

Thoughts and Impressions on Institutional Closure

by Steve Taylor

Having followed successful institutional closures from a distance, observed less successful efforts closer to home, and participated in numerous meetings on the planned closure of Syracuse Developmental Center, I have formed some thoughts and impressions on the closure process. Of course, no definitive conclusions about institutional closure can be reached yet. We need more examples of how to close institutions in all regions of the country and in states not noted for their forward-looking administration of developmental disability services before we write the step-by-step instructions, if ever we can. However, it is not too early to begin to draw some generalizations about institutional closure from experiences to date:

- **There are different ways to close an institution.** Institutions have been closed successfully in one of two major ways. The first is to announce the closure far in advance with broad political and public support. The second is to gradually and quietly depopulate an institution to the point at which the costs of continued operation are prohibitive and no responsible public official can justify the expense. Which strategy works best? The former seems to have worked in Vermont, while the latter seems to have been effective in New Hampshire. It is preferable to have political consensus in favor of closure and to close an institution through a planned, orderly, and public process. However, the political and economic climate will dictate the strategy that will work best in any particular state; in some states, circumstances may argue against a public announcement of closure far in advance. What is most important is not which strategy is used, but whether responsible officials do, in fact, have a strategy for closure.

The Community Imperative

A Refutation of All Arguments in Support of Institutionalizing Anybody Because of Mental Retardation

In the domain of Human Rights:

All people have fundamental moral and constitutional rights.

These rights must not be abrogated merely because a person has a mental or physical disability.

Among these fundamental rights is the right to community living.

In the domain of Educational Programming and Human Service:

All people, as human beings, are inherently valuable.

All people can grow and develop.

All people are entitled to conditions which foster their development.

Such conditions are optimally provided in community settings.

Therefore:

In fulfillment of fundamental human rights, and

In securing optimum developmental opportunities,

All people, regardless of the severity of their disabilities, are entitled to community living.

The Community Imperative, was issued by the Center on Human Policy, Syracuse University, in 1979 in response to backlash against deinstitutionalization.

- **Where the people go is more important than whether an institution is closed.** Institutional closure is a worthy goal, but it is merely the means to the end – community integration and inclusion. If an institution is closed through transfers to other public or private institutions, the creation of mini-institutions in the community, or the re-naming of units on institutional grounds, then little has been accomplished and, potentially, much harm has been done. Institutions must be closed in a manner that gives each person increased opportunities to participate in community life.

- **Compromises need to be made in the closure process.** No state has replaced an institution with a totally individualized system of community supports. The goals of institutional closure and the development of individualized services are inconsistent, and perhaps contradictory. This creates a difficult dilemma. Should people be forced to remain in institutions while states realign their policies and fiscal mechanisms and service providers develop the capacity to offer individualized services on a large scale? Or, should institutional closure proceed even though all people will not be able to be supported in individualized ways? Either path represents a compromise in values and desired outcomes. The only reasonable way to

approach the dilemma is to ask which path will cause the least harm to the fewest people. From this vantage point, continued institutionalization cannot be justified. Even if ideal services cannot be developed, people should not be denied the opportunity to live a better life in the community. Institutional closure will require compromises. Compromises are most dangerous when they are not acknowledged as such.

- **People with the most significant needs should be moved into the community throughout the institutional closure process.** People with the most severe disabilities, including those with complex medical and behavioral needs, should have equal opportunity to live in the community. For this reason alone, they should be moved into the community during all stages of institutional closure. More than that, community providers need time to develop the capacity to support people with the most significant needs in the most responsive and individualized ways. When people with severe disabilities, as a group, are the last to leave an institution, it is likely that they will be placed in the most restrictive and least integrated settings, simply because planners and providers lack the skills and experience to support them in other ways.
 - **Institutional closure should proceed with concrete benchmarks and tangible indicators of progress.** The more carefully planned an institutional closure, the greater the probability that an institution will be closed in timely fashion and replaced with responsive services in the community. At the minimum, administrators and planners should establish targets for census reduction and the development of residential, vocational, medical, and other community supports and services as well as vehicles to monitor progress toward meeting those targets. In instances in which closure has been initiated by bodies or officials other than administrators responsible for closing an institution, closure plans should address implementation steps, specific descriptions of the kinds of community services to be developed, and strategies for safeguarding quality.
 - **When the goal of institutional closure is explicit, all relevant parties should be involved in the process and information should be readily available.** Institutional closure can be controversial, but this does not justify excluding relevant parties – advocates, parents, institutional staff, local elected representatives, community providers, and others – from planning or withholding information about the process. Once a policy of closure has been adopted, all interested persons should have the opportunity to participate in planning and to voice their concerns. Suspicion, distrust, low morale, and rumors serve no one's interests.
 - **Institutional parents should not be treated as the enemy.** In some states, institutional parent groups have been vocal opponents of closure. Many parents placed their sons and daughters in institutions years ago on the advice of professionals when few, if any options were available. Now, some parents are fearful of losing the sense of security provided by the bricks and mortar of the institution. These parents are mistaken in believing that their sons and daughters belong in institutions and that security cannot be provided in the community. But they did not create the institutions and are deserving of sympathy and respect. Quality community services and the long-term commitment of community providers will eventually allay parental fears and concerns.
 - **Advocates and administrators have complementary roles to play in institutional closure.** Advocates have served as important catalysts for change, including the closing of institutions, and have a critical role to play in monitoring the closure process and the quality of services in the community. Yet the success of closure efforts will depend upon competent and committed administrators. Advocates should not attempt to manage the closure process, but should direct their efforts to making sure that the right persons are in position to accomplish the goal. The most successful administrators know how to work with advocacy groups and are open to external scrutiny and review.
 - **Closure should be accomplished in a manner that minimizes disruptions in people's lives.** Under the best of circumstances, moving from a highly regimented and controlled life in an institution to less restrictive settings in the community can be a disorienting experience. Repeated movement of people from one institutional unit to another prior to closure should be avoided at all costs.
 - **Institutional closure should result in a decentralization of decision-making regarding services.** With the closure of public institutions, decision-making should shift from state capitals to local communities. People with developmental disabilities themselves and those who are close to them should have a major say over where and with whom they will live and how they will be supported. Decentralization of decision-making does not mean that appropriate governmental bodies should abandon their legitimate oversight role.
- Despite progress, the fact that nearly 150,000 people with developmental disabilities remain in public and private institutions and nursing homes is a sobering reality. Regional and state variations in deinstitutionalization efforts are striking. We need to be reminded that not everyone agrees that all people with mental retardation belong among us and have fundamental human rights. Many of the same arguments made previously to oppose deinstitutionalization are used today to oppose school inclusion, non-aversive interventions, and other humanistic efforts. We must continue to speak out clearly and forcefully on the issue of institution versus community living so that all people, regardless of the severity of their disabilities, are afforded the opportunity to live in the community and experience the associated rights and responsibilities of citizenship.
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