March is Developmental Disability Awareness Month

On a national level the month of March has been designated as Developmental Disability Awareness Month. At EITAS we are drawing attention to it through a number of activities. Our theme is “Focus on Ability”. We will have some press releases and engage in several activities to keep “ability” the center of attention. We have tied green ribbons around the trees of our administrative office; held an “awareness” luncheon; and will be wearing green ribbons and green wristbands.

“Focus on Ability”

We are encouraging all agencies and organizations that work with persons who have developmental disabilities to develop activities and themes as well. Some examples are:

- Hanging green ribbons around trees on facility property
- Wearing green ribbons pinned to their clothing.
- Wear a nametag that says, "Hi, my name is ________ and I am good at_____________
- Have home providers get people together to talk about their strengths and help each person identify things that they are the best at.
- Writing a letter as a group to legislators to support developmental disability efforts.
- Have roommates/co-workers write down what a person is good at—a positive thing about them.

Annual Meeting

Our Annual Board Meeting and Awards Presentation will be a little different this year. We are changing our meeting hotel and our menu. This year we have opted to move the meeting to the Hilton Garden Inn in Independence, just off of I-70 and Little Blue Parkway. The date has been set for Wednesday, April 23rd at 6:30 p.m. We will not be offering a buffet this year, but our guests will have their choice of three different entrée’s, plus salad and dessert, all catered by the Hereford House. Invitations will be out this month. Everyone will need to make sure they respond to our office with who is attending and their menu choice. Our theme this year is “Focus on Ability”.
Institutions versus Community Support

Many of you may be aware that the state of Missouri is in the process of downsizing its large state-run institutions with the ultimate goal to reduce them significantly in size or close them all together. There has been quiet an uproar about this, especially on the eastern side of the state involving Bellfountaine Center. Many parents and guardians of the residents there are fearful for the care and the safety of their loved ones, should they be moved into the community. And they are right to demand that appropriate support systems and services be available for them.

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But over the past thirty years several factors have occurred that call into question the assumptions that persons with developmental disabilities are better served and better cared for in institutional settings, i.e. large residential facilities with diverse services aimed at diagnosing, treating and rehabilitating people with intellectual disabilities. Many of these have been large programs often serving hundreds of people at one location in campus-like settings with residential, medical services, day programming, recreation activities, and even workshop programs all within close proximity. But we have learned over the years that the segregation of people with developmental disabilities in large institutions has caused a reduction in the overall quality of their life and has the added disadvantage of being difficult to manage, expensive to provide, and not the least of all – dehumanizing.
Effectiveness of outcomes

The professional policy, practice and research field has learned, worldwide, that for people with developmental disabilities there is nothing magic about big buildings and large institutions. Bricks and mortar are not the elements of programmatic effectiveness. We have learned that the quality of people’s lives and the effectiveness of services are dependent upon interaction between people receiving services and supports and staff, neighbors, other people with disabilities, family, and friends being significant parts of the equation for each person. Research places great importance on community contacts and the rhythm of day to day life that those without disabilities enjoy, as a strategy for achieving optimal benefit from services and supports for people with developmental disabilities.

Optimally, these interactions take place in cities, towns, workplaces, and recreational venues that parallel those of adults without disabilities in those same locales.

This does not mean that people with developmental disabilities do not have significant difficulties to overcome wherever they live. However, while taking those things into consideration, we can develop services that include them in the fabric of community life, thereby enriching both the community and people with developmental disabilities. Community environments present fewer obstacles to inclusion in community life, by their nature, than do large segregated institutions.

“**We can develop services that include them in the fabric of community life**”

Experience and research have demonstrated that all people with disabilities, regardless of the severity of intellectual disability, the complexity of their health care needs or the degree to which they have behavioral problems, can be successfully supported in small, responsive community settings. For example, a study of over 3,000 people with developmental disabilities shows that those served by organizations providing services to small numbers of people in scattered sites in the community had the highest degree of attainment of personal outcomes and therefore, quality of life. People receiving supported living in their own apartments and homes had the highest degree of outcomes. Even people with the most significant disabilities demonstrated achievement of outcomes in small community settings as well.

The goal of contemporary services is to individualize, to determine what each person wants and needs, and to provide support that is tailored to them (person-centered planning). The evidence from decades of research across cultures shows...
that the provision of institutional care, with its highly structured and uniform approach to services deprives people of skills and is not cost-effective. There is no programmatic or therapeutic advantage to institutional care and, in fact, the opposite is true. Over 70 research studies show that, over time, people in large congregate settings show diminished, not increased skills. The belief has been that only people who have demonstrated a certain level of skills can be served in the community and that only institutions are the places where the highest or most intensive level of care can be provided. This approach makes an assumption that the intensity of a person’s need for supports should determine the degree of inclusion to which he or she is entitled or will be most successful — and has no basis in research.

Person-centered planning and community inclusion accomplishes more effectively what policies surrounding level of care in institutions were intended to accomplish but do not. With this approach, the amount and type of services provided are adjusted and re-adjusted as needed to respond to a person’s interests and needs (which are likely to vary over time) rather than to a generalized assessment about what people who have been grouped together are likely to require.

**Cost effectiveness**

Experience across the country demonstrates that we can provide community-based, highly individualized services for people with the most significant disabilities and do so in a cost-effective manner. Old notions of economies of scale are both invalid, and best kept to manufacturing and retail environments — not to services to people. Economies of scale, which maintains that there are more efficiencies with larger sized institutions, have been discredited. Large facilities need a major infrastructure of staff, equipment, buildings, utilities, support services and ongoing maintenance and repair that are expenses charged off against a few hundred people instead of spread across a community when apartments and individual homes are utilized. In a large institution these resources do not lead to outcomes for the persons with developmental disabilities but instead go toward keeping the institution running. As most of the costs of residential care are related to personnel, it is desirable to have personnel who are focused on the resident’s needs, not the maintenance of...
the facility. The concept of economy of scale is an industrial one, designed to look at the manufacture of goods and services. It is not meant to be, nor should it be, applied to people with disabilities.

In the 1999 Olmstead case, the state of Georgia asserted that moving people from institutions would unreasonably burden the states with higher costs for community integration. To refute this argument, Oregon’s director of human services and 57 former commissioners of mental health and directors of developmental disabilities, representing 36 states and the District of Columbia, submitted a brief that pointed out that at least three quarters of the states are already reorganizing their systems to provide most services for people with mental disabilities in the community, at less than half the cost of institutional care. For example, one compared community costs of providing all needed supports to a person, including housing, of $60,000 per year for a deinstitutionalized person to $130,000 per year for institutional care.

In summary, research clearly shows that small size facilities in the community make it much more likely that people will interact with their community regardless of their level of disability. Institutions are, by definition, foreign to their community. Collecting people who are “different” in one place is not a natural occurrence, so the people forced to live in institutions are segregated from their communities in variety of ways. EITAS does not believe in segregation and strongly feels it is in all ways detrimental to everyone.

EITAS does believe that inclusion and community integration is in the best interest of persons with developmental disabilities whenever possible. Community is not a place where you are isolated, deprived of rights and the experiences of other citizens. Community is a place where there are unlimited opportunities, not a place where because you are “different” or “special” or “exceptional” you cannot fit in, blend in, or participate and contribute.

Community is where all people belong, disability or not, in need of a lot of supports, or none. Thus we cannot support the building or funding of large institutional programs that separate people from the community; that can do more harm than good; that violate federal and local laws; and that by their nature are a violation of the ethical treatment of persons with developmental disabilities.
Program Updates

Service Coordination
Patti Phillips, a former Support Services staff member at EITAS, has been named the Supervisor of Service Coordination. We now have four full-time service coordinators on staff and are serving over one hundred persons. We are averaging 9 to 10 new referrals each week and will add service coordination staff as the number of referrals rise. For more information about service coordination call 816-363-2000.

Transportation Services
Our three new buses will be delivered this month and we have new drivers and new routes to develop aimed at shortening ride times and lowering our costs to private providers. For more information about transportation services call Bob Rice, at 816-461-3654.

Support Services
The Support Services Department continues to work with providers on outcomes goals and measurements. With Patti Phillips leaving her position in Support Services, we have hired her replacement, Kathy Sterret, from the Quality Assurance Team at the Regional Office. We are certain Kathy will have a positive affect on support services and provider relations. For information on Support services call Nancy Nicolaus at 816-363-2000.

Vocational Services
In 2008 EITAS is partnering with the Jackson County workshops on a number of new projects to provide new and different work opportunities. Both Foundation Workshop and IBS Industries are planning the creation of recycling centers. The local association of workshops, (ABOVE), has been given a grant to explore building a greenhouse and retail garden center to provide up to 20 new jobs on site with tie-in jobs at each of the member workshops. And the EITAS staff have begun work on developing a new model for supported employment to offer to providers.

Residential Services
Englewood Home – our joint group home construction project with TNC, is proceeding on schedule. The exterior walls are up, the roof is on and interior stud walls have been erected. Heating, cooling and plumbing systems are being installed and sheet rock will begin going up shortly. Bids have been received for our total remodel and renovation of White Oaks group home and details will be discussed at the Board Properties Committee Meeting this month. EITAS plans to hold a Residential Forum this spring to discuss issues with placements, vacant beds and referrals from the Regional Office.

Day Habilitation
A major project in partnership with Nova Center is underway as we work to relocate them from the Foundation Workshop site to their own facility. In addition, we are funding several improvements to the Community of the Good Shepherd’s new day program, as well as improvements to the Rainbow Centers, and DPI this year.

Websites of Interest
A couple of websites have come to our attention that are worth visiting for different perspectives on developmental disabilities. The first one is a website from England and focuses on community acceptance and accessibility. It is: http://www.creaturediscomforts.org/. The second website is an online magazine dedicated to displaying the writing talents and artistic endeavors of people with developmental disabilities. That website is: http://www.icdl.com/bookstore/glimpse/documents/GLIMPSE-1308.pdf