

Howe to close, at last

Editorial

September 13, 2008

By this time next year, the Howe Developmental Center, a state-run care facility for disabled adults in [Tinley Park](#) that houses more than 300 adults, will be closed. State officials announced last week that they will begin relocating residents by winter. Howe will be shuttered no later than July 1.

It's about time. Howe has been plagued by substandard care and health and safety problems. Twenty people died under questionable circumstances at Howe between September 2005 and May 2008, according to Equip for Equality, an advocacy group for the disabled. Conditions were so bad that in March 2007 the federal government stripped Howe of its Medicaid certification—along with \$26.5 million in federal operating funds.

Rather than close the facility, Illinois spent *more* money to make up the loss of federal funds.

Finally, the state is getting the message.

"Although we think we have made progress, we just don't think that we can get it to the point where we can get it recertified. The issues are systemic," said Lilia Teninty, head of developmental disabilities for the Department of Human Services.

Give the Blagojevich administration some credit for finally recognizing that. But if it wants credit for more than a belated decision, it will have to continue to shift this state away from institutional care and toward community-based care.

Illinois has relied much too heavily on expensive, large-scale institutions to care for its developmentally disabled residents. The state has nine such facilities, housing about 2,300 residents. That's 1,100 fewer residents than it had in 1997. Yet Illinois still relies on institutions more than most states. There is a place for such institutions. But most developmentally disabled residents flourish in smaller, community-based settings. Many people are able to integrate into the community and work outside the home.

Institutional care is also far more expensive than community-based care. Illinois citizens pay about \$140,000 a year for each person in an institution, compared with \$50,000 a year for community care.

Residents of Howe and their families will have the final say on whether they move into community-based settings or other state-run institutions. The state should encourage them to opt for community care where it's appropriate. That will likely lead to some initial resistance.

The state has promised to place many of the 755 staff members at Howe in other state facilities. Those staffing decisions have to be made based on the needs of patients and taxpayers, with a clear eye on creating a smaller, more efficient system. The worst thing the state could do would be to transport some of the problems at Howe to other facilities.

Closing Howe and focusing on a more efficient care system should free up money to improve and expand community-based care. A key: Pay more to the people who work in those facilities. They're often forgotten when the state legislature makes budget decisions.

Howe had to close. Now let's build on a sound decision.