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with intellectual disabilities

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## VOR Weekly E-Mail Update

*News and views for VOR advocates*

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### VOR and You

1. **Coming Soon:** [New videos on VOR's website](#): Seeing is believing

#### Cost Comparison Advocacy

2. **Illinois affiliate releases cost comparison analysis**

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The Illinois League of Advocates for the Developmentally Disabled (IL-ADD) has challenged the myth that all persons with intellectual and developmental disabilities (ID/DD) can be served for less cost in smaller, unlicensed settings.

On October 13, they released a [summary](#) and [detailed cost analysis](#) that considered the actual cost of care for an individual in a state ICF/MR as compared to what that same individual would cost in a smaller setting.

The analysis considered three care scenarios for BRB in a Home and Community-Based Services waiver setting (called "CILAs" in Illinois).

BRB is a current resident of a state-operated ICFs/MR. BRB is 41 years old, 6' tall, 190 lbs, and healthy. He has a pervasive developmental disorder with borderline intellectual functioning. He is being treated for obsessive/compulsive behaviors which presently involve consuming huge amounts of fluid; interruptions of his O/C behaviors can bring violent responses. He also has a history of life-threatening PICA, however this has been completely extinguished in his present state-operated ICF/MR setting. He is prone to unpredictable explosive physical aggression toward peers, staff and property. He has been expelled from community-based programs.

While very challenging, BRB is not the most challenging among his peers at his ICF/MR; he cannot be dismissed as a uniquely expensive case. For example, he does not present severe medical conditions, seizure activities, sexual aggression, fire-starting, or (at this time) PICA.

### **Cost Comparison Findings (Summary)**

Some closure advocates claim that people can be served in the community for "on average \$55,000" per year. In fact, BRB's care would cost:

**Scenario #1:** A one-person CILA with one-on-one staff: \$183,016

Even in this "best case scenario," guardians and many professionals in the field would judge these services to be inadequate and dangerous. Isolation, unsafe staffing levels (1:1, no back up), 911 calls, behavior intervention and psychotropic medication administration by low-wage staff, and greatly reduced professional support (as compared to the state ICF/MR) remain problems.

**Scenario #2:** Four-person CILA (assuming that BRB improved during Scenario #1): \$146,701.

Guardians and professionals would have the same concerns as Scenario #1. Additionally, the assumption that BRB would improve under Scenario #1 (rather than deteriorate or place other housemates at risk, which is more likely), is not realistic because BRB depend on a high level of structure and his behaviors deteriorate with less.

**Scenario #3:** Professional and staff supports minimally comparable to state ICF/MR supports: \$270,000.

Even at this cost, some of the same concerns persist, namely, isolation, lack of structure, and high risk of 911 police intervention.

### **3. Connecticut: No cost savings if closing facility**

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Southbury Training School Press Release \* September 19, 2011

In studies done in 2002 and 2010, the state Department of Developmental Services projected high costs associated with closing the state-run Southbury Training School, and declined to project any significant savings in the closure.

The findings by the DDS are at odds with current statements by a number of Connecticut legislators and other policy makers that STS is prohibitively expensive to continue to operate and should be closed.

"We believe that when apples to apples are compared, the care provided at STS will be found to be cost effective," said Sally Bondy, president of the STS Home & School Association, a family-supported, nonprofit organization that is fighting to keep this critically important facility open for its current residents. "In fact, we believe the DDS previously reached that same conclusion."

"No significant savings will ever result from the closure of Southbury (STS)," the 2002 DDS study flatly stated. In a November 2010 update, which was provided to the incoming Malloy administration, DDS staff cited "substantial cost implications" in closing STS, which the update stated would be associated with "developing an infrastructure to accommodate a parallel service system in the community." [Read more.](#)

### **4. Kansas: Chamber finds revenue lost when center closes**

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On March 2, 2011, the [Greater Topeka Chamber of Commerce testified against the closure of the Kansas Neurological Institute](#), a state operated ICF/MR, noting the human and fiscal impact of closure. Most significantly, it cited lost revenues to Topeka community, a cost factor often overlooked by states considering ICF/MR closures.

### **5. New Jersey: Legislative panel focuses on issue of state-run centers vs. community settings**

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October 17, 2011 \* Politicker NJ

A lawyer testifying today before a legislative panel on developmental

disabilities urged members to look at all the facts regarding potential closures of state-run institutions, rather than chase “political correctness” by transitioning to community homes.

Tom York, of York Legal Group, who said he has worked on developmental disabilities issues, said that the Olmstead decision by the federal Supreme Court doesn’t say that all patients must be moved to community homes. “That is just completely false,” he said, adding that the wishes of a resident’s guardian must be taken into consideration. He added that many community home proponents provide statistics that are, at best, an “apples and oranges” comparison.

In his opinion, one of the biggest falsehoods is that community settings are cheaper than state institutions. He said many institutional costs, such as various kinds of therapies, are covered. He said “high-care patients” cost much more in a community setting than in an institution.

According to York, costs were prohibitively high in states such as Texas and Georgia after they transitioned to community settings. He said closing Vineland Developmental Center, which the Christie Administration sought to do before holding off earlier this year, would be a “mistake.” He called the Vineland center a “necessary resource,” because services are less available in the southern part of the state.

Committee Chairman Sen. Jeff Van Drew, (D-1), Cape May asked York if there were any good role model states that provide a mix of both state institutions and community homes. York responded that he felt that Arkansas and Virginia were good models.

Van Drew said he was concerned that moving residents into the community settings could cause a problem. “We have a backlog as it is now, yet we are looking at putting many more people in the community,” he said.

However, Assemblyman Lou Greenwald, (D-6), of Voorhees, said that more and more resources are being devoted to a small population, and there are thousands of people with developmental disabilities on a waiting list. Greenwald clarified that he isn’t in favor of closing state-run centers just to save money. Rather, he is in favor of finding a middle ground where there is a mix of community homes and state-run centers.

## **Abuses in the Community**

### **6. Pennsylvania: Police find four adults chained apartment**

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**October 16, 2011 \* Philadelphia Inquirer**

Three people were arrested and charged with kidnapping, assault and other crimes after Philadelphia police found four adults with intellectual disabilities shackled in “deplorable conditions” in a basement storage closet of a Northeast apartment building recently. The three men and a woman were found by a janitor chained to a water heater, in a 15-by-15-foot room, locked behind a steel door. All were malnourished, said Officer Tanya Little, a police spokeswoman. They were in stable condition, Little said, though they suffered from malnutrition.

“The conditions they were living in were deplorable,” she said. “It was not good.” Investigators are looking into the possibility that the captors were part of a national ring that preyed on disabled individuals for the purpose of collecting social security checks. The Philadelphia discovery speaks to the lack of overall oversight of the community system. These individuals were held captive in an apartment building’s basement, with children riding their bikes and pedestrians on the street above. Community integration? [Read](#)

[more.](#)

## 7. WASHINGTON STATE: Resident dies after transfer

October 17, 2011 \* Kitsap Sun

A 30-year-old former resident of the Frances Haddon Morgan Center, an ICF/MR, died Sunday after swallowing liquid laundry detergent, state officials confirmed Monday. He had transferred from the center in March.

The Morgan Center, a home for patients with autism and other disabilities, is in the process of closing as part of state budget cuts. The center is scheduled for closure by the end of the year, with residents expected to be out by the end of November.

DSHS Secretary Susan Dreyfus, speaking Monday during a meeting of a task force on programs for the developmentally disabled, said the man suffered pica, from a disorder under which he experienced compulsions to ingest almost anything. "I have ordered a thorough investigation. ... Tragic as this is, I wish I could say it won't happen again," Dreyfus told the task force by phone from Washington, D.C. "But that would not be truthful on my part."

The 11-member Developmental Disability Service System Task Force, to which Dreyfus spoke Monday, will make recommendations to the Legislature by July on how to improve the state's services to its developmentally disabled citizens.

Another study is due to go to the Legislature by Dec. 31 with recommendations from the public and stakeholders on what to do with the soon-to-be-empty Morgan Center complex. [Read more.](#)

[More abuse and neglect reports on VOR's website.](#)

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