

*Committee to Protect the Residents of the
Jacksonville Developmental Center*

RECEIVED

OCT 09 2012

P.O. Box 340
Jacksonville, IL 62651

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Illinois Health Facilities & Services Board

Oct. 9, 2012

Dear Members of the Board:

Please find enclosed the following which demonstrate the misleading information that has consistently been distributed by the Department of Human Services regarding the Jacksonville Developmental Center (JDC).

(1) "Shame on you Governor Quinn for creating a chaotic & potentially dangerous situation at the Jacksonville Developmental Center"

This 3 page summary is supported by the other documents submitted.

(2) May 29, 2012, e-mail from Virginia Bruhn, ACCT - CRA, to Kevin Casey and others titled "Individuals to move from JDC by May 31 2012"

(3) "News reports don't reflect true chaos in JDC shuffling"

(4) January 30, 2012, DHS letter "RE: JDC Medical Staff Emergency"

(5) September 20, 2012, Breeze Courier article "Murray Coalition aims at keeping united front" quoting Greg Shaver as saying very few quality downstate providers have signed on, but are "relatively new providers or what we call fringe providers....They [CRA] have botched Jacksonville so bad that no one in DHS believes CRA's contract will be renewed."

(6) Gov. Quinn's Rebalancing Initiative - November 2011

(7) Sept. 14, 2012, DHS memo on extensive new funding to providers that "initiate services to at least" 8 residents of JDC, and \$85,000 v. \$50,000

(8) Certified Mail from DHS, dated Sept. 6, 2012, but actually received on Sept. 13, 2012, giving a deadline of Sept. 17 and a "notify you" threat

(9) Notice from Earnest G. Jones dated Feb. 25, 2012

(10) September 17, 2012, letter to Kevin Casey noting "Under duress...."

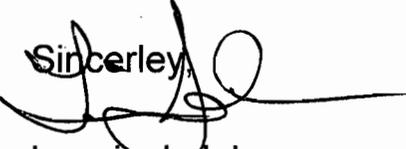
(11) DRAFT - FACILITY CLOSINGS noting "DHS REVISION" versus "ORIGINAL FROM CDB" with its REQ FOR JDC of only \$1.8 million

(12) "Can the Community Provide HIGH NEEDS INDIVIDUALS....."

(13) E-mail from The Arc of Illinois on Advocacy Toolkit on Closures

(14) Sunday, Sept. 23, 2012, State Journal Register article

Sincerley,


Lonnie J. Johns

Shame on you Governor Quinn

FOR CREATING A CHAOTIC & POTENTIALLY DANGEROUS SITUATION AT THE JACKSONVILLE DEVELOPMENTAL CENTER

PROMISE – DHS has hired an expert from out-of-state, Kevin Casey, who has experience in 3 other States in how to humanely, carefully, and slowly close facilities like JDC

REALITY – Kevin Casey sent letters, via Certified Mail, to Parents and Guardians stating JDC's "scheduled closure remains October 31, 2012." The letter received on September 13th stated, "If we do not hear from you by September 17, 2012, we will proceed in our planning" to move "your loved one" out of JDC. "Please note, the Division will notify you of the planned transition setting prior to transition occurring."

The State of Illinois will "notify" Parents and Guardians of where the State is taking their "loved one" before the State actually forces them to leave JDC

PROMISE - The residents of the Jacksonville Developmental Center were assured they would be treated with the utmost of care in a "person-centered" process

REALITY - The \$150,000 a month company you hired was under so much pressure that on May 29 it notified JDC staff that some residents would be moved in 2 days, by May 31, even though many parts of the "person-centered" process were not completed, no resident had visited the new places they were to be moved to, and how much money the State would pay the new places had not been agreed to and would be negotiated after the JDC resident moved there

PROMISE – The State will take all the time needed to close JDC in a safe and humane way. We have learned how to do this so all the deaths that were caused by the closing of the Lincoln Developmental Center will not happen again

REALITY – The State is trying to force all the residents, and JDC staff, to leave JDC by October 31. Over 100 residents remain at JDC, but since over 100 JDC staff members have left JDC, including many skilled nurses and other people with years of very specialized knowledge and experience, a potentially dangerous situation has been created that could result in some of the tragic things that happened when the Lincoln Developmental Center closed

PROMISE – The Parents and Guardians of the residents of JDC will be consulted at every step along the way, be informed of everything that is happening, and will be able to make every decision if the JDC resident is not able to make those decisions

REALITY – You have refused to meet with the Parents and Guardians to hear their concerns, your top health aide met once with a few Parents and Guardians and, despite promises to the contrary, has never provided responses to the concerns of the Parents and Guardians, never agreed to meet with them again, and never communicated with them in any way

PROMISE – The State will save “millions of dollars” a year by closing JDC

REALITY – Providing the intensive care needed by the residents of JDC due to their complex individual needs, the need of some residents for immediate access to a 24-hour a day professional nurse, behavior intervention, medical administration, and/or a one-on-one 24-hour a day personal aide will likely be *more expensive* per person in small 4-person homes than at JDC

PROMISE – The cost outside of JDC will be only \$50,000 per person per year while JDC costs \$142,000 [or \$175,000 or \$200,000 as the State keeps trying to inflate the number]

REALITY – In January the State’s estimate of the cost outside of JDC was raised 70% from \$50,000 to \$85,000, and on September 14th Kevin Casey sent a letter stating that any group agreeing to take 8 residents of JDC could receive up to \$60,000 *plus* “double the amount of start-up funds” *plus* “three month funding advance each quarter” *plus* “expedited payments” of *ALL* of their State funding

PROMISE – JDC was chosen to be closed first *ONLY* because it has buildings over 100 years old and must have \$102,777,805 in repairs because of deferred maintenance

REALITY – NO building at JDC is over 100 years old, and Kevin Casey *deleted* from the “deferred maintenance” report given to COGFA and legislators: “It is important to note that items are not projects, but systems that are aged beyond their useful life. This does not necessarily mean they need to be replaced.”

Estimates were made of the “useful life” for everything, and anything (inside doors, light fixtures, etc.) older than that was added to the list whether it really needed replacement or not, BUT THIS FACT WAS HIDDEN FROM THE PUBLIC AND FROM LEGISLATORS

PROMISE – Every action by the State will be guided by what is in the best interests of the residents of JDC

REALITY – Almost every action by the State has been political, guided by a desire to close JDC no matter what the cost to the residents of JDC and to their Parents and Guardians, not to mention the higher costs that will be paid by the people of Illinois

Committee to Protect the Residents of the Jacksonville Developmental Center

Lonnie J. Johns, Chairman

From: Virginia Bruha [mailto:virginia@acctra.com]
Sent: Tuesday, May 29, 2012 8:50 AM
To: Casey, Kevin; Turner, Joseph; Doyle, Mark; Stam, Joseph; Spriggs-ploessi, Mary; Great River; Hoskin, Reta; Long, Marsha; Bone, Douglas
Cc: Mike Mayer; Rodney Patterson; Nancy Weiss; Carol Dufresne
Subject: May 31 moves

Individuals to move from JDC by May 31 2012

These individuals have been accepted by providers and they have agreed to move up their move date to May 31st. The providers have agreed to do this in good faith and commit to serving these individuals without knowing their rate until the last minute. I have given them my word that we would do whatever we can to get them their initial rate by Weds morning.

Furthermore, some of these individuals are moving to sites smaller than 4 people. It is critical that the rate be reflective of the size of the home. In addition, because of the accelerated move dates, not all the planning budgets are completed as of today. They will be done ASAP and then submitted so that the final rate can reflect that info.

I know there are final transition plans, medication issues and many more things that need to get done to make this all happen by the end of the month. The CRA team is giving this its highest priority and will assist in any way we can to assure that these moves occur.

The following is the listing of the individuals, their providers and the size of the home.

All the individuals except [REDACTED] and [REDACTED] have existing housing in place by the provider. [REDACTED] needs a fully accessible place. The Provider, Royal Living has located a 2 bedroom fully accessible unit that the Apt. Complex has agreed to make available by Thursday. [REDACTED] and [REDACTED] SSI will not be able to cover the cost, so this will clearly be a case where an additional housing subsidy will be necessary. I will send a more detailed memo about this under separate cover.

Attached to this email is a grid with info needed to plan these moves:

This is doable, but will require significant coordination and effort by all.

Virginia Bruha
Office Manager, ACCT
217-370-2727

Office 888-542-8555 Fax



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FROM OUR READERS

News reports don't reflect true chaos in JDC shuffling

To the editor:
What is happening at JDC is shameful, almost chaotic, and has received far too little accurate coverage in the Journal-Courier.

After claiming for months that everything is wonderful, Tony Paulauski of the ARC only now says "we need to do this right, to take our time and certainly not be reckless."

Reckless is certainly the word for what is happening to the residents of JDC.

Many of us warned what would happen at the first hearing on the closure of JDC, but you got none of those details from the story that the Journal-Courier ran the next day.

Now without attribution you claim that the closings "would save the state millions of dollars a year."

We were told for months that the new placements would cost \$55,000 a

year, then the state raised that by 53 percent to \$84,000, but said it could cost more because every decision would be based on the needs of the individual resident. No one knows whether closure of JDC will save any money at all.

Then on May 29, ACCCT sent an e-mailing stating that by May 31 JDC residents had to be moved to other facilities even though "because of the accelerated move dates, not all of the planning budgets are completed as of today."

ACCCT was being paid \$150,000 a month and had to show results by the end of the legislative session on May 31. Even though ACCCT had been paid for five months, no one had moved, and facilities "aged to move up their move date to May 31 ... without knowing their rate" of reimbursement from the state.

Almost nothing was being done, according to the 100-page ACCCT plan.

The May 29 ACCCT e-mail says, "I know there are final transition plans, medication issues and many more things that need to get done to make this all happen by the end of the

month."

The supposed Protection and Advocacy Agency for the residents of JDC, Equip for Equality, said in August it is "thrilled" JDC is closing for the "express purpose of rebalancing the system."

The critical thing to ARC and Equip for Equality is to close JDC no matter what the cost to its residents.

**Lonnie Johns
Jacksonville**

LETTERS POLICY

The Journal-Courier publishes letters of community interest, viewpoints and importance.

Letters should be addressed to the editor rather than to any individual and should be sent to the Journal-Courier, P.O. Box 1048, 235 W. State St., Jacksonville, IL 62551, or e-mailed to letters@myjournal-courier.com. Writers should keep letters to no more than 300 words. The paper will edit letters for length.

Each letter must be signed and must include the writer's address and daytime and evening telephone numbers. Only names and towns will be printed.



Pat Quinn, Governor

Illinois Department of Human Services

Michelle R.B. Saddler, Secretary

401 N. 4th Street, 2nd Floor • Springfield, IL 62702

January 30, 2012

Ms. Paula Painter
Office of the Auditor General
Iles Park Plaza
740 East Ash
Springfield, Illinois 62703

RE: JDC Medical Staff Emergency – Harborside Rehabilitation Limited Partnership dba Ready Nurse Staffing Services – PBC 66649

Dear Ms. Painter:

Attached is an Emergency Purchase Affidavit for Actual Costs of \$484,600.00. This emergency is needed to hire medical staff at the Jacksonville Developmental Center due to the recent loss of several staff. JDC has lost a lot of medical staff recently and has been unable to hire new employees to date. The Facility has contacted several vendors and Harborside Rehabilitation Limited Partnership d.b.a. Ready Nurse Staffing Services is the only vendor able to fulfill the needs of JDC. Moving forward immediately is imperative to ensure proper care for JDC residents.

DHS declared an emergency under the provisions of Title 44 Illinois Administrative Code, Procurement Rules, Section 1.2030 an emergency necessary to prevent or minimize serious disruption in critical State services that affect health, safety or collection of substantial revenues.

Thank you for your consideration of this request. If you have any questions, please contact my office at 217-558-1596.

Sincerely,

Kenneth Crutcher
State Purchasing Officer, DHS

cc: Jeff Runyon/Michael Underwood, JDC
Trudy Haffer, Acting Agency Procurement Officer, DHS

EMERGENCY PURCHASE AFFIDAVIT

Reference # _____

Chief Procurement Officer (CPO) making a procurement under Illinois Procurement Code (30 ILCS 500/20-30) shall file affidavit with Procurement Policy Board and Auditor General within 10 days.

Agency: Chief Procurement Office Division: Department of Human Services State Purchasing Officer
Address: 401 N 4th Street, Centrum Building, Second Floor

City: Springfield State: Illinois Zip: 62702

Vendor: Harborside Rehabilitation Limited Partnership dba Ready Nurse Staffing Services

Address: 101 Sun Avenue NE

City: Albuquerque State: NM Zip: 87109

State of Illinois)
County of Sangamon) SS

I, Kenneth Crutcher, being duly sworn, solemnly swear and affirm that I am the State Purchasing Officer, Chief Procurement Office for The Department of Human Services.

I have authorized the emergency procurement in accordance with standards as established by law and rule in fulfillment of the emergency purchase affidavit provisions of Illinois Procurement Code [30 ILCS 500/20-30] as follows.

- X Involving threat to public health or public safety. Immediate expenditure is necessary for repairs to State property to protect against further loss of or damage
X To prevent or minimize serious disruption in critical State services that affect health, safety, or collection of substantial State revenues. To insure integrity of State records Quick purchase as provided by Section 20-30 (d) of the Illinois Procurement Code

The conditions and circumstances requiring this emergency purchase, including reason for selection of the particular contractor are: JDC is in need of medical staff to assist in the care of its residents. JDC has lost a lot of medical staff recently. JDC has not been able to hire new employees to date yet. We have contacted several vendors and this vendor is the only vendor able to fulfill the needs of our facility. Therefore, we are needing to execute an emergency in order to be able to properly provide for our residents.

(Continue on next page if necessary)

Expected Start Date: 01/30/2012 Expected End Date: 04/28/2012

Extension of previous emergency purchase: [] Yes or [X] No

Term of emergency procurement shall not exceed 90 days. Contract may be extended beyond 90 days if CPO determines additional time is necessary; however, prior to execution of extension, CPO must hold a public hearing and provide written description.

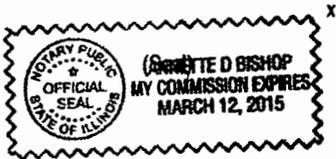
Amount of this expenditure is: \$ 484,600.00 [X] Actual or \$ _____ [] *Estimated

*When only an estimate of cost is available, the actual cost shall be reported immediately after it is determined.

I am duly authorized to make this affidavit. I know and understand the contents of this affidavit and all statements herein are true and correct. This affidavit is made pursuant to and in fulfillment of the requirements of Illinois Procurement Code [30 ILCS 500/20-30].

Signature of Affiant (Handwritten Signature)

Subscribed and sworn before me this 30th day of January 2012 (Handwritten Signature) Notary Public



My Commission expires: 3-12-15

9/20/12

Murray Coalition aims at keeping united front

By Vicky Albers
Breese Journal Editor

Two key points in the fight to save the Warren G. Murray Developmental Center from closure were discussed last Friday by members of the Murray Center Coalition: the need for all support groups to stay unified and the inevitable impact that the ongoing closure of the Jacksonville Developmental Center is having on the potential fate of Murray Center.

Centralia Mayor Tom Ashby directed the meeting which was held in the Centralia City Council chambers.

"This is going to be a long process, but the key is that we've got to stay

unified, stay positive and keep everybody moving in the same direction," Ashby said. "If we can't get (Gov. Pat) Quinn to change his mind on the closure of Murray Center, then we'll use stall efforts and find someone in the next election who does want to see it stay open."

To keep everyone involved, Ashby said a "community awareness day" is in the works. Perry Stanfa of the "Friends of Murray Center" group announced plans to put a float in the Centralia Halloween parade as part of the revitalization efforts.

Ashby introduced two legislative

consultants — Tony Rossi, who has been working with Friends of Murray Center, and Jim Morphey, who has been working with the city of Centralia.

"Combined, these two have about 60 years of experience in Springfield," Ashby said.

Rossi spoke about the need to build a coalition of downstate legislators who are working together to save Murray Center. While area state Sens. John O. Jones, Dave Luechtefeld and Kyle McCarter as well as state Reps. John Cavaletto and Paul Evans are already on board, Rossi said the legislative support should reach all across southern Illinois.

"We want to build a coalition of downstate legislators that will wait for the right moment when a number of upcoming issues come up for a vote," Rossi said. "It will work as a trade out. When the governor wants a vote on something, we say 'This is what downstate Illinois wants.'"

With the closure of prisons and multiple state facilities, legislators are very upset with the treatment that downstate Illinois has received.

The legislative consultants said there are a number of challenges that currently face the state, such as pension reform, the budget and a number of other issues.

"The governor is going to need the support of these downstate legislators," Rossi said. "It's our job to keep everyone unified."

Morphey stressed the importance of keeping everyone active in the fight.

"It's impressive that the city has remained steadfast and everyone from the coalition to the Murray Parents Association to the local legislators have remained 100 percent involved," he said.

Centralia Economic Development Director Jeanne Gustafson said 300 letters were recently sent to mayors and government officials across southern Illinois seeking their support. As of last Friday, more than 30 endorsements had been received.

Ashby said the Southern Illinois Mayors Association has also endorsed the Murray Center Coalition.

"We really feel this is a southern Illinois issue," Ashby said. "We all strongly believe that closing these state facilities is not going to solve the state of Illinois' problems."

The coalition went on record expressing the need to ensure the safety of Murray Center's 275 residents. Key to their safety is adequate staffing. The coalition learned that due to a hiring freeze, open positions at Murray Center were not being filled. Friends of Murray Center members estimated that there are currently 109 positions that have not been filled at the facility. For the remaining employees, this equates to about \$99,000 a week being paid in overtime.

Gustafson said she will be sending letters from the coalition asking the state to hire the necessary staff.

The group spoke about the status of the closure of the Jacksonville Developmental Center with one general consensus — "the longer it takes to close Jacksonville, the better it is for Murray Center."

Greg Shaver, executive director of the Kaskaskia Workshop, said there are reports that 40 Jacksonville residents have been placed in the community so far, but the numbers, he said, are deceiving.

He said very few quality

downstate providers have signed on with Community Resource Associates (CRA) to take Jacksonville residents. Those who have, he said, are "relatively new providers or what we call fringe providers."

CRA is the firm hired by the state to conduct independent needs evaluations of the residents of state facilities; however, the Murray Parents Association is hoping that the firm's contract will not be renewed by the state. Instead, in the event that the closure of Murray Center is carried through, the parents and guardians would rather see Murray Center's own team of evaluators recommend community placements for the residents.

Shaver commented, "They have botched Jacksonville so bad that no one in DHS believes CRA's contract will be renewed."

Washington County Board vice chairman Gary Suedmeyer said Kevin Casey, director of Developmental Disabilities for DHS, has consistently said that the state will not move one resident out of Murray Center until they have the last resident moved from Jacksonville.

"I cannot stress strongly enough that the longer we can stall this out, the better off we will be," Suedmeyer said.

Ray Vest, whose daughter resides at Murray Center, said it is his fear that the state will get frustrated with the slow transition of Jacksonville residents into community settings and simply speed up the closure by moving the remaining Jacksonville residents to Shapiro Developmental Center, a state-run psychiatric hospital in Kankakee, where an adequate number of open beds exist.

Shaver commented that he could not see that happening because it goes against the state's rebalancing initiative to move residents out of state-run facilities and into the community. He commented, "What a wonderful job the Rebalancing Committee would have done by taking jobs from Jacksonville and moving them to Shapiro."

Ashby concluded the meeting re-emphasizing the need to stay unified and to renew the community's awareness and involvement in the fight to save Murray Center.

"Some people feel Murray Center is doomed, and I don't believe that," Ashby said. "Every day that it's open, it's a better day for us. We're still moving forward."

Governor Quinn's Rebalancing Initiative-November 2011

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Summary

Developmental Disabilities

The Department of Human Services will reduce the number of residents served by State-

Operated Developmental Centers (SODCs) by at least 600 by the end of FY 14. This will permit DHS to close up to four facilities in the next 2.5 years.

Mental Health

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

Implementation Plan

FY12 Developmental Disabilities

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

12. To accomplish this, the department will:

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

FY12 Mental Health

The Division of Mental Health will:

1. Halt new admissions at Tinley Park (based on current appropriations).
2. Continue to treat current patients until discharge, within 14-21 days.
3. Develop care plans for patients who will have challenges discharging to community services after the treatment of their acute disorder.

4. Discharge remaining residents to the community providers or hospitals selected.
5. Develop and implement plan to maintain on-campus food and pharmaceutical services that serve other SODCs and state psychiatric hospitals in the area.

FY13 and FY14 Developmental Disabilities

DHS will continue to assess and transition residents from other SODCs throughout

FYs 13 and 14 so that up to four centers will be closed by the end of FY 14.

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

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

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

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

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

Fiscal Year	Census Reduction	Center Closure
FY12	120 persons	

FY13	240 persons	1 SODC by 12/31/12 1 SODC by 6/30/13
FY14	240 persons	1 SODC by 12/31/13 1 SODC by 6/30/14

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Results of the Closure Plan:

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

FY13 and 14 Mental Health

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

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

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

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

Act.

September 14, 2012

Dear Colleague:

As you know, Governor Quinn is 100% committed to improving the quality of life for people with disabilities by rebalancing the way the state cares for these individuals by moving away from institutional care into community care settings.

Your support and the vital services that you provide are more important than ever.

The Governor recognizes that the community Developmentally Disabled (DD) system is challenged by low rates and late payment cycles and responding to these difficult and complex issues is a top priority.

To start this process the Illinois Department of Human Services (IDHS) plans to:

Raise the fringe benefit percentage for all Community Integrated Living Arrangements (CILA) from 20% to 25%

Implement a number of rate changes that will help promote CILAs with four individuals or less

Under this rate restructure, the cost of improving quality of life and providing superior care in community settings will still be far less expensive than state operated developmental centers (SODC). The average cost of SODC care is \$200,000 per year, while the average cost of 24/7/365 community care is \$50,000. The average cost of supporting people who are transitioning from SODC care is \$85,000. The above items will take effect October 1, 2012.

To further demonstrate our commitment to CILA providers that initiate services to at least eight individuals transitioning from an SODC under the rebalancing initiative, IDHS will:

Speed up payments to valued vendors by placing them on the state's expedited payment list, which means they can anticipate receiving payments faster

Provide a three month funding advance each quarter for the duration of the rebalancing initiative

Double the amount of start-up funds for new CILAs from \$2,500 to \$5,000 per consumer

Implement a \$200/month housing allowance for utility costs

Utilize grant resources to increase fire safety and accessibility upgrades (up to \$30,000 per house)

We must all recognize that based on the serious financial challenges that were created over many decades in Illinois, these problems cannot be solved in one year. Our commitments mark the beginning of an ongoing process to continue improving rates in the community DD system. Thank you for your on-going support and advocacy for people with developmental disabilities.

Sincerely

Michelle R.B. Saddler, Secretary

Kevin Casey, Director, Division of
Developmental Disabilities



Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

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

September 6, 2012

Mr. Earnest Jones
1318 North Stephens
Springfield, IL 62702

RE: Transition Preference

Dear Mr. Jones:

*CERTIFIED MAIL
RECEIVED SEPT. 13, 2012*

Jacksonville Developmental Center's (JDC) scheduled closure remains October 31, 2012. It is critically important that we know how you would like us to proceed. If you have a transition preference, have identified a provider, and/or a private Intermediate Care Facility for persons with Developmental Disabilities (ICF/DD) that you would like to consider serving your loved one, please share this information by September 17, 2012, by contacting the JDC Transition Line at (217) 479-2116.

Doing so will allow JDC's interdisciplinary team time to determine if your transition preference can be accommodated. This will involve gathering and updating information needed to evaluate the strengths and necessary supports of your loved one to be shared with the preferred or potential provider. The information will remain confidential and will only be shared with parties involved in the transition of your loved one.

If we do not hear from you by the **September 17, 2012** date, we will proceed in our planning for the transition of your loved one to an Intermediate Care Facility for persons with Developmental Disabilities (ICF/DD) prior to JDC's closure. Please note, the Division will notify you of the planned transition setting prior to the transition occurring.

When the announcement of JDC was made, you indicated in writing that you did not wish to have an independent assessment completed for your loved one. (Attached is a copy of the written document the Division of Developmental Disabilities received from you.)

The Division of Developmental Disabilities is respectfully requesting that you reconsider your indication of a desire for "no assessment". If you elect to rescind your request, please call the JDC Transition Line at (217) 479-2116 for assistance. Ideally, families and guardians will welcome this independent assessment as an opportunity to evaluate the strengths and necessary supports for each individual. Additionally, please recognize that the independent assessment will be an important resource for you in identifying future transition options for your loved one.

Please be advised that many families and guardians who originally submitted this document have recognized and appreciated the benefits an independent assessment provides, and thus have requested the completion of an independent assessment and related Person Center Planning to the benefit of transitioning of their loved one from JDC. The goal of every assessment, formal or informal, is to learn more about an individual in order to provide a safe quality-filled transition and life.

We look forward to collaborating with you throughout this closure process, and I am appreciative of your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Casey', written over the printed name.

Kevin Casey, Director
Division of Developmental Disabilities

I, EARNEST G. JONES, guardian of CARL R. JONES,
(Guardian's Name Printed) (Ward's Name Printed)

hereby instruct, as evidenced by my signature below, the Illinois Department of Human Services/Division of Developmental Disabilities (hereafter DHS/DDD), its employees and representatives, that my ward's records are not to be released to any private entity or individual, including, but not limited to, Community Resource Alliance (hereafter CRA), its employees or subcontractors, for any purpose, including for the purpose of transition planning for my ward from Jacksonville Developmental Center. This instruction does not apply to releasing my ward's records to a medical services provider for the purposes of emergency medical treatment.

I further instruct DHS/DDD, its employees and representatives that no consultation, interviewing or other interaction with my ward by any private person or entity, including, but not limited to, CRA, its employees or subcontractors, is to take place unless my consent is first granted in writing.

I hereby direct DHS/DDD, its employees and representatives, that assessments relating to active treatment, services, supports and residential placement are to be conducted only by the State treatment/habilitation staff of Jacksonville Developmental Center or the treatment/habilitation staff of a receiving State Operated Developmental Center (SODC) or other Intermediate Care Facility for the Mentally Retarded (ICF/MR) to which I have first consented to my ward's being transferred, unless my consent to assessment is first granted in writing.

Earnest G. Jones
Signature of Guardian

Feb. 25, 2012
Date

EARNEST G. JONES
Printed Name of Guardian

1318 NO. STEPHENS
Street address

SPRINGFIELD, IL 62702
City, State and Zip Code

(217) 523-8005
Telephone number

NA
E-Mail address

September 17, 2012

Kevin Casey, Director
Illinois Department of Human Services
Division of Developmental Disabilities
319 East Madison Street
Springfield, IL 62701

Dear Director Casey:

We received a certified letter from you on Thursday, September 13, 2012 stating that we have until today, Monday, September 17 to notify your office that we rescind our decision not to have our SON, CARL R. JONES evaluated for community placement by Community Resource Associates CRA. The letter states that if we do not rescind that decision, an ICF/DD will be chosen for CARL JONES and we would then be notified as to which one was chosen.

It is our intention to participate in the planning and choice process to determine the appropriate placement for CARL JONES. Under no circumstances is CARL JONES to be moved to another setting without our knowledge and informed consent. We expect to be fully informed as to placement options, including specific facilities and their locations, to visit these facilities and make the ultimate decision as to placement.

Under duress, we agree to have CRA evaluate CARL JONES, though we believe that CRA's pre-determined outcome that everyone can be served in the community is violative of the law and that the Jacksonville Developmental Center interdisciplinary team who know CARL JONES over time is more competent to make evaluations to determine needs and develop placement goals.

Sincerely,

Earnest G. Jones

EARNEST G. JONES

1318 NO. STEPHENS

SPRINGFIELD, IL 62702

DRAFT - FACILITY CLOSINGS - DEFERRED MAINTENANCE NEEDS (SUMMARY)

10/24/2011

Location	# of Buildings	Total Replacement Value	Total Square Footage	Total Deferred Maintenance by Location
CHESTER MENTAL HEALTH CENTER	21	\$ 77,921,718.48	202,676	\$ 20,759,855
H. DOUGLAS SINGER MENTAL HEALTH CENTER	12	\$ 114,026,809.77	247,839	\$ 57,717,527
JACKSONVILLE DEVELOPMENTAL CENTER	25	\$ 227,273,788.15	432,979	\$ 102,777,805
MABLEY DEVELOPMNTL CENTER (DIXON)	9	\$ 26,671,355.70	68,360	\$ 8,484,936
TINLEY PARK MENTAL HEALTH CENTER	9	\$ 275,567,605.34	494,423	\$ 158,353,323
TOTALS	76	\$ 721,461,277	1,446,277	\$ 348,093,446

Note: All numbers are based off of buildings that were surveyed under the facility condition assessment of 2007 (costs have been escalated). Therefore, this report does not necessarily include deferred maintenance items for all buildings at a facility. Renewals are defined as systems that have aged beyond their useful life and should be replaced. Requirements are defined as deficiencies such as code violations or health/life safety issues.

← DHS REVISION

Note: All numbers are based off of buildings that were surveyed under the facility condition assessment of 2007 (costs have been escalated). Therefore, this report may not include deferred maintenance items for all buildings at a facility. Renewals are defined as systems that have aged beyond their useful life and should be replaced. It is important to note that items are not projects, but systems that are aged beyond their useful life. This does not necessarily mean they need to be replaced. This report also includes requirements identified as deficiencies by the assessors in 2007. Requirements are defined as building deficiencies including but not limited to code violations or health/life safety issues. This report includes funding needs through Fiscal Year 2013.

← ORIGINAL FROM CDB
(CAPITAL DEVELOPMENT BOARD)

REQ (REQUIREMENTS) FOR JDC:
LESS THAN \$1.8 M

REN (RENEWALS) FOR JDC:
MORE THAN \$100 M

Can The Community Provide HIGH NEEDS INDIVIDUALS Essential Services Comparable to SODC Services At Significantly Reduced Cost: BRB Case Study

High-Needs SODC Individuals:

Following years of State Operated Developmental Center (SODC) downsizing, and discharge of less difficult residents, the high-needs individuals who remain, as well as increasingly challenging new admissions, require a high level of support. If community services provided for these individuals are to be even relatively comparable to those provided in the SODCs, they will necessarily be expensive. BRB's needs are presented here as a *sample* to provide a comparison of SODC and community services and a cost analysis of providing BRB, or other high-needs individuals (some with extreme behavioral or medical challenges), services in the community.

BRB Profile:

-BRB is 41 years old, 6' tall, 190 lbs, and healthy.

-He is brain injured with borderline intellectual functioning.

-He has a diagnosis of pervasive developmental disorder. He is being treated for: obsessive/compulsive behaviors (currently monitored to prevent obsessive consumption of inordinately large amounts of fluids, including water from shower and toilet-interruption of O/C behaviors can bring about violent responses); unpredictable explosive (possibly neurologically triggered) physical aggression toward peers and staff; and destruction of property, particularly window breaking. He has a history (completely extinguished in SODC) of life-threatening PICA (swallowing inedible objects) which required three surgeries to remove pens/pencils.

-He has been expelled from numerous private settings (including highly regarded St. Coletta's and Oconomowoc Developmental Centers in Wisconsin). Discharge from private settings was always to home. His last private setting, 21 years ago, (secured through lawsuit settlement with state of GA) was Healthcare Rehabilitation Center, Austin, Texas, a brain-injury facility, at cost to GA of \$250,000 per year from 1987-90.

-Current resident of Choate Developmental Center since 1990.

Current treatment at Choate Developmental Center (representative of services available at all SODCs):

Staffing

-BRB has a private room to minimize agitation, to allow staff to monitor behaviors, and to protect BRB and peers. Staff levels are 1:1 for 3 shifts daily, occasionally elevated to 2:1 off-unit, always at 2:1 off-campus. His limited off-campus trips (occasional brief trips to Wal-Mart, McDonald's, doctor visits) are always staffed 2:1. Additional staff are always available on the living unit and work site.

Medication Administration

BRB is administered medications, including four psychotropics, by an RN three times daily with regular on-campus blood level testing.

Behavior Intervention

The Behavior Intervention Plan (BIP) provides for structure and support to prevent explosive violent episodes, aggression toward peers and staff, property destruction, excessive intake of fluids, excessive smoking, perseverative tape recording of music, excessive use of caffeine. Situations requiring use of restraints (including statutorily mandated professional supervision of mechanical restraints¹) and methodology are outlined in BIP. Self-imposed early intervention strategies (e.g., voluntary use of sleeping bag "cocoon" to address stressful situations) are taught and encouraged. Staffing for behavior intervention includes daily interaction with Public Service Administrator (unit director), Residential Services Supervisor, Habilitation Plan Coordinator (HPC, formerly QSP/QMRP), Behavior Analyst, Social Worker, Nurse, Vocational Instructor, and Technicians. Available daily for communication/intervention, Psychologist, MD, Psychiatrist.

Day Program

BRB engages in on-campus work (recycling) 4-4.5 hours daily with 1:1 staffing, 2:1 when necessary. BRB has the option to return to his room during work hours, if he believes he is "not together," to prevent violent outbursts.

Religious, Social, Recreational

On-campus opportunities include church services, recreational activities, exercise. He has regular home visits.

¹ 405 ILCS 5/2-108. *Use of restraint*. Most private providers have policy against use of mechanical restraints and would find it difficult to comply with the statutorily mandated professional oversight requirements.

The Community Alternative (scenarios #1 and #2 provided by Community Provider, Scenario #3 and footnotes by IL-ADD)

NOTE: The individual (BRB) used to base the estimates in scenarios 1 and 2 is described as a person exhibiting highly challenging behavior and who would be very difficult to serve in a community setting.

Scenario #1:

BRB is being served in a one person CILA² setting with additional support staff for significant portions of the day, i.e., during his day program. **Assumption:** BRB has an ICAP score of 18 which reflects a composite of behavioral challenges of an actual person as he would likely be scored in the community.

Staffing

Scenario #1 reflects a staffing ratio that is mostly 1:1, including overnight staff.³ The staff add-on does not reflect some natural overlapping of staff during day training as well as a period of 2:1 on the week-end when BRB may be in the community.

Medication Administration

Scenario #1 assumes that BRB would take between 5 and 9 medications at each of the 3 medication pass times each day. The CILA direct contact staff are trained to administer all oral medications. The rate does not reimburse for additional staff time to administer medication. The amount reflected is an estimate of the amount that would be reimbursed for RN oversight of medication administration.⁴

Behavior Intervention

The premise is that BRB would need 4 hours of behavior intervention a week for the first 60 days after transitioning to the CILA and 2 hours a week thereafter for a total of 120 hours of behavior intervention a year.

Additional QMRP & Supervisor Support

The base CILA rate allows for 2.5 hours a week each for QMRP and Supervisor support. The amount shown reflects an additional 2.5 hours a week for both QMRP and Supervisor.

Day Program

BRB has been provided with 1:1 supports for day services.

Estimated Costs to BRB in this setting are as follows:

Base CILA rate	\$63,729
Medication administration	\$ 328
Staff Add-on	\$85,313
Behavior Intervention	\$ 9,343
Additional QMRP support	\$ 2,358
Additional Supervisor support	\$ 2,090
Day program w/additional staff	<u>\$19,855</u>
Total cost	\$183,016⁵ (or \$192,592 with increase in DSP wage of \$1 hr.)

²The 1-person CILA setting would be extremely isolating, confining, and unstructured, conditions that would exacerbate BRB's maladaptive behaviors.

³This staffing model is typical for a 1-person CILA. However, 1:1 staffing, without backup staff, would be inadequate and dangerous for some individuals, including BRB. In this scenario, BRB would be at significant risk of police intervention (staff calling 911) due to the inability of a single staff to physically manage his violent outbursts. Additionally, most community providers will not permit administration of mechanical restraints, an essential component of BRB's behavior intervention program. Police response to 911 could come too late to prevent injury to BRB/staff/public. Police response to violence could potentially include tasing, shooting, or criminal charges and jail.

⁴BRB requires, among other medications, four psychotropics, some with illicit street value. Some medications counter the effects of other medications and accountability for proper administration is essential. SODC medications are administered by an RN. In this CILA, responsibility for proper administration would be placed with a low-wage direct care staff.

⁵If provider were reimbursed \$9576 for \$1 hr DSP wage increase, would cost provider \$10,400 to pass on.

Scenario #2:

BRB is being served in a 4- person CILA setting with additional support staff for large portions of the day, including at his day program. **Assumption # 1:** BRB has progressed⁶ so that he can now be served in a 4-person CILA with attendant reduction in the CILA rate from Scenario #1 in Behavior Intervention and Staff Add-on. **Assumption # 2:** BRB has an ICAP score of 18 and his house mates have ICAP scores of 33,46, and 50.

Staffing

Scenario # 2 reflects a staffing ratio that is mostly 1:1, including overnight staff.⁷ The staff add-on does reflect some natural overlapping of staff during day training as well as a period of 2:1 on the week-end when BRB may be in the community. There would be a higher staffing ratio overall for the house as there would be 3 other men living in the home.

Medication Administration

Scenario # 2 assumes that BRB would take between 5 and 9 medications at each of the 3 medication pass times each day. The CILA direct contact staff are trained to administer all oral medications. The rate does not reimburse for additional staff time to administer medication. The amount reflected is an estimate of the amount that would be reimbursed for RN oversight of medication administration.⁸

Behavior Intervention

Behavior Intervention would not include 2 additional hours during the first 60 days of transition as in scenario #1, but would continue with 2 hours a week for a total of 102 hours of behavior intervention a year.

Additional QMRP & Supervisor Support

The base CILA rate support 2.5 hours a week each. The amount shown reflects an additional 2.5 hours a week for both QMRP and Supervisor.

Day Program

BRB has been provided with 1:1 supports for day services

Estimated Costs to BRB in this setting are as follows:

Base CILA rate	\$63,729
Medication administration	\$ 328
Staff Add-on	\$50,244
Behavior Intervention	\$ 8,097
Additional QMRP support	\$ 2,358
Additional Supervisor support	\$ 2,090
Day program w/additional staff	<u>\$19,855</u>
Total cost	\$146,701⁹ (or \$153,550 with increase in DSP wage of \$1 hr.)

⁶The lack of structure in scenario #1 would make it more likely that BRB would decline behaviorally, rather than progress.

⁷When BRB would be with one staff only, without back-up staff, he would be at significant risk of police intervention (staff calling 911) due to the inability of a single staff to physically manage his violent outbursts. Additionally, most community providers will not permit administration of mechanical restraints, an essential component of BRB's behavior intervention program. Police response to 911 could come too late to prevent injury to BRB/staff/public. Police response to violence could potentially include tasing, shooting, or criminal charges and jail.

⁸BRB requires, among other medications, four psychotropics, some with illicit street value. Some medications counter the effects of other medications and accountability for proper administration is essential. SODC medications are administered by an RN. In this CILA, responsibility for proper administration would be placed with a low wage direct care staff.

⁹Provider has identified cost for hypothetical difficult to serve individual, JYJ, who is less challenging than BRB, with ICAP score of 45 in 4-Person CILA who has house mates with ICAP scores of 46, 50 and 69 with total cost of \$90, 934 or \$94,822 with DSP wage increase of \$1 hr.

Scenario #3

BRB is being served in a four person CILA setting. This setting is chosen so that BRB has 1:1 staffing at all times with back up staff available at all times, and 2:1 off-campus.

Staffing

Scenario 3 reflects a staffing ratio that is 1:1 or 2:1 supervision (one staff during night shift with back up staff available, two staff during day shift on week days, two staff during ½ day shift on week-ends when B.R.B. would be "off-campus"/in community, one staff during swing shift with back up staff available).

32 extra staff hours per week day x 5 days = 160 hrs per week

28 extra staff hours per week-end day x 2 days = 56 hrs. per week

216 hrs week x 52 weeks = 11232 hours per year @ \$12.86 144,443.52

Medication Administration

Nursing resources (beyond basic included in CILA rate) to administer regimen of mutually dependant medications (some with illicit street value).

LPN administration of meds x 3 daily = 1.5 hours daily

1.5 hours x 365 days = 547.5 hours per year @ \$17.31 9477.23

RN supervision of LPN/check records/blood levels

1 hr week x 52 weeks = 52 hours per year @ \$21.52 1119.04

Behavior Intervention

Behavior Intervention Level I (master's degree required by CILA Support Rate Determination)

Behavior planning, staff training.

10 hours per week x 52 weeks = 520 hours per year @ \$77.86 40,487.20

Additional Individual Counseling

Individual Counseling (social worker)

5 hours per week x 52 weeks = 260 hours @ \$30.57 7948.20

Day Program

Developmental Training (job coaching/training)

4.5 hours day x 5 days week = 22.5 hrs week

22.5 x 52 weeks = 1170 hrs per year @ \$10.39 = 12,156.30

Flat rate allowable 11,427.00

Estimated Costs:

Base CILA rate	63,729
Medication administration	10,596
Staff Add-on	144,443
Behavior intervention	40,487
Additional Social Worker	7948
Day Program	<u>11,427</u>
Total cost	278,630



[Print Message](#) | [Close](#)

From : Lonnie Johns <lonniejohns27@netzero.com>
To : bcozzone@yahoo.com
Subject : Arc: Toolkit to close Mabley and JDC
Date : Tue, Oct 18, 2011 05:09 AM

IMPORTANT ADVOCACY TOOLS FOR YOU.

Is this email not displaying correctly?
[View it in your browser.](#)



The real challenges of closing Mabley and Jacksonville are about to begin and it is going to be a long hard road through May, 2012.

With assistance from a statewide advocacy workgroup we have compiled an Advocates Toolkit on Institutional Closures. This toolkit is considered to be dynamic and I would appreciate any suggestions for improvements or updates as we move forward.

The Workgroup which I chaired wanted to have something that was easy for you to use.

In the toolkit you will find:

1. What We Want?
2. Legislative Ask
3. Talking Points
4. Editorial Support for Community
5. Sample letters to the Gov, Legislators and letters to the editor.
6. Legislative Visit Script
7. Sending Comments to COGFA sample
8. An Advocates To Do Checklist

Shattering Myths
about
Choice

Q: Should a continuum of services include institutions?

A: No.

- Society has no responsibility to subsidize segregation.
- Society's values change as civil rights, contemporary technology, and new medical and health approaches are incorporated into mainstream society. Outdated technologies and treatment approaches are then replaced by more advanced practice. Institutions are no longer the contemporary approach for the way individuals with disabilities seek to live and receive treatment and supports.

Q: Should parents have the choice to place or keep their child in an institution?

A: No.

- None of us, whether we have a disability or not, has unlimited choices in life.
- Governmental and societal strictures do not allow any of us to choose anything we wish. Some options are excluded or forbidden, either in the interest of the community's overall welfare or as a result of government responsibility to set priorities and allocate its resources.

CONTRIBUTORS TO THIS TOOLKIT

Tony Paulauski, Chairperson, Media Committee

Brooke Anderson

Kevin Casey

Ryan Croke

Tom Green

Tamar Heller, Ph.D.

Tyler McHaley

Don Moss

Barbara Prichard

Sheila Romano, Ph.D.

Amber Smock

Ruth Thompson

THE STATE



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STATE FACILITIES

100-plus residents remain as JDC nears closure

By Doug Finke
State Capitol Bureau
doug.finke@sj-r.com

JACKSONVILLE — With less than six weeks left before its scheduled closing, the Jacksonville Developmental Center still has more than 100 residents who must find new homes if the facility is to close on time.

Some parents of those residents fear their children will be forced to relocate to community-based facilities that will not be able to care for them.

And while the gradual process of closing JDC has been going on since spring, some parents are still highly suspicious of the state's actions.

"I don't trust anything they say," said David Iacono-Harris, whose son is a JDC resident.

Mostly, they don't believe the state will be able to move the remaining residents by Oct. 31, the date the state has targeted for the facility to close.

The reason they don't believe it can happen is the relatively small number of JDC residents who have been moved out so far.

In April, JDC was home to about 180 residents. According to figures Iacono-Harris said were provided to him by the state, 132 residents remain, meaning fewer than 50 were moved to new homes in the past five months. The state will have to move nearly three times that many in less than six weeks to meet the closure deadline.

"I don't know what they're going to do with 132 people in a little over a month," he said. "If they are true to their word and are going to do it in a somewhat humane way, they can't."

Delay expected

The Department of Human Services said there

SEE JDC, P6

remain 147 JDC residents, although 16 of them are currently on visits to their potential new homes.

"Our focus remains on making certain all residents are placed in good homes," DHS spokeswoman Kayce Ataiyero said. "Closure date is October 31."

Or maybe not. Tony Paulauski, executive director of ARC of Illinois, said he had a briefing by DHS officials late last week.

"I think there is no doubt, at least from our perspective, that it's going to take a little bit longer to close Jacksonville, but it is going to close," Paulauski said. "The reason it is taking longer is because the state is doing the right thing in terms of making sure that everybody has a person-centered plan. It takes time to put that together."

Paulauski said new homes have been identified for all but 20 to 30 people.

"That selection process is pretty much complete now," he said.

Iacono-Harris has attended meetings of an oversight committee formed last summer to monitor activities surrounding JDC's closure. He said numbers provided to the committee showed that two people who were moved out of JDC to community settings have been returned to state facilities.

Difficult adaptation

Some parents of JDC residents believe their children can't adapt to anything other than a state-run facility.

"I have an autistic son who is 28 years old, but he's more like a 5-year-old," J. Patrick Wayne Sr. said. "He needs to be in another facility like Jacksonville. I tried a (community) home with (my son), and he lasted eight days."

His son bites, other people and himself, Wayne said, but the number of incidents dropped significantly after his son went to JDC. Wayne said the only options being offered to his son are an intermediate-care facility or a community-integrated living arrangement.

"I'm not going to sign the paperwork to send him to a CILA," he said. "We've pretty much decided the only way we're going to keep him safe is another (state facility)."

community settings."

DHS letters

Ernie Jones, president of Friends of JDC, said his son has a behavior that causes him to swallow things. While at the old Lincoln Developmental Center, his son swallowed some bolts that resulted in emergency surgery to remove part of his intestines.

"He has to be watched 24-7 to make sure he doesn't put anything in his mouth," Jones said. "We had him in a community home years and years ago. It didn't work out."

Jones was among a group of JDC parents who received certified letters from DHS giving them until Sept. 17 to inform the department where they would like their children relocated. If Jones didn't indicate a preference, DHS said it would take steps to move his son to an intermediate-care facility.

"They can't do that," Jones said. "I wrote back informing them of that. I told them before they do this, I have to be notified and I should

be there at the meeting. I haven't heard back."

Iacono-Harris described the DHS letter as "very threatening."

He and other parents had balked at allowing an outside company hired by DHS to evaluate their children.

The reason we didn't let anyone know about our preferences is that no one had officially contacted us," he said. "We were told earlier that those who refused the assessments would be put at the end of the line. We were waiting to hear from them. We were never contacted."

Wise plan?

Jones said he's looked at other locations for his son. He said he liked one place in Springfield, but it turned him down after reviewing his son's record.

"They said they don't have the staff to help him," Jones said.

His worry is that his son will be moved someplace that won't be able to handle him.

"That's the concern we have now," Jones said. "If he doesn't work out in a community home, can he come back to another (state facility)?"

Paulauski said the fact that one or two former JDC residents had to be returned to a state facility doesn't show that the transition plan is flawed.

"What it shows me is the state is wise enough to know that if there is a problem, you need to reboot, get the person back, look at what went wrong and then move forward," he said.

Doug Finke can be reached at 788-1527.

Ataiyero said the department prefers to transfer residents to a community setting, but "if families are interested in having their family member transferred to a state facility, we will discuss that with them."

"The residents of JDC are there for a reason," Iacono-Harris said. "Many of them can't really make it well in a community setting. They need extra staff that they aren't going to have in these