

UNIT 7 OF HEALTH CARE PROFESSIONALS POSITION STATEMENT

Concerning the Closing of State-Operated Facilities in DMR, DMH and DPH

In light of a series of attempts by recent administrations to seek rapid and ill-advised closings of valuable, viable and vitally necessary state-operated facilities for the developmentally disabled (i.e. Fernald Developmental Center along with six other similar facilities across the state) and the severely mentally ill (i.e. Worcester State Hospital), the Massachusetts Nurses Association, which represents all health care professionals who work in state-operated facilities and care for the clients impacted by these decisions, has decided to present a clear statement of its position on the process for making such decisions in the future.

First and foremost, the MNA takes this position clearly and unequivocally committed to the proposition that wherever, and whenever possible, people with disabilities, suffering from mental illness or other chronic conditions should be cared for in community settings, with the greatest independence possible, and with access to the services and supports needed to ensure their independence and well being. In fact, we have played a major role in helping those that should be in the community; go out to the community where they are best served. Further, through the work of our members who serve in transitional programs, we have worked for years to provide the supports needed to keep people in the community for as long as possible.

However, there is a certain segment of these populations that require a level of clinical care that is best provided in state-run facilities (or equivalents) designed to provide this level of care. Just as some frail elderly reach a point where they cannot sustain themselves in the home and must be cared for in a nursing home environment, so too do some developmentally disabled and severely mentally ill clients require more intensive services in a more protective environment. In fact, many clients of DMR, who are currently at an age and condition that allows them to thrive in a community setting, at some point may need to transition into more assisted settings, including facilities like Fernald, Munson and others that are equipped and able to provide the level of support they will need as their circumstances warrant.

Unfortunately, much of the debate over the issue of facility closings and much of the advocacy supporting these closings has been based on a misunderstanding of the needs of the most vulnerable members of these populations, or in the worst case, on a deliberate mischaracterization of these populations. The same goes to the facilities themselves. Fernald Developmental Center and the other facilities for the retarded, and Worcester State Hospital are not "warehouses" for people "wasting away" in institutions. Quite the contrary, they are state-of-the-art, high quality environments staffed by first-rate professionals who provide the highest quality of care possible. Put simply, policy decisions on the closings of these facilities should be based on a realistic assessment of the clients they serve and on the value and quality of the resources they offer to these clients.

In addition, nearly all of the decisions to close these facilities have been driven by political and budgetary agendas that view these facilities as "too costly" irrespective of their role, value and ultimate cost benefit in caring for those most in need of their services. Worse still, these decisions have never been made in light of comprehensive and unbiased planning, or in the wake of an evaluation and assessment of what is in the best interests of those who depend on these services.

With this as a context, we offer the following principals for our position on the closing of state-operated facilities:

- **Put Careful Planning for the Clients Before Political Expediency for the Administration** – No closing should be contemplated unless and until a comprehensive process of evaluation and planning takes place as to what is best for those served by these facilities. Such a process should evaluate the current and future needs of the population being served by the facility, an evaluation of how, where and at what costs alternative services will be provided, and this process should be conducted by a non-partisan task force of all stakeholders, including those being impacted (or their guardians), clinicians, advocates and policy makers. Let us be clear, the agencies themselves should not be in charge of this process and decisions that impact the health and safety of our most vulnerable citizens must not be based on one party's desire to score political points.
- **Guarantee Equal or Better Care** – No closing should take place unless and until every client or patient impacted by the decision is guaranteed equal or better services as defined by the clients themselves, their families and guardians, as well as by the clinical team overseeing their care.
- **Provide Transitional Care** – Any client displaced by a closing, should receive appropriate transitional services and care to ensure the process of transition is conducted so as not to cause undue harm or distress to the client.

- **Make True Cost Assessments** – No closing should take place until a realistic, comprehensive and independent analysis of the total societal cost of the closing is contemplated. Cost benefit analysis driving these decisions should factor in all costs, not just the cost of maintaining the particular asset in question. This should include the costs to state government for the impact of closings on unnecessary emergency room visits, increases to the Medicaid budget due to poor management of conditions in an inappropriate community placement, and the cost of creating multiple community residences to replace the facility in question.
- **However Services are Provided, State-Operated Services are Preferable to Privatized Services** – The record of privatizing state services is spotty at best and in many cases, highly detrimental to the care of those placed in these systems. Studies have clearly shown that state-run facilities, with services provided by unionized health care professionals provide better care, with dramatically less turnover of staff, which reduces costs and prevents costs associated with poor care.

While we are opposed to unwarranted, unsubstantiated and poorly planned closings of facilities that harm those who depend on those services, we are not opposed to efforts to consolidate state facilities to more appropriately serve clients, while maximizing the value of the state assets to the benefit of the communities in which they are located. Obviously, the populations served by state facilities no longer warrant the expansive land holdings that exist today. As is being proposed by COFAR at Fernald, the "postage stamp" approach of downsizing land uses for these facilities is an innovative and impressive step towards meeting the needs of the clients, while recognizing the value of this land and making that land available to the greater community and the state for alternative uses. Again, planning is key to any decisions along these lines, and we would support the creation of a non-partisan, diverse task force to explore opportunities for appropriate consolidation of facilities so long as it doesn't disadvantage those being served, either clinically or geographically.