



Speaking out for people with intellectual and developmental disabilities

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VOR is a national organization that advocates for high quality care and human rights for people with intellectual and developmental disabilities

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QUOTABLE, by Andrew Matthews

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VOR and You

- 1. VOR AWARENESS EVENT – FALL 2012!!** Let's work to together to EDUCATE and RECRUIT

During the last 29 years VOR has accomplished many things due to the support of our loyal members and donors.

We are proud and excited about what we have been able to accomplish over the past two decades.

A woman I was talking to recently said,
"I would not have known even where to start to get

help for my son if it was not for VOR.”

We need the help of all of you to get the word out and make Fall 2012 a really special time for VOR Awareness. Is your organization meeting in Fall 2012? These family and other association meetings are a great time to promote VOR Awareness!

[Visit our website to find out how you can help!](#)

Here's a great Awareness idea that we received just this week: A VOR member will be signing up her sister with intellectual disabilities as a VOR member, with her sister's facility home listed as the address. She will be asking her sister's caregivers to read the VOR print newsletter to her sister. **What a great way to benefit VOR and educate many more people about VOR's advocacy!**

Thank you in advance for your participation! We are here to help. Contact Julie Huso at jhuso@vor.net for information on handouts for your events, story ideas for your newsletters, or whatever you may need to make your event on VOR's behalf successful.

Now, go EDUCATE and RECRUIT for VOR Awareness in 2012!

2. Member Testimonial – Spreading VOR

Awareness: “Thanks to VOR for giving me access to such outstanding legal representation and all the support to carry this cause forward. You really are exceptional.”

This expression of thanks came in an e-mail this week - a very nice way to start the week!

VOR's advocacy is wide-reaching, from our federal efforts down to individual families. VOR's [national programs](#) are on our [website](#). Much of what we are able to accomplish relates to the efforts of our national committees. We are grateful for new [and returning members](#) who volunteer their time on VOR's Committees to carry out our important mission.

STATE NEWS

3. WISCONSIN: Lawsuit challenges care cuts

[FOX 21 News, KQDS-DT](#) * August 24, 2012

Northern Bridges is a managed care organization (MCO) within Wisconsin's Family Care Medicaid waiver program. Family Care is Medicaid managed care. A lawsuit has been filed by residents who stand their community placements due to rate cuts by

Northern Bridges.

"The rate cuts have gone from 40 percent as much as 70 percent," said Attorney Rock Pledl of Pledl and Cohn Law Firm, who is representing the plaintiffs. Cuts are significant and do not represent the actual cost of caring for people with significant needs. Plaintiffs have alleged unlawful discrimination since the group being targeted for rate cuts have disabilities and are seeking to rates restored.

[Read more](#)

[Related news](#)

VOR Comment: The bottom line is the bottom line.

Wisconsin hoped to serve more people for less money, but needs are not being met and people are being displaced from their homes.

4. NORTH CAROLINA: Rest in Peace, Dorothea: The Dorothea Dix Hospital has closed

[The Treatment Advocacy Center](#) * August 28, 2012

A bad situation for the mentally ill in North Carolina has just gotten worse. After a two-decades-long battle, the state shuttered the 156-year-old Dorothea Dix Hospital in Raleigh on August 15.

The hospital's namesake was a tireless crusader who saw too many individuals with severe mental illness suffering in jails and instead promoted state hospitals as a therapeutic environment. One could only imagine what she would say now.

Friends of Dorothea Dix of Wake County (NAMI-Wake County) had something to say. They, too, were tireless crusaders, and they mourned the hospital's passing with an "In Memorial" ad in the Raleigh News and Observer.

"For many years, Dorothea Dix Hospital led the way with new ideas, investigational studies, and the newest drug therapies," the ad read in part. "She embraced change and scrutiny in order to improve care. She is survived by the multitude who entered her door and received and provided care."

No more.

In just the five years from 2005-2010, North Carolina eliminated nearly half its public psychiatric beds, leaving only eight beds per 100,000 people, one of the lowest per-capita bed populations in the nation and less than one-fifth the beds estimated are necessary for minimally adequate psychiatric care. And that was

before this most recent closure.

In memory of Dorothea Dix and this namesake hospital, we encourage you to send our study, "[No Room at the Inn: Trends and Consequences of Closing Psychiatric Hospitals](#)," to the policy makers and media in your state with a note about the risks and results of closing public hospital beds.

Related news: [As Dix closes, reforms sputter](#)

5. ILLINOIS: Two months until deadline, many still at Jacksonville Developmental Center

WLDS am (Jacksonville, IL) * August 29, 2012

A governor-ordered deadline to have the Jacksonville Developmental Center empty is about two months away, but there are still plenty of residents there.

In the nine months since Governor Pat Quinn ordered the JDC close, just 44 residents have been transitioned. The state wants to move all 196 residents to community-based settings, but with 152 residents left, the October 31st deadline seems likely to pass with transitions still to be made.

The Department of Human services says in a statement that October 31st is still the goal for complete closure, but that the facility will not close until each and every resident is placed in a safe and suitable community setting.

For parents of JDC residents like Ernie Jones, the situation fosters skepticism. He has a 49-year-old son housed at the facility, Carl, with the IQ of a three-year-old.

"They haven't found homes for these people, and what few homes that they've contacted - as I understand it in talking to some of the parents - they have refused to take some of the residents because they take too much care, and they don't have the staff and facility to take care of them," says Jones. "So I don't know what they're going to do."

"The other thing that they could do- and I would imagine that they probably would do, just to pacify the advocate community [is]... start to transfer some of these residents to other state operated facilities [not scheduled for closure], says [State Senator] Jim Watson [who also doesn't believe the deadline for closure will be met].

"Which is ironic, right? Because what the advocate community is saving is these people need to be

integrated into the community, and there's plenty of room for them, but when the rubber hits the road, there is not plenty of room for them, and they need state-operated facilities. Which is the whole point of the argument to Quinn's proposal."

[Read more](#)

6. NATIONAL STUDY: One-third of doctors wouldn't take new Medicaid patients last year

***Washington Post* * August 6, 2012**

Sandra Decker, an economist with the Center for Disease Controls, recently pored over the 2011 National Ambulatory Medical Care Survey, which asks doctors whether they would accept new Medicaid patients. What she found could spell trouble for the health care law: More than three in ten doctors – 31 percent – said no, they would not.

[Read more](#)

QUOTABLE

"We are continually faced by great opportunities brilliantly disguised as insolvable problems." ~ Andrew Matthews

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