



# Shut Them Down

Issue: 2  
January 12, 2022

Closure success *Other States have already closed institutions*

## Shut them down closure success

- Pennsylvania Closes Institution
- Tennessee closes institutions
- Robert Wardell Story
- Art by Ivanova
- Indiana closes Institutions
- Washington behind the times
- Community VS Institutions
- Busting Myths



(Photo: Samuel M. Simpkins / The Tennessean)

## Tennessee Closure

Last large state institution for disabled to close  
[click here for original version](#)

Original story: [Anita Wadhvani](#), [awadhvani@tennessean.com](mailto:awadhvani@tennessean.com) Published 7:00 a.m. CT Jan. 12

## People belong in the community

## Pa. will close two state institutions for people with intellectual disabilities, mental illness

Penn Live | by David Wenner | Updated Jan 05, 2019

Pennsylvania will shut down Norristown State Hospital and Hamburg State Center for people with intellectual disabilities.

The announcement Wednesday is the beginning of a process expected to take 18-24 months. It will include devising individual plans for people being discharged, and making sure community-based services are available for them, state Secretary of Human Services Ted Dallas said.

"People do better when they are in the community. They get to interact with the world. They are closer to their families," Dallas said.

[Click here for full version of the article](#)

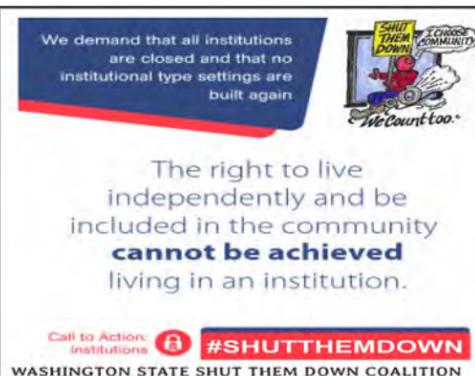
*"the closings are taking place solely because it's better to allow people to live in the community, and advocates and families are supportive of getting them out of institutions." Ted Dallas*

The state has agreed to close a 40-year-old facility in east Tennessee for people with limited mental functioning, a move that advocates say marks a welcome end to an era of housing people with disabilities in large state-run asylums, often for the majority of their lives.

Under the plan, the Department of Intellectual and Developmental Disabilities will shutter Greene Valley Developmental Center in Greeneville by June 30, 2016, moving the remaining 96 residents into more home-like settings integrated into neighborhoods.

The plan to close Greene Valley is part of an overall agreement submitted in federal court last week. It would end a long-running lawsuit by advocates for people with disabilities, their parents and guardians, and the federal government against Tennessee over conditions in its institutions for people with intellectual disabilities, defined as

possessing an IQ of 70 or less. Those groups filed suit in 1995, after a Department of Justice investigation uncovered widespread abuses, including inadequate medical care, abusive treatment, failure to provide education and insufficient staffing at state institutions. The facilities have been under the federal court's oversight since 1996. A second large state-run institution, Clover Bottom Developmental Center, is scheduled to close this summer, [five years behind schedule](#). About 20 residents still remain on that aging campus, which once housed 1,100, located near Hermitage in northeast Nashville. Donna DeStefano, assistant director at the Tennessee Disability Coalition, said her organization has advocated for more than 25 years for people with intellectual disabilities to move into more community-like settings.





# Robert Wardell

Issue: 2

Original story by:  
Craig Sicilia

## *The scoop of the day*

Robert recalls his many years at one of Washington's state institutions for persons with developmental disabilities. He recalls the fear of being in violation of one of the many rules, and policy and procedures of Rainier State School.

Robert remembers the many time outs and even worse Things like being cuffed by the ankle and solitary confinement. But worse than that was being bullied by the staff once you got known as a person in violation of the long list of rules that were enforced that's all they remembered.

Though Roberts mom wanted community living for her son. The courts force his family to admit him to the institution. He remembers it being like prison camps he seen on tv.

You can see the pride in Roberts face when he talks about how he lives independently, in his own apartment with just a small amount of support.

As Robert recalls the meal cart, where there were no choices, you got what you got weather you like it or not. They were taught some living skills like laundry, and cooking.

After being forced into an institution Robert remembers all choices stopping and a constant fear of almost everything starting from the minute he woke up till the time he went to bed.

### **NOTHING ABOUT US WITH OUT US**



***Today Robert lives independently and is an advocate for all***

## ***After years Institutionalization Robert reaches***

**The community where he successfully lives, works, plays and makes his own choice and makes mistakes, achieves goals just like everyone else.**

Robert is grateful for his fellow people first friends, Eric Mathews and Donna Lowary who were instrumental in him being released.

He still remembers the excitement of getting to live in the community. An opportunity everyone gets, unless you happen to live with a developmental disability.

Robert cannot imagine living anywhere e the community is where all people belong A place they choose, a place that they call home. One that we feel safe and comfortable in. Just like anyone else.

You see anyone can be forced to live in a prison without committing a crime. In fact, persons who commit a crime have more rights than a person living with a disability.

Robert remembers every single right he has fought so hard for, many take for granted, it was taken away in a flash. Where people are treated like animals.

Robert enjoys his life as part of the community, free and independent.

**Robert Wardell**  
And I approve this message



## ***Indiana Closes Institutions for the disabled***

*Source: Indiana Disability History Project*

[Click Here To read the full version](#)

Institutions were woven into the fabric of Indiana's founding as a state. The original Constitution provided for "one or more farms to be an asylum for those persons, who by reason of age, infirmity, or other misfortunes, may have a claim upon the aid and beneficence of society." The 1816 document pledged to offer these Hoosiers employment and "every reasonable comfort," promises that would not be kept. It was almost two centuries later when the last of Indiana's state-run institutions for people with disabilities closed its doors. Disability rights advocates, disturbing media exposes, and evolving social attitudes ended a troubled chapter of Indiana's history.

### **[Evil Things Were Happening Inside - Erika Steuterman on Her Brother's Time at Central State Hospital](#)**

Erika Steuterman visited the Indiana State Archive in 2013, as a way to face the difficult memories of visiting her older brother at Central State Hospital (Indianapolis) in...

### **[Deinstitutionalization Project: Ahead of Its Time](#)**

"You don't train people to get ready to go out in the community; you take a risk and let them go and see where their strengths are." From 1973 through 1976, the

### **[Sue Beecher - "Mandated to Close"](#)**

"I came back on Monday and one of the clients had a broken limb and nobody knew how it had occurred," explains Sue Beecher of a visit to Muscatatuck State Developmental...



Fort Wayne State School

### **Governor vetoes bill to keep 2 institutions for disabled**

[click for full article](#)

HARRISBURG, Pa. — Gov. Tom Wolf is following through on his threat to veto legislation designed to prevent his administration from closing two state centers for the intellectually disabled.

Wolf said Wednesday that the bill would have continued a reliance on institutionalization, versus better and more integrated lives for the disabled through community services. The bill emerged after Wolf's announcement in August that he would close White Haven in northeastern Pennsylvania and Polk in northwestern Pennsylvania.

## ***Serving People with Disabilities in the Most Integrated Setting: Community Living and Olmstead***

source: U.S. Department of Health & Human Services

The U.S. Supreme Court's 1999 landmark decision in *Olmstead v. L.C.* (Olmstead) found the unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act (ADA). The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) plays a pivotal role in supporting the Olmstead decision and promoting community living through our vigorous enforcement of the ADA and other key civil rights laws.

OCR investigates complaints alleging a violation of the ADA's "integration mandate," which requires that individuals with disabilities receive services in the most integrated setting appropriate to their needs. This principle is central to the Supreme Court's Olmstead decision. The Court held that states are required to provide community-based services for people with disabilities who would otherwise be entitled to institutional services when: (a) such placement is appropriate; (b) the affected person does not oppose such treatment; and (c) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of other individuals with disabilities.

OCR's investigations of Olmstead complaints have had a significant impact in facilitating the community integration of individuals with disabilities. As a result of OCR's efforts, many individuals have transitioned from an institution to the community, and many individuals have avoided unnecessary institutionalization. For example, OCR's investigation have led to:

- Individuals who had been institutionalized for decades are now receiving services in their community
- Individuals who lost their housing and/or community-based supportive services when they were forced to enter institutions due to an acute health care problem have had the needed services provided or restored
- Individuals with disabilities are able to access home and community-based services through Medicaid "Waiver" programs.
- Increased hours of personal care and assistance are being provided to individuals who require additional services to remain in the community.
- Individuals with disabilities now have greater control over their community-based care and services.
- Individuals' needs are met by providing reasonable accommodations in their communities, and not by moving to a more restrictive setting.

[Click here for original version](#)

**Michael Raymond says Shut them Down**

**Robert Wardell says He Loves Being in the Community**

# Community VS Institutions

Research continues to show that the benefits of community-based services outweigh those of institutional care.

## Community VS Institution



### 1. Cost-Effectiveness

Medicaid is spending more on community-based services for long-term health support for a reason. A [study released in 1999](#) compared those receiving conventional (institutionalized) care with people receiving mobile medical care (community-based services). Results showed that the community-based serviced group experienced a 50% reduction in expenses and a 65% reduction in the number of days they spent in a hospital.

Results of a Nevada house call program published in *Annals of Long Term Care* reported a 62% percent reduction in hospital days and savings of \$440,000 annually when 91 clients utilized community-based services instead of institutionalized services.

In Arkansas, the benefits of home and community based care can be seen in the [case of an elderly woman enrolled in ElderChoices](#). If she had entered a nursing home, Medicaid would pay close to \$50,000 a year for her care. By [choosing ElderChoices](#), the cost is under \$7,500 per year.

Source: Integrity Inc

### 2. More Choices

Institutional care of anyone with a physical or intellectual disability significantly reduces that person’s ability to make their own choices and interact with others. This is because most continuing care facilities structure their operations and activities around staff rotations rather than patients’ schedules.

Community-based services and home care services allows individuals to remain independent and have more control of their daily schedule. This way, they can maintain desired relationships with family members and friends while getting the daily assistance they need. Home care providers take the time to give their clients the emotional and physical support they need in contrast to the understaffed or underfunded institutions housing hundreds of people.

### 3. Better Care

The cost of institutionalized care has never been proportionate with the level of care it delivers, nor the outcome of such care. Although a house call by a specialized health professional may cost more than one trip to physician’s office, research shows that individuals receiving daily assistance and care in their own homes are less likely to make multiple visits to the ER or require frequent hospitalization.

[Prevailing evidence](#) shows that those transitioning from an institutional setting to a program with the benefits of community-based services see continued development of their daily living skills. Alternately, those remaining in institutional care do not experience positive growth in their abilities. They instead remain at or below the level of skills they had when initially admitted to a long-term care facility.

Mirjam Nilsson

## Busting The Myth

Source: National Council on Disability *Benefits of Community Living*



#### Statement of Myth

The lives of people with ID/DD do not change significantly when they leave the institution and move into the community.

#### Statement of Reality

Life in the community provides the possibility for “freedom, dignity, and a sense of belonging” that is not possible in an institutional setting.

#### Supportive Information

A substantial body of research has evaluated the impact of deinstitutionalization on quality of life, behavioral outcomes, life satisfaction, competence in activities of daily living, challenging behaviors, and health. The studies—regardless of analytical technique or country of origin—find that living in the community yields positive results in a number of quality of life domains.

#### Choice and self-determination.

Compared with institution residents, community residents have more opportunities to make choices, as well as larger social networks and more friends. They access more mainstream facilities, participate more in community life, have more chances to acquire new skills and develop existing skills, and are more satisfied with their living arrangements.

[Read all the myths here](#)

**State and federal regulators determined that many residents of Rainier School PAT C were in “immediate jeopardy” of harm for over nine months in 2020** SOURCE: DISABILITY RIGHTS WASHINGTON

