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September 28, 2012

**Olmstead Requires Personal Choice**  
**Public Comments for the Proposed New York Olmstead Implementation Plan**  
***Statement by Cristy Dwyer, VOR New York State Coordinator***

I represent VOR, a national organization advocating for high quality care and human rights for all people with intellectual and developmental disabilities (I/DD). Thank you for this opportunity to provide input.

As New York State creates its “*Olmstead* implementation plan,” one principle must be upheld throughout the process: **Choice**.

In its *Olmstead* decision, the Supreme Court held that choice is one of three prerequisites to determining if community placement is required. Going further, the Court expressly cautioned against forcing the transfer of individuals unable to handle or benefit from community settings, or “who do not desire it.”

Simply, the Supreme Court recognized – as should New York State – that a range of service options required to meet varying needs and, if supports are to be truly individualized, then choice matters.

Unfortunately, New York is beginning at the end. Instead of seeking input on how best the State can offer a range of quality, individualized supports, it is seeking input on how to enable New Yorkers with disabilities to “live in the most integrated *community* settings,” with a focus on “Independence and Community Integration” and “Transition and Diversion from Institutional Settings” (see, *Olmstead* Public Forum Questions, State of New York, Executive Chamber).

*Olmstead* requires consideration of personal choice, not just one choice. Forcing “integrated community settings” on every disabled person is the wrong starting point for *Olmstead* implementation.

Instead, consistent with the decision, the *Olmstead* Implementation Plan should, with public input, determine how to meet its obligation to provide range of quality services to individuals with disabilities so that every individual can be served in the “**most integrated setting appropriate to their needs**,” from small to large public and private settings.

Already, New York's policy of deinstitutionalization has had disastrous consequences, as documented by Danny Hakim's *Abused and Used* series in the *New York Times*. VOR hears from New York families too:

- A family is fighting the closure of their loved one's long-time state operated group home.
- A mother who is dealing with medical issues of her own is struggling to provide care for her severely autistic son. She watches in dismay as structured, highly-specialized care options are dismantled in New York. Her son will need out-of-home care, but where?
- A mother whose daughter with aggressive behaviors is not safely cared for in a community group home. Her choice of a New York developmental center for her daughter has been denied, so she is being served in an out-of-state facility. If she ever returns to New York, her only option for care will be a psychiatric facility.

The Supreme Court recognized a range of needs and choices. In the spirit and letter of *Olmstead*, New York State must hold itself to the same standard. VOR would like to see the developmental centers continue to serve as providers of round the clock care for those who need them while expanding their roles to include offering community socialization and medical services (*e.g.*, health care, dental, and eye care) that would serve the needs of those residing in community group homes. This would be a win-win for everyone and allow for even greater transparency in service provision for the entire population.

Because the availability of quality options is necessary for real choice, New York State must also heed the lessons learned in the *New York Times* series and focus first and foremost on ensuring quality at every level of care in every setting be they public or private. This, by default translates into the "Choice" that *Olmstead* requires.

Thank you.