



Shut Them Down

Issue: 2
January 3, 2022

Closure success *Other States have already closed institutions*

Shut them down closure success

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(Photo: Samuel M. Simpkins / The Tennessean)

Pa. will close two state institutions for disabled

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.

Norristown is actually comprised of two hospitals. One is a forensic facility for people who have been arrested and need mental health evaluation, and convicted criminals ordered to receive psychiatric treatment. The forensic facility will remain open, Dallas said.

Dallas said the closings mark a continuation of the decades-old process of taking people out of institutions and supporting them in their home communities, and one that is supported by advocates and families.

Tennessee Closure

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

People belong in the community

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.

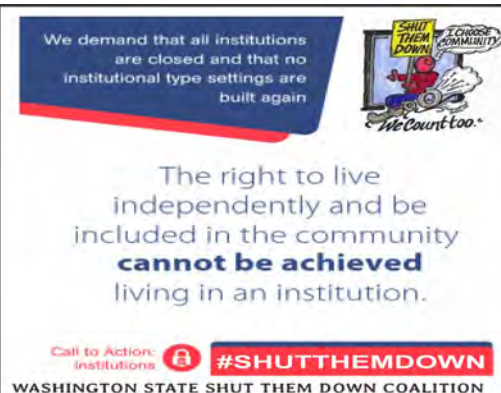
The plan to close Greene Valley is part of an overall agreement submitted in federal court last week. It would end a long-running lawsuit by advocates for people with disabilities, their parents and guardians, and the federal government against Tennessee over conditions in its institutions for people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

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

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.

Washington State Behind The Times, Allowing Warehousing of people with disabilities.

	<p>Fircrest and other institutions have changed a lot. Yet states have a mandate, under the 1999 U.S. Supreme Court Olmstead decision, to rely on segregated facilities as little as possible when serving people with disabilities.</p>	<p>those who live there have more profound disabilities and receive a greater level of care.</p> <p>But one fact, stressed by the auditor's office, is clear: Thousands of people — nearly 12,000 currently — are not receiving any state services, in large part, because there isn't enough money.</p>
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Tennessee in May [joined the ranks](#) of more than a dozen states that have closed all such institutions.

Washington inched in that direction in 2011 by shuttering the Frances Haddon Morgan Center, a Bremerton "residential habilitation center," as these facilities are called. Four remain open, despite a [2013 recommendation](#) by the state auditor's office to reduce the number. It costs \$193 million a year to run all four institutions. The recommendation cast the matter in terms of equity.

A minority of disabled clients served by the state Department of Social and Health Services (DSHS) live in its institutions: roughly 700, as of June 1, compared to 33,000 who receive state funding to live in group homes or other private facilities, or to get help like physical therapy and work training while living at home.

It's far more expensive to support people at institutions, the state auditor's office said, reiterating an oft-heard complaint. The monthly cost was about \$20,000 per person in fiscal 2016, half of which is paid by the federal government.

It's hard to make an exact comparison with the cost of serving people in the community; advocates for institutions say

MIKE RAYMOND SAYS SHUT THEM DOWN

What's more, some people who want to move out of institutions can't, because there aren't community services available for them. Disability Rights Washington is currently [suing the state](#) on their behalf.

"We're a little behind the times here," said state Sen. Dino Rossi. Meanwhile, the Sammamish Republican noted, Fircrest "is sitting on a valuable piece of ground."

He co-sponsored [a bill](#) this legislative session that would close about half of Fircrest, serving residents in group cottages that comprise its "intermediate-care facility," by 2022. The other half, a nursing home, would close when its number of residents falls to 16.

Fircrest's property (except for a small slice belonging to the Department of Health), would be sold or leased and the money put toward serving developmentally disabled people in the community, according to Rossi.

Yet Sen. Karen Keiser, whose name is also on the bill, expressed frustration. The Kent Democrat wanted a softer phaseout and didn't put an end date on an earlier bill she introduced. It was "hijacked," she said, by legislators wanting to squeeze out immediate budget

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

States like Arkansas are promoting the use of home-based health care and community-based services as a way to help people manage the high cost of traditional medical services while continuing to live as independently as possible. These services can include personal care, health and mobility support, housekeeping assistance, therapy, socialization, and respite care. In addition to the cost-effective benefits of community-based services, those with special needs can also expect more freedom and better care in a home or community-based setting.

The trend towards community-based services away from institutional services is growing according to [recent Medicaid reports](#): 51% of Medicaid expenditures in long-term health support went to home and community-based services (HCBS) between October 2012 and September 2013. This means that of the \$145 billion spent in long-term care programs, \$75 billion was allocated to [community-based options](#). 49% was used the year before, meaning these programs now account for more than half of Medicaid spending in this arena.

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. Patients spend more time lying in bed alone rather than interacting with others or receiving care. 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

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.

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

