

Research of Outcomes of Closures and Deinstitutionalization

From 1980 to 2014, numerous studies and reviews of the outcomes of closures and deinstitutionalization in several states, including the Jacksonville closure in Illinois, report the following outcomes regarding quality of life, adaptive behaviors, and health of residents and satisfaction of families:

- 1) Improved quality of life, including more choice-making opportunities, more friends, greater community participation, and greater residential satisfaction.ⁱ
- 2) Improved adaptive behaviors, including social skills, self-care, and domestic skills and inconsistent results regarding challenging behaviors.ⁱⁱ
- 3) Similar or improved health status and health care access, with some difficulty in accessing some types of health care such as dental services, and less polypharmacy.^{iii, j}
- 4) Greater satisfaction of families with community placement versus the previous institutions, despite the fact that many families initially opposed deinstitutionalization.^{1,iv}

Cost Savings of Closures

Generally community living is less costly to state government than community placements. Several recent reports from other states have indicated significant cost savings, including estimated savings of about 40% in Massachusetts^{iv} and 50% in Kansas^{vi}. Other studies have reported savings closer to 25%.^{vii}

While over time there are considerable cost savings of closing institutions, these savings do not usually occur until the institution is entirely closed. During the transition the costs can remain high as there is still a need to maintain the facility and most of the staff. Cost savings from deinstitutionalization are achieved primarily through the elimination/reduction of the high costs of operating a large state operated developmental center, leveraging less costly community services (social, educational, recreational), and avoiding the high costs of remodeling older institutions to meet federal standards.

In Illinois the new "State of the States in Developmental Disabilities 2011,"^{viii} the average daily spending per person in state institutions was \$498 or \$181,770 per year for 2009, The average CILA cost is \$52,454 according to the Division of Developmental Disabilities, March/2011.

General Guidelines and Principles for Practice ^{ix}

The relocation process should be designed as a seamless system wherein staff of the developmental center and families/guardians have input and provide information to staff at the receiving programs and providers. The process should have follow-up services built in that allow for input from developmental center staff and other concerned people during the 30 days following the transfer, the period that is most likely to be disruptive to the residents. Ongoing communication between developmental centers and receiving residences should occur prior to the move and within the 30 days after the move.

Developmental center staff should remain available even after the 30 day period. *Strategies to improve planning, communication, and oversight include the following:*

- Develop a seamless relocation plan with a timeline, strategies for involving community agencies and other stakeholders and forming a broad-based coalition, resources needed, list of residents and their needs, notification process, and plan for alternative living arrangements that can address each individual's ongoing needs.
- Parents, families and guardians need to be informed of the closure and placements throughout the process with time targeted communications.
- The community system must have a plan to provide supports needed including the capacity to support individuals with complex medical or intensive behavioral needs.
- A person centered community integration plan (CIP) for each individual should be developed to outline the plan for providing appropriate supports in the community setting. It should be followed by a 30 day review and there after annually. It should be based on a person-centered plan (such as the Essential Life Planning or other individualized planning tools). The CIP should focus on helping the person plan for a "meaningful life". It should emphasize choice-making, goal attainment and development of skills facilitating community participation.
- This person centered plan should involve administrators and staff from the developmental center and the receiving facilities, families, guardians, and the individual with disabilities.
- Minimize disruption by minimizing internal transfer of residents and staff in the developmental center and community placements.
- Give parents, guardians, and the individuals opportunities to visit the future placements and communities and address their concerns and preferences.
- Involve parents and people with disabilities who have been through the process of community placements to help inform others.
- Provide employee counseling and job placement services for employees at the developmental centers.
- Mechanisms should be developed and in place for sufficient preparation, oversight, and quality assurance of community placements. In addition to state oversight systems, guardians and families should also provide oversight, so that their concerns and suggestions can be addressed.
- Staff in the community system need to be adequately trained to support individuals moving from the developmental centers. The staff from the developmental centers have insight into the unique needs of each individual and can convey these needs to the community staff.

References

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- ⁱ Kozma, A., Mansell, J., and Beadle-Brown, J. (2009) Outcomes in Different Residential Settings for People With Intellectual Disability: A Systematic Review. *American Journal of Intellectual and Developmental Disabilities* 114(3) 193–222.
- ⁱⁱ Lakin, K.C., Larson Kim, S.A., and Kim, S., (2011). Behavioral Outcomes of Deinstitutionalization for People with Intellectual and Developmental Disabilities: A Review of Studies Conducted Between 1977- and 2010. *Policy Research Brief*, April 2011, Vol.2, No. 2, pp. 1-12.
- ⁱⁱⁱ Hayden, M., Kim, S.H., and DePaepe, P. (2005) Health Status, Utilization Patterns, and Outcomes of Persons with Intellectual Disabilities: Review of the Literature. *Mental Retardation*: June 2005, Vol. 43, No. 3, pp. 175-195.
- ^{iv} Larson, A. and Lakin, C. (1991), Parental Attitudes about Residential Placement before and after Deinstitutionalization: A Research Synthesis. *JASH*, 25-38.
- ^v Massachusetts Executive Office of Administration and Finance (2010). Report to the Legislature on DDS's Community Expansion and Facility Consolidation Plan.
- ^{vi} Kansas Facilities Closure and Realignment Commission (2009). Facilities Closure and Realignment Commission Meeting Discussion on Rehabilitation Center for the Blind and Visually Impaired, Kansas Neurological Institute and Parsons State Hospital October 26, 2009 Topeka, Kansas
- ^{vii} Stancliffe, R.J. and Lakin, C. (2004). Costs and Outcomes of Community Services for Persons with Intellectual and Developmental Disabilities. *Policy Research Brief* 14(1). Minneapolis: University of Minnesota, Research and Training Center on Community Living.
- ^{viii} Braddock, D., Hemp, R., Rizzolo, M.C., Haffer, L., Tanis, E.S., & Wu, J. (2011). *The State of the States in Developmental Disabilities: 2011*. Washington, DC: American Association on Intellectual and Developmental Disabilities.
- ^{ix} Heller, T. (2007). *Review of Outcome Studies of Community Placements and Guidelines for Practice*. Chicago: Institute on Disability and Human Development, University of Illinois at Chicago.