



**DISABILITY RIGHTS**  
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## Disability Rights Pennsylvania

### Testimony on the Closure of Polk State Center and White Haven State Center Pennsylvania House Human Services Committee Hearing

Provided by:

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Thank you for inviting testimony from Disability Rights PA on the closure of Polk and White Haven Centers. My name is Judy Banks and I am the Deputy Director of Disability Rights Pennsylvania (DRP).

Disability Rights Pennsylvania is the designated federal protection and advocacy system for Pennsylvania. We have been the federally mandated protection and advocacy system in our state for over forty (40) years. Our mission is to protect and advocate for the rights of persons with disabilities so they may live the lives they choose, free from abuse, neglect, discrimination, and segregation. Our vision is a Commonwealth where people of all abilities are equal and free.

Disability Rights Pennsylvania (DRP) supports the decision of the Pennsylvania Department of Human Services (DHS) to close Polk and White Haven State Centers. Pennsylvania has a long and successful history of closing state centers and supporting community integration of people with intellectual disabilities.

Through several closures of State Centers, I have been directly involved in helping individuals and families with their transition planning in preparation

**Protecting and advancing the rights of people with disabilities**

for individuals moving into the community. I witnessed first-hand the wonderful and positive transformation of lives and was encouraged by their resiliency and determination to enter a new phase of their lives.

With Hamburg being the most recent state center to close, that closure empowered 80 people with the choice to live in the community, a place where we all live. During the Hamburg Center closure individuals and families became better informed about the closure and transition processes and their essential role in those processes. Family members and individuals were given extensive information about community services and supports and opportunities to explore community residential, day and employment options, meet provider staff, visit community programs, and to learn about health care access and health care providers. In the end, about 50 individuals and families chose community. However, all voices were heard, honored and respected throughout the closure and transition process.

Under the system set up by the Pennsylvania Department of Human Services, if, after being engaged and informed about all the options for community living, the person decides they want institutional care, they can still make that choice. However, it is inaccurate to say that individuals with intellectual disabilities and other disabilities cannot live in the community. For every person who resides in Polk and White Haven Centers, there is a peer in the community. With appropriate supports and services, all people with disabilities can live successfully in the community. 96% of people with intellectual disabilities who need services receive those services in the community, these individuals have varying degrees of behavioral health, physical health, and communication needs.

One voice that I would like to include in my testimony at this time is the voice of a man that lived in Hamburg center since he was a child who chose to live in the community. (Gordon's statement)

The Department's decision to close two state centers is progressive. It furthers the vision held nationally that supports inclusive of all people in community, regardless of abilities. More individuals with disabilities in Pennsylvania receive services and supports in the community than in state operated institutions. The federal government, under Medicaid, allowed states to create waivers for institutional care which led to states across the nation, including ours to make home and community-based services

possible. Over the past 40 years, more than 230,000 people with intellectual and developmental disabilities have been transitioned into the community. As of June 2015, 21,103 individuals remained institutionalized across the country. In Pennsylvania for fiscal year 2018, only 716 individuals remain in the State Centers, while 36,774 individuals receive services through the Home and Community Based Waivers.

Now more families and individuals with disabilities select community living as a choice as evidenced by the numbers in Pennsylvania. These supports include residential services, day programs, community integration skills, therapies, home health care, home modifications, assistive technology, and respite services.

Federal law and policy changed to end the unnecessary segregation and isolation of people with disabilities. The bi-partisan Americans with Disabilities Act (ADA) of 1990 found that "historically, society has tended to isolate and segregate individuals with disabilities, and such forms of discrimination...continue to be a serious and pervasive social problem." 42 U.S.C. § 12101 (a)(z).

At the bill signing ceremony in 1990, President George H. W. Bush, told us that he wanted people with disabilities to have the opportunity to "blend fully and equally into the rich mosaic of the American mainstream." The ADA was always intended to end the segregation and isolation of people with disabilities.

The U.S. Supreme Court in *Olmstead v. L.C.* (1999) 527 U.S. 581 ruled that unnecessary institutionalization of people with disabilities constitutes discrimination under the ADA. *Olmstead* extends the ADA's promise that unwanted segregation and isolation is illegal and must end. Finally, these federal policy changes along with the recognition of civil rights for people with disabilities combined with federal funding allowed for people with disabilities to actualize their rights.

There is ample evidence that community integration and the Medicaid-funded Home and Community-Based system in Pennsylvania can support each resident at Polk and White Haven. Everyone will receive the specialized services, supports, medical care, and other services they need according to person-centered, individualized needs.

Institutionalization is the exception, rather than the rule and a costly exception. Closing Polk and White Haven will save the State money long-term and allow the Commonwealth to serve more people in the community. As the resident census at centers decreases due to natural causes, the costs per resident rises as the total population decreases. Currently, DHS estimates that it costs approximately \$409,000 at Polk and \$435,000 at White Haven per resident annually. While the costs to transition over the next 12-24 months may increase as DHS must continue to operate Polk and White Haven and transition residents into the community, the average cost to serve an individual in the Consolidated Waiver is \$143,154 according to DHS.

DRP is encouraged by the stakeholder process set out by DHS. We recommend that DHS continue the stakeholder process, as it is an important open forum for families and DHS to give and receive important information. In addition, stakeholder meetings are critical to educate individuals and families about waiver services, particularly how community-based systems work. Finally, stakeholder meetings promote engagement.

As DHS moves forward through the 3-year closure and transition process, it is important that:

Individuals and families lead the transition design and receive supports and services nearest their families, based on the individual's needs and choice.

Transition and service planning be person-centered.

There is monitoring and oversight for quality management and safeguards against abuse and neglect. This includes monitoring the transition process and outcomes.

Provider rates are appropriately set to ensure all quality community, medical, and behavioral health services are available, especially for those with complex and intensive support needs. In addition, there must be an expedited rate exceptions process to approve any necessary expenditures that exceed the rate ceilings to meet transition timelines.

Segregation of people with disabilities is contrary to actualizing the civil rights of people with disabilities. For the first time many individuals living at Polk and White Haven centers will be able to do what you and I take for

granted – live in a house that they can call their own, choose where they will live (nearby family and friends if they choose), have a say in with whom they will live, have wide-ranging options for social and recreational participation, go grocery shopping and choose what they will eat, and choose where in the community they will spend their days, evenings and weekends. The possibilities are endless. It sounds so simple because it's so natural.

DRP strongly supports the closure of White Haven and Polk State Centers. Our staff looks forward to working with DHS and all parties to ensure the successful closure of Polk and White Haven as well as the transition of every resident.