

# Stop the Shutdowns Fact Sheet #1: Safety

Safety is one of the key reasons Developmental Center residents do not want to move, and families and guardians do not want them to be transferred. Medical care and availability will be diluted in group homes, and this has been shown to increase mortality by 45 percent. There is also a higher chance of abuse and neglect, especially sexual abuse in vendor-operated group homes in Massachusetts relative to the Developmental Centers.

1. The six developmental centers are the only ICF/MR in Massachusetts that meet the federal standards for 24-hour nursing availability. This is the crucial difference for many families. Medication errors and side effects are extremely dangerous for people dependent on many medications that may interact differently under different circumstances. Going to a group home with off-site or "block" nursing care, or with staff that have 20 hours of training in giving medications is a great fear and it is probably a leading cause of the documented spike in mortality when people leave ICFs.

2. In examining the group home system in Massachusetts as Federal District Court Monitor, US Attorney Michael Sullivan found "equal or better" access to medical care only where group-home staff made great efforts, and even then, it was often delayed until transportation was available:

"Ultimately, this process takes much longer than the process at Fernald and is more difficult to coordinate (i.e. our office noted that community residences have one wheelchair-adaptive vehicle assigned per house. If this vehicle has to be used for pick-up and drop-off of other residents from day programs, coordination must be made with other vehicles operated by the provider). Based on the information provided one could not conclude that quicker access to medical care in and of itself equated to better care (the bedside manner of the community doctor located 20 minutes away could be better than the facility doctor that is on call, or just the opposite could be the case). But, given the physical limitations, and fragile emotional state of members of this population, coupled with a reduced mental capacity to communicate and explain an increase or decrease in the intensity of an ailment, we certainly understand the potential risks and why some guardians would prefer to have their ward in an ICF/MR and have a facility doctor on call."

3. In studying 11 years of records at the Massachusetts Disabled Persons Protection Commission, Sullivan found a greater risk of abuse and neglect, especially sexual abuse, in vendor-operated group homes than in developmental centers and state-operated group homes.

"Unfortunately, after reviewing data from the Disabled Persons Protection Commission, our office did note some very concerning neglect and abuse trends in Contract Vendor operated community residences, as compared to the ICF/MRs and State operated community residences. These neglect and abuse trends, particularly sexual abuse, were of great concern to our office and shows that residents in our community homes are at a greater risk of being abused and/or neglected."

His final recommendation:

"As a result of a year long investigation, our office has concluded that some of the residents at Fernald could suffer an adverse impact, either emotionally and/or physically, if they were forced to transfer from Fernald to another ICF/MR or to a community residence. Our office would recommend the implementation of a development plan that would enable Fernald to remain open and provide services to some of the Commonwealth's most vulnerable citizens."

4. In a peer-reviewed study of 1,873 adults and children moved from “institutions” to “community care” in California in the mid 1990s, Shavelle, Strauss and Day found a 47% increase over predicted mortality level:

“The difference cannot be explained by the short-term effects of the transfer, and therefore appear to reflect an increased mortality rate associated with the less intensive medical care and supervision available in the community.”

Persons transferred later were at higher risk than the first cohort and the risks much larger than would be predicted by transfer trauma alone:

“The trend of increased death rates for persons who transferred later was likely due to those moving later having additional medical conditions or being more frail. Indeed it is reasonable to expect that those moved earlier would have been the most qualified and/or most willing to move.”

There are approximately 120,000 people in ICF care in the US. Massachusetts is under-represented with .8% of that total, and thus the remaining people in the six developmental centers are likely at the high-risk end of the California findings, or more so. The California study also found the worst increases in mortality among the most disabled people. Again quoting the study,

“Reasons for the lower mortality rates in institutions compared to other residence types have been suggested (Strauss and Kastner, 1996). These include: continuity of care, centralized record keeping, and immediate access to medical care.”

5. Of 49 people who transferred out of Fernald in 2003-2005, six died within two years.

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Source: 2007 Court Monitor Report by US Attorney Michael Sullivan  
<http://cofar.org/documents/Sullivan.pdf>

Source: Shavelle, Strauss and Day study, .Journal of Data Science 3 (2005), 371-380  
<http://cofar.org/documents/calmortstud.pdf>