taking care of this population. There was resistance from those in the state who only examine finances. Their objection was that the cost of such care simply was not a sensible investment for the state. And of course, there was resistance from within state government itself, because what was being proposed was an unproven and untested concept.

After a lot of negotiating, what started off as a proposal for a medical/dental outpatient clinic (with a proposed operating budget of $2,000,000 per year) became whittled down to a dental clinic that started with only a $350,000 annual operating budget. The general consensus among the detractors of the project was that the Underwood and Lee clinic would be lucky to survive more than two years and that surely no more than 300 patients would ever come to the clinic.

I am happy to report that the detractors of the original project, from all areas, have been proven wrong. The Underwood and Lee Clinic now serves over 1,000 patients from 45 counties in the state. Despite the fact that some of our patients drive 4 to 5 hours each way to access care at our clinic, we have a 97.2% patient satisfaction rate (the other 2.8% only rated their opinion of our clinic as just "average" – none ranked it as "below average" or "poor").

The Underwood and Lee Clinic's research program established, early on, that it was not performing redundant care. Frequently, the clinic would see patients who had been unable to access adequate care for over 10 years. Some patients arrived at the clinic with more than a dozen painful dental abscesses in their mouths – a testament to their long-standing inability to find care at any other medical or dental facility in the state.

The teaching program at the clinic has positively affected the entire community of dental providers in the state. Since inception, nearly 500 dental students and dental hygiene students have rotated through the clinic, learning how to care for our special patient population.

Word of the success of the clinic has spread around the nation. The founders of the Underwood and Lee Clinic have been asked to consult with Senator Ted Kennedy, Senator Tom Harkin, the Surgeon General of the United States, the President's Committee on People with Intellectual Disabilities, HRSA, CMS, multiple governors and other government offices, to share their expertise in shaping this unique area of healthcare policy.

The soundness of the clinic as a fiscal investment has been recognized by both public and private insurance entities. In 2003, the clinic received an award from CMS for its innovative approach to patient care, and in 2007 the clinic received the Kentucky Area Health Underwriters award. This award has been historically reserved for the most innovative physicians: Dr. Jarvik for his work on the world's first artificial heart, Drs. Kutz and Kleinert for their work on the world's first hand transplant, and C. Everett Kopp for his work as Surgeon General are some of the previous recipients. 2007 marked the first year ever that this award was given to a dentist. That dentist was Dr. Henry Hood – for his ground breaking work at the Underwood and Lee Clinic.

The feedback from patients of the clinic has been so positive that in 2008, the state approved a $10 million appropriation to help expand the clinic. This is perhaps the most amazing part of the story of the Underwood and Lee Clinic. In these tough economic times, in a political environment of extraordinary budget shortfalls, massive budget cuts, and even a major political shift from a Republican administration to a Democratic administration, the Underwood and Lee Clinic prevailed as one of the few projects worthy of capital investment in the Commonwealth of Kentucky.

By 2012, the Underwood and Lee Clinic will open the doors of its new clinic. At that time, it will have the capacity to serve over 4000 people with ND/ID, in the fields of medicine, dentistry and psychiatry / behavioral care. It will have an annual operating budget of between $4 -$5 million.

To be sure, as with any new venture, there is no guarantee of success. Creating a successful Community Resource Center requires the proper vision, funding stream, personnel, knowledge base and management. Over the past 10 years, we have learned many of these lessons through trial and error. Should your state choose to invest its resources into a similar model of care, however, I can assure you through personal experience that with the proper attention to these factors, the CRC model can be successful in your as well.

If you would like to speak with us in more detail about our experience with the Underwood and Lee Clinic we would be happy to answer any questions. Please feel free to contact us at anytime.

Sincerely,

Matthew Holder, MD, MBA
CEO, Underwood and Lee Clinic
Executive Director, American Academy of Development Medicine and Dentistry
www.underwoodandlee.com
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February 5th, 2012

Jennifer L. Cook
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(708) 476-5667

Commission on Government Forecasting and Accountability
ATTN: Facility Closure
703 Stratton Building
Springfield, IL 62706

Re: Tinley Park Mental Health Center Planned Closure

Position: Opponent

According to a survey in 2010 of emergency department trends in the United States, patients in need of mental health services and the unavailability of the appropriate resources to treat them is an ongoing problem that perpetuates placing patients at risk. Due to the Emergency Medical Treatment and Labor Act, emergency departments must house these patients who lack options to go elsewhere leading to over-crowding, longer wait times for all patients, and delays in care. Having adequate resources for patients in need of mental health care promotes quality and cost containment. From a care management perspective, quality and cost containment point toward the bottom line moving closer to being in the black than in the red while giving the health care environment and its participants what is deserved out of necessity.

Tinley Park Mental Health Center has created the grounds for open discussion concerning social justice, politics, and finite resources. Considering the health care expenditures of our nation and state, this facility appears to be part of the solution of how to make budget cuts and reduce spending within the proposal of its closure. Although the proposal will undoubtedly free resources once spent on this facility, it does not address the component of patient care and concern for our society. In my efforts to figure out what happens next to the patients once the facility closes, I have come to the conclusion that there has not been the formulation or planning of alternative resources. Although the Active Community Care Transition plan is an initiative to shift mental health and disability care to the community-based setting, there has been nothing concrete about what that will actually mean. According to an article in the Trib Local of Tinley Park publicized on January 20th of 2012, statements from Ingalls Hospital and Advocate South Suburban Hospital conclude there has been no discussion since November 2011 what role they will play to help meet the increasing need for mental health services.

I want to emphasize that my opposition to our Governor's plan lies within the need to see evidence of substantial and comprehensive mental health services that can handle the responsibility of relocated patients and their complex needs. The reality is that such services need to occur sooner than later so the transition process is simplified for patients, providers, and the community when the closure actually occurs. Unless these needs are addressed and met, I strongly oppose the closure of the Tinley Park Mental Health Facility.

It is an absolute social injustice to take away established mental health resources from a population without replacing it with a fair alternative. As a Board Certified Mental Health Registered Nurse and Case Manager, I have great concern for the gaps in care the closure will create. I anticipate high risk for exacerbation of mental illness, overcrowding of emergency departments, and poor continuity of care in the community setting. Where's the quality and cost containment in this scenario?

I appreciate having an opportunity to address my concerns with the Commission on Government Forecasting and Accountability in the case of Tinley Park Mental Health Center. I have been a member

Statement to
The Commission on Government Forecasting and Accountability
Closure of Jacksonville Developmental Center
Tuesday, February 7, 2012
By Barbara M. Pritchard
On Behalf of the Community for All Coalition

→ Good Morning

→ Co-Founder of CFAC with Lester

→ In closing Jacksonville Developmental Center the most important issue to consider today is the residents and their transition to their new living situation.

→ People should be free to move to the community of their choice with services and supports designed specifically for each individual.

→ I believe the Governor's Rebalancing Active Community Care Transition plan does put the resident's choices and needs at the forefront by using a person-centered planning approach and developing community capacity.

→ I understand many consumers and families fear failure in moving to the community because the community may have failed them many times in the past.

→ To reduce this fear, two groups have made themselves available to work as mentors with family members and/or residents in the transition process.

→ Many of the mentors have gone through similar transitions and can help answer questions and ease concerns about moving out of JDC.

→ The consultants over seeing the ACCT plan have the expertise to enable residents to get the individualized supports they need and deserve.

→ I request COGFA members to vote for closure of JDC and support the Governor's Rebalancing Initiative.

→ We are at a pivotal point in Illinois and closing JDC will be the first step in ensuring that residents can lead safe lives filled with choice, liberty, and happiness.

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ILLINOIS HOUSE OF REPRESENTATIVES

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February 1, 2012

Dan Long, Executive Director
Commission on Government Forecasting and Accountability
703 Stratton Office Building
Springfield, IL 62706

Dear Executive Director Long:

It is my understanding there will be a COGFA meeting on Tuesday, February 7, 2012 regarding the proposed facility closures of Jacksonville Developmental Center and Tinley Park Mental Health Center.

While I feel this is a step in the right direction, it is not enough. I still feel it is vitally important to re-activate the hearing process by holding a public hearing in Jacksonville.

You may contact me at 217-370-7440. I look forward to your response.

Sincerely,

Jim Watson

Jim Watson
State Representative 97th District
Assistant Republican Leader

The Arc.
Illinois

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Suite 209
Frankfort, IL 60423
815/464-1832
FAX 815/464-5292

February 7, 2012

Senator Jeffrey M. Schoenberg, Co-Chair
Representative Patricia R. Bellock, Co-Chair
State of Illinois
Commission on Government Forecasting & Accountability
703 Stratton Office Building
Springfield, IL 62706

Dear Senator Schoenberg & Representative Bellock:

The Arc of Illinois continues to support the closure on the Jacksonville Developmental Center.

We believe that Governor Pat Quinn is showing unprecedented leadership by beginning the closure of dangerous and antiquated state institutions. The easy thing to do is keep state institutions open and pretend that people with disabilities and compromised mental health are getting quality treatment. Unfortunately, that is not the case. Only two states warehouse more people in public institutions and 14 states have closed all public institutions. There have been countless reports of neglect, abuse and injuries in these facilities. Don't just take my word for it. Listen to the thousands of people who have safely and happily transitioned from an institution to community living. It has changed their lives; it can be done, and we are here to help them through the process.

This historic change in public policy embraces freedom, independence and choice. Community living offers around the clock care and, unlike institutions, it allows people with disabilities a personalized care plan where they can live close to family and friends and be part of a community. This is about making sure people with disabilities enjoy the same freedoms and opportunities as everyone else. All people, regardless of disability, deserve the opportunity for a full life in their community where they can live, learn, work and play alongside each other through all stages of life.

About half of those currently living in a community setting came from an institution or nursing home. They are proud, happy and productive members of their communities and proof that it can be done.

The Governor is making all of the right moves with his Rebalancing Initiative. This is about providing opportunity for everyone to live life with independence, equality and freedom. Illinois is on its way.

Sincerely yours,

Tony Paulauski
Executive Director
The Arc of Illinois

The Arc of Illinois represents more than 220,000 people with disabilities and their families. The Arc is committed to empowering persons with disabilities to achieve full participation in community life through informed choices.

The Statewide Independent Living Council of Illinois

Testimony to Illinois Commission on Government Forecasting and Accountability
February 7, 2012

By: William L. Gorman, Executive Director W2A
Statewide Independent Living Council of Illinois

My name is William Gorman and I am the Executive Director of the Statewide Independent Living Council (SILC) of Illinois. At the COGFA hearing on October 24th of last year, I provided testimony on behalf of the SILC of Illinois in support of the closure of the Jacksonville Developmental Center. I am here today to express, with even more conviction, our support for the closure of this facility.

Since the hearing in October, the Division for Developmental Disabilities of DHS, along with the Governor's Office, has initiated a serious and comprehensive planning process to address concerns expressed by some parents, guardians, providers and elected officials to ensure a safe and smooth transition of individuals from Jacksonville to the community. We believe the Active Community Care Transition Plan with its person centered assessment and planning approach, family to family support, individual transition plans, increased rates of reimbursement to community providers along with formal follow up and monitoring, have more than adequately addressed the concerns raised at the last COGFA hearing.

It is time for Illinois to move forward. No more delay. Individuals with disabilities have been waiting too long to exercise their rights to live, work and play in the community just like all of us.

In regard to the closure of the Tinley Park Mental Health Center, the issues are more complex. Residential services for individuals with mental illness do not exist in the community to the extent they do for individuals with intellectual disabilities or other developmental disabilities. For this reason, SILC of Illinois cannot make a recommendation regarding the closure of the Tinley Park Mental Health Center. We encourage the legislature to work with the Executive branch to appropriate sufficient funding to develop these community alternatives so that the state may begin the downsizing and closure of our state Mental Health Centers. We are concerned that an adequate capacity does not currently exist to move forward with the closure of Tinley Park at this time.

Thank you.

Testimony of Sharon A. Lamp
Commission on Government
Forecasting and Accountability
February 7, 2012

Co-chairman Schoenberg, Co-chairman Bellock and members of the committee, I thank you for this opportunity to provide testimony on services for people with developmental disabilities in Illinois. My name is Sharon Lamp. I am here today as a self-advocate and as a person with a developmental disability.

I support adequate funding for transition services and community supports alongside the closure of state institutions for people with developmental disabilities. As a person with a disability who has been able to avoid institutional living due to the provision of adequate supports in the community, I would like to provide a personal account of the opportunities afforded me under these circumstances.

Living in the community has allowed me to live a full life and to experience that which Americans hold dearly which is our individual freedom, and namely, the freedom to make choices. Living in the community allows me to determine my daily schedule, to decide what I eat, what I purchase and how to best maintain my

health and quality of life. Living in the community, I have had the freedom to move about in public places, use public transportation, enjoy community and cultural events, further my education, socialize with friends and family, and practice the religion of my choosing.

Living in the community has allowed me to be a contributing member of society. It has allowed me to be employed and to pay taxes. It has allowed me to provide volunteer services, to participate in the care of aging family members, to babysit my nieces, and to adopt and care for a homeless pet. Community living has allowed me to be here today to contribute to this legislative process through my testimony.

Living in the community has also allowed me to participate in the effort to reduce government expenditures. The cost of my support services is about nine times less than the average cost of being warehoused in an institution in Illinois and a significant proportion of this cost is returned to the state through sales taxes and economic activity I generate as a consumer in the community.

I applaud efforts to return citizens with disabilities to the community and to restore our inherent freedom and dignity. The provision of adequate funding for transition services and community supports along with the closure of state institutions such as the Jacksonville Developmental Center is a step that Illinoisans can be proud of. It is an act that serves to remind us that a better world is indeed possible for all of us, including our brothers and sisters with developmental disabilities. Chairman's Schoenberg and Bellock, distinguished members of the committee, you can all be a part of this change. You can help to make Illinois a better place for people with developmental disabilities.

Testimony of Equip for Equality
Before the Commission on Government Forecasting and Accountability
Closure of the Jacksonville Developmental Center
February 7, 2012

As the organization designated to implement the federally mandated Protection and Advocacy (P&A) system for people with disabilities in Illinois, Equip for Equality is pleased to appear today to testify regarding the Governor's decision to close the Jacksonville Developmental Center (Jacksonville).

Equip for Equality strongly supports the decision to close Jacksonville as scheduled. For decades, Illinois has lagged seriously behind the rest of the nation in providing community-based services for people with developmental disabilities. Thirteen other states (Alabama, Arkansas, Hawaii, Indiana, Maine, Michigan, Minnesota, New Hampshire, New Mexico, Oregon, Rhode Island, Vermont and West Virginia) and the District of Columbia have closed *all* of their state-run institutions and are now successfully serving former residents in the community. In contrast, Illinois' approach to closures has been reactive to institutional conditions, or budget crises, rather than proactive to promote community integration. To date, Illinois has closed state-run institutions for people with developmental disabilities *only* when conditions became unsafe and unhealthy for the residents --and federal funding was threatened or discontinued-- as was the case with Lincoln and Howe Developmental Centers.

The decision to close Jacksonville constitutes Illinois' first announced intention to close a state operated developmental center as part of an affirmative plan to comply with the Americans with Disabilities Act of 1990 (ADA) and the U.S. Supreme Court's 1999 decision in *Olmstead*. As such, it provides the state with a prime opportunity --and responsibility-- to enhance and expand the services and supports that are required for people with developmental disabilities to live healthier, safer and more fulfilling lives in the community.

In addition to the fact that Jacksonville is an antiquated facility in need of extensive and costly repairs and renovation, the institutional model of care employed there is outmoded and does not give individuals with developmental disabilities the ability to make quality choices and exercise preferences that are consistent with their individual needs. The person-centered approach guiding the State's closure and transition plans will allow individuals residing at Jacksonville to receive services in the manner and setting that best suits their needs and desires.

Accordingly, Equip for Equality fully supports the closure of Jacksonville. We are committed to working with the State to ensure that the closure and transition process is carried out in a safe and orderly manner and that individual transitions to the community are successful.

In this latter regard, the State must fulfill its obligation under the Community Reinvestment Act (405 ILCS 30/4.4) to reinvest *all* savings from the closure of this institution into the services to be provided in the community.

Thank you very much.

DON MOSS & ASSOCIATES

ACCESS TO GOVERNMENT

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TESTIMONY TO COGFA

THE MYTHS AND REALITIES OF THE PLANNED CLOSURE OF THE JACKSONVILLE DEVELOPMENTAL CENTER

February 7, 2012

1. MYTH: Every Jacksonville Developmental Center (JDC) resident will be moved to a group home regardless of what they or their guardians want.

REALITY: The Rebalancing Initiative, also known as Active Community Care Transition or ACCT, is an opportunity for all residents living at JDC to receive all the supports they need to live successfully in the community. The resident's wishes and/or guardian's wishes will be the guiding principle for the residents move. If the choice is to move to another State Operated Developmental Center (SODC) that move will be coordinated through the traditional state process. Another individual living at that SOCD will be given an opportunity to move into the community.

2. MYTH: If a JDC resident doesn't want to move they can stay at JDC.

REALITY: Staying at JDC is not an option; that facility will be closed.

3. MYTH: Some residents just need too many supports to lie in the community.

REALITY: With the correct supports, anyone can live in the community. The State has agreed to support JDC residents to be successful in the community by utilizing an individual budget based on independent needs assessments and person centered plans. No one should go back to an SODC because of a lack of support

4. MYTH: All JDC residents will go to a four bed Community Integrated Living Arrangement (CILA).

REALITY: JDC residents may want a variety of residential options such as sharing an apartment with a friend or two, moving back home with supports for the family; moving in with a friend or a group home. However, if the choice is a CILA, that CILA will have a MAXIMUM of 4 beds.

5. MYTH: The State is moving ahead with closure of Jacksonville without a well thought out plan for the residents.

REALITY: A detailed plan does exist for moving individuals to alternative residential options in the community. We understand that it will be presented at the COGFA hearing today.

6. **MYTH:** All providers must participate in the Rebalancing Initiative (RI).

REALITY: The Rebalancing Initiative is completely voluntary. If Providers want to say they'll commit to working with the RI for just one client or two clients, that is fine.

7. **MYTH:** Providers that are participating in the Rebalancing must accept ALL clients -No Reject Policy.

REALITY: Actually it is a no EJECT policy. This simply means that if one commits to taking a JDC resident, he will not send them back to an SODC. If it is determined that more supports or different supports are needed to allow the individual to be successful in the community, then their individual budget will be reevaluated. Community Resource, Inc. (CRA) commitment is nobody ends up back in an SODC because of a lack of support.

8. **MYTH:** The Pre Admission Screening/Independent Service Coordination (PAS/ISC) agencies will be shut out of the Rebalancing Initiative process.

REALITY: PAS/ISSC agencies will be included as part of the evaluation and case coordination team.

9. **MYTH:** JDC residents will just be moved to another SODC thereby just increasing the population at other SODC's.

REALITY: IF an individual and/or their parent/guardian insist they be moved to another SODC they will follow the regular placement procedure. If they move to another state facility, another resident from that facility will be given the opportunity to move into the community.

10. **MYTH**: Every JDC resident will receive a budget of $7000 per month to cover their support needs.

REALITY: Every JDC resident will receive an individual budget (not a typical rate) which is determined by the assessments of their needs and the Person Specific Transition Plan. They may need more or less support dollars than $7000.

11. **MYTH:** It will take too long to get individual budgets approved by the Department of Human Services (DHS).

REALITY: The State has agreed to have budget approvals done in 72 hours.

12. **MYTH:** The budget for an individual is set regardless if future support needs increase or decrease.

REALITY: As individuals become more independent, possibly less services are needed or as an individual ages , possibly more services are needed. Individual budgets are meant to be flexible.

13. **MYTH**: Under the RI, JDC residents can fill existing openings in CILA's with 5 or more "beds" or in an Intermediate Care Facilities for Developmentally Disabled (ICFDD's).

REALITY: JDC residents may choose an existing CILA with more than four beds or an ICFDD, coordination of these types of moves will be done through the regular state process, not through the RI.

14. **MYTH:** The Rebalancing Initiative is going to make all CILA's four beds or less.

REALITY: Existing CILA's can remain as they are at this time.

15. **MYTH:** Providers should buy or lease homes in anticipation of receiving JDC residents.

REALITY: Providers should not have to worry about the bricks and mortar. CRA will help locate existing housing for the residents.

16. **MYTH:** Slow state payments will make it impossible for providers to participate in the Rebalancing Initiative.

REALITY: The Governors office has agreed that Providers who agree to be part of the RI will be on an expedited payment basis .

17. **MYTH**: If a provider participates in the Rebalancing Initiative ALL of their programs and services must adhere to the rebalancing requirements.

REALITY: Only the programs/services of the JDC resident are required to follow the RI requirements.

18. **MYTH:** The CRA group will have to balance their time between Jacksonville and Tinley Park Mental Health Center..

REALITY: The CRA group is under contract for Jacksonville only. They will be devoting all their time to the success of JDC closure.

19. **MYTH:** The rebalancing initiative will not save the state Medicaid monies because the residents still require support services regardless of their residential location.

REALITY: Millions will be saved in Medicaid expenditures due to the cost of maintaining large outmoded structures and the higher personnel costs.

20. **MYTH:** Providers don't understand all the new rules and procedures for the Rebalancing Initiative.

REALITY: There are some new procedures/processes. The CRA group is ready to meet with any providers to set up any training needs they have to be successful with the Rebalancing Initiative.

Don Moss
Executive Director
United Cerebral Palsy of Illinois

Vickie Kean
Assistant Executive Director
United Cerebral Palsy of Illinois

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February 7, 2012

IARF Statement to the Commission on Government Forecasting and Accountability:
Closure Announcement of Jacksonville Developmental Center and Tinley Park Mental Health Center

The Illinois Association of Rehabilitation Facilities (IARF) represents over 90 community-based providers serving children and adults with intellectual/developmental disabilities, mental illness, and/or substance use dependencies in over 900 locations throughout the state. For over 35 years, IARF has been a leading voice in support of public policy that promotes high quality community-based services in healthy communities throughout Illinois. Approximately 600 licensed and/or certified community-based providers provide services and supports to over 200,000 children and adults in the community system.

Previous Position on SODC and SOMHF Closure Announcements

On October 25th, IARF submitted position statements to this Commission opposing the Department of Human Services' closure plans for Jacksonville and Mabley Developmental Centers as well as for Chester, Singer, and Tinley Park Mental Health Centers. The Association's opposition was due to the aggressive closure timelines announced by the Department and our perception that the closure plans were driven by budgetary considerations absent sound policy development with stakeholders. Therefore, in addition to our position statement IARF offered a series of specific recommendations to this Commission that if met, would call for IARF to reconsider our position on future closure announcements by the Department. Those recommendations were developed in consultation with two workgroups established by our Board of Directors and were based on observations of state-facility closure processes in other states and identified needs existing in the current community-based system of care.

Revised Position on Closure Announcement of Jacksonville Developmental Center and Tinley Park Mental Health Center

Following the Governor's January 19th announcement of the intent to close Jacksonville Developmental Center and Tinley Park Mental Health Center, IARF began the process of reviewing available information regarding closure timelines and transition planning processes outlined in the Active Community Care Transition Plan (ACCT). Upon reviewing the information, IARF determined the Administration had made significant steps towards addressing the Association's concerns and the concerns of stakeholders expressed during this Commission's hearings last fall. While not all of the Association's recommendations are addressed with the ACCT Plan at this time, the Administration has made commitments to working with stakeholders such as IARF regarding identified concerns with the ACCT Plan and other potential concerns moving forward. Therefore, the Association submitted a statement in support of the Governor's closure announcements and the ACCT Plan.

Next Steps – Respect for Choice, Careful Planning, and Commitment to Adequate Resources

The Association's support of the Governor's announcement and the ACCT plan remains contingent on the commitments of the Administration to ensure:

- respect for the choice of individuals, family members and/or guardians on services and supports;
- transparent communications with stakeholders, which includes incorporating recommendations from stakeholders throughout;

- careful planning and clarity as to what will be expected of community providers; and
- adequate investment of state funding and timely payments to service providers.

The Association has proactively engaged in discussions with the Administration and DHS staff since the announcements to learn more specific details regarding the closures and the ACCT Plan as well as to determine how the Association can be helpful. IARF stands ready and willing to work with the Administration, members of the General Assembly, state contractors, and other stakeholder groups to continue to build a community-based system that is person centered. We are proud that IARF members have already engaged the Administration directly to provide advice and offer with proactive proposals to assist with transition plans.

In conclusion, members of this Commission should be clear in understanding that IARF and the members we represent will always strive to provide the services and supports individuals with intellectual and developmental disabilities, mental illness, and substance use dependencies want in order to assist them in living, working, and recreating in the community – this is what community providers do, it is why the system was created. However, we must rely on policies established by state government that determine which of these services and supports the state will fund in ways that make them sustainable.

Chicago Tribune

Breaking News, Since 1847

We believe that Governor Pat Quinn is showing unprecedented leadership by beginning the closure of dangerous and antiquated state institutions. The easy thing to do is keep state institutions open and pretend that people with disabilities and compromised mental health are getting quality treatment. Unfortunately, that is not the case. Only two states warehouse more people in public institutions and 14 states have closed all public institutions. There have been countless reports of neglect, abuse and injuries in these facilities. Don't just take my word for it. Listen to the thousands of people who have safely and happily transitioned from an institution to community living. It has changed their lives; it can be done, and we are here to help them through the process.

This historic change in public policy embraces freedom, independence and choice. Community living offers around the clock care and, unlike institutions, it allows people with disabilities a personalized care plan where they can live close to family and friends and be part of a community. This is about making sure people with disabilities enjoy the same freedoms and opportunities as everyone else. All people, regardless of disability, deserve the opportunity for a full life in their community where they can live, learn, work and play alongside each other through all stages of life.

About half of those currently living in a community setting came from an institution or nursing home. They are proud, happy and productive members of their communities and proof that it can be done.

The Governor is making all of the right moves with his Rebalancing Initiative. This is about providing opportunity for everyone to live life with independence, equality and freedom. Illinois is on its way.

Sincerely yours,

Tony Paulauski
Executive Director
The Arc of Illinois

The Arc of Illinois represents more than 220,000 people with disabilities and their families. The Arc is committed to empowering persons with disabilities to achieve full participation in community life through informed choices.

My name is Earnest Jones, president of the Friends of the Jacksonville Developmentally Disabled parent support group. I am asking that you delay any closure plans for JDC until we parents and guardians have had an opportunity to review the governor's plan. We were told we would be part of the transition plans for our loved ones. To this date, Feb. 7, 2012, we have not seen any plans or been invited to any transition meetings. Several parents have called me and said they were being pressured by a social worker to agree to place their loved one in a group home. This is not acceptable. Do the right thing and keep JDC open until a satisfactory plan is in place and we are a part of it.

Thank you.

From Charles J.D.C.

STATEMENT AT 2/7/[illegible] Capital

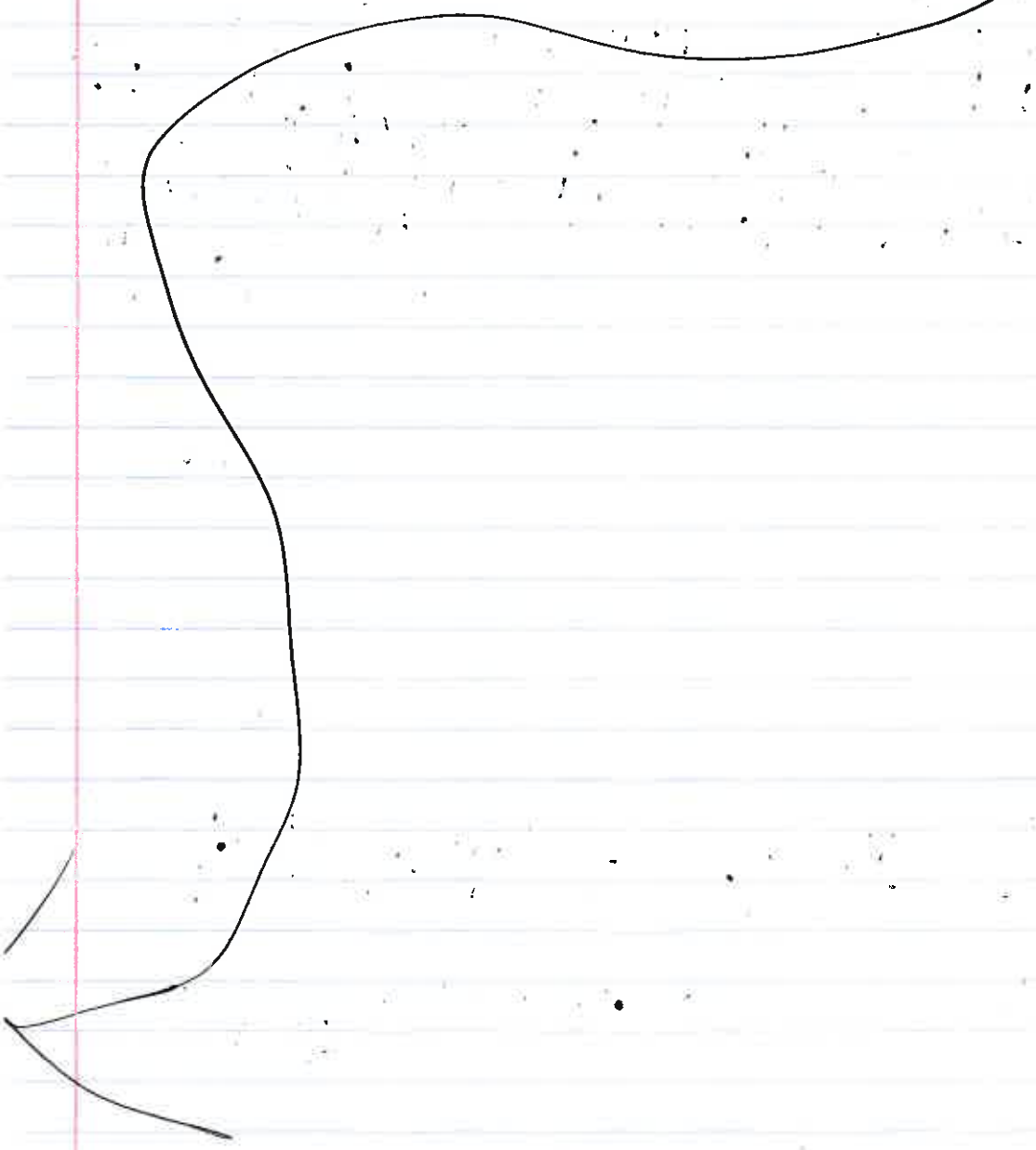
GOOD AFTERNOON LADIES AND GENTLEMEN
My name IS Charles Sarbaugh
I currently live AT J.D.C for AT
least [illegible] years IF you All ~~know~~ Don't
~~[illegible]~~ know now or Heard The Govener
Quinn IS TRYing To Shut our
STATE FACILITY DOWN Alot OF
Family Friend STATE Employees
Are upset Due To Losing ~~their~~ their
Their JOBS homes Now my Question
IS where Did The STATE Get
Money To work on Are Flood's
when That money Could Been
used For Things That Need
To Be use For 2 like Boiley
That Broke Down The Fire System
There A Need Fix which That
money could Had Been For
Now Also The Govener Said
Somthing when He shut IT Down He Was Giving
SCS [illegible] My Thing IS People who
own we Do AS AN Fellow American

Let Say ~~[illegible]~~ Yes Keep JDC OPEN

Thank you 4 your time

LOT

There IS A Couple Reasons
Why People DON'T want To go
OUT In The Community and do
And Some Arent Perfect The
Son or Daughter To Stay
So Please MAKE The Right
Decisions



Katy Miller

From: Michael Dillion
Sent: Tuesday, February 07, 2012 9:26 AM
To: Katy Miller
Subject: Fwd: letter

Begin forwarded message:

From: JANET VOTH <jkanderson_06@yahoo.com>
Date: February 7, 2012 9:24:47 AM CST
To: Michael Dillion <MDillion@afscme31.org>
Subject: letter

Letter below to be read, if possible. Thank you!
Janet Anderson

My name is Janet Anderson and I have a daughter, Ellie Voth, currently residing at Jacksonville Developmental Center.

Ellie was placed at Hope School in 1996 where she lost 90 lbs; had constant, multiple bruises and contusions; was inappropriately medicated resulting in two, 3-week hospitalizations. During the 7 months she resided at Hope School, maladaptive behaviors continued to escalate; she did not bond with co-residents or staff, she did not participate in group activities, suffered from continued incontinence, and major depressive episodes. She became increasingly resistant to return to Hope School following a family visit, to the point of literally kicking and screaming. It was total torture for her and those that love her and work with her. Thank God she had family available to work with her placements.

Upon discharge from Springfield Hospital, she was placed at Lincoln Developmental Center (1996) where she resided until its closure. Her transition included self-injurious and aggressive behavior, incontinence, tearing of clothes, heightened OCD behaviors and continued major depression. Ellie took several years to settle in and become a participating resident before being transferred.

In 2002, Ellie was transferred to Jacksonville Development Center where her adjustment once again was HELL! Ellie was without joy and purpose and dependent on the staff and structure of JDC to develop her minimal coping skills. She was once

again, a lifeless individual that would suffer the tortures of yet another "placement". The detrimental effects of this last move to JDC took another 2 years to resolve. Without the persistence and talents of JDC staff and administration my daughter would continue to suffer what no human being should suffer. Although past behaviors resurfaced, the staff identified her needs and adjusted living arrangements, her medications, her socialization and work placement needs in order to encourage her growth and personal development. Presently, she's very inter-active with staff and co-residents; her socialization has gone from general isolation to participating in group activities and field trips to Wal-Mart, Dairy Queen, Dollar General, State Fair, etc. She is employed in the community and is productive through close supervision of staff. Ellie's need for her individual bedroom setting has been accommodated; she's treated as an individual with human dignity by the staff while her needs are immediately identified and worked through.

To believe and/or attempt community placement, which has already proven to be debilitating, would not only be insensitive to her needs but a cruel and unjust solution not only to Ellie, but to a most vulnerable group of human beings with SPECIAL NEEDS. How many moves and community placements would each individual be subjected to? What is the criteria and duration for adjustment? Would she and the other residents be moved countless times when incontinence or anger outbursts proved too much for the "community setting"?

I beg you to reconsider not only for my daughter's sake but for all individuals who have found their home at Jacksonville Development Center. I would ask that you give me 2 hours of your time to introduce you to my daughter. To some, Jacksonville Developmental Center is just an institution for the mentally retarded. To Ellie, her families and the staff, it is their home, their security. After two days of being away from JDC, Ellie insists "on going home now". How do you explain there will be continued placements in the name of a better home? All the stats and research in the world cannot replace a face or a person for a dollar saved. Budgets cannot replace quality of life.

Thank you,

Janet Anderson, Ellie's Mom

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February 7, 2012 COGFA Hearing in Springfield

My name is Sharon Ostrowsky, RN. I am a nurse at Tinley Park Mental Heath Center and previously worked with the Illinois State Psychiatric Institute. I am opposed to the closure of Tinley Park Mental Health Center.

Tinley Park Mental Health Center handles large area of clients: Will, Grundy and Kankakee counties, the Southside and south suburbs of Chicago. The closest choice for these clients to be transferred to is McFarland in Springfield or Madden Mental Health Center or Chicago Read Mental Health Center in Chicago. This would create a hardship to enable visiting these clients regularly for many of these families.

Currently when Chicago Read Mental Health Center or Madden Mental Health Center beds are full Tinley Park Mental Health Center admits the overflow clients. With our low census number where would our clients go when our facility is closed? We currently have clients from Lutheran General ER from Des Plaines and our Lady Resurrection hospital on North End of Chicago.

There does not appear to be any real plans for community care in place for these clients if the closure takes place.

With assistance and treatment these clients are able to be productive taxpayers and voters. Without assistance some will end up homeless with the potential for drug usage and in jail for disruptive behavior in the community if untreated.

Private hospitals have made it clear they will not take our clients since the state is not able to reimburse them for treatment. Also the private hospitals are unwilling to work with our clients related to legalities of commitment procedures because of the added expenses.

Illinois Nurses Association again states our opposition to these closures. This action may seem to be in the best interest for the state, but it is not in the best interest for the vulnerable population of the patients we care for. Thank you.

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the death. One or the
us has to go."
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suspect because they too
the story line of the life in

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Bankhead were, report-
caine ... bourbon."
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as last words because they
hen dubious.
ntertainment impresario
um reportedly made his
with the question, "How
receipts today at Madi-
re Garden?" Nice story.

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s true of life as it is of
d movies. Endings al-
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and purpose, that vali-
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translate his final wows
many of us use the word
: Awesome. Thank you.
dding!

ch@tribune.com

hopefuls who, nearly two decades after suing the city for bias, have another shot at becoming firefighters.

About 6,000 African-Ameri-

spokesperson Larry Langford. Of those, 111 will be chosen to go through six months of emergency medical services and fire suppression training, and those who

Arizona for the testing, which is administered by Human Performance Systems Inc.

Michael Taqee, 50, of Hyde Park, has spent the past 25 years

"This is big," Tomlinson said. "So I'm going to be thinking about him."

rreese@tribune.com

Advocates plead case for mental health center

By Ashley Rueff
Tribune reporter

Wearing a T-shirt printed with a self-portrait of her daughter, Marianne Bithos asked a state panel at a public hearing Tuesday to stop a plan to close the Tinley Park Mental Health Center, which she said has dramatically improved her child's life.

Bithos, president of the National Alliance on Mental Illness for the South Suburbs of Chicago, told members of the Commission on Government Forecasting and Accountability that she first took her daughter to the facility in 2002. Her daughter began taking medication for schizoaffective disorder when she was released two weeks later, and today the 40-year-old Hazel Crest woman is a senior at St. Xavier University.

Bithos said she fears that closing the Tinley Park center, which Gov. Pat Quinn has decided to do, would take away the chance for other families to turn things around.

"My daughter's story is one of success through the treatment she received in her community," she said at the hearing, which was held in Orland Park. "Everyone deserves the same chance."

Bithos was among several hundred mental health advocates, elected officials, health care administrators and residents who weighed in during a hearing on the state's Department of Human Services plans to close the facility. Outside of testimony given by department officials, most speakers asked the commission to keep the facility open or establish an alternative mental health service center in the south suburbs.

SCOTT STRAZZANTE/TRIBUNE PHOTO

Lorrie Rickman Jones, right, the Illinois Department of Human Services' director of mental health, listens to a question during a hearing.

The proposal to close the facility is part of Quinn's plan to close seven state facilities — three mental health centers, two developmental centers, a prison and a juvenile detention center — and lay off more than 1,900 state workers because, he said, the General Assembly approved a budget with a $313 million shortfall. Closing the facilities would save about $54.8 million, according to the governor's office.

Quinn does not have to adhere to the recommendation given by the commission, but he has followed all eight of its advisory opinions since he took office.

DHS Secretary Michelle R.B. Saddler said the budget approved by the General Assembly to operate the Tinley Park center for the year is $10.7 million, about half of the amount appropriated the year before.

Saddler informed the commission that layoff notices would go out to 184 workers at the facility Wednesday, with the objective of closing it by early December.

Saddler noted that the center's operations take up eight of its 18 buildings, and that it is in need of serious repairs.

The facility has about 75 beds and served more than 1,900 patients in fiscal year 2011. But officials said that when they visited Tuesday, the facility was serving 38 people. Because of staffing shortages, the facility can only fill 51 beds at a time.

With the closing of the center, department officials said they are asking community-based agencies and private hospitals to help treat those with acute mental illnesses.

Lorrie Rickman Jones, the Department of Human Services' director of mental health, said there are sufficient private and community-based facilities to serve the displaced patients. Jones added that five hospitals in the area have told the department they have room for more patients.

But Joseph Moser, vice president of Ingalls Health System, said that last year the hospital sent about 275 patients to the Tinley Park Mental Health Center.

The hospital has its own behavioral health department, but it doesn't have enough room or funding to serve an increased number of patients, he said. "What do we do? The state is not coming up with any solutions. They're just saying: 'You guys figure it out on your own.'"

Opponents of the closing said they fear that without a plan, people who need mental health services will end up on the street or in the correctional system.

The bipartisan commission voted to reject the closings of four of the seven facilities last week and will vote on the other three during next week's legislative veto session in Springfield.

arueff@tribune.com

James Taylor For Congress

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February 6, 2012

When Gov. Pat Quinn announced recently his plans to close two state mental health institutions and move their patients into community-based care, what he did not mention was the fact that those "community-based Institutions" were actually little more than centers of profit for his campaign contributors.

The Governor apparently believed, wrongfully I may add, that his threats of closing other state facilities would silence and effectively handicap the AFSCME membership from taking him on over the proposed closing of the Tinley Park Mental Health Center.

What is of great concern to AFSCME and more importantly, the families of those receiving services at Tinley Park Mental Health Center and members of the greater Illinois communities is that the Quinn Administration's plan for closing Tinley Park Mental Health Center is the lack of appropriate treatment plans for those patients now served by Tinley Park Mental Health Center.

"Irresponsible" is how I describe the Quinn plan to close Tinley Park Mental Health Center and I join Congressman Jesse Jackson Jr. and Illinois Majority House Leader Marlow Colvin and others in speaking out against it.

My overall reasons for opposing the closing of the Tinley Park Mental Health Center are:

1. There is a documented shortage of in-patient treatment beds available in Will, Grundy, Kankakee and Cook Counties.

2. Private hospitals have made it clear that they are unwilling to treat the patients who would no longer receive treatment services from Tinley Park Mental Health Center. They point to the fact that most if not all such patients would be unfunded, difficult to treat due to serious mental illness.

3. Private hospitals have made it clear that due to the fact that the State of Illinois is seriously delinquent (more than a year in most cases) in making payments to venders and service suppliers that they can not afford to provide increased services for the mentally ill.

4. Although The State of Illinois, under the Quinn Administration has plans on spending $9.8 million to shift the responsibilities of patient care away from the Tinley Park Mental Health Center, to community-based programs, it has failed to consider the impact of releasing several thousand potentially dangerous individuals into Illinois neighborhoods without sufficient supervision and support services.

5. The Quinn Administration has failed to inform the residents of Illinois that should the Tinley Park Mental Health Center be closed there will no other state mental health facility available to residents of the Tinley Park Mental Health Center service area between the North Side of Chicago and the McFarland Mental Health Center in Springfield.

James Taylor Sr.

Testimony of Equip for Equality
Before the Commission on Government Forecasting and Accountability
Closure of the Tinley Park Mental Health Center
February 7, 2012

Equip for Equality, the independent, not-for-profit organization designated by the Governor in 1985 to administer the federally mandated Protection and Advocacy system for people with disabilities in Illinois, submits this testimony regarding the closure of the Tinley Park Mental Health Center (Tinley). Equip for Equality's mission is to advance the civil and human rights of people with disabilities and is accomplished through self-advocacy training and technical assistance, legal services, public policy initiatives, and investigations of abuse and neglect in all settings that serve people with disabilities.

Equip for Equality continues to have concerns regarding the current plan for the closure of Tinley. We strongly believe that individuals with mental illness are most often best served in community settings and we have long advocated for the State to strengthen and adequately fund the community mental health system so that quality mental health treatment and services are readily available and easily accessed. However, the reality is that community mental health services in Illinois have been underfunded for decades. Moreover, acute care in private hospitals is not available for many of the poor who are mentally ill. Without alternative care, the closure of Tinley, an acute care facility, will reduce the availability of services for individuals with mental illness in crisis.

To be successful, the closure of Tinley must be effectuated in accordance with a comprehensive, well thought-out plan that: 1) provides a corresponding funding increase and expansion of capacity in the community and 2) ensures that acute care services are readily available and easily accessed by individuals now served by Tinley. Without such a plan, greater numbers of people with mental illness will likely be diverted to the criminal justice system, becoming homeless, or even dying --particularly those who are uninsured and not Medicaid eligible.

While the state has engaged and received input from advocates regarding the process for the closure of Jacksonville Developmental Center, it has not done so regarding the closure of Tinley. To be effective and meaningful, it is critical that the plan to close Tinley includes input from advocates and consumers --and Equip for Equality stands ready to assist the State in this effort.

It is also critical that the State fulfill its obligation under the Community Reinvestment Act (405 ILCS 30/4.4) to reinvest *all* savings from the closure of this facility into the community mental health system.

From: nancy jones (lynnan3339@sbcglobal.net)
To: bithos@att.net;
Date: Sat, February 4, 2012 5:31:29 PM
Cc:
Subject: The Mental Health System In Illinois Failed Our Son

To Whom This May Concern,
Over 2 1/2 years now we brought our 40 yr old son here to Illinois to get medical care for his scizo/affective disorder. I can now say, with some 4 inches of paperwork and a sence of failure for not getting him the needed treatment , knowing the system has failed us both.
Having no insurance, while waiting the two years to be accepted for SSI and Medicaid, his mental condition slowly deterioated. Our state of illinois, drastically cut funding for mental health care, gutting our county behavior Health programs.
He became more delusional and psychotic. Lindon Oaks out pt evaluation advised and assisted us in getting an involuntary commitment where he was taken by ambulance to Rush Copley, then Tinley Park Hospital. I received a call immediately from Tinley that he was there and he received very good care by caring profeshional employees.
The only problem was he needed a longer stay to recover and guidelines dictated he be released to soon. He was still very resistant to taking meds and even accepting the fact he was suffering from a serious mental illness. From the stay there he was referred to Will County Behavior Health for his meds. There was no teem approach to his care, such as a case manager, housing , etc, since he hadn't received Medicaid.
He became very psychotic at times. I tried to go through mental health court and was told he wasn't dangerous enough yet. No one would help us get him further help. Even when I called our Shorewood Police at 2 AM. We were told, he hadn't committed a crime and did nothing.
He wasn't taking his meds and again we signed a forced commitment. This time he was taken to Silver Cross Psyc unit. I said he couldn't come back to our home until he was in control of himself. They immediately told him of his rights to refuse treatment and he was released way to soon and taken to a homeless shelter, that did nothing for him to help him with employment or housing. He was wandering the streets. He was so delusional and made the decision to go to California and that's where he is now, very ill. All we can do now is say he is in Gods hands now, for no one in our state of Illinois helped him or us. I wait for a tragedy to occure now because of the whole system that doesn't work.

Sincerely,
Mrs. Nancy Jones
1019 country Dr
Shorewood Il 60404
815 729-2948

Access Living Testimony to COGFA on Jacksonville Developmental Center and Tinley Park Mental Health Center

February 7, 2012

My name is Amber Smock and I am the Director of Advocacy at Access Living, the Center for Independent Living for Metropolitan Chicago. In addition to providing independent living and community integration services, Access Living is also nationally known as a disability rights advocacy organization. For many years we have fought against the use of Medicaid dollars to essentially incarcerate people with disabilities in institutions. The *Olmstead* Supreme Court decision of 1999 essentially stated that no person with a disability may be kept in a government-funded institution if that is not their least restrictive environment. The basis for this decision lies in Title II of the Americans with Disabilities Act of 1990.

Since 1847, Illinois has institutionalized all kinds of people with disabilities in buildings located at what is now Jacksonville Developmental Center (JDC). From a pure civil rights standpoint, JDC should have closed long ago. However, we are fortunate that at this time, the DHS Division of Developmental Disabilities has created an excellent transition plan for residents that follows a careful timeline. We believe that now is the time to close JDC. Several COGFA members expressed concern that the transition plan as it stood last fall was too sketchy---now, we believe that plan has been developed to the point where there is no excuse to keep JDC open. Access Living strongly believes that the most important people in the transition process are the residents of JDC themselves and we know that community allies like the Arc stand ready to aid them and their families in the transition.

I remember last fall at the COGFA hearing on JDC when advocate Tyler McHaley challenged the Jacksonville community on its insistence that JDC was not "one of those places." I remember well that he pointed out that a community cannot be about inclusion when there is an institution in its backyard. It is time for Illinois to get real about inclusion and remove itself from its segregationist veil.

In regards to Tinley Park Mental Health Center (TPMHC): in contrast to JDC which is a long term care setting, TPMHC is an acute care setting that serves low income people with psychiatric disabilities/mental illness who would otherwise have to locate services at a great distance from their area, which could be extremely detrimental to their health and their support systems. Our position is that the Division of Mental Health should have community-based programs and supports in the Tinley Park area that serve low income people in need of acute psychiatric crises support. Unless DMH can viably provide these supports, TPMHC should not close. Furthermore, the state should ensure that mental health community supports are as carefully thought through and funded as the JDC transition processes are. DHS has offered to share with us their plans for closing TPMHC and we look forward to seeing those plans.

Amber Smock, asmock@accessliving.org, 312 640 2191

Community Behavioral Healthcare Association of Illinois

Community Behavioral Healthcare Association

Frank Anselmo, MPA
Chief Executive Officer
3085 Stevenson Drive, 3rd Floor
Springfield, Illinois 62703
Phone: 217/585-1600
Fax: 217/585-1601
www.cbha.net

February 7, 2012

Commission on Government Forecasting and Accountability
Senator M. Schoenberg Co-Chair
Representative Patricia R. Bellock Co-Chair
Honorable Members of COGFA

Regarding: Tinley Park Proposed Closing

CBHA would like to thank the committee for this opportunity to secure input regarding Governor Quinn's announced closing of Tinley SoH.

Cognizant of the comments and testimony CGFA has received in the fall of 2011, Michael Gelder's November 1, 2011 testimony, the committee's fall actions; and in preparation for today's hearing testimony the information and comments posted on the commissions website - CBHA offers the following comments regarding the proposed closing of Tinley Park state operated mental health facility.

I. **A plan and budget while not currently available is needed.** A plan for the closing, restructuring and safe transition of individuals in the affected region must be supported by a commitment of state financial resources for the development and implementation of local support care, treatment and services - from crisis, transportation, civil commitment through and including recovery community care, treatment, and services.

II. **In order to meet statutory requirements and alternative planning and service delivery objectives** the Department of Human Services and General Assembly should prioritize the local development of the array of services inclusive of community support systems to those currently offered at Tinley.

III. **In addition to the State Facilities Closure Act compliance with state responsibilities and executive branch roles, responsibilities and requirements should be ensured** for those found in Public Acts: 80-1414, 88-380, 89-507, 93-770, 94-498, 95-682, 96-652, 96-1399, 96-1472, 97-528; as specified in state Acts and Codes including but not limited to: (405 ILCS 30/) Community Services Act.; (405 ILCS 35/) Community Support Systems Act.; (405 ILCS 5/) Mental Health and Developmental Disabilities Code.
   a. Emergency admissions by petition
   b. Court ordered admissions
   c. Transportation

CBHA believes Governor Quinn's announced closing of Tinley state operated mental health facility **should be accompanied by a benchmarked plan** that:

1. Ensures the safety and receipt of care, treatment and services for individuals in need of that care, treatment or service.

2. Includes support that improves client outcomes within limited resources by articulating the next steps in efficiencies needed from redundant state regulations and the delivery system to efficiently and effectively integrate and coordinate care treatment and services.

3. Ensures alternative plan development that includes the informed expertise that exists among local legislators, officials, community providers and stakeholders.

4. Provides an opportunity to
    a. address systemic barriers
    b. ensure renewed efforts focus on services care and treatment of extended and/or repeat users of inpatient and other intensive mental and behavioral health care, treatment and services.

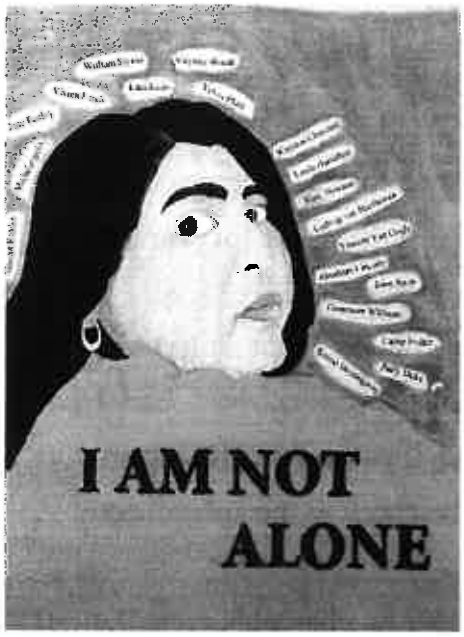
5. Enunciates a plan to meet the state responsibility for Civil Confinement.

6. Comply with state responsibilities and requirements found in Public Acts: 80-1414, 88-380, 89-507, 93-770, 94-498, 95-682, 96-652, 96-1399, 96-1472, 97-528; as specified in state Acts and Codes including but not limited to:(405 ILCS 30/) Community Services, (405 ILCS 35/) Community Support Systems Act. And (405 ILCS 5/) Mental Health and Developmental Disabilities Code for among other responsibilities:
    - Emergency admissions by petition,
    - Court ordered admissions,
    - Transportation.

Existing expertise and lessons learned.
On January 27, 2011 CBHA met with community behavioral health care providers from the Tinley Park "service area". These providers expressed concerns that deadlines and projected GRF savings have been proposed prior to the release of a plan.

During a meeting hosted by DHS Friday February 3, 2012 my office offered to meet with Mark Doyle Project Manager and Dr. Lorrie Jones DMH concerning the development of a plan and to share the "lessons learned" from the closings of Meyer, Zeller SoH's, as well as the several nursing home facilities closed in 2011.

Please note:
CBHA's October 31, 2011 testimony to the Commission is on file.



art

Thresholds
Bright Futures for People with Mental Illness

ravenswood artwalk 2010

Thresholds assists and inspires people with severe mental illnesses to reclaim their lives by providing the supports, skills, and the respectful encouragement that they need to achieve hopeful and successful futures.

We strive to be the provider of choice, employer of choice, and a world leader in the development and evaluation of rehabilitation and recovery services.

For more than 50 years, Thresholds has been there to help people with mental illness get their lives back in every way possible. A good home, an education, friends and family, and a meaningful job are just some of the possibilities our members have thanks to community-based recovery services.

We celebrate the art of recovery this year, and I am so pleased that you could join us for the Ravenswood ArtWalk. The men and women represented here are people who believe that art and recovery go hand-in-hand. I have had the pleasure of getting to know so many of these artists, even visiting them in their homes to photograph their art work.

Thank you for coming today to be a part of such a special exhibition of talented artists. I also encourage you to visit many of the other artists along Ravenswood, one of Chicago's great art haven neighborhoods.

Should you wish to purchase artwork or make a tax-deductible donation to Thresholds (that will directly benefit our arts programs), please see a staff member or volunteer. We're so glad you could join us.

- Tony Zipple, CEO

Thresholds
4101 N. Ravenswood Ave.
Chicago, IL 60613
(773) 572-5500
www.thresholds.org

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/12

SUBJECT MATTER: JDC/TPMHC closure - COGFA

IDENTIFICATION:

Name: Amber Smock

Title: Director of Advocacy

Firm / Business or Agency: Accessliving

Address: 115 W. Chicago Ave City: Chicago State: IL Zip: 60654

Email: asmock@accessliving.org

POSITION: [X] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [X] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER: Closure of Jacksonville AC

IDENTIFICATION:

Name: Cheryl Jansen

Title: Legislative Director

Firm / Business or Agency: Equip for Equality

Address: 1 West old State Capitol City: Spfld State: IL Zip: 62701

Email: cheryljz@equipforequality.org

POSITION: [X] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [X] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE

SUBJECT MATTER: Jacksonville Developmental Center

IDENTIFICATION:

Name: Tony Paulauski

Title: Executive Director

Firm / Business or Agency: The Arc of Illinois

Address: 20901 LaGrange Rd. City: Frankfort State: IL Zip: 60423-1

Email: tony@TheArcofIL.org

POSITION: ☐ Proponent ☐ Opponent ☐ No Position

TESTIMONY: ☑ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

Filed – Support Governor's Rebalancing Initiative

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/12

SUBJECT MATTER: JDC

IDENTIFICATION:

Name: DON MOSS

Title: EXECUTIVE DIRECTOR

Firm / Business or Agency: UNITED CEREBRAL PALSY OF ILL

Address: 310 E. ADAMS City: SPLD State: Zip:

Email: DMOSSUC@SBCGLOBAL.NET

POSITION: [X] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [X] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER: JDC Closure

IDENTIFICATION:

Name: Barbara Peitchard

Title: Advocate

Firm / Business or Agency: Community For All Coalition

Address: 1907 Autumn Ridge Dr City: Urbana State: IL Zip: 61802

Email: bmpritchard@comcast.net

POSITION: [X] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [X] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

We Support the Governor's Plan for ACCT.

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 02-07-11

SUBJECT MATTER: Tinley Park closure

IDENTIFICATION:

Name: AJ French

Title: Executive Director

Firm / Business or Agency: Sacred Creations

Address: 129 Stelss Rd, Suite B City: Glen Carbon State: IL Zip: 62034

Email: sacred.creations@thebridge.to

POSITION: [x] Proponent [ ] Opponent [ ] No Position

TESTIMONY: [ ] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE

SUBJECT MATTER: IDC CHOSEN

IDENTIFICATION:

Name: PAT CROSS

Title:

Firm / Business or Agency:

Address: City: State: Zip:

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

HOW MANY COMMISSION MEMBERS HAVE EVER GONE THROUGH IDC OR A SIMILAR FACILITY — HOW CAN YOU JUDGE ??

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/2012

SUBJECT MATTER: Save IDC

IDENTIFICATION:

Name: mr. Steven Christopher Boeing

Title: IDC Stakes Person

Firm / Business or Agency: IDC

Address: 1201 S. Main City: Jacksonville State: IL Zip: 62650

Email:

POSITION: ☐ Proponent ☑ Opponent ☑ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

My name is Steven Boeing

I lived J

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/17/12

SUBJECT MATTER: JDC.

IDENTIFICATION:

Name: Charles Anthony Deerbaugh

Title: JDC Spokesperson

Firm / Business or Agency: JDC

Address: 1201 South main City: Jacksonville State: IL Zip: 62650

Email: NA

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/12

SUBJECT MATTER: Jacksonville

IDENTIFICATION:

Name: Rita Burke

Title: President

Firm / Business or Agency: IL-AARP

Address: 278 Poplar Creek Rd City: Makanda State: IL Zip: 62958

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/12

SUBJECT MATTER: JDC / Tinley Park Closure

IDENTIFICATION:

Name: Anne Irving

Title: Policy Director

Firm / Business or Agency: AFSCME Council 31

Address: 205 N. Michigan Ave City: Chicago State: IL Zip: 60601

Email: airving@afscme

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-2012

SUBJECT MATTER: Jacksonville D.C.

IDENTIFICATION:

Name: Donald J. Pannier

Title: Guardian of Son

Firm / Business or Agency:

Address: 1664 County Rd 1950 N City: Washburn State: IL Zip: 61570

Email: drpannier@gmail.com

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER: Closure of JDC - Daughter Kathy

IDENTIFICATION:

Name: Sharon Pfeiffer

Title: Guardian

Firm / Business or Agency:

Address: 3768 Camp Cilca City: Cantrall State: IL Zip: 62625

Email: Countrybreezin@aol.com

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER: JDC Closure

IDENTIFICATION:

Name: Joanne Dorn

Title: Guardian of relative @ JDC

Firm / Business or Agency:

Address: 1589 Sugar Hill Ln City: Congerville State: IL Zip: 61729

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER: JOC CLOSURE

IDENTIFICATION:

Name: EARNEST JONES

Title: PRESIDENT

Firm / Business or Agency: FRIENDS OF JACKSONVILLE DEV. DISABLED

Address: 1318 N. STEPHENS City: SPRINGFIELD State: IL Zip: 62702

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☒ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE Feb 7, 12

SUBJECT MATTER: Jacksonville Center

IDENTIFICATION:

Name: Jagat S. Bhargava

Title: Vice Pres. of Jacksonville

Firm / Business or Agency:

Address: 3705 W. Iles Ave City: Springfield State: IL Zip: 62711

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER: JDC closure

IDENTIFICATION:

Name: Kenova Hicks

Title: Family Member

Firm / Business or Agency:

Address: 27 Beech Dr. City: Clinton State: IL Zip: 61727

Email:

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☑ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2 -

SUBJECT MATTER: Jacksonville Clearing

IDENTIFICATION:

Name: June Dewerff

Title: Guardian of S.D.C. resident - Todd Grimes

Firm / Business or Agency:

Address: ~~Jacksonville~~ 18345 E 2244 City: Pittsfield State: IL Zip: 62075

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE _____

SUBJECT MATTER: Phase of IDC

IDENTIFICATION:

Name: Tom Wheet

Title: _____

Firm / Business or Agency: IDC

Address: 1201 S Main City: Jacksonville State: IL Zip: 62650

Email: _____

POSITION: ☐ Proponent ☑ Opponent ☒ No Position

TESTIMONY: ☒ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 02/07/12

SUBJECT MATTER: Save JDC

IDENTIFICATION:

Name: Kenneth Lord

Title: Resident

Firm / Business or Agency: _____

Address: _____ City: Jacksonville State: _____ Zip: _____

Email: _____

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☑ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 3/7/12

SUBJECT MATTER: JDD - Tinley Park opposure of closure

IDENTIFICATION:

Name: Robin Best

Title: Staff Specialist

Firm / Business or Agency: Illinois Nurses Association

Address: 911 S. 2nd City: Springfield State: IL Zip:

Email: rbest@illinoisnurses.com

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☒ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/11

SUBJECT MATTER: Facility Closures

IDENTIFICATION:

Name: LORA THOMAS

Title: Executive Director

Firm / Business or Agency: NAMI Illinois

Address: 218 W. Lawrence City: Springfield State: IL Zip: 62704

Email: thomas.lora@sbcglobal.net

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☒ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

Formal statement on file —
No closure on Tinley Park w/out a plan.
Funding (community reinvestment) or stakeholder input every step of the way

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER: Tinley Park Mental Health Center Closure

IDENTIFICATION:

Name: Michelle Hubbard

Title: Social Worker

Firm / Business or Agency: Tinley Park Mental Health Center

Address: 7400 W. 183rd Street City: Tinley Park State: Illinois Zip: 60477

Email: abenamichelle9@yahoo.com

POSITION: [S] Proponent [X] Opponent [ ] No Position

TESTIMONY: [✓] Oral [ ] Written Statement Filed [ ] Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/11

SUBJECT MATTER: Tinley Park

IDENTIFICATION:

Name: Kyle Lawrence

Title:

Firm / Business or Agency: Mental Health America - Illinois

Address: 70 E. Lake City: Chicago State: IL Zip: 60611

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

Unless money is reinvested in Mental Health Services.

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/12

SUBJECT MATTER: TINLEY PK CLOSING

IDENTIFICATION:

Name: FRANK ANSELMO

Title: CBIA

Firm / Business or Agency:

Address: City: State: Zip:

Email:

POSITION: ☐ Proponent ☒ Opponent ☐ No Position — WE NEED A PLAN

TESTIMONY: ☐ Oral * ☒ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

* AT THE PLEASURE OF THE CHAIRS

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/7/12

SUBJECT MATTER: Tinley Park MHC

IDENTIFICATION:

Name: Mark Hoyrman / Kyle Lawrence

Title: Facilitator

Firm / Business or Agency: Mental Health Summit

Address: 6020 S University City: Chicago State: IL Zip: 60637

Email:

POSITION: ☐ Proponent ☒ Opposent ☐ No Position

TESTIMONY: ☐ Oral ☒ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

Unless state creates plan to invest savings in mental health services

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2/16/12

SUBJECT MATTER: Tinley Park Closure

IDENTIFICATION:

Name: Sharon Ostrowsky

Title: RN

Firm / Business or Agency: TPMHC

Address: 7400 W 183RD City: Tinley Park State: IL Zip:

Email: Sharon.OSTROWSKY@Yahoo.com

POSITION: ☐ Proponent ☒ Opponent ☐ No Position

TESTIMONY: ☒ Oral ☒ Written Statement Filed ☐ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE _____

SUBJECT MATTER: _____

IDENTIFICATION:

Name: Jennifer Cozart

Title: _____

Firm / Business or Agency: _____

Address: 28456 N. Co Hwy 16 City: Fairview State: IL Zip: 61432

Email: braves_rock01@yahoo.com

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER:

IDENTIFICATION:

Name: KATHY STUCKY

Title: Guardian for Michael Bucks

Firm / Business or Agency:

Address: 28794 N. COYOTE RUN RD City: ELLISVILLE State: IL Zip: 61431

Email: KSCards2003@yahoo.com

POSITION: ☐ Proponent ☑ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2-7-12

SUBJECT MATTER:

IDENTIFICATION:

Name: JACKIE HAAS

Title: President, CEO

Firm / Business or Agency: The Helen Wheeler Center for Community Mental Health

Address: 275 E Court St., Suite 102 City: Kankakee State: IL Zip: 60901

Email: hwcjackie@ameritech.net

POSITION: ☐ Proponent ☐ Opponent ☐ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

WRITTEN COMMENTS:

ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Jeffrey M. Schoenberg - Co-Chair Representative Patricia R. Bellock

RECORD OF COMMISSION WITNESS

DATE 2.7.12

SUBJECT MATTER: COGFA - Jack / Tinley Closing

IDENTIFICATION:

Name: Tim Sheehan

Title: Exec. Director Behavioral Health - Lutheran Soc. Serv. of Il

Firm / Business or Agency: LSSI

Address: 1001 E Touhy Ave City: Des Plaines State: IL Zip: 60018

Email: Timothy.Sheehan@lssi.org

POSITION: ☐ Proponent ☐ Opponent ☒ No Position

TESTIMONY: ☐ Oral ☐ Written Statement Filed ☒ Record of Appearance Only

WRITTEN COMMENTS: