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Speaking out for people with  
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disabilities



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February 20, 2015

## VOR Weekly News Update

News and views for VOR Advocates

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**About VOR**

## **COMING UP:**

- More Speaker Features for VOR's Annual Conference

### **Calendar Reminders**

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## **VOR and YOU**

### **1. VOR Annual Conference Speaker Feature: Introducing Terry R. Farmer**

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Terry R. Farmer, the CEO of ACCSESS, a national organization representing “more than 1,200 disability service providers across the country as the Voice of Disability Service Providers,” will be a featured speaker at VOR’s Annual Conference on Sunday, June 7, 2015 in Washington, D.C.

Terry will speak on “National Disability Policy – Initiatives Impacting Employment Options for Individuals with Significant Disabilities.”

Emerging public policy is affecting the delivery of services and supports currently available to individuals with significant disabilities. Federal and state programs and community providers are transforming their systems and operations in response to new laws, regulations and administrative actions. Conference participants will learn how these forces are affecting employment programs for individuals with significant disabilities, and discuss strategies for engaging policy makers in a rapidly changing environment.

**About Terry:** Throughout his career, Terry has been affiliated with several state and national professional and trade organizations and has been recognized for his academic work and service to the field. His work experience includes direct service provision, behavior analysis (State of Florida Certified), program administration, policy analysis and executive level leadership in the fields of disabilities and human services. He has administered programs of long-term services and supports, diagnosis and evaluation, community placement of people with severe developmental disabilities and mental illness, and issue advocacy. From 1991-2008, Terry served as the President/CEO of the Florida Association of Rehabilitation Facilities. In 2009, he co-founded Combat Injuries Project, Inc. with a group of veterans, professionals and business executives to serve veterans, especially those with service-connected disabilities, and their families. He was appointed ACCSES CEO in April, 2011.

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[A complete agenda and registration details are available on VOR's website.](#)

## **NATIONAL and FEDERAL UPDATES**

### **2. The Modern Asylum**

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*New York Times* \* February 18, 2015 \* by Christine Montross

*About the Author: Christine Montross, a staff psychiatrist at Butler Hospital in Providence, R.I., is the author of "Falling Into the Fire: A Psychiatrist's Encounters With the Mind in Crisis."*

Last month, three ethicists from the University of Pennsylvania argued in the Journal of the American Medical Association that the movement to deinstitutionalize the mentally ill has been a failure.

Deinstitutionalization, they wrote, has in truth been "transinstitutionalization." As a hospital psychiatrist, I see this every day. Patients with chronic, severe mental illnesses are still in facilities — only now they are in medical hospitals, nursing homes and, increasingly, jails and prisons, places that are less appropriate and more expensive than long-term psychiatric institutions.

The ethicists argue that the "way forward includes a return to psychiatric asylums." And they are right.

Their suggestion was controversial. Critics argued that people should receive treatment in the least restrictive setting possible. The Americans With Disabilities Act demanded this, as has the Supreme Court. The goals of maximizing personal autonomy and civil liberties for the mentally ill are admirable.

A new model of long-term psychiatric institutionalization, as the Penn group suggests, would help them. However, I would go even further. We also need to rethink how we care for another group of vulnerable patients who have been just as disastrously disserved by policies meant to empower and protect them: the severely mentally disabled.

[Read more and share](#)

**PLEASE, RESPOND WITH A LETTER TO THE EDITOR**

### **3. New Jersey's I/DD community strongly opposes the state's transition plan: now what?**

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**Psychology Today \* Asked and Answered Blog by Amy S.F. Lutz \* February 20, 2015**

***About the author: Amy S.F. Lutz is the author of Each Day I Like It Better: Autism, ECT, and the Treatment of Our Most Impaired Children. She is president of the EASI Foundation.***

**Excerpts**

Yesterday, I saw democracy in action.

At least, I hope I did.

On February 19, I attended the second of two public comment sessions organized by New Jersey's Department of Developmental Disabilities (DDD) to solicit feedback on the state's version of the CMS (Centers for Medicare and Medicaid Services) Final Rule defining the residential and vocational settings that will be eligible for funding through the Medicaid HCBS (Home and Community Based Settings) waiver. I'm not sure exactly how many people were in attendance, but I'd have to guess at least 250; the huge auditorium was packed. Thirty-six people spoke during the two-hour meeting, and so many more wanted to present that when the deputy commissioners ended the proceedings, there were angry protests from the audience.

These opponents were a diverse group, including individuals with developmental disabilities, parents, siblings, providers, and advocates.

It was, in short, a clear rejection of the state's proposal. The only part that was unclear was why New Jersey opted to depart so dramatically from CMS' decision to "establish a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics." In other words, New Jersey's plan is much more restrictive than the Final Rule, which includes no caps, density rules, or setting exclusions. Why write regulations that not only require tremendous effort and expense to implement, but are considered a dangerous overreach, if the comments at the public hearing are any indication, by the very population they are intended to help?

But this is where the democracy part comes in. CMS required the states to invite public input, and the New Jersey disability community responded, almost unanimously demanding more flexibility, more choice, more transparency.

It is incumbent on the DDD to listen to those most affected by these regulations and revise accordingly. This isn't just a local issue – every state is going through the exact same process right now.

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It's not too late, New Jersey, to craft regulations that will encourage community integration while preserving a range of settings to reflect the broad preferences, needs and impairments of this population. The entire country is watching.

**4. Government Accounting Office Releases Scathing Report on Lack of Health and Human Services Leadership; Treatment Advocacy Center responds: "Mentally ill? Drink a Smoothie"**

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**Wall Street Journal \* February 9, 2015 \* Opinion Editorial by E. Fuller Torrey and Doris Fuller**

**About the authors: Dr. E. Fuller Torrey is the founder of the [Treatment Advocacy Center](#). Doris A. Fuller is TAC's executive director.**

**Excerpts**

The nonpartisan Government Accountability Office (GAO) this week released a scathing [report](#) on the lack of leadership in the Department of Health and Human Services for coordinating federal efforts related to serious mental illness.

It described 112 separate programs in eight federal agencies with little coordination. "The absence of high-level coordination," the GAO concluded, "hinders the federal government's ability to develop an overarching perspective of its programs supporting and targeting individuals with serious mental illness." The report was especially critical of the lack of any formal evaluation mechanism for the majority of the programs, so there is no way to tell whether they are working.

The main target of the report was the Substance Abuse and Mental Health Services Administration, or SAMHSA, an HHS agency that is required by its enabling legislation "to promote coordination of programs relating to mental illness throughout the federal government." In 2003 President George W. Bush's Commission on Mental Health noted the lack of coordination among federal programs. In response, a Federal Executive Steering Committee for Mental Health, led by HHS, was formed. This produced some improvement in program coordination, as noted by the GAO in 2008. But, astonishingly, the Steering Committee hasn't met since 2009.

According to our analysis of data from the Justice Department, American Correctional Association and the American Jail Association, there are now 10 times more people with serious mental illness in U.S. jails and prisons than in state mental hospitals. Individuals with untreated serious mental illness are responsible for 10% of all homicides in the U.S. and approximately half of all mass killings.

And what has been SAMHSA's response? In September the agency sponsored a "National Wellness Week" during which it suggested that drinking fruit smoothies and line dancing would achieve wellness.

The GAO report was prepared after congressional hearings that culminated with Pennsylvania Rep. Tim Murphy's "Helping Families in Mental Health Crisis Act" of 2013, which gained wide bipartisan support before being killed by the Democratic leadership of the last Congress. That desperately needed legislation included proposals to reform SAMHSA and create a leadership position to coordinate federal programs for mental illness. The GAO report strongly supports such a position. Its title says it all: "HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness." The current absence of such leadership is shocking.

[Read more and share](#)

## **STATE NEWS**

### **5. Wyoming: Department of Health reports positive federal survey of WLRC**

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**County 10 (Lander, WY) \* February 19, 2015**

In last week's weekly bulletin to Wyoming Department of Health employees, the department reports a positive visit by a federal Medicare Intermediate Care Facility surveyor.

Along with surveyor Paul Rowe for the visit was WDH facilities administrator Bill Sexton. And Sexton reports to state staff that Rowe made "telling and powerful comments." Rowe has reportedly surveyed Intermediate Care Facilities in every state.

"Based on Paul's three days of observations and review he was overwhelmed by the quality of staff, culture of caring, and observed a consistency of a friendly mentor tone across campus," Sexton wrote. "He observed staff consistently demonstrating a caring and therapeutic attitude towards the clients. He stated that in his experience you cannot buy the culture that exists at WLRC. Paul commented that the positive culture at WLRC is grown through the strong commitment of staff and leadership at all levels. He was surprised by the level of active treatment and the attention staff paid to clients."

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### **6. Ohio: Legislation Introduced to Establish State Facilities Closure Review Commission: Binartisan**

## **bill responds to recently announced closings in Youngstown and Dayton Area**

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**Ohio Senate Democratic Caucus Press Release \* February 18, 2015**

Columbus - Senate Minority Leader Joe Schiavoni (D-Boardman) and Senator Capri S. Cafaro (D-Hubbard) introduced legislation to establish a State Facilities Closure Review Commission.

The goal of Senate Bill 62 is to provide a more open process that gives all stakeholders the opportunity to provide input before a final decision is made. The bill's introduction follows the Kasich's administration's recent decision to close the Youngstown Developmental Center and the Montgomery Developmental Center in Huber Heights. The legislation is co-sponsored by Senator Peggy Lehner (R-Kettering).

"The closure announcement has been extremely upsetting for families with loved ones in the Youngstown Development Center, many of whom have been in the facility for a long period of time," said Senator Schiavoni. "The closure would be very disruptive for the residents of the facility and for the employees who care for them. A Review Commission would prohibit unilateral decision making no matter who the Governor is."

Senate Bill 62 would create a 13-member commission consisting of legislators and representatives of state agencies (including OBM), labor unions and members of the public. The legislation is modeled after similar legislation introduced in the 125th Ohio General Assembly (HB 100).

The legislation would establish a process that begins with the Governor submitting a request for closure to the Commission.

The Commission would have 30 days to consider the request before approving or rejecting it or making an alternative proposal. The Commission would evaluate the request based on the following criteria and other factors it deems appropriate:

- (1) Whether there is a need to reduce the number of facilities;
- (2) The availability of alternate facilities;
- (3) The cost effectiveness of the facilities;

- (4) The geographic factors associated with each facility and its proximity to other similar facilities;
- (5) The opportunities and barriers to transition employees to other appropriate employment;
- (6) The utilization and maximization of resources;
- (7) Continuity of the staff and ability to serve the facility population;
- (8) Continuing costs following closure of the facility;
- (9) The impact of the closure on the local economy;
- (10) Alternatives and opportunities for consolidation with other facilities and collaboration with other agencies or political subdivisions.

State Representative Michele Lepore-Hagan (D-Youngstown) has introduced companion legislation (HB 73) in the House of Representatives.

“The decision to close a state facility involves more than just dollars and cents – it involves people,” said Rep. Lepore-Hagan. “Shuttering the doors of Youngstown Developmental Center affects the workers, families, residents and indeed the entire community. A review commission, as established in this bill, ensures that those impacted get the opportunity to have their voices heard.”

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## **QUOTABLE**

*"No one has ever become poor by giving." ~ Anne Frank*

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**Calendar Reminders:**

**Tuesday, March 24, 2015:**

[American Health Care Association ID/DD  
Washington Fly-In](#)

Congressional speakers are being invited, a legislative update will be provided, and Hill visits will follow in the afternoon. Breakfast and a boxed lunch will be provided to you. [Registration is free but required](#). VOR members are encouraged to attend.

**Sunday, June 7, 2015:**

**[VOR Annual Conference: ADVOCATING FOR CHOICE BY EXPANDING OPPORTUNITIES. Registration Open.](#)**

**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.**

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