

PROJECT 13-058

ILLINOIS DEPARTMENT OF PUBLIC HEALTH.

HEALTH FACILITIES PLANNING BOARD

BEFORE HEARING OFFICER COURTNEY AVERY

In Re: )  
)  
Public Comments ) Project No. 13-058  
Regarding the Warren G. )  
Murray Developmental )  
Center )

REPORT OF PROCEEDINGS had and testimony  
taken in accordance with the requirements of the  
Illinois Health Facilities Planning Act on the  
Warren G. Murray Developmental Center, taken at  
the Centralia City Hall, 222 South Poplar Street,  
Centralia, Illinois, on October 9, 2013, at the  
hour of 4:00 p.m.

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1           PRESENT:

2           ILLINOIS HEALTH FACILITIES PLANNING BOARD, by

3           MS. COURTNEY AVERY, Public Hearing Officer; and  
4           MR. PHIL BRADLEY, Board Member;

5           Second Floor  
6           525 West Jefferson Street  
7           Springfield, Illinois 62761  
8           (217) 782-3516

9             
10          Appeared on behalf of the Health Facilities  
11          and Services Review Board.  
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1 MR. PHIL BRADLEY: I want to welcome  
2 you to this hearing. My name is Phil Bradley,  
3 and I'm one of the 9 members of the Health  
4 Facilities and Services Review Board. Our board  
5 is part of the regulatory apparatus of the State  
6 of Illinois. You can't open or close a  
7 healthcare facility in this state without being  
8 reviewed by this board, having your proposal  
9 compared to the criteria which the legislature  
10 and the rule-making process has set down for  
11 judging a proposal. And this is a hearing  
12 conducted in furtherance of that activity and  
13 regulation.

14 what's happening here today is that the  
15 board -- we are operating under the board's  
16 auspices to build a record regarding the proposal  
17 to close Murray Center. The happenings here,  
18 whether oral or written, will all be placed in  
19 transcript form from the good offices of the  
20 court reporter here, and all of those transcripts  
21 will be available to our staff and ultimately to  
22 our board. They will be accompanied when they  
23 come to the board with a report from the staff  
24 which compares the proposal to the criteria under

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1       which we operate.

2               So today we are here in furtherance of the  
3       citizens' right to be heard by their government.  
4       Either by registering your appearance or by  
5       turning in written material or by speaking, you  
6       are becoming part of the record which will be  
7       considered when this decision is ultimately made  
8       in our meeting on November 4 in Bolingbrook,  
9       Illinois -- November 5. I'm sorry.

10              So we welcome you today. While I'm the  
11       only one here physically, the entire board and  
12       staff is aware of and will be reviewing  
13       everything that happens here today.

14              With that, I want to introduce the board's  
15       administrator, staff member, Courtney Avery, who  
16       is our administrator.

17                      HEARING OFFICER AVERY: Thank you.

18              Good afternoon. Again, I'm Courtney Avery,  
19       the hearing officer for the Illinois Health  
20       Facilities and Services Review Board. Again,  
21       present with us today is our board member, Phil  
22       Bradley, and Nelson Agbodo and George Roate who  
23       are staff for the board.

24              on behalf of the board, again, thank you

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1 for attending this public hearing for  
2 Warren G. Murray Developmental Center.

3 As per the rules of the Illinois Health  
4 Facilities and Services Review Board, I would  
5 like to read into the record the previously  
6 published legal notice.

7 Notice of Public Hearing and Written  
8 Comments. Warren G. Murray Developmental Center,  
9 Centralia. Project Number 13-058.

10 In accordance with the requirements of the  
11 Illinois Health Facilities Planning Act, notice  
12 is given of receipt to discontinue an  
13 intermediate care facility for the  
14 developmentally disabled, Project Number 13-058,  
15 Warren G. Murray Developmental Center, in  
16 Centralia, Illinois. Applicants,  
17 Warren G. Murray Developmental Center and the  
18 Illinois Department of Human Services, Division  
19 of Developmental Disabilities. The applicants  
20 propose to discontinue the 372-bed ICF-DD  
21 facility located at 1535 West McCord Street,  
22 Centralia. Project cost is \$0.

23 The application contains a safety impact  
24 statement and was declared complete on August 27,

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2013. Written request for public hearing must be received by the Illinois Health Facilities and Services Review Board no later than September 11, 2013. To view or download a copy of this application, please click here -- and that was the website. The application can also be viewed at the offices of the Illinois Health Facilities and Services Review Board at the address below. Consideration by the state board has been tentatively scheduled for November 5. Any person wanting to submit written comments on this project must submit those comments by October 16, 2013.

The state board will post its findings in the state board staff report and the report will be made available via the Internet on October 22, 2013. The public may submit written responses to errors in the findings of the state board report to the Illinois Health Facilities and Services Review Board. The public will have until 9:00 a.m. October 28, 2013, to submit responses. The Internet address used to access this report is [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov).

The public hearing will be conducted by the

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1 staff of the Health Facilities and Services  
2 Review Board pursuant to the Illinois Health  
3 Facilities Planning Act. The hearing is open to  
4 the public and affords an opportunity for parties  
5 with interest in the project to present written  
6 and/or verbal comments relevant to the project.  
7 All allegations or insertions shall be relevant  
8 to the need for the proposed project and be  
9 supported with 2 copies of documentation or  
10 materials that are printed or typed on paper  
11 size 8.5 by 11.

12 End of public notice.

13 Please note that in order to ensure that  
14 the Health Facilities and Services Review Board's  
15 public hearings protect the privacy and maintain  
16 the confidentiality of individual's health  
17 information, covered entities as defined by the  
18 Health Insurance Portability and Accountability  
19 Act of 1996, such as hospital providers, health  
20 plans, and healthcare clearinghouses, submitting  
21 oral or written testimony that discloses  
22 protected health information of individuals shall  
23 have a valid written authorization from that  
24 individual. The authorization shall allow that

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1 covered entity to share the individual's  
2 protected health information at this hearing.

3 If you have not yet signed in, please see  
4 George or Nelson. If you are wishing to register  
5 attendance only on the project without providing  
6 oral or written testimony, you can see George or  
7 Nelson also.

8 In addition, those of you who came with  
9 prepared text of your testimony, you may submit  
10 the written text only. The written text will be  
11 entered in today's record and made available for  
12 all board members prior to the November 5 board  
13 meeting.

14 We have quite a few people that are  
15 providing testimony today. I would ask that you  
16 limit your testimony to no more than 3 minutes.

17 On your green sheets that you registered,  
18 there's a number in the corner -- right-hand  
19 corner in red. I apologize that it's so small.  
20 You will be called in accordance to that number  
21 on the sheet.

22 Prior to beginning your remarks, please  
23 clearly state and spell your first and last name,  
24 and after you have concluded your remarks, if you



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1 have copies, please, provide them.

2 Any questions so far?

3 Today's proceedings -- we are going to go a  
4 little bit out of order. We will have the  
5 applicants to come forth first, and then we will  
6 have about 5 people from -- public officials from  
7 this area to speak, and then I will start calling  
8 the numbers.

9 We will begin with Mark Doyle from the  
10 office of the government.

11 MR. MARK DOYLE: Good afternoon. I'm  
12 Mark Doyle. I'm the transition of care project  
13 manager for the State of Illinois. I would like  
14 to thank the members and staff of the Health  
15 Facilities and Services Review Board for this  
16 opportunity to provide testimony.

17 In November of 2011, Governor Quinn  
18 announced the Rebalancing Initiative. This means  
19 Illinois is joining other states in rebalancing a  
20 system of care for persons with developmental  
21 disabilities and mental illness by increasing  
22 community care and reducing the number of  
23 outdated institutions in the state.

24 Evidence strongly suggests that residents

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1 living in smaller homes have a better quality of  
2 life and enjoy being a part of their community.  
3 The Rebalancing Initiative will help our state  
4 improve services, serve more persons in need,  
5 expand the capacity in communities, create jobs  
6 in community homes, and create community  
7 linkages. Rebalancing is about offering options  
8 and opportunities.

9 Therefore, we created the Active Community  
10 Care Transitions Act, a safe and thoughtful  
11 transition process for development supports and  
12 services that are personalized, family-focused,  
13 value-based, offering maximum control and  
14 supporting individual preference.

15 This is a proven process that was utilized  
16 in the successful transition and closure of  
17 Jacksonville Developmental Center last year. It  
18 involves the safe transition of persons with  
19 disabilities to licensed community agencies  
20 across Illinois to replace the services  
21 historically provided at Murray Developmental  
22 Center.

23 That process begins with an independent,  
24 comprehensive needs evaluation. This evaluation

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1 is the key to the design of the customized  
2 support plan. The evaluation starts with the  
3 person at the center of the conversation. Since  
4 the information discussed is highly  
5 individualized and personal, the result is the  
6 development of what is titled as a  
7 person-centered plan.

8 Our team works with the individual, their  
9 family and guardian, and provider agencies to  
10 create community settings that meet the needs of  
11 the person. This has resulted enriched  
12 lifestyles and activities for many who have  
13 already moved or transitioned.

14 The closure of large, inefficient centers  
15 will allow the funds to be better spent to expand  
16 home- and community-based services.

17 The governor, along with the Illinois  
18 Department of Human Services and Division on  
19 Developmental Disabilities, is committed to  
20 providing community-based alternatives to  
21 institutional care that's consistent with the  
22 Supreme Court ruling, the 1999 Olmstead ruling,  
23 mandating that persons in institutional settings  
24 be afforded greater opportunities for community

1 living.

2 The state believes we can better use the  
3 limited state funds to care for people in the  
4 community. In addition, the federal government  
5 through Money Follows the Person program provides  
6 additional federal matching funds to incentivize  
7 states to transition nursing home residents to  
8 community living and facility closures.

9 We urge you to support the governor's  
10 Rebalancing Initiative and vote to support the  
11 closing of Murray Developmental Center.

12 Thank you.

13 HEARING OFFICER AVERY: Thank you.

14 Next is Joe Turner.

15 MR. JOE TURNER: Good afternoon. My  
16 name is Joe Turner. I represent the Division of  
17 Developmental Disabilities. I'm the executive  
18 director for the Bureau of Clinical Services.  
19 I'm also representing director Kevin Casey, who  
20 is unavailable today. I have submitted written  
21 testimony that I would like to read into the  
22 record.

23 On behalf of the Illinois Department of  
24 Human Services, Secretary Michelle Saddler, and

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1 Division of Developmental Disabilities, I extend  
2 our appreciation for your facilitating this  
3 important hearing regarding the proposed closure  
4 and discontinuation of the Warren G. Murray  
5 Developmental Center.

6 His proposed closure is reflective of  
7 Governor Pat Quinn's commitment to providing  
8 community-based alternatives to state-operated  
9 institutional care and the State of Illinois'  
10 Rebalancing Initiative for the system of services  
11 for people with intellectual disabilities.  
12 Additionally, the effort will better align  
13 Illinois with national trends, standards, and  
14 expectations in serving people.

15 It is important to recognize that the  
16 Murray Center is an Intermediate Care Facility,  
17 ICF for short, that's certified under federal  
18 standards. The intermediate care program is a  
19 federal Medicaid program that contains 2 parts.

20 The first program is an ICF program which  
21 certifies larger facilities, usually 16 beds or  
22 more, they can be either private or public, and  
23 the second phase is the Medicaid waiver program  
24 that allows states to serve people in smaller and

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1 more integrated community settings.

2 Illinois has utilized both parts of the  
3 Medicaid program for more than 20 years and the  
4 expense of Medicaid waiver services has greatly  
5 reduced the need for state-operated ICF services,  
6 as well as private ICF services.

7 Consider that in a 10-year span, Illinois  
8 has seen the census at state-operated  
9 developmental centers reduce from approximately  
10 2,800 people served to approximately 1,800. In  
11 that same period of time, people accessing  
12 community-based residential waiver services has  
13 expanded from approximately 5,700 to 9,800  
14 people.

15 It is an important distinction that neither  
16 the Murray Center nor any of the other 6  
17 state-operated ICFs are regional facilities.  
18 They are all state-wide programs and all serve  
19 people from around the state. Illinois does not  
20 operate a catchment area theory for  
21 state-operated ICFs, nor do most other states.

22 In order to make an assessment as to  
23 whether adequate services are available, it is  
24 necessary to consider the programs and capacities

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1 in the community waiver to the ICF program.

2 Under the Rebalancing Initiative, the state does  
3 not intend to lessen the ability to serve people  
4 in the Medicaid program. In fact, the goal is to  
5 expand capacities and access to services for  
6 persons in need.

7 Each person who transitions from the Murray  
8 Center will be afforded an opportunity to have an  
9 independent assessment related to their needs and  
10 ongoing supports. These assessments are  
11 important resources in the development of  
12 individualized, person-centered supports and  
13 services will be available and funded for each  
14 person upon their transition to a new setting.

15 It is anticipated that some families and  
16 guardians will decline to participate in the  
17 individualized, person-centered planning process,  
18 and we are respectful of their position.

19 Families and guardians do have the option of  
20 identifying either alternate community-based  
21 services or private or public ICFs depending on  
22 where the person can best be supported.

23 Illinois has unfortunately lagged far  
24 behind other states in the movement from

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1 individuals from large congregate care facilities  
2 to homes -- small and more integrated community  
3 homes. The state's Rebalancing Initiative is  
4 meant to begin to make up that difference.

5 The closer and discontinuation of the  
6 Murray Center is one more important step that  
7 improves Illinois' position in complying with  
8 national trends in services for people with  
9 intellectual disabilities and to comply with  
10 expectations of federal Medicaid funders and  
11 legal requirements in this system.

12 Again, I extend our appreciation for your  
13 hosting this hearing, and I thank you for the  
14 opportunity to present on this important matter.

15 Respectfully submitted, Kevin Casey.

16 HEARING OFFICER AVERY: Thank you.

17 Mayor Ashby.

18 MAYOR TOM ASHBY: Mayor Tom Ashby.

19 First of all, I would like to welcome all  
20 of you to this public hearing, encourage this to  
21 be a productive exercise in sharing our concerns  
22 about the closure of Warren G. Murray Center. I  
23 speak on behalf of the city of Centralia when I  
24 say the impact of the closure of this facility



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1 affects us on several fronts, and I strongly  
2 oppose the application to discontinue services  
3 and close this facility.

4 The residents of Murray Center, which I  
5 call citizens of the city of Centralia, have been  
6 calling this community their home, some of them  
7 for over 40 years. They have family members who  
8 have relocated around this community to be close  
9 to their loved ones at Murray Center and this  
10 impact would require them to relocate. This  
11 creates an enormous hardship on those individuals  
12 and their families and our friends and our  
13 neighbors.

14 These citizens worship here, shop here,  
15 work here, eat at our restaurants. They are part  
16 of this community. Some of them, as I said  
17 before, almost 40 years.

18 A loss of our citizens who call Murray  
19 Center has a grave impact on organizations that  
20 provide support services to this facility. Our  
21 hospital, which is nationally recognized, medical  
22 services, Kaskaskia Workshop, Kaskaskia College,  
23 and other professional organizations designed to  
24 make program services to the residents of Murray

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1 will, in turn, have to make significant  
2 adjustments to their organization. This could  
3 create, in turn, more job loss, loss of  
4 professional providers and organizations to  
5 continue to support our community.

6 I welcome you-all to maybe visit the  
7 facility of Murray Center. It's been a proud  
8 part of our community since 1963, and I take  
9 great pride in saying Murray Center is one of the  
10 top facilities in the State of Illinois and I  
11 still struggle with the thought why it's being  
12 closed.

13 I think it's because of our employees there  
14 -- we have over 570 employees there -- that take  
15 care of our citizens is the reason why it's been  
16 one of the top facilities in the state of  
17 Illinois, and I beg you to go study those  
18 figures.

19 Unfortunately, Marion County remains in the  
20 top 10 in unemployment. We rank anywhere from 5  
21 to 7 with over 11.3 unemployment in the State of  
22 Illinois.

23 Now, how do you do a comparison of that?  
24 Well, if you had to do a comparison -- some of

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1       you being in the Springfield area can actually  
2       relate to this, so I'm going to offer you a  
3       little analysis of what we have.

4               Your labor force at Murray in Centralia  
5       18,114; in Springfield it would be 115,000  
6       people. The unemployed we have in our  
7       area 2,136; in Springfield it would be 9,762.  
8       New unemployed number from the closure of this  
9       facility, 575; in Springfield that would almost  
10      be 5,000 people. That's the comparison. That  
11      shows you the effect. The unemployment rate here  
12      is 11.3; Springfield it's 8.4 right now. It  
13      would take up our unemployment rate to  
14      15 percent. We would be the top county in the  
15      State of Illinois at 15 percent. I would also  
16      bring up Springfield to 12.6.

17              So this does have a devastating effect to  
18      our economy. We think that job skills are needed  
19      for this position, not be able to replace in this  
20      community. For these who seek employment with  
21      other state agencies will most likely have to  
22      travel some distance to continue to work in their  
23      profession. For others, in order to secure  
24      employment, they will have to move out of the

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1 area. The loss of those individuals and their  
2 families affect our schools, our neighborhoods,  
3 our churches, our community as a whole.

4 The effects of this are far reaching and  
5 devastating to our regional community, and I  
6 cannot emphasize the opposition to the closure of  
7 this facility.

8 The City of Centralia has the support of  
9 the Southern Illinois Mayors Association, which  
10 has chartered and say they are directly opposed  
11 to the closure of this facility. We have also  
12 started a regional coalition, which is  
13 comprised of 5 counties -- let me list them for  
14 you, Marion, Clinton, Washington, Jefferson,  
15 Fayette Counties -- and we have over 80 different  
16 municipalities saying they are opposed to the  
17 closure of this facility. So I think that  
18 represents that southern Illinois residents  
19 deserve a voice in the policies that impact our  
20 vitality and safeguard our communities and  
21 employees and most importantly our citizens. I  
22 know that I echo their opposition to this  
23 application to discontinue services and close  
24 this facility.

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1                   Finally, let my citizens keep their home.  
2                   Keep Murray Center open.

3                   Thank you.

4                   HEARING OFFICER AVERY: If you have  
5                   your written testimony and want to submit it,  
6                   will you please just place it on this chair, and  
7                   those who have the green sheets, when you come up  
8                   when I call your number, also place it there,  
9                   please.

10                  Thank you.

11                  Representative Meier.

12                  REPRESENTATIVE CHARLIE MEIER: Good  
13                  afternoon. I am representative Charlie Meier,  
14                  and I am against Project 13-058. I am against  
15                  the closing of Murray Center. The DHS  
16                  application for permission to close Murray Center  
17                  is flawed, incomplete, and a costly mistake.

18                  Title 77 of the administrative code  
19                  provided by the Joint Committee on Administrative  
20                  Rules pertains to the discussion criteria that  
21                  this board must use. Section 1110.130 titled  
22                  "Discontinuation Review Criteria" clearly states  
23                  that the applicant shall document that the  
24                  discontinuation of the entire facility will not

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1 have an adverse impact upon access to care for  
2 residents of the facility's market area.

3 I do not accept the DHS misleading view  
4 that Murray Center market area should be defined  
5 as the entire State of Illinois. A significant  
6 number of the residents and their families have  
7 homes in central and southern Illinois. I refer  
8 once more to the map clearly indicating that  
9 large portions of the Illinois will lose critical  
10 services. Going way beyond the suggested  
11 45-minute driving time, distance has become  
12 completely unreasonable for residents and  
13 families concerned.

14 The same impact on access review criteria  
15 continues with "the applicant shall provide  
16 copies of impact statements received from other  
17 sources or healthcare facilities located within  
18 45 minutes' travel time that indicates the extent  
19 to which the applicant's workload will be  
20 absorbed without conditions, limitations, or  
21 discrimination." A judge pointed out to me the  
22 key word "shall" in this code statement and says  
23 it's the same as must. The state must.

24 By my count there are at least 15 ICF-DD

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1 facilities that should have impact statements  
2 included with the DHS application. It is  
3 misleading for DHS to simply state that there is  
4 no other SODC within 45 minutes of Murray Center.  
5 We already know that and appreciate this  
6 acknowledgment of the huge adverse impact that  
7 will be caused by closing Murray Center.

8 DHS told the guardians of the current  
9 residents they must look to other service  
10 providers, so the ICF-DD category should have  
11 been the minimal requirement for collecting,  
12 submitting impact statements. The closest ICF-DD  
13 never received such requests. DHS is required to  
14 request these impact statements 30 days prior to  
15 and submit them with their application to you.  
16 The application is incomplete and misleading due  
17 to this omission.

18 Most importantly, the application is  
19 missing important information. Some of Murray  
20 Center's residents and their guardians did  
21 approach other ICF-DDs and were rejected. So to  
22 infer that there would be nothing gained from  
23 obtaining impact statements is incorrect. The  
24 area's other resources and healthcare facilities

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1 have significant conditions and limitations to  
2 express.

3 I am deeply concerned that the decertifying  
4 Murray Center will eliminate the \$2 million the  
5 state receives monthly in federal dollars at a  
6 time when the state cannot fiscally handle the  
7 loss. There is no telling how long the federal  
8 lawsuit will last or what its final ruling will  
9 be. Decertifying Murray Center now could cost  
10 the state as little as 2 million a month or as  
11 much as hundreds of millions of dollars over  
12 several years' time. This process should not be  
13 continued in its flawed manner. Until the Murray  
14 Center is closed it should not be decertified.

15 During session this past spring, I had a  
16 woman in a wheelchair come and visit my office.  
17 Unfortunately, I was on the house floor and  
18 unable to see her when she arrived. My secretary  
19 asked if she could help her. The visitor  
20 informed Susan that she wanted to urge me to  
21 close Murray Center.

22 Susan said to her, "There's a lot of people  
23 that live at Murray Center that want to stay  
24 living there."



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1 And she said, "Really?"

2 Susan said, "Really." She said, "why do  
3 you want to see Murray Center closed?"

4 "I was told to say it."

5 This occurred on lobby day for Arc of  
6 Illinois and Equip for Equality, who have both  
7 been working to close Murray Center.

8 I have to ask: who is taking advantage of  
9 the mentally handicapped in the State of  
10 Illinois?

11 I am also still finding that most of my  
12 questions pertaining to the closure of  
13 Jacksonville Development Center are being left  
14 unanswered. Repeatedly I have asked for reports  
15 relating to the health of the patients moved from  
16 JDC. However, monthly reports have been stopped.

17 I would like to direct the board today to  
18 the Joint Commission on Administrative Rules  
19 Administrative Code, Title 77, Public Health,  
20 Chapter 2, Section 1110.130. According to that  
21 section, you should have received all  
22 questionnaires and data required related to the  
23 JDC no later than 60 days from the date of  
24 discontinuation.

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1           Has this commitment been met? I have not  
2           seen it. Failure to comply with this code shall  
3           not be tolerated.

4           What can be done to prevent hollow promises  
5           from being used again?

6           Closing Murray Center will have a  
7           significant adverse impact on access to services  
8           for the current residents, their families, and to  
9           the region of the state. I urge you to deny  
10          Project 13-058 and to keep Murray Center open.  
11          Decertification will begin to turn off the  
12          federal funds that we all know Murray Center  
13          brings into our struggling state. Do not rush  
14          into this dangerous action.

15          I urge you to deny Project 13-058, and I  
16          beg to differ when you said there was no cost  
17          impacts to the State of Illinois, because  
18          unemployment for the first 6 months for the  
19          Murray workers will be \$6 million, and if we want  
20          to bring jobs into the State of Illinois, as have  
21          been done with Governor Quinn's projects, it will  
22          cost about 7 million to bring in 561 jobs.

23          So tomorrow there will be a House  
24          resolution and a Senate resolution filed for

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1       bipartisan support to stop the decertification of  
2       Murray until the federal lawsuit is heard.

3                   HEARING OFFICER AVERY:

4       Representative Cavaletto.

5                   REPRESENTATIVE JOHN CAVALETTI:   My  
6       name is John Cavaletto.   Good Irishman.

7                I have been around Murray Center for a long  
8       time, 63 years, since its conception.   Worked  
9       with and in and out of it for a long time.

10               For the most part of the past year, I  
11       watched, read, listened to the governor say how  
12       he plans on closing facilities around Illinois.  
13       He has mentioned the state's large debt and how  
14       he feels closing the facilities will help reduce  
15       the debt.   I don't disagree that we have very  
16       large financial problems to deal with in our  
17       state, but I fail to see how saving a few pennies  
18       is worth risking safety and developmental  
19       disability of the residents of Murray Center.

20               Historically, Murray Center has been where  
21       patients that are too high risk to be placed  
22       elsewhere have gone.   I have heard many stories  
23       from parents who have told me how their loved  
24       ones were denied entrance into community programs

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1 and how Murray Center was their last resort. But  
2 now, by closing Murray Center, the governor is  
3 telling the families to put their lives of their  
4 loved ones in the hands of the understaffed,  
5 undertrained community providers that originally  
6 told them no.

7 All throughout the governor's efforts to  
8 shut down Murray Center, I have asked a simple  
9 question: Is there nothing else we can cut from  
10 our bloated state government that doesn't impact  
11 the safety of development disability patients  
12 that reside at Murray Center and require high  
13 levels of care and treatment? What about the  
14 safety of the employees at the community programs  
15 that have repeatedly said they are unprepared to  
16 deal with the severely disabled patients that  
17 Murray Center has?

18 One of the fundamental roles of the state  
19 government is to provide for the safety of its  
20 residents; however, part of ensuring the safety  
21 of the residents is to make sure potential  
22 hazards are prevented and that residents are not  
23 placed in harm's way. I'm convinced the governor  
24 is placing these residents of Murray Center

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1 directly in harm's way, and I will do all I can  
2 to stop that from happening.

3 Thank you.

4 HEARING OFFICER AVERY: Nate Wheeler.

5 MR. NATE WHEELER: My name is Nate  
6 Wheeler. I'm a staffer for Senator Kyle  
7 McCarter. Senator Kyle McCarter would have been  
8 here today to take part in this hearing if it  
9 wasn't for a previously scheduled trip out of  
10 town that he was unable to reschedule. He asked  
11 me to relay his concerns for the residents of  
12 Murray, their families, and employees. He asked  
13 me to read the following written statement.

14 Ladies and gentlemen of the board, let me  
15 first say thank you for your efforts to do the  
16 right things in this case for the people of  
17 Illinois, most of all the residents of Murray  
18 Center and their loved ones.

19 As a senator for the 54th district, it is  
20 my duty to do the same. As I should, I know the  
21 budget challenges of our state. I agree that in  
22 many instances, placing those who are  
23 developmentally disabled in a CILA can be the  
24 best, most respectful, and affordable choice.

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1       These are circumstances, however, where we must  
2       take into consideration the severity of the  
3       disability, such as the case with those at Murray  
4       Center.

5               The people I am defending today are not  
6       able to come here and communicate their need to  
7       not be moved. Many are not even able to feed  
8       themselves, let alone able to enjoy playing the  
9       guitar like the gentleman who the governor  
10      introduced in his budget address.

11             I understand the aim of the governor is  
12      cost savings and dignity. By moving these most  
13      vulnerable residents at Murray, we may indeed  
14      achieve the cost savings. The result, if we go  
15      through with this, however, will surely not be  
16      dignity. I believe we still -- I believe we will  
17      still instead place in jeopardy the lives of the  
18      most vulnerable in our state, those who we should  
19      be defending and protecting, those who cannot  
20      come to the microphone or send a message like  
21      mine today, those whose mothers and fathers know  
22      them best and how sensitive they are to major  
23      changes like this.

24             The convenient choice for you here today is

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1 to allow the closure process to continue,  
2 treating the Murray residents like all the  
3 others, hope for the best, hope that they adjust,  
4 hope that they fit in, hope that somehow  
5 magically it works out.

6 But instead, I ask you to make a better,  
7 yet more challenging, decision. Delay this  
8 closure and commission our state government to  
9 come up with an alternative arrangement to build  
10 a community at Murray more like the model that  
11 the federal government and the governor desires,  
12 one that is more efficient and cost effective but  
13 at the same time protects the lives of the  
14 residents.

15 Yes, this option is not convenient, nor can  
16 it be accomplished by the desired deadline. It  
17 is complex in ways, but I am confident that the  
18 parents, professionals, and care providers  
19 together have the ability and willingness to  
20 craft a plan that achieves governor's aims and  
21 too protects the lives of the residents.

22 My comments today have not focused on the  
23 devastating effects this closure will have on an  
24 already struggling local economy, nor the

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1        tremendous burden we will place on the families  
2        who purposely live close to their loved ones so  
3        that they can be with them as much as possible,  
4        but on what it should be, these precious people  
5        at risk, the most vulnerable in our state, the  
6        severely developmentally disabled living at  
7        Murray.

8                I know you desire to do the right thing  
9        today. I would humbly request that you delay  
10       this closure and request an alternative plan be  
11       submitted to you by a reasonable date.

12               Thank you in advance, Senator Kyle  
13       McCarter.

14               HEARING OFFICER AVERY: Mike Hall.

15               MR. MIKE HALL: My name is Mike HALL.  
16       I am a staffer for Congressman John Shimkus, and  
17       he asked that I come today and read a letter to  
18       the board submitted as oral and written.

19               Mr. Mike Constantino, Illinois Health  
20       Facilities and Services Review Board, 525 West  
21       Jefferson Street, 2nd floor, Springfield,  
22       Illinois 62761.

23               Dear Mr. Constantino, regarding: Opposed  
24       to Project 13-058.



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1           As you consider the pending closure of the  
2           Warren G. Murray Developmental Center, I urge you  
3           to look beyond politics and financial  
4           considerations and instead think about the  
5           residents. These patients need special care and  
6           may not be able to express their own thoughts  
7           about this situation.

8           As you are aware, there are lawsuits  
9           pending regarding various aspects of the closure.  
10          I am not commenting on those, but believe the  
11          review board should not act until those suits are  
12          resolved.

13          You will also be presented evidence that  
14          concerns me about the residents and their  
15          situations after departing Murray Center. If  
16          reports are true, I worry for their health and  
17          safety outside of Murray Center.

18          Should a patient and their family fear  
19          placement in a new setting far from home, that  
20          causes not only mental anguish about the transfer  
21          but anguish over the physical care of -- the  
22          patient will receive at the new site.

23          Another concern I have is about the tactics  
24          utilized by the State of Illinois in trying to

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1       silence workers at Murray Center who are the most  
2       knowledgeable about the patients. why would the  
3       state put workers in a situation where they face  
4       punishment for following what they believe to be  
5       the best course of care for a patient?

6               Again, please consider the hundreds of  
7       lives of patients, parents who aren't here in  
8       person but here through us, their parents,  
9       guardians, family members, community members, and  
10      even elected representatives.

11              Thank you for your service to our state and  
12      for your fully considering the lives of the  
13      residents of Murray Center. I urge you to deny  
14      application for Project 13-058.

15              HEARING OFFICER AVERY: I think that  
16      was the last speaker --

17              MAYOR TOM ASHBY: I have a county  
18      board chairman.

19              HEARING OFFICER AVERY: Did he sign a  
20      green sheet?

21              MAYOR TOM ASHBY: Yes, he signed a  
22      green sheet.

23              HEARING OFFICER AVERY: Can you put  
24      it on the chair with the others, please?

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1 CHAIRMAN RAY KLOECKNER: My name is  
2 Ray Kloeckner, and I am chairman of the Clinton  
3 County Board and the residents of the Murray  
4 Center, which they consider their home and  
5 Clinton County is their home.

6 I come before you to oppose Project 13-058  
7 with the Illinois Department of Human Services  
8 requesting approval of the closure of the Murray  
9 Center. Had the requirements outlined in the  
10 application process been followed and information  
11 complete, it would be apparent that this closure  
12 would create a great hardship on both the clients  
13 and our region as a whole.

14 Our community has grown to love and care  
15 for the Murray Center campus and enjoy their  
16 participation in the activities. They are an  
17 active part of our community, participating in  
18 events from the parades to shopping at Walmart  
19 and local outlets. We all would love to see what  
20 is best for them with the highest level of  
21 community interaction that is feasible and in the  
22 best interest.

23 The campus is a source of pride and  
24 beautifully maintained. The staff are respected

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1 for their dedication and knowledge and dealing  
2 with the severest challenges that they face.

3 Having the knowledge of the region and the  
4 services, it is very apparent that the closure of  
5 this facility would leave a significant gap in  
6 the services available to provide a safe  
7 environment for all, including those existing  
8 residents currently residing in the CILAs with  
9 less restrictive capabilities.

10 As a county and a region, we are  
11 ill-equipped to make such a massive move in such  
12 a short time frame as requested. We do know from  
13 experience that the results of such a move  
14 include increased pressure upon the emergency  
15 personnel and in some instances death. We do not  
16 have the necessary beds in CILAs to provide homes  
17 in the environment prescribed.

18 The Murray guardians that have tried  
19 placements in CILAs have run into repeated  
20 rejections due to special needs of their loved  
21 ones and places the current CILAs residents at  
22 risk.

23 I have communicated with our emergency  
24 personnel, and they concur that the opposition to

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1       this request just makes sense. At best, it would  
2       result in total upheaval of families from what  
3       has been their home for years. It would create  
4       total upheaval in the financial stability of the  
5       region already plagued with economic challenges.

6               Murray Center is a beautiful facility that  
7       provides a safe, ADA-accessible facility with  
8       staff that know them and love them within the  
9       feasible distance for the well-being of all. To  
10      keep this center open is clearly their choice,  
11      and to initiate a process that clearly leaves a  
12      gap in that choice of services is a disservice to  
13      all.

14             I respectfully request your opposition to  
15      Project 13-058.

16             Thank you.

17                     HEARING OFFICER AVERY: Now I will  
18      start to call in numeric order going with the odd  
19      numbers.

20             Number 1.

21             when you come up, please state your name.  
22      Also, put your testimony and green sheet on the  
23      chair.

24             Thank you.

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1 MS. RITA WINKELER: My name is Rita  
2 winkeler. I'm the president of the Murray  
3 Parents' Association.

4 Under the administrative code for  
5 discontinuance of closure of a facility, there  
6 are only a few reasons this can take place.

7 These are:

8 1, an insufficient demand for services.  
9 DHS used the admittance numbers for 2012, a year  
10 they were not allowing people to be admitted to  
11 Murray, even those people who are requesting  
12 Murray as placement for their loved one. Every  
13 week the social workers at Murray continue to  
14 receive requests from agencies about placement  
15 opportunities at Murray. The social workers have  
16 had to tell agencies that DHS does not allow  
17 anyone to be placed at Murray. The demand is  
18 definitely there, but DHS is refusing Murray's  
19 services for these disabled citizens.

20 2, lack of sufficient staff. Once ads were  
21 placed in local newspapers in our area, there was  
22 no trouble hiring qualified staff, and this will  
23 not be an issue in the future if the  
24 administration continues to advertise in the

1 local newspapers.

2 3, the facility is not economically  
3 feasible. Murray Center is one state center that  
4 generates more federal funds than it consumes.

5 4, the facility is not in compliance with  
6 licensing. Public Health is at Murray  
7 constantly, and the last Public Health survey was  
8 good. We have consistently ranked as one of the  
9 best SODCs in the state.

10 Stating the above, we come to the  
11 conclusion there are no valid reasons to close  
12 Murray Center.

13 Also, more important is the fact that there  
14 are over 200 parents and guardians that want  
15 ICF-DD level of care for our loved ones. The  
16 residents need this because of the trained staff,  
17 safety issues, and nursing care. Parents  
18 especially want this because of the higher  
19 standards set for SODCs than for community  
20 placement.

21 Murray is inspected by over 5 different  
22 agencies each year. A community home is  
23 inspected once every 3 years, and if it is  
24 privately owned, only paperwork is looked at, not

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1 the inside of the home. This stringent oversight  
2 will be lost if our loved ones move to the  
3 community.

4 If Murray Center closes, it will be a  
5 hardship for parents and guardians as the  
6 distance to visit our loved ones matters  
7 tremendously to us and to the health and safety  
8 of our loved ones. We, along with the staff, are  
9 a part of the team that help our loved ones  
10 achieve their highest potential. It would be  
11 very detrimental for all of us if we are not in  
12 close proximity to our loved ones.

13 The closure of Murray will have a  
14 significant adverse impact on residents' health  
15 and well-being. Dental care for the disabled is  
16 virtually nonexistent in the community. I know  
17 this from attempting to get dental care for my  
18 brother who lived in a CILA. Even though we were  
19 able to pay for the services, it took us over  
20 9 months to find a dentist willing to care for  
21 him. For my son Mark and other residents of  
22 Murray, finding a dentist in the community who  
23 would care for their special needs would be  
24 virtually impossible.



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1           Besides dental care, the nearest  
2           psychiatric services are over an hour away. This  
3           could be the difference between life and death  
4           for our residents. The residents at Murray  
5           require the on-site care of the many  
6           professionals who work at Murray: Behavior  
7           analysts, speech therapists, occupational  
8           therapists, dietitians, doctors, and  
9           round-the-clock nurses. These are not  
10          consistently available in the community.

11          The closure of Murray will also have a  
12          significant adverse impact on residents'  
13          socialization and ability to be part of the  
14          community. The residents of Murray are a part of  
15          the community of Centralia, participating in  
16          church, sporting events, shopping, and all  
17          aspects of community life. In the community the  
18          disabled are often isolated due to lack of staff  
19          to take them on outings and lack of access to  
20          community activities.

21          The closure of Murray will also adversely  
22          affect our residents because they will lose the  
23          services of highly trained staff. Staff at  
24          Murray Center are not considered permanent staff

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1       until after almost 6 months of classroom, as well  
2       as on-the-job training. In the community staff  
3       receive 40 hours of classroom training and  
4       40 hours of on-the-job training. Frequently, due  
5       to budget issues, the staff are poorly paid and  
6       staff turnover is a constant battle in the  
7       community.

8               The consistent staff at Murray enable staff  
9       to get to know and understand our severely  
10      disabled residents. This is extremely important  
11      to those residents who are nonverbal, highly  
12      medically involved, or have severe behavioral  
13      issues. They need the dedicated, trained staff  
14      that is present at Murray Center. This cannot be  
15      duplicated in the community.

16             I stress now that Murray Center should not  
17      be closed. The lives of our loved ones depend on  
18      keeping Murray Center open.

19             Thank you.

20                     HEARING OFFICER AVERY: Thank you.

21             Number 3.

22                     MR. ROBERT KELSHEIMER: My name is  
23      Robert Kelsheimer. I'm the executive director of  
24      the Greater Centralia Chamber of Commerce. For

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1 the record, our organization is opposed to the  
2 closing of Murray Center. Our board of directors  
3 has sent a letter to Mr. Constantino to that  
4 effect.

5 what most people here may not realize is  
6 that the Chamber of Commerce actually raised the  
7 funds back in the late '50s and early '60s to  
8 purchase the ground that Murray Center sits on  
9 today. The economic impact of Murray Center was  
10 recognized back then as a significant thing for  
11 our region.

12 The purpose of my testimony today is to  
13 discuss the economic impact our area has already  
14 seen just by the proposed closure and what will  
15 be experienced by an actual closing.

16 In 2012 Northern Illinois University  
17 Regional Development Institute did an impact  
18 study on the effect of closing Murray Center and  
19 what it would do to our regional economy. A copy  
20 of that report has been included in my testimony  
21 for your records and more detailed review. Due  
22 to time constraints, I will focus on the most  
23 relevant points.

24 The NIU report stated that just the

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1 proposed closing of Murray would result in  
2 reduced economic activity. I can confirm that  
3 that has indeed been the case.

4 Commercial and industrial realtors from  
5 outside our area have told me that the  
6 much-publicized potential closing of Murray is  
7 having negative impact of working with prospects  
8 to consider locating here.

9 Local realtors experienced an immediate  
10 increase in home listings, commercial rental  
11 property leasing has slowed significantly, and  
12 numerous small business owners have deferred  
13 expansions or canceled them altogether.

14 In short, our area is experiencing reduced  
15 consumer confidence and economic paralysis.

16 Marion County's unemployment rate, already  
17 one of the highest in the state, could easily  
18 exceed 13 percent following the closure of Murray  
19 Center. Centralia will realize the brunt of the  
20 economic impact, as a significant majority of  
21 those employed at Murray Center live here and use  
22 Centralia as their retail hub.

23 The study predicts the direct and indirect  
24 employment loss of 761 jobs as a result of the

1 closing. The study estimates the direct and  
2 indirect regional economic impact will be in  
3 excess of \$50 million. Such an economic loss  
4 will have devastating effect on our local  
5 economy.

6 Finally, the average annual compensation  
7 for Murray Center's highly trained, skilled  
8 employees that is used in this NIU study was  
9 \$68,273, that includes wages and fringe benefits,  
10 which is almost double the average household  
11 income in Centralia.

12 Unfortunately, experience has shown that  
13 future users of closed facilities, such as in our  
14 industrial park or facilities like other large  
15 employers that have been vacated, has resulted in  
16 considerably fewer jobs and at a much lower wage  
17 rate, in the 10 to \$15 an hour range, with few or  
18 no benefits.

19 In summary, closing Murray Center will  
20 create a staggering loss of wealth that will be  
21 felt in every segment of our economy. For the  
22 sake of our regional economy and those served at  
23 Murray Center, the Greater Centralia Chamber of  
24 Commerce respectfully asks that the request to

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1 close Murray be denied. This is the end of my  
2 testimony.

3 Thank you.

4 HEARING OFFICER AVERY: Number 7.

5 DR; KAREN KELLY: I am Dr. Karen  
6 Kelly, and this is my son Eric. Eric lives at  
7 Murray Center. And I apologize that Eric is a  
8 little noisy, but that's Eric's normal behavior.

9 I'm also an experienced behavioral  
10 healthcare nurse. I'm an expert in health  
11 policy. I teach at an area university. I'm a  
12 member of the Metro East Human Rights Authority  
13 of the Illinois Guardianship and Advocacy  
14 Commission.

15 Eric is almost 40. He functions at the  
16 level of a 30-month old child -- don't touch  
17 that. He has an IQ of about 40. He is severely  
18 mentally retarded as a result of his autism. He  
19 has nonverbal problems, but he uses sign speech.  
20 He smiles a lot when he's happy, and because he's  
21 rocking right now, he's very happy.

22 He has a propensity for temper tantrums  
23 that are called autistic meltdowns. He eats  
24 inedible items. He bites people and he wanders.

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1       when he's upset, he hits, he bites, he scratches  
2       like a toddler, except he's got the body of a  
3       linebacker.

4               He came to Murray 14 years ago when the  
5       community could no longer provide care for him  
6       because he was too big and too low functioning.  
7       He can be a loving, wonderful kid, but when his  
8       compulsive behaviors -- and that's part of autism  
9       -- are thwarted, he has tantrums, autistic  
10      meltdowns.

11             I have scars on my arms. I have  
12      osteoarthritis in my thumbs and my wrists because  
13      of my son's assaults when he was very young up  
14      until this recent time. If his behaviors are  
15      thwarted, if he has a meltdown for no apparent  
16      reason, he does attack, and you have to know what  
17      you are doing in order to handle it.

18             And despite the comments of some folks from  
19      DHS that you can always tell when an autistic  
20      person is going to melt down, almost 40 years of  
21      experience tells me you can't.

22             CILA care is cheaper than SODC care. I'm a  
23      psych nurse. I support community care for the  
24      appropriate psychiatric and intellectually

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1 disabled persons. But like cheap pantyhose, 1  
2 size doesn't fit all, and not 1 kind of service  
3 fits every developmentally disabled person.

4 what will happen in the community when  
5 somebody like Eric has a major meltdown and poses  
6 a threat?

7 My husband and I were recently at the Home  
8 Depot in O'Fallon -- I'm going off script because  
9 I have heard too many things said today that are  
10 not true -- we were in O'Fallon at Home Depot  
11 and Eric had a meltdown for no apparent reason,  
12 and we hustled to get him out of there for fear  
13 that someone could call the place and we would  
14 have to explain to the police -- even though Eric  
15 was wearing T-shirt that said "be patient with me  
16 I have autism." My husband is 6'2", and it took  
17 both of us to get him out of there.

18 CILA care is cheaper because it's a lesser  
19 level of care. There are no nurses 24/7. There  
20 are no regularly scheduled therapists. There are  
21 no physicians present during the day or on call  
22 at night.

23 One of the local agencies that has CILA  
24 care in the O'Fallon community told me if



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1        somebody gets sick in the middle of the night,  
2        they load everybody up in the van and they take  
3        them to the emergency room. And I asked them how  
4        they plan to get my son out of bed at 2:00 in the  
5        morning, because I know it would take a tow  
6        truck. If he doesn't want to move, he's not  
7        moving.

8                Not long after Eric came to Murray Center,  
9        he had a bowel obstruction; in part his own fault  
10       because he was eating little trinkets that he  
11       eats. It's part of who he is. He does it at  
12       home. I used to keep rubber gloves by the toilet  
13       so I could clean the loose change and the rocks  
14       out of the toilet once a week because he would  
15       ingest those.

16               He got up that morning. He couldn't tell  
17       the nurse what was wrong with him, but when he  
18       got to his medicines, he took the nurse's hand  
19       and put it on his stomach. It was hot and it was  
20       hard. Very quickly the nurse assessed him,  
21       called the physician, had him sent to the  
22       hospital, and a few hours later once he was  
23       stable he had surgery. Had his bowel ruptured,  
24       my son would have suffered sepsis and likely

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1 would have died. That could happen in a CILA.

2 In Calumet Park -- Calumet City, rather, in  
3 the Chicago suburbs, in February of 2012, a young  
4 man, 17, who lived at home, had a meltdown. He  
5 grabbed a table knife. He was swaying it, waving  
6 it at his parents. They called the police; the  
7 same police force that had been trained on how to  
8 deal with an autistic person in the community.  
9 Instead of using a Taser -- which unfortunately  
10 they have had to do in the past -- 1 cop drew his  
11 gun, shot the young man in his hand. When he did  
12 not drop the knife, he fired a kill shot and  
13 killed the 17-year-old male who functioned at the  
14 level of a toddler. That's what I'm worried  
15 about. That's why I fear Eric's placement in the  
16 community and the placement of others at Murray.  
17 This is dangerous health policy. This is  
18 dangerous public policy.

19 when we emptied the community mental -- the  
20 state mental health centers back in the '60s and  
21 '70s beginning in California under the reign of  
22 Ronald Reagan, we said, "We are going to put  
23 people into community care." Well, we never  
24 built that infrastructure. Even here today in

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1 Centralia, you have the homeless, mentally ill  
2 who roam our streets, who look for places under  
3 bridges, who seek out cardboard boxes.

4 I live in the Metro East area. We have  
5 many agencies that work with the homeless, and  
6 for a while I was the director of social services  
7 for one large Metro East hospital. We don't take  
8 care of the mentally ill, and we sure are not  
9 ready to take care of the developmentally  
10 disabled in the community.

11 Of late, Mr. Freeman's affidavit, the  
12 gentleman -- the attorney appointed by the court  
13 to be the guardian ad litem for state guardian  
14 residents of Murray went to the community. He  
15 looked at those homes. When I got that document,  
16 I sat and I cried for 3 hours. It is appalling.  
17 Someone belongs in jail. If that sort of thing  
18 happened in a hospital, heads would roll.

19 Someone was denied his seizure medicine for  
20 3 days and wound up hospitalized for a seizure.  
21 That's unthinkable.

22 A woman whose medical case I have read who  
23 has esophageal scarring so she cannot take oral  
24 foods has a J tube, a tube planted in her

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1 stomach, a feeding tube. They ran out of the  
2 nutritional formula that she needed and the  
3 management refused to provide it, so staff had to  
4 collect money to go buy Ensure to put in the  
5 tube. That's quality care in the community?

6 My son is not going to play a guitar in the  
7 community. He's not going to go gardening.  
8 Quite honestly, folks, this is a little gross, my  
9 son can't wipe himself after toileting. He needs  
10 somebody to do it for him -- unless you want the  
11 toilets blocked. When he lived at home, I had  
12 the plumber on my speed dial because he can't  
13 take care of himself. He can't brush his teeth.

14 He's in the care of caring, consistent  
15 staff. Are they well paid? Yes. Because you  
16 know what, they have got one hell of a tough job.

17 CILAs have high turnover. They pay minimum  
18 wages, and as documented in Mr. Freeman's  
19 affidavit, they work hours that violate federal  
20 and state labor law.

21 That's what you want for people like Eric?  
22 I don't think so. I think in your heart you want  
23 to do the right thing. I hope you will oppose  
24 the closure of Murray Center because this is the

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1 face of Murray Center.

2 And be aware, my son is one of the highest  
3 functioning individuals at Murray Center. He's  
4 on the -- in the cottage that has the highest  
5 functioning group. We have residents who are in  
6 subacute hospital settings at Murray in 2  
7 cottages because of their health needs. They  
8 need 24/7 nursing care. Eric and his  
9 cottagemates need care every day.

10 He's a pretty sweet guy right now. If he  
11 had a meltdown, he could rip your arms off. He  
12 definitely could break them. I have the scars to  
13 prove it.

14 Thank you.

15 HEARING OFFICER AVERY: Thank you.

16 Number 11.

17 MS. RITA BURKE: My name is Rita  
18 Burke. That's a hard act to follow. I am  
19 president of the Illinois League of Advocates for  
20 the Developmentally Disabled, or IL-ADD.

21 IL-ADDs members are the presidents and  
22 other key people from all of Illinois'  
23 state-operated developmental center  
24 family/guardian organizations. Our loved ones

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1 served at Murray Center and the other SODCs have  
2 severe, profound intellectual disabilities,  
3 complicated medical conditions, severe behavior  
4 disorders, like my son Brian, and/or combinations  
5 of those conditions, and they rely on the  
6 intensive services provided in our SODCs.

7 we oppose the closure of Murray and the  
8 removal of any SODC resident from any of the  
9 SODCs under the current state plan called the  
10 CRA/ACCT or "person-centered plan," because it is  
11 illegal, dangerous, and coercive. we have  
12 brought a lawsuit to that effect along with the  
13 Murray Parent Association and several individual  
14 plaintiffs.

15 Currently there are 249 residents of the  
16 Murray Center with 13 on pre-transitional visits.  
17 Some residents who were transitioned out of  
18 Murray have been ordered back to the center by  
19 the court-appointed guardian ad litem after he  
20 found the conditions at the CILAs to which they  
21 had been transitioned were inadequate or unsafe.  
22 Both federal and state courts have put in place  
23 temporary restraining orders enjoining the state  
24 from removing any Murray residents, whether they

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1 have private or state guardians without the  
2 written permission of the guardian, and they have  
3 put those in place until the state has heard --  
4 excuse me -- until the federal court has ruled on  
5 the preliminary injunction, now which is  
6 scheduled for January 6, 2014, more than a month  
7 after the state's intended closure date. The  
8 state acts as though they can disregard these  
9 facts and close Murray on November 30 by  
10 pressuring guardians and frightening staff with  
11 continuing closure notice and threats. The fact  
12 is, Murray Center is not ready for closure any  
13 time in the near future.

14 The behavior of the state, suggesting that  
15 they can do as they will and ignore the oversight  
16 and judgment of the courts, is frightening.  
17 Families of SODC residents across the state are  
18 concerned that the state is willing to force an  
19 illegal and dangerous closure process on Murray  
20 Center, as it did on Jacksonville Center, and  
21 that that process is a blueprint in concept and  
22 method for closing all of the state-operated  
23 developmental centers in Illinois, depriving  
24 citizens of the most severe developmental

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1 disabilities the intensive level of care that  
2 they separately need.

3 Murray Developmental Center is the current  
4 target in Governor Quinn's ACCT plan to remove  
5 high-needs individuals from ICF/MR level of care  
6 and place them in non-comparable community  
7 settings. That plan is violative of the law.

8 All Murray residents are entitled to  
9 intermediate care facility for the mentally  
10 retarded, ICF/MR, level of care, which in  
11 Illinois includes SODCs and private ICFs/DD.

12 The state has not complied with the  
13 Illinois Health Facilities and Services Review  
14 Board requirements for closure. The application  
15 for Murray closure to this board boldly states  
16 that DHS/DDD did not comply with the requirements  
17 to solicit impact statement from the facilities  
18 offering comparable services within 45 minutes  
19 from Murray because there aren't any. It goes on  
20 to state that the closest SODC located -- SODCs  
21 located in Anna and Kankakee are, in time  
22 distance, 1 hour and 44 minutes and 3 hours and  
23 30 minutes respectively. However, the  
24 application addresses its ability to meet



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1 intensive needs with the other SODCs.

2 They say that there are 2,270 licensed beds  
3 and only 1,563 currently used or 69 percent.

4 This is interesting because Jerry Stam, assistant  
5 deputy director for SODC operations, has told  
6 Choate professionals and guardians that 10 people  
7 are waiting in jail to access Choate services and  
8 we must move people out before we can move these  
9 individuals in.

10 The application further states that moving  
11 Murray to other SODCs will be transition census  
12 neutral because professional number of current  
13 SODC residents will move out as the new Murray  
14 residents move in.

15 what we are saying is this plan immediately  
16 impacts all of the SODCs, not just Murray.

17 The ACCT plan is numbers-, deadline-, and  
18 dollars-driven, not person-centered as the state  
19 claims. Governor Quinn's Rebalancing Initiative  
20 and ACCT plan calls for the removal of 600 SODC  
21 residents to community settings in 2.5 years at  
22 the rate of 20 per month as though they are  
23 cattle, instead of fragile human beings who have  
24 already been injured under this plan.

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1 Not only is this plan nonrealistic, it is  
2 dangerous because it fails to take into account  
3 the fragility, the vulnerability of these  
4 Illinois citizens whose guardians are now being  
5 badgered and pressured into choices that they  
6 believe are not in the best interest of their  
7 loved ones.

8 We urge you to vote against the closure of  
9 the Murray Developmental Center.

10 Thank you.

11 HEARING OFFICER AVERY: Thank you.

12 Number 13.

13 MS. MARSHA HOLZHAUER: You can read  
14 this later. My name is Marsha Holzhauer.

15 HEARING OFFICER AVERY: Just say for  
16 the record that you are submitting written  
17 testimony.

18 MS. MARSHA HOLZHAUER: Oh, sorry.  
19 I'm submitting my affidavit and my statement.

20 HEARING OFFICER AVERY: Thank you.

21 MS. MARSHA HOLZHAUER: Thank you.

22 My name is Marsha Holzhauer, and I'm an  
23 attorney that practices in Clinton County where  
24 Murray Center resides. I went to law school

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1 25 years ago at St. Louis U so that I could help  
2 disabled people. I am the Court-appointed  
3 guardian ad litem. What that means is it's my  
4 job, as eyes and ears of 3 counties around here,  
5 to represent not only alleged disabled people but  
6 also all the abused and neglected kids in this  
7 area. I just left court in Marion County, Salem,  
8 where we had juvenile court today where that's my  
9 job is to represent kids who sometimes can't  
10 speak for themselves.

11 But today I'm here as, not a lawyer, not as  
12 an advocate, and not as a guardian ad litem in  
13 this case, because my son Darby is age 33. He's  
14 been a resident of Murray Center for 26 years.  
15 He was born here in Centralia. I was -- my  
16 ex-husband and I were lucky to have Murray Center  
17 here, even though it took almost an act of  
18 Congress to get him placed there. My son is  
19 almost as big as Eric, his buddy from Apple  
20 Cottage, but he's also nonverbal and he functions  
21 at probably a little bit less communication than  
22 Eric. He would be doing the same thing as Eric  
23 today. I didn't want to risk it. Karen has got  
24 more guts than I do.

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1 My son Darby is a very low-functioning  
2 autistic individual. He was diagnosed at 22  
3 months old. His dad and I, we tried to keep our  
4 family together, but because of the severe  
5 autism, everything in our lives fell apart, and  
6 when he was 7, by then my ex-husband and I  
7 decided to place Darby at Murray Center because  
8 we all live here.

9 I have known a family that I met 40 years  
10 ago who moved from Chicago when they put their  
11 son -- placed him at Murray Center so they could  
12 move their whole life and be near their son who  
13 still lives on Apple Cottage with Eric and Darby.

14 I will tell you for one that they are not  
15 going to move my son 250 miles away to an SODC.  
16 I stop in -- my law practice -- I just bought a  
17 house in Centralia again to move back to my  
18 hometown a year and a half ago, and then I get a  
19 notice that they are going to close Murray  
20 Center. I'm not moving my kid until somebody  
21 drags my dead body over the coals.

22 These people have taken care of my son. My  
23 son cannot tell me when he gets hurt. One time  
24 years ago a staff member scratched him, and I

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1 knew about it within 15 minutes. There has to be  
2 sufficient staff. There has to be nurses.

3 My son also has seizures. I know within  
4 probably 15 or 20 minutes if he has a seizure,  
5 but I know a nurse is on staff who gives him his  
6 seizure medication.

7 If my son -- if I thought my son could live  
8 in a CILA, don't you think I would -- I love him.  
9 I'm his legal guardian, but I'm also his mother.  
10 And I would have him in a CILA if he could  
11 function that way. I won't know if he gets his  
12 medicine -- he's also on a diet, because like  
13 Eric he's a big guy and they eat too much. But  
14 he has to have a strict diet. He has to have his  
15 medications by a nurse.

16 Also, he has to be sedated before he goes  
17 to a dentist because he is not cooperative  
18 whatsoever. We were lucky to have a dentist that  
19 takes care of our Murray residents. You cannot  
20 find, probably outside of St. Louis, anyone that  
21 will even take our loved ones to provide dental  
22 care.

23 But my main concern is I have been a guinea  
24 pig. I have started through the process to try

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1 to see what the state could come up with. And so  
2 far since January -- I have met with Mark Doyle,  
3 I have met with CRA, the CRTT people, and now we  
4 are in October and I have yet to receive an  
5 individual budget, any kind of plan, and they did  
6 give me a couple names of CILAs which are in the  
7 area where I live -- I'm the one that takes care  
8 of him. I buy all of his clothes. I'm out there  
9 every week. Any time day or night, I can go see  
10 my son. They are not going to move him too far  
11 from his home.

12 But in this process that we are going  
13 through, it's been 10 months now, I don't have an  
14 individual budget for Darby. I have also been  
15 promised that if I don't make a deal now, we are  
16 going to get left out when they lock the doors  
17 and they move the last residents out. I think  
18 that's intimidation tactics. And I'm not a --  
19 I'm a tough bird, I can take it, but a lot of our  
20 residents are elderly now and they have elderly  
21 guardians. And I think intimidation and threats,  
22 which might work for those poor, elderly  
23 guardians of their loved ones, is not something  
24 that's going to work for Rita, Karen, or me

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1 because we are not going to stand for it.

2 I have been given promises and a couple  
3 CILAS -- which I can tell you I was not appointed  
4 as a guardian ad litem for the office of state  
5 guardian boards because I have a conflict of  
6 interest because of my son. Had I not had a son  
7 there, I would have been appointed.

8 But Stewart Freeman in the Clinton County  
9 case has found just what Karen Kelly stated, that  
10 the staff is not trained, they are working too  
11 many hours, they are not providing the quality of  
12 care that we get at Murray Center, and I'm not  
13 going to let my son be treated like that, so I  
14 will fight this until I don't have any breath  
15 left.

16 Thank you.

17 HEARING OFFICER AVERY: Thank you.

18 Number 15.

19 MR. VERNELL BURRIS: Thank you. My  
20 name is Vernell Burris. I'm related to Senator  
21 Roland Burris.

22 of the problems with this issue is what you  
23 work, what you can afford. If you look at Murray  
24 Center, can you look at Murray Center objectively

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1 or subjectively? When you're dealing with human  
2 beings' lives involved, it's more involved than  
3 subjective.

4 If you look at Murray Center resident,  
5 Medicare, state employees, time, effort, what it  
6 takes, if you take the whole package together  
7 right there, there's the whole issue which you  
8 must completely look at separately.

9 If you look at a figure here -- and Murray  
10 Center residents gets federal SSI. And one of  
11 the problems if you move them CILAs, small units  
12 housing, if you take a figure of 10 residents or  
13 if you use 5, whatever you want to use, 5, 10,  
14 whatever you want to use, let's use a figure of  
15 10 employees, use a figure of \$8.25 an hour,  
16 that's 82.50 an hour for these 10 employees. In  
17 a 24-hour period, that's \$1,980. If you use that  
18 on a figure of 30 days, that's \$59,400.

19 Now, if you look on the other side, which  
20 they get SSI, that's only \$7,300 that you are  
21 going to get. If you take the figure of \$7,300  
22 from the \$59,400, you come up short \$52,100 per  
23 month.

24 One of the problems we have in area right



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1 here is we have Brookside Nursing Home close down  
2 because of money problems. Now we got Friendship  
3 going to close down in January for money  
4 problems. It's very difficult for private  
5 industry housing Murray Center or any type of  
6 resident, nursing home, et cetera, to compete  
7 with government supported entities because of the  
8 financial aspect which they get. Government has  
9 more money to deal with; private industry  
10 doesn't. Brookside closed down because the state  
11 owed them \$90,000, couldn't fit the bill. You  
12 are going to find out all these CILAs, the same  
13 thing there. They are not going to have the  
14 money to support these things, these residents.

15 That's one of the problems you deal with  
16 this whole thing is sure, you can move the  
17 resident out. Where are you going to put them  
18 at? In smaller community, CILA. How are they  
19 going to financially make it? That's one of your  
20 problems you are dealing with.

21 So you sit and look at what are you talking  
22 about a person goes off, you got to call the  
23 resident, call the hospital, et cetera. Those  
24 are things you got to deal with.

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1           Let me say one other thing in the  
2 background, which is going to affect you. You  
3 got ObamaCare, healthcare, that's going to affect  
4 you. It's going to affect every hospitalization  
5 nurse on the area. It's going to affect. That's  
6 the thing that's whether or not you are going to  
7 get reimbursement versus the cost. All right?

8           So when you look at Murray Center, you got  
9 to look at whole objectively on this thing say,  
10 look at what's the best benefits for the resident  
11 versus state, and then I hope you make the right  
12 decision. But please keep Murray Center open.

13           Thank you.

14           HEARING OFFICER AVERY: Thank you.

15           Number 17.

16           MS. JUDY GRONER: My name is Judy  
17 Groner, and I oppose the application for closure  
18 for Murray Center.

19           I am a member of 3 different human rights  
20 committees for the disabled. One committee is  
21 for a county vocational workshop, one is for a  
22 8-bed CILA, and one is for a state-operated  
23 developmental center. Even though those services  
24 and programs are different, the human rights

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1 objectives are the same: That each individual be  
2 treated with dignity and respect and that we act  
3 in the best interest of each individual. Murray  
4 Center achieved these objectives on a daily  
5 basis.

6 I know this firsthand because my  
7 25-year-old daughter Kathryn is a resident. For  
8 18 years my full-time job was taking care of  
9 Kathryn. Her last year living at home was the  
10 most difficult, as her self-injurious behavior  
11 had turned into a full-blown crisis. I would  
12 spend each day trying to stop Kathryn from  
13 banging her head as hard as she could against  
14 walls, tables, windows, bathtubs, doorjams,  
15 dashboards, or any hard surface she could find.  
16 I would spend each day trying to hold Kathryn  
17 down on her bed so that she would not punch  
18 herself in the face. She would yell, scream,  
19 cuss, bite, and spit at me. During her last year  
20 at home, Kathryn was admitted to 7 different  
21 treatment facilities within Illinois, Missouri,  
22 and Ohio. No one could help her. Our last hope  
23 was to place Kathryn in Murray Center, a state  
24 facility.

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1           Now, believe me, a family does not enter  
2           into that decision lightly. It is an agonizing  
3           decision. It is a last-resort decision, but it  
4           is a decision filled with love and one that a  
5           parent never regrets making. Placing Kathryn in  
6           Murray may have been the hardest thing I have  
7           ever done, but it was the best thing I have ever  
8           done for her. It was the right thing to do.

9           The progress Kathryn has made while living  
10          at Murray is amazing. Her self-injurious  
11          behavior has improved greatly, and she is now  
12          able to attend a workshop program and earn a  
13          paycheck. She now goes to restaurants, movies,  
14          church, shopping, and participates in Special  
15          Olympics. Murray Center is only a 35-minute  
16          drive from our family home, and we visit her at  
17          least 3 times a week.

18          When I see Kathryn's achievements, the  
19          guilt I felt 7 years ago has now been replaced  
20          with relief. When I see her fullness of life,  
21          the emptiness I once felt has now been replaced  
22          with new Murray friendships.

23          If Murray closes, I will be forced to make  
24          those agonizing decisions all over again.

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1 Kathryn will be forced to move from the safe,  
2 structured environment that she now calls home.  
3 She will not be able to move to a CILA because  
4 they are not appropriately staffed or trained to  
5 care for her behavioral needs. She will not be  
6 able to move to her family home because her  
7 self-injurious behaviors still occur. So now we  
8 come full circle and Kathryn will probably need  
9 to be transferred to another state facility.

10 Now, doesn't that seem ridiculous to have  
11 to move her from one facility, that she calls  
12 home and is only 35 minutes from her family, to a  
13 different facility filled with strangers and is  
14 at least 3.5 hours away from her family? What  
15 will happen to families in the future when they  
16 need the help that only Murray can provide?  
17 Where will they have to go? How far away will  
18 they have to drive?

19 When Kathryn leaves Murray, it should be  
20 because she is ready to leave, not because  
21 someone makes her leave. When Kathryn is ready  
22 to slowly transition out of Murray, she will need  
23 the physical presence of Murray Center to be  
24 nearby. She will need that security and safety

1 net for years to come.

2 The human rights of the disabled are very  
3 important to me. I am very proud of Murray  
4 because the staff does treat each resident with  
5 dignity and respect. The staff does act in the  
6 best interest of each resident.

7 Now I am asking you to act in the best  
8 interest of 200 residents and their families.  
9 I'm asking you to please deny this application.

10 Thank you.

11 HEARING OFFICER AVERY: Thank you.

12 Number 19.

13 MR. WYLIE BLAIR: My name is Wylie  
14 Blair, and I'm with the law firm of Sandberg  
15 Phoenix and I represent the petitioners in the  
16 Clinton County action in which governor -- I'm  
17 sorry -- Guardian Ad Litem Freeman has been  
18 appointed guardian over the 24 office of state  
19 guardian wards.

20 I have a few things to submit for the  
21 record. I don't have any written testimony.

22 what I do have is the declaration of  
23 Stewart Freeman, which has been filed in the  
24 Federal District Court for the Northern District

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1 of Illinois; the declaration of Janice Kerst and  
2 that of her husband William Fields in relation to  
3 their daughter Jennifer Fields that's also been  
4 filed with the United States District Court for  
5 the federal district -- Northern District of  
6 Illinois; then the memorandum opinion and order  
7 that Judge Aspen, who is presiding over the  
8 federal court case, issued yesterday; finally, I  
9 have our petition here that was -- actually it's  
10 the amended petition which was filed in Clinton  
11 County, and it's supported by numerous affidavits  
12 which I hope you will take a look at.

13 I would like to start out by framing the  
14 issue that I want to address and which I think  
15 needs to be the threshold inquiry of the panel  
16 here, and that is: Are residents of Murray  
17 Center whenever they are transitioned out going  
18 to receive the same level of care that they are  
19 at Murray Center? And I think the answer to that  
20 question is an absolute resounding no.

21 I appreciate Dr. Kelly covered some of the  
22 material that I have and had planned on covering  
23 in relation to Stewart Freeman's investigation.

24 The findings of Mr. Freeman have been

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1 absolutely appalling. No one on this panel, and  
2 I would venture to say no one in this room, would  
3 allow a loved one with disabilities to live in  
4 one of these CILAs. I want to give a few more  
5 examples.

6 There's, of course, the episode where the  
7 gentleman was not given his seizure medication  
8 and ended up in in the hospital. Hadn't had a  
9 seizure in years.

10 Next episode, they run out of the  
11 doctor-specified nutrition that this woman was  
12 supposed to be ingesting through a J tube, and  
13 they go to the store and they feed her Ensure.

14 Now, I think it was Mr. Doyle, if I caught  
15 his commentary correctly at the beginning of this  
16 session, he said that the objective of closing  
17 down these facilities and transferring into  
18 integrated living arrangements was to improve  
19 quality of life. Do those sound like  
20 improvements to quality of life?

21 Just to address some more of Guardian Ad  
22 Litem Freeman's findings, he starts out -- he  
23 says, "I do not have a high opinion of the CILAs  
24 and their ability to care for my medically



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1 fragile clients and clients with behavioral  
2 disabilities.

3 "I inspected the CILA on August 27, 2013,  
4 in Mount Vernon, Illinois. My inspection  
5 revealed the following concerns:

6 "The front door was not locked, even though  
7 one my of clients was an elopement risk" --  
8 meaning they run away. "That CILA is located  
9 next to a major road, a half block from the CILA;

10 "One of the employees admitted that she is  
11 working her 6th straight 12-hour day in a row;

12 "One of the employees had 2.5 months'  
13 experience at the CILA but the other only had  
14 3 weeks;

15 "A client with pica had denim bed sheets  
16 rather than appropriate tear-resistant sheets."  
17 Of course denim bed sheets are going to present a  
18 choking hazard;

19 "One client had a history of self-injurious  
20 behavior and did not have padding in his bed and  
21 in other common areas of the home;

22 "The staff did not know where the fire  
23 extinguisher was when asked;

24 "The cleaning materials were in open access

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1 to the residents" -- and keep in mind that the  
2 residents include 1 with pica.

3 "The staff had no idea what a medication  
4 log was and couldn't provide one;

5 "There was not an appropriate biohazard  
6 disposal receptacle" -- so presumably  
7 biohazardous material is going in the trash;

8 "The staff seemed ignorant of my client's  
9 dietary concerns, stating 'whoever is on duty  
10 decides what we eat';

11 "The CILA had been open in May 2013. The  
12 rate of pay was less than \$9 an hour per worker.  
13 The staff appeared -- that day appeared to have  
14 little or no training in that one of the workers  
15 could not turn on the light in the client's  
16 bedroom."

17 Does that sound like improved quality of  
18 life to you? It doesn't to me.

19 Moving on to the CILA on Ridge Road, in  
20 Mr. Freeman's inspection of that CILA, he found  
21 that a workman was working with power tools  
22 outside the residents and had left timbers  
23 exposed with nails in a vacant room in the CILA  
24 during that visit. And keep in mind that most of

1       these residents are noncommunicative.

2               There wasn't, again, an appropriate  
3       biohazard disposal receptacle. Medications were  
4       kept in unlocked locations accessible to the  
5       clients. Again, the staff had 3 weeks'  
6       experience. They didn't know where the fire  
7       extinguisher was.

8               One of the clients there had a history of  
9       self-injurious behavior. The wheelchair -- she  
10      was wheelchair bound and mittens on her hands and  
11      all times because she will try to induce  
12      vomiting. She is also in need of a feeding tube  
13      and specialized prescribed nutrition through this  
14      tube.

15              Mr. Freeman says, "I am deeply concerned  
16      with placing clients like this in a CILA because  
17      they could easily be abused and no one would know  
18      it. I also believe that she will never be  
19      integrated into the community and should have  
20      never been placed in this community placement."  
21      Yet she's there.

22              Let's move on to 4th Street in Centralia.  
23      This is where the client had a seizure and was  
24      sent to the hospital because they didn't have the

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1 proper medication for 3 days. The worker stated  
2 that they didn't have medication for 3 days  
3 because there was a problem getting the  
4 prescribed medication because they didn't have  
5 the appropriate Medicaid card.

6 Again, 3 workers were present at the  
7 facility making \$9 an hour, limited experience.  
8 No appropriate biohazard receptacle.  
9 Refrigerator was stocked with high-sodium food  
10 that was not appropriate for my client's  
11 low-sodium diet.

12 Moving on, he also had 2 CILA employees  
13 come and speak with him personally. They  
14 approached him. Female worker -- who I won't  
15 identify in these proceedings, but if you want to  
16 take a look at the affidavit, you can -- she was  
17 familiar to Mr. Freeman in that she had been  
18 prosecuted for burglary in Marion County -- and  
19 he provides the case number there.

20 The male worker that came to him, since he  
21 had been interviewed, has been charged with  
22 physically abusing a disabled person housed in a  
23 prior facility to his work at CAIL -- in other  
24 words, a prior CILA he was fired for allegedly

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1       abusing a resident and ended up in another CILA.  
2       He now has a Class 3 felony pending against him  
3       in Marion County.

4               The worker reported that she had spent her  
5       own money to purchase personal and household  
6       items for residents because it was so difficult  
7       to obtain these items from her boss, Rhonda  
8       Harris. "She provided me with a receipt of the  
9       items she said were for residents. She stated  
10      that on a number of occasions one of the CAIL  
11      CILAS would transfer their residents to other  
12      facilities for 6 to 12 hours because the  
13      facilities did not have appropriate staffing."

14             Do you think the medical records went with  
15      those residents? Do you think that their  
16      medications went with those residents? Do you  
17      think the staff at those other residences knew  
18      what the needs were of those individuals whenever  
19      they were pawned off to the other CILA because  
20      there wasn't adequate staffing?

21             "She went on to state that the scheduling  
22      of workers was left to the last minute and she  
23      would have to work double shifts to cover working  
24      two 12-hour shifts." She was working 24 hours

1 straight.

2 "She stated that at one point in time she  
3 worked 38 straight days and was literally  
4 delirious while working shifts at the end and had  
5 an emotional breakdown." She showed Mr. Freeman  
6 pay stubs indicating that she had worked 140,  
7 150, and even 180 hours over a 2-week period, a  
8 90-hour work week taking care of these  
9 developmentally disabled, fragile people.

10 "She continued that the only way they  
11 stopped scheduling her for work was that she  
12 cried and broke down in front of Ms. Harris to  
13 get a day off."

14 The male worker went on to state that --  
15 I'm sorry. That was her as well.

16 The worker went on to state that the client  
17 that needed a feeding tube at the Ridge Street  
18 CAIL, they ran out of the prescribed feeding tube  
19 nutrition, and they gave her Ensure after going  
20 to the store and purchasing it themselves.

21 The worker indicated that -- the male  
22 worker indicated that he had worked at one point  
23 for 36 straight days. He's the one who has the  
24 felony charge of abusing a disabled person at the

1 other CILA.

2 Both ex-employees described working at the  
3 CILA as chaotic.

4 Mr. Freeman closes his affidavit by saying,  
5 "Based on what I have seen during the course of  
6 my inspections, I have concerns about the  
7 placement and welfare of my wards that are unable  
8 to communicate and have such severe disabilities  
9 they are vulnerable to abuse or neglect. If  
10 conditions I have seen and heard now exist, what  
11 will happen to my wards 2, 3, 5 years down the  
12 road after the scrutiny of the facilities has  
13 passed? I fear that severe abuse and maybe even  
14 a possible premature death could occur in the  
15 future if inadequate oversight is not  
16 maintained."

17 Keep in mind that governor -- Guardian Ad  
18 Litem Freeman was appointed as a neutral party.  
19 He doesn't have a dog in this fight. He doesn't  
20 know anybody at Murray Center or have any family  
21 there prior to being appointed as the guardian ad  
22 litem.

23 Moving on, Janice Kerst, another  
24 declaration. She was not an office -- she did

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1 not have a child that was an office of state  
2 guardian ward but consented to transfer to  
3 another -- transfer to a CILA based upon the  
4 promise that, you know, if she is one of the  
5 early ones that agrees to consent, she is going  
6 to get her daughter placed in a better CILA.

7 She says Jennifer who is 20 -- Jennifer is  
8 her daughter.

9 "Jennifer, who is 27 years old, has been  
10 diagnosed with moderate mental retardation,  
11 bipolar disorder, and attention deficit  
12 hyperactivity disorder. She has a history of  
13 exhibiting aggressive behavior, as well as  
14 self-injurious behavior. Her most recent  
15 incident of self-injurious behavior was in  
16 January 2013 after which she was placed in  
17 restraints. She has a mental age of 5.

18 "She has received care in 4 separate care  
19 facilities since the age of 13. Prior to  
20 August 2013, she had resided in Murray  
21 Developmental Center for 11 years.

22 "On August 8, 2013, Jennifer was moved from  
23 Murray Developmental Center to her new home on  
24 609 Lawndale Avenue in Danville, Illinois."



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1           On her first visit to see Jennifer, less  
2           than a week after Jennifer's arrival in Danville,  
3           she saw holes in the wall in Jennifer's bedroom.  
4           She asked the CAIL staff about the holes. They  
5           said they would replace the drywall with 3/4-inch  
6           drywall and that now she was going to hurt  
7           herself instead of the wall. There was no  
8           padding visible on the wall after the incident.

9           On Saturday, August 30, 2013, she returned  
10          to the CAIL home to take Jennifer for a second  
11          home visit until Thursday, September 4, 2013. At  
12          that time she learned that Jennifer had broken  
13          several windows. She had been taken to a  
14          hospital for treatment relating to the smashing  
15          of windows and banging her head against the floor  
16          and/or windows. No one from CAIL had ever called  
17          the mother to tell her about the incident. She  
18          didn't even know that her daughter was in the  
19          hospital and she's the guardian.

20          "When Jennifer was at the Murray  
21          Developmental Center, my ex-husband and I always  
22          received notice of serious incidents involving  
23          physical aggression. The Murray Developmental  
24          Center staff sent us consent forms if they were

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1 going to start Jennifer on a new medication or  
2 would obtain oral consent followed by a written  
3 notice.

4 "I have learned that while Jennifer was at  
5 CAIL, she was prescribed Ativan and Seroquel, 2  
6 substantial antidepressants. CAIL never asked  
7 for my consent to give Jennifer these  
8 medications. When I took Jennifer for a second  
9 home visit on August 30, 2013, they freely gave  
10 me a month's supply of drugs, even though her  
11 visit was for 5 days.

12 "I witnessed the effect of these  
13 antidepressants when I brought Jennifer home for  
14 her second visit on August 30, 2013. When I  
15 picked Jennifer up, she could barely walk and  
16 walked into doors and walls. I needed the staff  
17 to assist Jennifer walking to my car. While she  
18 was eating, she was so drugged she fell asleep  
19 with her food in her mouth. She was lethargic  
20 and barely verbal. I was upset with the effects  
21 of these drugs had on Jennifer and I had not been  
22 consulted."

23 They are doping these people up because  
24 they can't control them and it's their only

1 option.

2 "One day after I returned Jennifer to the  
3 Danville CILA, Jennifer was transferred to the  
4 Shapiro Developmental Center, an SODC. I was not  
5 informed of this transfer until after it  
6 occurred."

7 Again, they didn't even tell the guardian  
8 that they were taking her daughter and sending  
9 her to a different development center.

10 "I requested that Jennifer be returned to  
11 the Murray Developmental Center in an in-person  
12 meeting with Kevin Casey. If I had known how  
13 Jennifer would be treated at her home in  
14 Danville, I never would have consented in her  
15 transfer. In my opinion there are simply not  
16 safeguards, policies, community, and continuity  
17 of care that MDC has to offer."

18 I also have a declaration from Jennifer's  
19 father, and I won't reiterate all of the same  
20 aspects that were discussed in Jennifer's  
21 mother's declaration.

22 One thing I do want to --

23 HEARING OFFICER AVERY: Excuse me.

24 I'm going to have to ask you to conclude because

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1 we have about 10 more people left, and I went way  
2 over the limit. If you have those -- those are  
3 the ones that you submitted, they will get to the  
4 board members.

5 MR. WYLIE BLAIR: Okay. Indulge me  
6 for one last thing here. This is very important.

7 HEARING OFFICER AVERY: Thank you.

8 MR. WYLIE BLAIR: Another incident  
9 involved 2 wards that were transferred to a CILA  
10 on Greenview Road. Those residents, one had a  
11 history of violence and the other had -- both  
12 needed 1-on-1 care. They were sent to a facility  
13 -- a CILA where they had one worker there, a  
14 woman who was not strong enough to separate the  
15 2. It was not 1-on-1 care. This is the result.  
16 This is the 911 call.

17 (Tape played. Transcription  
18 provided by a May 28, 2013, memo  
19 from Shefsky & Froelich,  
20 Attorneys at Law)

21 "CALLER: Leave it alone.

22 "911 DISPATCHER: 911. What is  
23 the address of the emergency?

24 "CALLER: Umm, ma'am, my address

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1 is 275 Greenview Road. I'm a  
2 DST Medevac. I have 2  
3 individuals out here who are  
4 disabled and one will not leave  
5 everyone alone. He kicked him  
6 in his mouth and he is bleeding  
7 and he is not -- I can't even  
8 get them broken up hardly.  
9 "911 DISPATCHER: Okay. So  
10 they're fighting?  
11 "CALLER: Yes.  
12 "911 DISPATCHER: 275 Greenview?  
13 "CALLER: Yes, ma'am.  
14 "911 DISPATCHER: Do you need an  
15 ambulance also?  
16 "CALLER: Yes, ma'am.  
17 "911 DISPATCHER: Okay.  
18 Bye-bye.  
19 "CALLER: It's okay, sweetie.  
20 It's okay. I just called for  
21 help."

22 MR. WYLIE BLAIR: That's a direct  
23 result of being sent to a CILA that they had no  
24 business being in together that was woefully

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1 inadequately staffed.

2 I will just say, summing up here, if  
3 there's ever a set of facts under which the board  
4 is going to step in and say, "No, you can't do  
5 this to these people," this is it. This is it.

6 HEARING OFFICER AVERY: 21.

7 23.

8 MAYOR JOHN RAYMER: Thank you. I'm  
9 John Raymer, and I'm here to represent the  
10 citizens of Salem, Illinois, as their mayor.

11 We would like to enter these documents and  
12 appreciate the opportunity to do it. We  
13 appreciate the work of your group, Mr. Bradley.  
14 I don't begrudge you your work of having to go  
15 through all of these things. Ms. Avery, much the  
16 same thing.

17 I'm here to oppose Project 13-58, the  
18 closing of Murray Center, and I'm fairly  
19 confident by the time all the testimony is here  
20 today, you might have good reason to think the  
21 same thing.

22 I especially would like to talk just a  
23 minute about Title 77 of the Administrative Code,  
24 especially on page 51. On page 51 it addresses

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1 impact on access. We thought this was really  
2 interesting at our city council meeting.

3 We have been long-term supporters of Murray  
4 Center because so many of the people Salem are --  
5 we are about 15 miles away. We are part of this  
6 community. The Murray Center parents, the people  
7 with the green shirts, they are our friends, we  
8 know all of them. So we hope that we are your  
9 friends, that we are not a stacked house against  
10 you today, but we feel greatly about this.

11 We thought it was interesting in the  
12 application that the governor and his group  
13 simply chose to ignore data that would have shown  
14 that what they are up to just won't work.

15 And that is on page 51, starts out in  
16 number 1 says, "Document the discontinuation of  
17 each service will not have an adverse effect on  
18 the care of residents," and that is the first  
19 thing that we noticed, that it's anticipated the  
20 large majority of individuals at Murray Center,  
21 they are going to be going out into the larger  
22 community, which is the State of Illinois.

23 The State of Illinois -- there's 2 drawings  
24 up there. You can see the State of Illinois to

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1 the left; you can see the State of Illinois to  
2 the right. What's missing in the middle is that  
3 little yellow star that's got a 6 in the middle  
4 of it. That's Murray Center. That's what's  
5 close to our hearts, and that's why we are so  
6 upset today. Because if you take that little  
7 star away, it would be like having somebody in  
8 Chicago have to drive past Milwaukee to get to a  
9 facility, and we don't like that. We think  
10 that's inhumane in a lot of cases for what our  
11 kids go through.

12 In number 1 it says well, they are going to  
13 be sent out.

14 Number 2 it says "document that written  
15 request for an impact statement was received by  
16 all existing and approved healthcare facilities."  
17 They just didn't want to do this one so they  
18 stated that right, there are no other SODCs.  
19 That's not what it says. It says for the area  
20 for all of these providers that can provide the  
21 same services that we get at Murray Center, you  
22 have to survey these people and you have to find  
23 out what's there and you have to report back on  
24 it, and they said there are none, so they just



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1 ignored that one.

2 They got over to the next page that said  
3 "provide copies of impact statements received  
4 from other sources or healthcare facilities  
5 located within 45 minutes of time." They didn't  
6 do that one either. So they come before you to  
7 take a look at their data, and they said, "we  
8 just didn't want to do that. It was just darned  
9 inconvenient for us to go out and follow what it  
10 says in 77," and they didn't do it.

11 So I'm the mayor of Salem, and I have  
12 people wondering, can they get away with it.

13 MR. GEORGE ROATE: Sir, we need to  
14 ask that you conclude.

15 MAYOR JOHN RAYMER: Thank you.

16 HEARING OFFICER AVERY: Number 25.

17 MR. WYLIE BLAIR: Before you go, I  
18 have a transcription of the tape I played for  
19 you. I think the court reporter was having  
20 trouble with that.

21 HEARING OFFICER AVERY: Leave it  
22 there. I will make sure she gets a copy, please.

23 Just for the record, we have about 9 more  
24 people to go, so if we can stay close to

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1 3 minutes, that would be fantastic.

2 Thank you.

3 MS. LORETTA MADDUX: My name is  
4 Loretta Maddox. I am the mother of a child at  
5 Murray Center. And in 1969 I had to do the  
6 hardest thing I ever did in my life was to admit  
7 my son to Murray. Now he's been there 44 years.  
8 I never let them know when I'm going. I come  
9 unexpectedly. I have never found anything wrong.  
10 If Kevin gets sick or he needs to go to the  
11 dentist, I always get a phone call before, making  
12 sure that I am aware of what's happening to  
13 Kevin.

14 Kevin got meningitis when he was 8 months  
15 old, and he is a total vegetable. He is like a  
16 6-month-old baby, but he is 46 years old. He's  
17 been at Murray Center 44 years. And I know a lot  
18 of people think, "well, why bother?" But you  
19 know he's God's little angel too, and there's a  
20 reason that Murray Center is there to keep that  
21 baby alive. And all the people there love him to  
22 death. He is one of the happiest children and he  
23 smiles all the time. He's just terrific.

24 But it's just heartbreaking that you can't

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1 have him closer; let alone trying to move him  
2 further away and taking his home away from him.

3 Now, it did cause our family to break up,  
4 and I have finally 2 other children. But you  
5 never forget the one that God was protecting most  
6 of all, and Murray Center is a God-send for so  
7 many children.

8 And I'm sorry. But that's just so crazy to  
9 think of closing it to save a few dollars that  
10 this state has got out of hand with.

11 Thank you.

12 HEARING OFFICER AVERY: Thank you.

13 Number 27. 27.

14 29.

15 MR. STEVE COLEMAN: Hello, for the  
16 review board of the Murray Center Association of  
17 Springfield. My name is Steve Coleman, and I'm a  
18 concerned citizen.

19 Okay. Okay. I believe that, okay, that  
20 Murray Center should, like, remain open because I  
21 have, like, a lot of, like, friends and some,  
22 like, family members who work at Murray -- who  
23 work at Murray Center and, like, their jobs would  
24 be, like, affected. And I know that some of them

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1 have to, like, sell their homes and, like, move  
2 away from Centralia to get a better job in  
3 another city.

4 And I know a long time ago when I was in  
5 high school, I used to, like, work for Murray  
6 Center for the JTPA, like, youth, okay, like work  
7 program, and, you know, I fell, like, like,  
8 Murray Center to, like, stay here because really,  
9 like, the governor, Pat Quinn, is never really  
10 going to save a lot of money by, like, closing  
11 Murray Center because it's really not going to,  
12 you know, help a lot to get our state out of the,  
13 you know, a bad, like, debt that they we in.  
14 And, like, Centralia and surrounding, like,  
15 communities like Salem and Mount Vernon, like  
16 Jefferson County, there's people that need, you  
17 know, Murray Center to, like, stay open because  
18 they work at, you know, at Murray Center.

19 And, like, Centralia has lost a lot of,  
20 like, jobs in the last 20 or 30 or more years,  
21 and, you know, and we need Murray Center to,  
22 like, stay open.

23 HEARING OFFICER AVERY: Thank you.

24 Number 31.

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1 MR. EDDIE CAUMIANT: My name is Eddie  
2 Caumiant. I'm a regional director with AFSCME  
3 Council 31, and in that capacity I'm privileged  
4 to represent and have fought alongside the men  
5 and women, many of whom you see behind you, who  
6 work at Murray Center.

7 Last year they were fighting predominantly  
8 for their -- for their facility and for their  
9 jobs, for their community, for the home that they  
10 have mentioned that they have had helped make for  
11 residents that you have heard about.

12 But this year I have been, you know,  
13 consistently amazed and pleasantly surprised in  
14 many ways to see them fight for the dignity, the  
15 respect, and the care of those in their charge  
16 first and foremost. That's been their primary  
17 concern and continues to be their primary  
18 concern.

19 Because of that, because of my charge to  
20 bring to you at least some of their words, you  
21 know, you have heard a lot of the heart reasons  
22 that you should oppose this closure. If you have  
23 one yourself, it's hard to walk out of testimony  
24 like this and say anything other than "We have

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1 got to save Murray Center." But I understand  
2 that this board has a very limited capacity and  
3 very limited criteria that you are supposed to  
4 look at, so let me see if I can try to help give  
5 you some head reasons that you should support  
6 this very urgent need and keep Murray Center open  
7 by opposing this project.

8 To the application submitted by DHS, the  
9 board is supposed to look at specific criteria  
10 when evaluating whether to issue a closure  
11 permit. Let's see if DHS has met those criteria.

12 Number 1, they can't argue that there is  
13 insufficient demand for the service provided by  
14 the Murray Center when 230 of these families  
15 served by Murray Center have raised thousand of  
16 dollars at great personal cost to themselves to  
17 sue the state to try to preserve those services.

18 Number 2, there are certainly adequate  
19 staff. You have heard the numbers here today.  
20 It's not overstaffed, by any stretch of the  
21 imagination, but it is enough to provide the  
22 service that these residents require.

23 How about cost? When the difference  
24 between community and Murray's annual cost is so

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1 small -- 120,000 for the community CILA homes  
2 they have been talking about, not including  
3 medical costs, compared to \$150,000 per resident  
4 for Murray Center where medical services are  
5 included, DHS can't argue keeping Murray Center  
6 open impairs the facility's financial viability.

7 Number 4, Murray is in compliance with  
8 licensing and certification standards. Always  
9 has been. You have heard testimony here today  
10 that it's one of the number 1 facilities of its  
11 kind in the state. It's always been a  
12 high-quality facility, which is why families of  
13 the residents are so set against leaving.

14 So DHS can't meet the board's criteria for  
15 an acceptable reason for closure.

16 Now, the second part of this is next there  
17 are the criteria regarding the impact on  
18 services. DHS has not met their burden of  
19 demonstrating that they can close Murray Center  
20 without an adverse impact upon access to care.  
21 You have heard much testimony about that today.

22 The service in this case is residential and  
23 habilitative care for individuals with  
24 developmental disabilities who have significant

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1 health and/or behavioral issues that make it  
2 difficult to find care in community placements.  
3 Compelling words that you have heard today.

4 That service will no longer exist within  
5 45 minutes' travel time. In fact, DHS admits  
6 through its own application that it's 2 or even  
7 3.5 hours to the nearest state centers.

8 And the second point under this  
9 observation, is that there will certainly be a  
10 shortage of beds in the area. Look around you.  
11 If you drove into Centralia and you drive out of  
12 Centralia after tonight's hearing, how can DHS  
13 claim with a straight face that it can house 230  
14 residents in this community in the next 6 weeks?

15 And while DHS boasts a list of 50 providers  
16 willing to take the residents, for the state  
17 wards pushed out the door, only a handful of  
18 providers, and a bare handful at that, 2 or 3,  
19 have actually been used so far. One of them is  
20 CAIL which the recently appointed guardian ad  
21 litem for the state wards found employed abusive  
22 workers, failed to provide prescribed therapies,  
23 and generally provided services that were not at  
24 all comparable to those at Murray Center. Again,



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1 compelling testimony that you have heard already  
2 today.

3 MR. GEORGE ROATE: Sir, please conclude  
4 your testimony.

5 MR. EDDIE CAUMIANT: How can the  
6 board do anything but reject this application  
7 when its own criteria are not met?

8 HEARING OFFICER AVERY: Number 35.

9 MR. BILL HENSON: My name is Bill  
10 Henson, and first and foremost I oppose the  
11 process to close Murray Center and I pray upon  
12 this group to make the recommendation to Governor  
13 Quinn to keep Murray Center open.

14 As a social worker with Murray Center, I  
15 recently witnessed the hardship and uncertainty  
16 of these precious people who have been uprooted  
17 from their home and placed in community settings,  
18 such as those that went to that ill prepared-home  
19 in Centralia on Greenview Road which resulted in  
20 the physical assault and hospitalization of one  
21 resident. This was as a result of understaffing,  
22 and this was a result of inadequate preparedness  
23 by the manager of this home.

24 Additionally, I witnessed the suffering

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1       that my peers, the residents, and the families  
2       have endured as a result of this Active Community  
3       Care Transition process that's conducted by the  
4       CRA group that's presently at Murray Center.

5             My 46-year-old sister Paula, she's  
6       developmentally disabled. She's been at Murray  
7       Center since she was 11 years old. She's there  
8       because she's very aggressive, she's  
9       self-injurious, and there's just not a place in  
10      the community that can handle her behaviors.  
11      There's not a place in the community that can  
12      provide her a safe living except for Murray  
13      Center.

14            Paula is typical of the majority of these  
15      residents who only know Murray Center as their  
16      home. Essentially the closing of this facility  
17      will, and it has, disrupted, traumatized, and  
18      it's prematurely harmed an already marginalized  
19      population of people, special individuals who  
20      would suffer emotionally and physically from this  
21      ill-advised proposal by the governor.

22            It's been my pleasure to know and work with  
23      this great group of professional staff over the  
24      years, and Murray's success has been astounding

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1 in achieving the goal of medical treatment,  
2 habilitation planning, and protecting the safety  
3 and welfare of these residents while maintaining  
4 a positive, caring, and an overall loving  
5 attitude.

6 when you decide the fate of Murray Center,  
7 remember that the employees and their families  
8 have been and will continue to be emotionally  
9 burdened and, more importantly, the residents who  
10 live at Murray Center will be unnecessarily  
11 disrupted if forcefully integrated into the  
12 community.

13 This proposed closure is being done for the  
14 sake of minimal financial savings for the state,  
15 while ignoring one thing, that's the human  
16 factor, which is the cost of disrupting every one  
17 of these special people who fear losing their  
18 home, being placed in a less than caring  
19 environment, and being taken from their Murray  
20 Center family. And, yes, we are all a family.

21 Again, I pray that -- upon you to tell  
22 Governor Quinn to save their home, to save Murray  
23 Center.

24 Again, thank you for the opportunity to

1 speak to you.

2 HEARING OFFICER AVERY: Thank you.

3 Number 37. 37.

4 DR. JOSH BERGER: My name is Dr. Josh  
5 Berger. I practice here in Centralia. You have  
6 already heard many reasons why the state has not  
7 fulfilled its due diligence in its application to  
8 your board. You have already heard the damaging  
9 effects of putting these patients in CILAs.

10 On a day-in-and-day-out basis, I get to  
11 make decisions on my basis on a 1-on-1 basis.  
12 Today you get to make decisions for these  
13 patients on 250 of them at once.

14 Now, I have already counted, I have 21  
15 patients in this room. If I made a decision and  
16 that decision was proved to me that it was a poor  
17 decision, that these people show up and tell you,  
18 they say, listen, these people are having poor  
19 care, why would you choose to do it?

20 The third cause of death -- third leading  
21 cause of death in the United States is iatrogenic  
22 cause of death, that is caused from medicine or  
23 medical practices. So you are choosing to make  
24 these decisions and they have ramifications. So

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1 if I choose to make a decision with my patients  
2 and one of them dies, I have to follow up -- I'm  
3 responsible for this. If 20 percent of these  
4 people follow the path of what we have seen and  
5 20 percent of them die, that means 50 people have  
6 now lost their life.

7 Please think about that whenever you are  
8 making these decision. It's not just a simple  
9 decision. Please see it as a doctor's decision,  
10 because today you get to play doctor.

11 Thank you.

12 HEARING OFFICER AVERY: 39.

13 MR. STEVE KOPPEN: Hello, my name is  
14 Steve Koppen. I'm president of AFSCME Local 401.  
15 Been proud to work at Murray Center for 18 years.

16 DHS has not been truthful with the board in  
17 its filing for a closure permit for Murray  
18 Center. Here are some examples:

19 DH states that community care is  
20 significantly less costly, but the average cost  
21 of community placement increased from \$84,000  
22 when the closure was announced 19 months ago to  
23 \$120,000 now, not including medical expenses.

24 According to the numbers from the original

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1 closure plan, the per-resident cost of Murray  
2 Center, which does not include most medical  
3 expenses, is \$150,000. DHS hasn't proven any  
4 savings.

5 DHS says residents will have the  
6 opportunity to move to a less restrictive  
7 community setting. These residents and their  
8 families don't view this as an opportunity. We  
9 still have more than 230 residents at the center  
10 who chose stay and fight the closure.

11 DHS says it has worked collaboratively with  
12 COGFA, the legislative commission that reviewed  
13 the closure last year, but COGFA said no, voting  
14 against the closure of Murray. I don't think you  
15 can call ignoring the general assembly  
16 collaborative.

17 DHS says how great things went with the  
18 last closure you approved. DHS promised great  
19 alternative placements in the community in the  
20 area the residents are from, but there were 30  
21 JDC sent to the other state centers the last  
22 2 weeks of operation, not because they wanted to  
23 be further away from their families, but because  
24 no community provider would take them.

1 DHS says the services provided at Murray  
2 Center are only for if residents. No. We have  
3 individuals in the community come to Murray  
4 Center to get services they can't in community  
5 settings: The dentist, behavior assessments and  
6 plans, and psychiatry. Once that's gone, it will  
7 be even harder for the individuals to succeed in  
8 community placement.

9 DHS says the closure date will be  
10 November 30 upon permit approval by this board.  
11 No, it won't. Judge Aspen of the US District  
12 Court of Northern Illinois just ruled that the  
13 state can't dismiss a lawsuit the parents  
14 brought, and he extended the temporary  
15 restraining order that keeps the state from  
16 moving individuals against their will until  
17 January. Murray Center isn't going to close any  
18 time soon.

19 The board should reject this application  
20 and tell DHS honestly is the best policy.

21 Thank you.

22 HEARING OFFICER AVERY: 41.

23 42.

24 Is there anyone who wishes to testify who

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1 has not had an opportunity to do so this evening?

2 MR. EDWARD LAPORTE: I have 45.

3 HEARING OFFICER AVERY: Sorry.

4 MR. EDWARD LAPORTE: That's okay.

5 HEARING OFFICER AVERY: Does anyone  
6 have a sheet after 45?

7 MR. EDWARD LAPORTE: Thank you for  
8 allowing me to add a few more words to this  
9 evening's proceedings. My name is Edward  
10 LaPorte. I am a staff representative assigned  
11 from AFSCME Council 31 to work with our  
12 hard-working members at Murray Center.

13 what I would like to share with you this  
14 evening is just a few facts and figures about the  
15 individuals that work with Murray -- that live at  
16 Murray and call Murray their home. I will be as  
17 brief as possible. Thank you.

18 I would like to state for the record that  
19 I'm opposed to this project.

20 The notion to close Murray Center in an  
21 attempt to save the State of Illinois money is  
22 reckless and irresponsible. I'm sure that we  
23 have all heard success stories from various  
24 people who would have you believe that all



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1 state-operated developmental centers need to be  
2 closed down. We have to bear in mind that not  
3 all the people with disabilities are at the same  
4 functioning level as those who advocate for this  
5 position.

6 According to the SODC census and tier  
7 report and the Murray Developmental Center  
8 Profile, at Murray there are 211 individuals with  
9 medical and/or behavioral needs preventing  
10 transition to the community at this time or  
11 individuals and/or guardians saying no to  
12 community placement at this time.

13 It goes on to state that Murray Center has  
14 84 percent of its residents functioning at the  
15 severe or profound mental retardation range.

16 It also states that 68 percent have  
17 behavioral -- have a behavioral intervention  
18 program, often requiring higher levels of staff  
19 supervision.

20 This same tier report states that Murray  
21 Center serves a broad spectrum of individuals  
22 with moderate to high behavior and moderate to  
23 high medical needs.

24 These figures are fact. They are not

1 created. They are not generated. These are the  
2 facts and figures that accurately reflect the  
3 medical, behavioral, and psychological needs of  
4 residents at Murray Center.

5 In summary, once again, I am opposed to the  
6 project to close Murray Center for the above  
7 reasons that I have just stated.

8 There are people with disabilities whose  
9 medical and behavioral needs prevent transition  
10 into the community and who choose not to live in  
11 a community at this present time. Both options  
12 of state-operated developmental centers and  
13 community-integrated living arrangements should  
14 be available to people with disabilities to  
15 choose from as options based on their particular  
16 needs.

17 Thank you.

18 HEARING OFFICER AVERY: Again, is  
19 there anyone who wishes to testify who has not  
20 had an opportunity to do so?

21 MAYOR JACKIE MATHUS: My name is Jackie D.  
22 Butch Malthus, Jr. I am the mayor of the City of  
23 Wamac here in southern Illinois.

24 The adverse effect of the closure of the

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1 Warren G. Murray Developmental Center will be  
2 great to everybody, not only economically, but  
3 socially, and its far-reaching effects will hit  
4 us all.

5 You heard much of the testimony from  
6 everybody here today to keep Murray Center open;  
7 maybe 1 that should say Murray Center be closed.  
8 I do not support that. I oppose the project for  
9 the closure of Warren G. Murray Developmental  
10 Center. I speak on behalf of the City of Wamac  
11 and its citizens.

12 Personally, I know how it is out there at  
13 Warren G. Murray. I have worked out there for  
14 almost 46 years. I have been dedicated as an  
15 wonderful employee, just like everybody else  
16 here. We gave our lives for these residents out  
17 here. But they are not residents; they are our  
18 family members. And I could attest to that.

19 My sister Cindy Malthus was a resident out  
20 there at Murray Center, and in 1970, if I  
21 remember right, I think I was only 6 years old,  
22 she 4 years old, she was a resident out there.  
23 My grandmother worked out there, so I had a lot  
24 of family that worked out there at Murray Center,

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1 and we had the love for it.

2 My sister got to come home one day on a  
3 weekend visit. Unfortunately, she had problems.  
4 There was a southern train on the tracks,  
5 couldn't get to the hospital, and she passed  
6 away. Now, my mom passed away early this year,  
7 but I know in her heart for all these years, if  
8 my sister Cindy was at Murray Center, she would  
9 still be alive today instead of being at home.

10 I fear that for a lot of our residents that  
11 don't have family that will be out in the  
12 so-called CILAS, these residents that -- some  
13 people feel like they are our children and we  
14 care about them and I care about them just as  
15 much, like I did for my sister Cindy. And I  
16 don't want them to go through what we did, as my  
17 family did, when I lost my sister. It was  
18 heartbreaking, folks.

19 Yes, the responsibility belongs to this  
20 board when you vote later on. I hope that in  
21 good conscience you would vote against this  
22 project and to keep Warren G. Murray  
23 Developmental Center. It's the humanitarian  
24 thing to do. God bless.

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1 Thank you.

2 HEARING OFFICER AVERY: Is there  
3 anyone else who wishes to testify?

4 Hearing none, is there anyone who wishes to  
5 testify in order to provide additional testimony  
6 that has already given previous testimony?

7 MS. MARSHA HOLZHAUER: I would just  
8 like to ask you 1 thing -- Marsha Holzhauser,  
9 parent.

10 We would be happy -- and I have written to  
11 Governor Quinn many times, no response -- to just  
12 come any time -- I don't -- I won't let the press  
13 know -- to come see my son unannounced at Murray  
14 Center, any time day or night.

15 I would also invite Mr. Bradley and you,  
16 Ms. Avery, to also just come out right now and I  
17 will introduce you to my son. It's 5 minutes  
18 away.

19 HEARING OFFICER AVERY: Thank you. I  
20 will talk to you afterwards.

21 Please note that this project is  
22 tentatively scheduled for consideration by the  
23 board at its November 5, 2013, meeting. The  
24 meeting will be held in Bolingbrook, Illinois, at

1 the Bolingbrook Golf Club located at 2001 Rodeo  
2 Drive in Bolingbrook, Illinois. Please refer to  
3 the board's website at [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov) for  
4 more details and possible agenda changes.

5 The public has until 9:00 a.m. on  
6 Wednesday, October 16 to submit signed written  
7 comments pertaining to this project. Comments  
8 should be sent to the attention of Courtney  
9 Avery, administrator, Illinois Health Facilities  
10 and Services Review Board, 525 West Jefferson  
11 Street, 2nd floor, Springfield, Illinois  
12 62761-0001. You may also fax your comments to  
13 217/785-4111.

14 Again, the state agency report will be made  
15 available on the board's website on Tuesday,  
16 October 22. Written responses to the content of  
17 the report findings will be accepted until  
18 9:00 a.m. on Monday, October 28. Responses  
19 should also be sent to the attention of Courtney  
20 Avery.

21 Are there any questions regarding the  
22 process and procedures for the board meeting?

23 MR. WYLIE BLAIR: I have one  
24 question.

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1           what's the purpose of holding the hearing  
2           on November 5 now that -- November 6 -- is it,  
3           November 5?

4           HEARING OFFICER AVERY: November 5 is  
5           the board meeting. This is a public hearing. On  
6           November 5 we have a full agenda of items that  
7           will be considered by the full board.

8           MR. WYLIE BLAIR: And my question is  
9           one of timing.

10          why are you having a hearing on November 5  
11          now that we know that Murray Center is not going  
12          to close on November 30? I mean, Judge Aspen,  
13          he's going to hear things --

14          HEARING OFFICER AVERY: I can't  
15          comment on the federal legislation, sir.

16          MR. WYLIE BLAIR: Well, I understand  
17          that.

18          But nonetheless, we have got an ongoing  
19          guardian ad litem investigation. why not wait  
20          until you have got the results of his full  
21          investigation to make a fully apprised decision  
22          here?

23          I mean, I ask you to consider that.

24          HEARING OFFICER AVERY: I understand

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1           that, and if you can submit that request in  
2           writing --

3                       MR. WYLIE BLAIR:   Will do.

4                       HEARING OFFICER AVERY:   We have to  
5           follow the process of our timelines and that's  
6           what it is.

7                       MR. WYLIE BLAIR:   Understood.

8                       HEARING OFFICER AVERY:   Thanks.

9                       Any additional questions or comments?

10                      Hearing that there are no additional  
11           questions or comments, I deem this public hearing  
12           adjourned, and I thank you for your participation  
13           in today's proceedings.

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1           STATE OF ILLINOIS           )  
2    )  
3           COUNTY OF FRANKLIN       )           SS

4           I, Andrea M. Murphy, a Notary Public in and  
5           for the County of Franklin, State of Illinois, do  
6           hereby certify:

7                       That the said proceeding was taken before me  
8           as a Notary Public at the said time and place and was  
9           taken down in shorthand writing by me;

10                      That I am a Certified Shorthand Reporter of  
11           the State of Illinois, that the said proceeding was  
12           thereafter under my direction transcribed into  
13           computer-assisted transcription, and that the  
14           foregoing transcript constitutes a full, true, and  
15           correct report of the proceedings which then and  
16           there took place;

17                      IN WITNESS WHEREOF, I have hereunto  
18           subscribed my hand and affixed my official seal this  
19           21st day of October, 2013.

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*Andrea M. Murphy*



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Andrea M. Murphy, RPR, CSR, CCR  
IL CSR #084-004558  
Notary Public in and for the  
County of Franklin,  
State of Illinois