Proactively Redeploying System Resources:
Enabling Choice and Sustainability in Long Term Services and Supports

Connecticut General Assembly
I/DD Caucus
April 3, 2017
Definitions

**Intellectual/Developmental Disabilities:** chronic mental and/or physical impairments which must be evident prior to the age of 22. They are likely to be lifelong and result in substantial limitations in three or more of the major life areas: self-care, receptive and expressive language, learning, mobility, self-determination, capacity for independent living and economic self-sufficiency.

**State-Operated Institutions:** development centers, training centers, state schools and designated IDD units in state psychiatric hospitals providing 16 or more individuals with IDD with residential services.

**Institutional Closure:** the state IDD agency has implemented or is implementing a legislatively sanctioned phase-out of the facility.

National Closure Trends

• In 1967, the residential population of individuals with IDD served in public and private institutions and nursing facilities peaked at 194,650 individuals in 165 state IDD facilities.

• From 1991 to 2013, the residential population declined from 171,897 to 73,609 (-57%). Most of this reduction occurred in public institutional settings; from 84,818 to 24,675 individuals served (-71%).

• From 1968 to 1990, 46 state-operated IDD institutions had been closed or were in the process of closure. From 1991 to 2013, the cumulative number of state-operated IDD institutions closed or in the process of closure increased by 130 to 176.

• By 1991, NH and DC closed their last state-operated IDD institutions. By 2013, 14 jurisdictions no longer operated state-run IDD institutional facilities: AL, AK, DC, HI, IN, ME, MI, MN, NH, NM, OR, RI, VT and WV. In 2014, CO joined this group of states. In 2016, OK joined this group.

Trend Accelerators


2. Research:
   – showed that adaptive behavior in individuals with IDD that choose to move from an institutional setting to a community setting almost always improves.
   – showed that parents who were often initially opposed to deinstitutionalization were almost always satisfied with the results of a move to a community setting after its occurrence.

3. The *Olmstead v. L.C.* decision in 1999; U.S. Supreme Court ruling that stated that individuals had the right to live in the community if professionals determined it appropriate, be offered the opportunity to move from an institution to the community if they made an informed decision to do so.

More Trend Accelerators

4. Average Costs of Public Institutional Settings (ICF/ID 16+)
   1990: $144,905 annually in U.S.
   2013: $255,692 annually in U.S.
   $413,180 annually in Connecticut
   vs.
   Average Costs of Private Institutional Settings (ICF/ID 16+)
   2013: $98,951 annually in U.S.
   vs.
   Average Costs of Community Settings
   2013: $26,708 annually for Supported Living
   $39,249 annually in Connecticut

5. Center for Medicaid Services Settings Final Rule Statement in 2014

6. Reallocation of Resources for Desired System Change

Two Methods: Only One Creates Benefit

Attrition vs. Proactivity:

Attrition: maintains lack of choice, rigidity of routine, and comparative isolation; emphasis on “care” (control); average costs rise as do questions of morality, access, efficiency and equity.

Proactivity: facilitates choice, individualization; comprehensive collaborative planning featuring a vision, timelines, roles, responsibilities and commitments; initial investment is necessary to lower average costs at the end of implementation; enables enhanced resource and service coordination.

A decision to do nothing is a decision to pursue attrition.
Common Strategies for Successful Outcomes

- **Individuals with IDD:**
  - robust person-centered planning process;
  - assurance of equal or better supports and services;
  - clarity on process, placement options, timelines.

- **Families:**
  - participation in person-centered planning, but subordinated to the choices of the individual;
  - assurance of equal or better supports and services;
  - process and planning transparency.

- **Direct Support Workers:**
  - participate in development of facility and individual plans;
  - access to vocational transitional services and job placement support;
  - commitment to collaborate with unions and other facility staff to minimize employment and service impact.
Common Strategies for Successful Outcomes

• **Private Providers:**
  – capacity expansion of provider services and staffing driven by individuals with IDD’s placement choices and needs;
  – development of new community settings.

• **State IDD Agency/Government:**
  – present the vision;
  – provide assurance of equal or better supports and services;
  – develop planning and oversight mechanisms to assure diverse stakeholder input and transparency;
  – provide assurance that all settings are aligned with individual need and compliant with federal funding requirements;
  – identify job opportunities in community, department, other state agencies or other settings for impacted employees.

• **Communities Local to Closure:**
  – establish planning committees to receive input on plan implementation, community residential setting formation, economic development priorities and facility re-use.
## What We Can Learn From Others
### Examples from other States

<table>
<thead>
<tr>
<th>Facility</th>
<th>Vermont</th>
<th>Tennessee</th>
<th>Massachusetts</th>
<th>Pennsylvania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example States</td>
<td>Brandon Training School</td>
<td>Greene Valley Dev. Ctr.</td>
<td>Fernald, Monson, Templeton, Glavin</td>
<td>Norristown (civil), Hamburg</td>
</tr>
<tr>
<td>Individuals</td>
<td>181 (1990)</td>
<td>95 (2016)</td>
<td>329</td>
<td>202</td>
</tr>
<tr>
<td>Closure start</td>
<td>1976</td>
<td>1996</td>
<td>2008</td>
<td>2017</td>
</tr>
<tr>
<td>% moved to community</td>
<td>90%+</td>
<td>DK</td>
<td>75%+</td>
<td>80%+*</td>
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<tr>
<td>Catalyst</td>
<td>Brace Decree (1980)</td>
<td>fed. invest.of cond./pract.</td>
<td>Olmstead Plan/Ricci Decision</td>
<td>Benjamin Settlement</td>
</tr>
<tr>
<td>Employees Impacted</td>
<td>450</td>
<td>619</td>
<td>906</td>
<td>369 (2015)</td>
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<tr>
<td>Capacity Building</td>
<td>School transition</td>
<td>quality management</td>
<td>commitment to serve all</td>
<td>transition efficiency</td>
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<td></td>
<td>In-home Support</td>
<td>new provider support</td>
<td>replication of clinical supports</td>
<td>&quot;keep savings in budget&quot;</td>
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<td></td>
<td>young adults/SS</td>
<td>provider perf. surveys</td>
<td>parallel quality mgmt.</td>
<td>IDD + MI</td>
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<tr>
<td></td>
<td>IDD + MI</td>
<td>ind'l waiver-specific revs.</td>
<td>facility re-use efforts</td>
<td>equiv. paymts to communities</td>
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<tr>
<td></td>
<td>IDD w/ crim. record in crisis</td>
<td>psychotropic meds</td>
<td>specialized respite services</td>
<td>advocacy</td>
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<td></td>
<td></td>
<td>behavioral respite</td>
<td></td>
<td></td>
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<tr>
<td>Predominant solution</td>
<td>CTH</td>
<td>ongoing</td>
<td>CTH, CLA</td>
<td>becoming more varied</td>
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<tr>
<td>Employment Solutions</td>
<td>priority for state emp.</td>
<td>campus job resources</td>
<td>community res. dev.</td>
<td>other PADHS jobs</td>
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<tr>
<td></td>
<td>campus job resources</td>
<td>adult education</td>
<td>state job visibility</td>
<td>other PA state jobs</td>
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<td></td>
<td>job fairs</td>
<td>needs/wants assessment</td>
<td>retraining, job dev.</td>
<td>community providers</td>
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<tr>
<td>Facility Re-Use</td>
<td>multi-use</td>
<td>TBD</td>
<td>sold, leased, TBD</td>
<td>State uses, sold, TBD</td>
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<tr>
<td>Proj. Closure Savings</td>
<td>N/A</td>
<td>N/A</td>
<td>$40,000,000</td>
<td>$175,400,000 annually**</td>
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</table>
It’s About Making Choices

• Each person with IDD impacted by a closure made an informed choice of supports and services that were deemed appropriate and changed their residence to another setting of their choosing.

• Each state made a choice to use institutional closure as a tool to improve its support system for citizens with IDD. By enabling people with IDD to make choices, the state improved outcomes for those receiving services, lowered system costs, and increased system capacity and sustainability.

• **The Choice:**
  No personal growth, high average costs, waiting lists
  OR
  Personal growth, budget savings, system sustainability
Reading List

