

The Closure of Lincoln Developmental Center: An Analysis of Outcomes

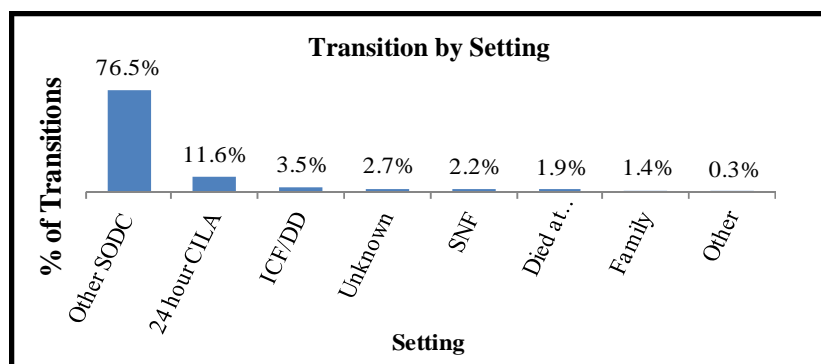
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Since 1970, the number of people with developmental disabilities living in institutions across the US declined by an average rate of 4% annually, resulting in the closure of 151 public institutions in 39 states. Movement from institutions to community-based settings has been a focus of numerous studies both nationally and in Illinois (see Braddock, Heller & Zashin, 1984; Fujiura, Fitzsimons-Cova & Bruhn, 2002; Heller, Factor & Braddock, 1986). During that same period of time, Illinois has closed eight such institutions, called State Operated Developmental Centers (SODCs) (Braddock, Hemp & Rizzolo, Haffer, Tanis & Wu, 2011).

In 2008, the Department of Human Services' Division of Developmental Disabilities (DHS-DDD) contracted the Institute on Disability and Human Development (IDHD) to examine outcomes for individuals transitioning out of Illinois' nine SODCs between October 1, 2001, and June 30, 2008. This brief focuses specifically on outcomes of the **363** individuals who moved out of Lincoln Developmental Center as a result of its closure.

Where did people move?

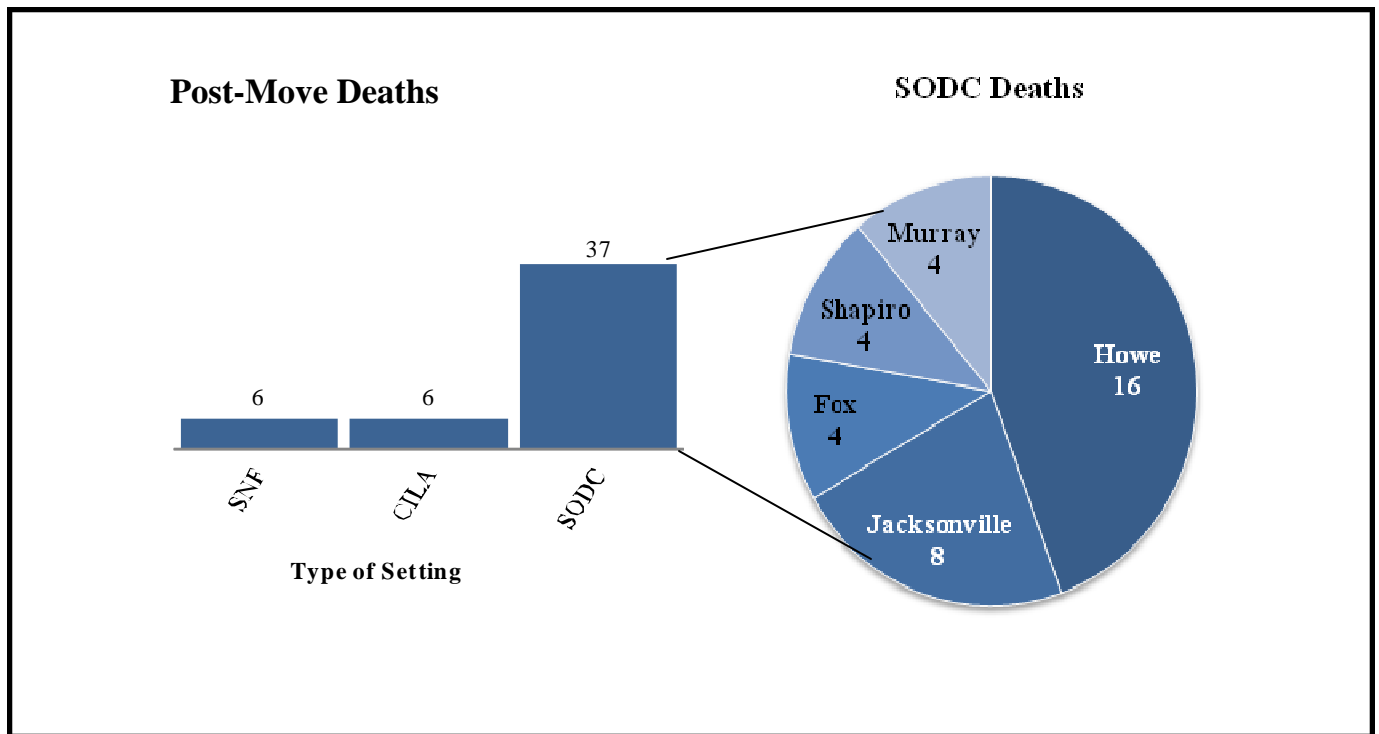
Most Lincoln residents (n = 285) transferred to other IL SODCs.



Placement	#	%
Continuous placement (remained with transition provider)	217	59.8
Different residence, different provider (non-SODC)	72	19.8
Deceased	55	15.2
Transferred to another SODC	17	4.7
Undocumented	2	0.6
Total	363	100.0

Where did the deaths occur?

- 55 individuals died after moving out of Lincoln.
- 37 (67%) of those deaths occurred in another SODC; while 6 (10.9%) occurred in a skilled nursing facility and 6 (10.9%) in a 24-hour CILA.



What were the characteristics of people who died in CILAs?

Of the six people that died after transferring from Lincoln to a 24-hour CILA:

- average age was 53.
- average HRST was 3.64 placing them in the moderate to high-moderate health risk.
- ICAP averaged in the profound level of functioning at 21.3 months.
- ICAP service level average was 28.7 indicating that they required total personal care and intense supervision.

REFERENCES:

- Braddock, D., Heller, T. & Zashin, E. (1984). The closure of Dixon Developmental Center: A study of the implementation and consequences of a public policy - Second year interim report. Chicago: Institute for the Study of Developmental Disabilities, University of Illinois at Chicago.
- Braddock, D., Hemp, R., Rizzolo, M.C., Haffer, L., Tanis, E.S., & Wu, J. (2011). The State of the States in Developmental Disabilities: 2011. Washington, DC: American Association on Intellectual and Developmental Disabilities.
- Heller, T., Factor, A., & Braddock, D. (1986). Illinois Closure Project: Galesburg Mental Health Center closure's impact on facilities receiving developmentally disabled residents - Final report. Chicago: Institute on Disability and Human Development, University of Illinois at Chicago.
- Fujiura, G.T., Fitzsimons-Cova, N., & Bruhn, C.M. (2002). The Kiley Center evaluation: Final report. Chicago: Institute on Disability and Human Development, University of Illinois at Chicago.

For more details on the outcomes of transition from SODCs, see *Lulinski-Norris, A., Rizzolo, M.C. & Heller, T. (2010). An Analysis of Movement from State Operated Developmental Centers in Illinois. Chicago: Institute on Disability and Human Development, University of Illinois at Chicago.*