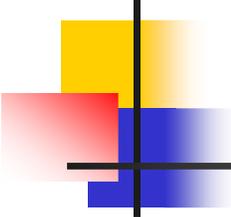


Transitioning Individuals from State Operated Developmental Centers to the Community

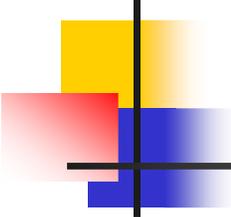
Presentation to the NC Institute of Medicine
Task Force on Transitions for People With
Developmental Disabilities

October 1, 2008



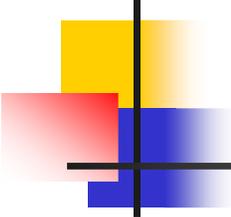
Purpose of State Operated Facilities

- To serve as the public safety net for individuals with developmental disabilities, mental health and substance abuse issues whose clinical treatment needs exceed the level of care available in the community.



Developmental Centers

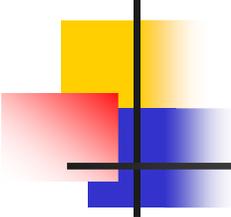
- Mission: The Developmental Centers recognize the individuality of each person (and family member) and strive to enhance their quality of life by providing the highest quality care and treatment that promotes independence in the least restrictive environment possible.



Developmental Centers

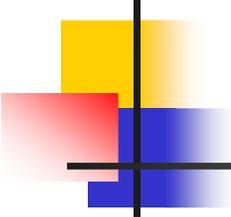
- 3 Developmental Centers; one per region
 - Western: J. Iverson Riddle Developmental Center, located in Morganton
 - Central: Murdoch Developmental Center, located in Butner
 - Eastern: Caswell Developmental Center, located in Kinston

Note: O'Berry Center converted from a developmental center to a neuro-medical treatment center in 2006



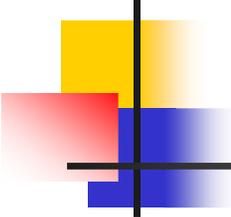
Overview

- General Population: Provides ICF-MR level of care to adults with significant cognitive impairments who have complex behavioral and/or medical challenges.
- Respite:
 - Regular: < 30 days
 - Therapeutic: 30-90 days with focus on medical and/or behavioral evaluation and treatment



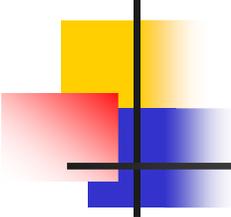
Overview

- Specialty Programs: Short-term programs for individuals in identified target populations, with the goal of community reintegration. Located at Murdoch and Caswell Centers. J. Iverson Riddle Center accepts individuals for short-term admissions and is currently assessing the needs for short-term specialty programs in the western region.



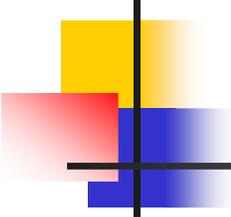
J. Iverson Riddle Developmental Center

- Services offered:
 - General ICF-MR residential care
 - Short-term admissions - diagnostic, therapeutic
 - Facility-based respite care - regular
 - Outpatient behavioral medicine clinic
 - Outpatient dental clinic
 - **Limited** consultation and technical assistance to community
 - Rapid Response Team – for individuals with MR/MI admitted to Broughton Hospital



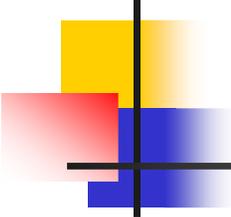
Murdoch Developmental Center

- Services offered:
 - General ICF-MR residential care
 - Facility-based respite care - regular, therapeutic
 - Outpatient dental clinic
 - **Limited** behavioral consultation and technical assistance to community
 - Statewide specialty programs



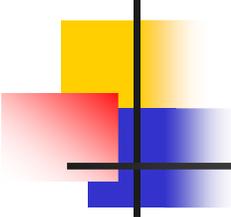
Murdoch Developmental Center

- Statewide Programs
 - PATH (Partners in Autism Treatment and Habilitation)
 - Children, ages 6-16, with autism spectrum disorder and serious behavioral challenges
 - Unit - 8 beds, plus 2 respite beds
 - 2 Group Homes - coed, 4 beds each, located Vance County and Granville County
 - Length of stay - up to 2 years



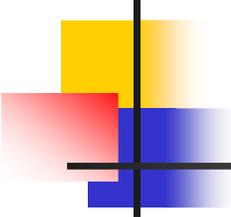
Murdoch Developmental Center

- Statewide Programs - cont.
 - STARS (Specialized Treatment for Adolescents in a Residential Setting)
 - Adolescents, ages 13-17, with dual diagnoses (developmental disability and mental illness) who demonstrate extreme and dangerous forms of aberrant behavior
 - 18 beds, coed
 - Length of stay - up to 1 year



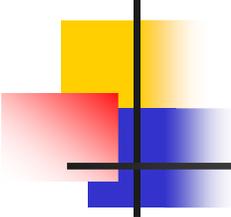
Murdoch Developmental Center

- Statewide Programs- cont.
 - BART (Behaviorally Advanced Residential Treatment
 - Males, ages 16-25 years with mild MR and/or other developmental disorders who have a history of failed treatment placements and/or repeat criminal offenses
 - 10 beds, plus 2 respite beds
 - Length of stay - variable



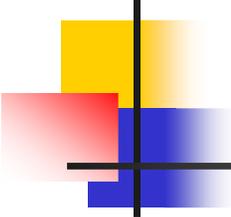
Caswell Developmental Center

- Services offered:
 - General ICF-MR residential care
 - Facility-based respite care - regular, therapeutic
 - **Limited** consultation and technical assistance to community
 - Outpatient dental clinic (limited capacity)
 - MR/MI program



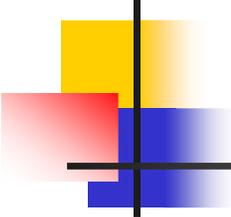
Caswell Developmental Center

- MR/MI Program
 - Opened June 1, 2006
 - Males, ages 18+, with mental retardation and mental illness
 - 10 beds
 - Length of stay - up to 18 months
 - Applicants must reside in eastern region



Referrals

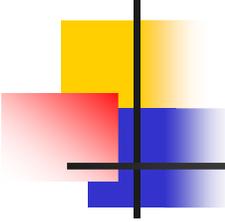
- All referrals must be endorsed by the LME in which the person resides
- Reviewed by the facility's admissions committee
- Individuals are accepted for admission when level of acuity exceeds community resources
- For individuals not accepted for admission, recommendations of community resources are provided to the LME



Admissions

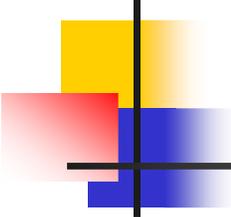
Reason for Admissions:

- Significant behavioral challenges
- Complex medical needs



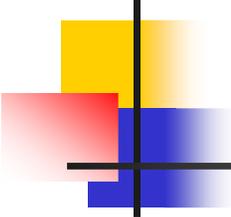
Admissions

- Although not a requirement in all cases, most individuals will need guardianship of the person established prior to admission if they are not able to give informed consent for treatment, especially when involving medications and restrictive plans to address behavioral issues.



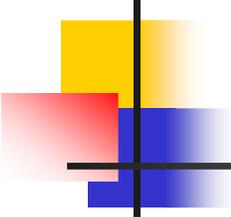
Discharge Planning

- Must involve the LME or its designee throughout the entire process
- Begins at admission for short-term and specialty program admissions
- Post-discharge follow up and consultation provided by the centers if part of d/c plan



Discharge Planning

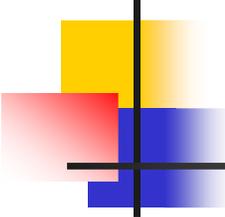
- Involves comprehensive transition planning to ensure that the individual's move to the community is person centered and well planned. **Services and supports must be arranged prior to and ready to begin at discharge.**
 - Residential
 - Vocational/day
 - Medical/dental
 - Psychiatric/psychological
 - Recreation
 - Social



Downsizing Efforts

Developmental center staff:

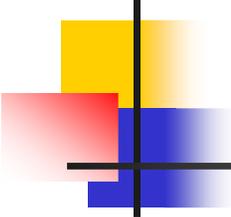
- work with LMEs and/or designees, individuals and guardians to identify options for individuals whose guardians are in favor of community living
- assist LMEs to educate guardians who are reluctant to consider community living of various options, including visits to community programs



Initiatives

Current

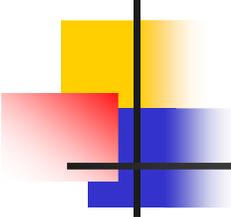
- 2005 Appropriations Bill requires budgets of the developmental centers to be reduced and positions eliminated as net census is reduced. Medicaid savings from reductions are transferred by the Division of Medical Assistance from the ICF-MR budget line to the Medicaid budget line for community services to support individuals with DD.
- In March 2007, DMH/DD/SAS reserved CAP-MR/DD slots for community transitions



Initiatives

New

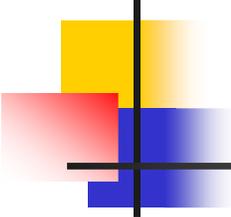
- Proposed new CAP-MR/DD waiver includes enhanced services and reserves slots to support individuals transitioning from developmental centers
- Reserved slots will work in tandem with the Money Follows the Person grant awarded to NC by the Centers for Medicaid and Medicare Services
- New legislation requires LMEs to target 5% of state dollars for transition from developmental centers



Initiatives

New

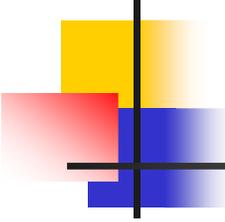
- START Model: Legislatively funded program to provide community based crisis intervention and prevention services for individuals with developmental disabilities and behavioral healthcare needs
 - 6 teams – 2 per region
 - 12 respite beds – 4 per region
 - Operated by community provider agencies



Initiatives

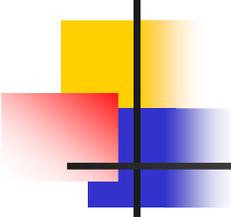
New

- ICF-MR Bed Transfer Proposal:
 - Transfers 36 ICF-MR beds from the developmental centers to the community with the individuals who occupy the beds
 - Guardian must be in favor of community living
 - Does not increase the number of ICF-MR beds in the state



Challenges & Barriers

- Individuals in the developmental centers are often deemed a lower priority by LMEs for limited community funding
- Issues related to case management, including high turnover rate, limited expertise, Medicaid reimbursement limited to 60 days prior to placement
- Challenges to providers to meet the significant behavioral and/or medical needs of persons living at the centers
- Lack of medical and dental services in the community

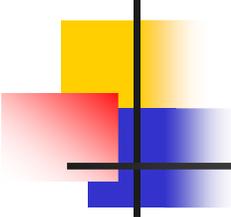


Key Elements for Success*

**Going Home – Keys to Systems Success in Supporting the Return of People to Their Communities from State Facilities*, authored by Robin Cooper and Dennis Harkins

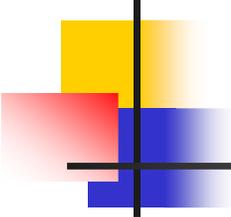
- Leadership
 - NC: Commitment from DMH/DD/SAS

- A clearly understood and predictable funding source, typically HCBS waivers
 - NC: Development of new waivers and reserved capacity for transitioning individuals from the centers



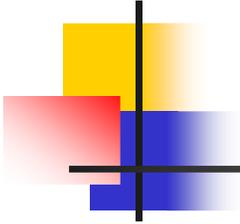
Key Elements for Success*

- Recognition of short and long-term fiscal responsibilities
 - NC: Medicaid savings from reductions are transferred by the Division of Medicaid Assistance to DD community services
- Investments in growing and sustaining the capacity of the community service system to address the support needs of individuals with significant medical and/or behavioral challenges
 - NC: Development of the START model for DD crisis services
ICF-MR bed transfer initiative



Key Elements for Success*

- Involvement of those most affected
 - NC: Ongoing education of guardians by staff of the developmental centers, including visits to community programs
 - NC: Updated lists sent to LMEs from developmental centers of individuals whose guardians are interested in exploring community living



Questions???