



Speaking out for people with intellectual & developmental disabilities



www.vor.net



/VOR



@VOR_NET



VOR4Choice



info@vor.net

**Reminders:
Help VOR Grow!**

About VOR

VOR Weekly News Update

News and views for VOR Advocates

**Your VOTE is your Voice! Be Heard.
Commit to Vote on November 4th, 2014**

[About VOR](#) * [Refer a Friend](#) * [Donate](#)

VOR and YOU

1. Three ways to live a thankful holiday season
2. Help [#GivingTuesday](#) become [#GivingMonthly](#) - Be [#Unselfie](#), spread the word

NATIONAL/FEDERAL NEWS

3. Support Urged For Families Weighing Out-Of-Home Placements
4. When Big Brother (thinks he) knows best about the developmentally disabled

STATE NEWS

5. **Alabama:** More than 3,100 intellectually disabled in Alabama waiting on help from the state
6. **Rhode Island:** State's community mental health system became a victim of its own success
7. **South Dakota: Mental Health Crisis: South Dakota Crippled By Surge of Mentally Ill Inmates**
8. **In Crisis:** Idaho's fragmented mental health system leaves many behind

ACCESS TO DENTAL CARE

9. **Massachusetts:** Dental care for the developmentally disabled
10. **For Children With Autism.** Opening a Door

Make a Lasting
Impact with a
Will Bequest

Reminders:
Help VOR Grow!

to Dental Care

QUOTABLE, by Martin Luther King, Jr.

Calendar Reminders

**COMING UP: There will be no update
published next Friday, November 7, 2014.**

VOR and YOU

1. Three ways to live a thankful holiday season

TisBest Philanthropy * November 8, 2012 by Karli
Larsen

Excerpts

Thanksgiving is approaching with haste. What are you thankful for this year?

Although many of us can quickly assemble a mental list of things we're grateful for, it's another thing entirely to live that gratitude every day.

Here are three ways to live a thankful holiday season that are sure to help round out your year in a positive, meaningful and wonderfully thankful way.

- **Speak:** "Raise your words, not voice. It is rain that grows flowers, not thunder" (Rumi). Make an effort to notice and speak aloud your gratitude for the work and presence of those around you. You'll be amazed by the power your kind words hold.
- **Act:** "If you can't feed a hundred people, feed just one" (Mother Teresa). Imagine how different your life would be if everyone you knew did a little something

About VOR

Make a Lasting
Impact with a
Will Bequest

About VOR

extra for you each day? Be the catalyst for this change in your life.

- **Reflect:** “We begin to find and become ourselves when we notice how we are already found, already truly, entirely, wildly, messily, marvelously who we were born to be” (Anne Lamott). Take some time each day to look back on the year you’ve had. Maybe tomorrow you’ll do something different. Maybe not. Your future is unwritten and it is full of immense possibility. And that is truly something to be thankful for.

2. Help [#GivingTuesday](#) become [#GivingMonthly](#) - Be [#Unselfie](#), spread the word

Send your [#unselfie](#) pictures to VOR and we’ll share on Twitter and Facebook, or you can post directly to [VOR’s Facebook page](#) or copy us on [Twitter](#).

[#VOR4Choice](#), [#GivingTuesday](#), [#Gratitude](#), [#Unselfie](#)

NATIONAL/FEDERAL NEWS

3. Support Urged For Families Weighing Out-Of-Home Placements

Disability Scoop * October 28, 2014

While the vast majority of kids with developmental disabilities are cared for at home, pediatricians are being reminded that out-of-home placements remain an important option.

In a [clinical report](#) this month, the American Academy of Pediatrics said that doctors should be prepared to guide families whose children need more care than they are able to provide at

Make a Lasting Impact with a Will Bequest

home.

“Despite the fact that considerable progress has been made to support children with significant developmental and/or medical problems in the home setting, there continues to be a need for other options of care and living arrangements,” the report said.

Out-of-home placements for children can include everything from skilled nursing facilities, intermediate care facilities and specialty hospitals to residential schools and medical group homes.

A variety of factors including a child’s diagnosis and needs, the level of community-based support available, financial considerations and family circumstances often go into decisions about out-of-home placements, a choice that is “extremely difficult for families to make,” the guidance indicated.

A variety of factors including a child’s diagnosis and needs, the level of community-based support available, financial considerations and family circumstances often go into decisions about out-of-home placements, a choice that is “extremely difficult for families to make,” the guidance indicated.

In cases where families are considering placements outside the home, pediatricians should discuss the reasons and guide families in how to select an appropriate setting, the pediatrics group said.

Nonetheless, the report indicates that a doctor’s first priority should be supporting families in caring for their children at home. Pediatricians should be well-versed in community-based options available to families with children who have disabilities and ought to be “instrumental in finding support” for parents who appear overwhelmed, according to the recommendations.

“The importance of trying to support families

to care for the child at home cannot be overstated. However, parents of children with significant special health care needs may, at some point, consider out-of-home placement,” the report said.

[Read more, COMMENT and share](#)

4. When Big Brother (thinks he) knows best about the developmentally disabled

COFAR Blog (Massachusetts) * October 28, 2014
by David Kassel

It’s particularly frustrating when the state and federal governments tell people that they know best where their family members should or should not live.

For instance, the folks at the federal Centers for Medicare and Medicaid Services (CMS) have determined that farm-based residential programs are not good for developmentally disabled people. Also bad are residential schools for the developmentally disabled, group homes on the grounds of a private developmental or Intermediate Care Facility (ICF), and group homes located in “close proximity” to each other.

Both [CMS](#) and the Massachusetts Department of Developmental Services have decided that all of those types of residential settings “isolate” the participants from the “broader community.” But while the feds are not banning those particular settings outright, the state DDS, in [a new policy](#), appears to be proposing to do just that. According to the DDS policy, residents of “noncompliant programs” will be given “the opportunity to move to a compliant setting” or else face possible dis-enrollment from the HCBS program.

It doesn’t appear to matter that the participants may greatly enjoy living on a farm.

for instance, or that they may derive many important skills from farm programs that improve their self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living. It doesn't matter either that their families and guardians may value those skills highly and consequently value those programs themselves.

It also doesn't appear to matter that thousands of people in Massachusetts are waiting for residential and other care options, and that eliminating potential options, as CMS and DDS are doing, is only going to make that situation worse.

ATTN MASSACHUSETTS CITIZENS: You can help by sending your comments on DDS's policy to their email address at HCBSWaivers@MassMail.State.MA.US. You can also write to: HCBS Waiver Unit, 1 Ashburton Place, 11th Floor, Boston, MA 02108. Comments must be submitted **by November 15.**

[Read more, COMMENT and share](#)

STATE NEWS

5. Alabama: More than 3,100 intellectually disabled in Alabama waiting on help from the state

AL.com (Montgomery) * October 26, 2014

The waiting list is bigger than a lot of towns in the state: More than 3,100 people.

They are people with intellectual disabilities, once called mental retardation, awaiting services that might help them find new independence and help parents struggling to be caregivers and breadwinners, too.

Alabama doesn't put up enough money to cover everybody who is eligible.

It was once common for disabled people to live in large state institutions. Now, the goal is to live with family members, or in apartments or in group homes. The change is like the shift in treatment of mental illness, moving from institutional to community-based care. [VOR Editor's Note: Alabama closed its last state operated Intermediate Care Facility for Individuals with Intellectual Disabilities in December 2011].

[Read more, COMMENT and share](#)

6. Rhode Island: State's community mental health system became a victim of its own success

Providence Journal * October 26, 2014

The smallest state became nationally renowned for its efforts to move people out of public psychiatric hospitals — and provide the help needed to keep them from entering in the first place.

But eventually, advocates say, progress stalled.

“I’ve actually often said that was a curse, because what happened is the General Assembly got very complacent and said, ‘Oh, we’re number one! You guys did a great job so we can go solve some other problem,’ ” says Mental Health Consumer Advocates head James McNulty.

There indeed were other problems.

The economy declined as Rhode Island’s traditional manufacturing base eroded, and state and local budgets became miserly. A public that for one golden period had opened its heart — and wallets — lost interest. Except for those providing and receiving services, community mental health ceased to be a noble cause.

The same bureaucratic convolutions hamper BHDDH [Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals].

“The way we fund this thing is we push it all together and stir it around and then say, ‘We can now cover this and that,’” says department director Craig S. Stenning.

Stenning endorses a new philosophy of care throughout the state system.

“We see the community mental health centers treating individuals in a holistic way to be sure their serious mental and physical health-care needs are met at the same time,” he says. “With emphasis on recovery, the centers will help create healthy lives that include family, friends and employers. As a result, some individuals may no longer need to rely on these centers.”

He does not propose consolidating the state’s eight community centers.

But a single system, says Klatzker, might be appropriate.

Says state Mental Health Advocate Megan N. Clingham, **“Whenever I go and try to advocate for more services, I’m told, ‘Well, you have to show how you’re going to save money.’ It’s not, ‘You have to show how you are going to treat people humanely and do the morally right thing.’**

“This is a matter of basic human dignity; it’s a matter of responsibility to our fellow citizens, to our fellow human beings, who we see suffering — and who we turn a blind eye to. It’s the state’s responsibility and we’re not fulfilling it.” (emphasis added)

[Read more, comment and share](#)

7. South Dakota: Mental Health Crisis: South Dakota Crippled By Surge of Mentally Ill Inmates

***Rapid City Journal* * October 26 - 28, 2014 (A three part series)**

Over the past several years, South Dakota jails have in large part transformed into asylums for the severely mentally ill.

Due to a change in how society treats, or rather, fails to adequately treat mentally ill people, jails have become overburdened by sick inmates. Many of those inmates have become caught in a cycle of arrest, release and re-arrest.

In a three-part series, the *Rapid City Journal* examines this growing problem, and also shares the harsh reality of life of one Black Hills resident battling a severe mental illness in his search for sanity.

From Part I:

Between 1955 to 1980, the plan went into effect. The number of people in America's state psychiatric hospitals beds fell from 559,000 to 154,000 over those two and half decades. South Dakota was no exception to this trend: In the 1940s, the state's sole public psychiatric hospital, based in Yankton, had an average of more than 1,700 patients. By the 1980s, the Yankton Human Service Center had about 400 — less than a quarter its former roll.

But despite the shift, every state, including South Dakota, failed to re-invest the savings made from those hospital reductions into community mental health care. The National Alliance on Mental Illness, an advocacy group, calls de-institutionalization one of the most well-meant but poorly planned social changes in the history of the United States.

[Read more, comment and share](#)

8. In Crisis: Idaho's fragmented mental health system leaves many behind

The Idaho Statesman * October 27, 2014

Idaho's mental health system is threadbare. It lacks resources — too few psychiatrists, too few options for Medicaid patients. too few 24-hour

highly skilled treatment facilities for people with serious issues. And, while Medicaid rolls swelled after the recession, Idaho didn't increase its spending on mental health. The overall Department of Health and Welfare budget skyrocketed, while mental health got a smaller share.

When Idahoans with mental illness go untreated and their disorders spin out of control, they end up in crisis care at an emergency room, a state hospital or a local jail.

[Read more, comment and share](#)

ACCESS TO DENTAL CARE

9. Massachusetts: Dental care for the developmentally disabled

The Boston Globe * October 27, 2014

Since the 1970s, Tufts University School of Dental Medicine has partnered with the state to fill a gap in care. The collaboration between the state and the Tufts University School of Dental Medicine grew out of a series of lawsuits filed by parents in the 1970s to demand better treatment and access to health care at the seven state schools for the developmentally disabled. Tufts now operates a dental clinic at the Wrentham Center, a state Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

[Read more, COMMENT, and share](#)

10. For Children With Autism, Opening a Door to Dental Care

New York Times * October 20, 2014

Parents of children with special needs have long struggled to find dentists who will treat them. In a [2005 study](#), nearly three-fifths of 208

randomly chosen general dentists in Michigan said they would not provide care for children on the autism spectrum; two-thirds said the same for adults. But as more and more children receive diagnoses of autism spectrum disorder, more dentists and dental hygienists are recognizing that with accommodations, many of them can become cooperative patients.

Researchers are studying how to overcome dental fears and sensory challenges in children with autism. And continuing-education programs are helping dentists and their staffs supplement what they learned in dental school — or, more likely, didn't learn — about treating children with special needs.

Dr. John S. Rutkauskas, the chief executive of the American Academy of Pediatric Dentistry, said its members were growing more interested in learning such skills, but he added, "It's still a relatively small pool of practitioners."

Dr. Elizabeth Shick, a pediatric dentist who helped write [a dental professionals' tool kit](#) for Autism Speaks, an advocacy organization, agreed. "With the increase of autism spectrum disorder patients out there, there are not enough pediatric dentists to see everyone," she said. The 146-page kit has been downloaded more than 4,000 times since its release in 2012. Autism Speaks also has a [state-by-state directory](#) with 500 dentists referred by parents, up from 40 in 2007, its first year.

[Read more, comment and share](#)

Quotable

"Our lives begin to end the day we become silent about things that matter." ~ Martin Luther King, Jr.

Commit to VOTE on November

4th

Calendar Reminders:

December 2, 2014

#GivingTuesday

<http://vor.net/donate-now>

Sunday, June 7, 2015

VOR Annual Conference: ADVOCATING FOR CHOICE BY EXPANDING OPPORTUNITIES. Details coming soon.

Archives

* Thursday, March 20, 2014

[VOR's "Regional Meetings: The Need for Advocates to Act Global and Local" Webinar.](#)

***Social Media Strengths: Using Facebook and Twitter to Advance Your Cause (VOR, July 2013).** [Visit VOR's website for a copy of the powerpoint presentation and an audio of the event.](#)

* **How Congress Works Webinar: Recorded - Listen Here.** [Tuesday, April 23, 2013 - 12:00 pm central / 1:00 pm eastern.](#) How Congress Works: The Basics. Hosted by Peter Kinzler and Larry Innis.

VOR
836 S. Arlington Heights Rd., #351
Elk Grove Village, IL 60007

Tel: (605) 399-1624
Toll Free: (877) 399-4867
Fax: (605) 399-1631
Email: info@vor.net

JOIN VOR. DONATE TO VOR. MAKE A DIFFERENCE

[Click here](#) to forward this email to a friend

VOR
836 S. Arlington Heights Rd.
#351
Elk Grove Village, Illinois 60007
US

[Read](#) the VerticalResponse marketing policy.

vertical DELIVERED BY
response
Try It Free Today!