



Greater Salisbury Committee, Inc.

'Making Mid-Delmarva a better place to live and work'

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Facility Closures:

A brief history and its impact on people with intellectual and developmental disabilities

Some history: *From whence we came*

In 1965, then-Senator Robert Kennedy toured the infamous New York Willowbrook institution and observed, grimly, that residents were "living in filth and dirt. He labeled the facility a "snake pit."

The atrocities of Willowbrook ushered in massive reform, beginning in 1971 with the development of Medicaid Intermediate Care Facilities for Individuals with Mental Retardation (ICFs/MR). The medical term "Mental Retardation" is no longer used because it is considered politically incorrect; however it does define an incurable cognitive impairment, unlike various other forms of mental illness that are treatable. "Intellectual Disability" is now used and Holly Center is referred to as an ICF/IID – an Intermediate Care Facility for Individuals with Intellectual Disabilities.

As the ICF/IID program grew, so did calls for housing alternatives. In 1981, Congress responded by providing Medicaid funding options for home and community based services (group homes).

It was not long before efforts to "rebalance" our system of care shifted from expanding options to the dramatic reduction of ICFs/IID, over the strong objections of individual residents and their families and legal guardians, and in spite of well-publicized human tragedies. The pendulum has now swung to the opposite extreme and the option of ICF/IID care is nearly gone. .

What about *Olmstead*?

The 1999 Supreme Court landmark *Olmstead v. L.C.* decision expressly cautioned **against** the "termination of institutional settings for persons unable to handle or benefit from community settings." Instead, the court held that the Americans with Disabilities Act only required community placement when an individual's treatment professionals determine community placement is appropriate, such placement *is not opposed by the individual*, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with disabilities. Still, *Olmstead* has been cited (incorrectly) by proponents of forced deinstitutionalization in support of the eliminating all "institutional" options.

The real price of "progress"

150 media reports in more than 30 states since 1997 reveal systemic concerns in small settings for people with intellectual and developmental disabilities (I/DD), including deaths, abuse, neglect, and financial malfeasance. Across the country, thousands of fragile citizens have died in community settings, prompting a pending U.S. Office of Inspector General investigation.

Deinstitutionalization is not working, yet, aggressive facility closure continues. Maryland has closed 9 facilities similar to Holly Center and only two remain both under 50% capacity. The majority of individuals diagnosed with mild to moderate I/DD are well served in their home or in a community group home. However, for the small percentage with severe and profound I/DD, the CHOICE of a facility setting is crucial to their safety and well-being.

Advocates and state policymakers must abandon efforts to *eliminate* options of care and work together to expand options. Holly Center must always be an option for our citizens with complex needs and its mission and services should be *expanded*.

Closure of Holly Center will harm our disabled citizens, their families and our community as a whole.

The Greater Salisbury Committee expresses appreciation to VOR, a national advocacy organization, for its help with this document. For more information about VOR, visit www.vor.net or contact VOR at info@vor.net or 877-399-4867.