
Overview and National Outlook

The Task Force on Transitions for People with Developmental Disabilities

Jan. 22, 2009

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40 Years of Progress



United States
154,638 people 1977
36,650 people 2007

76.3% reduction

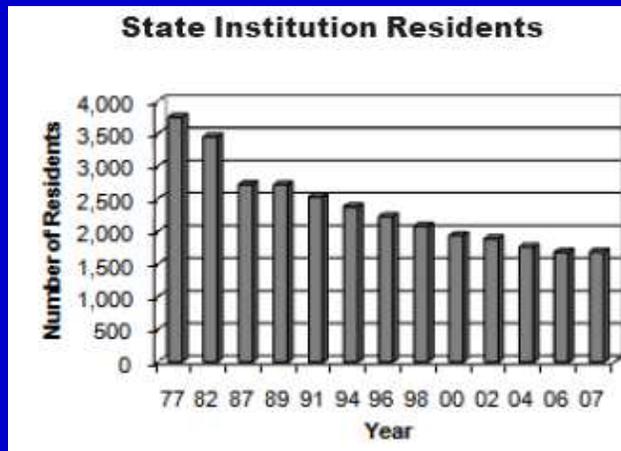
North Carolina
3,753 1977
1,685 2007

45% reduction

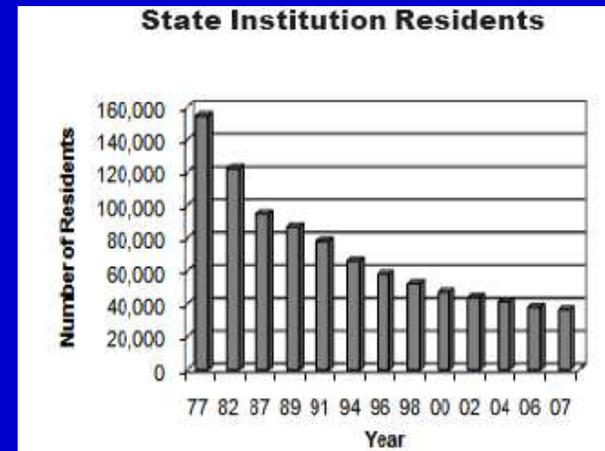


Trends in Facility Downsizing

North Carolina



United States



Closures of Large State ID/DD facilities 1960-2007

- Total facilities 1960 – 358
- Closed facilities 2006 – 185
- Remaining – facilities – 73
- States with no facilities - 10

States with Populations Over 1,000 People in Large Public Facilities

■ Texas	4,900	New Jersey	2,968
■ California	2,761	Illinois	2,569
■ NC	1,673	New York	1,606
■ Ohio	1,605	VA	1,375
■ Mississippi	1,339	PA	1,320
■ LA	1,289	FL	1,186
■ AR	1,085	WA	1,006

Differences Among States

State	Gen. Pop	Census*
Wyoming	5,150,000	12.4
D.C.	5,800,000	0
South Carolina	6,200,000	22
North Dakota	6,300,000	19.9
Georgia	9,300,000	9.7
North Carolina	19,000,000	19.5
Mississippi	29,000,000	47

* Persons with ID/DD Living in Large (16+) State Residential Settings Per 100,000 of the General Population, 2006

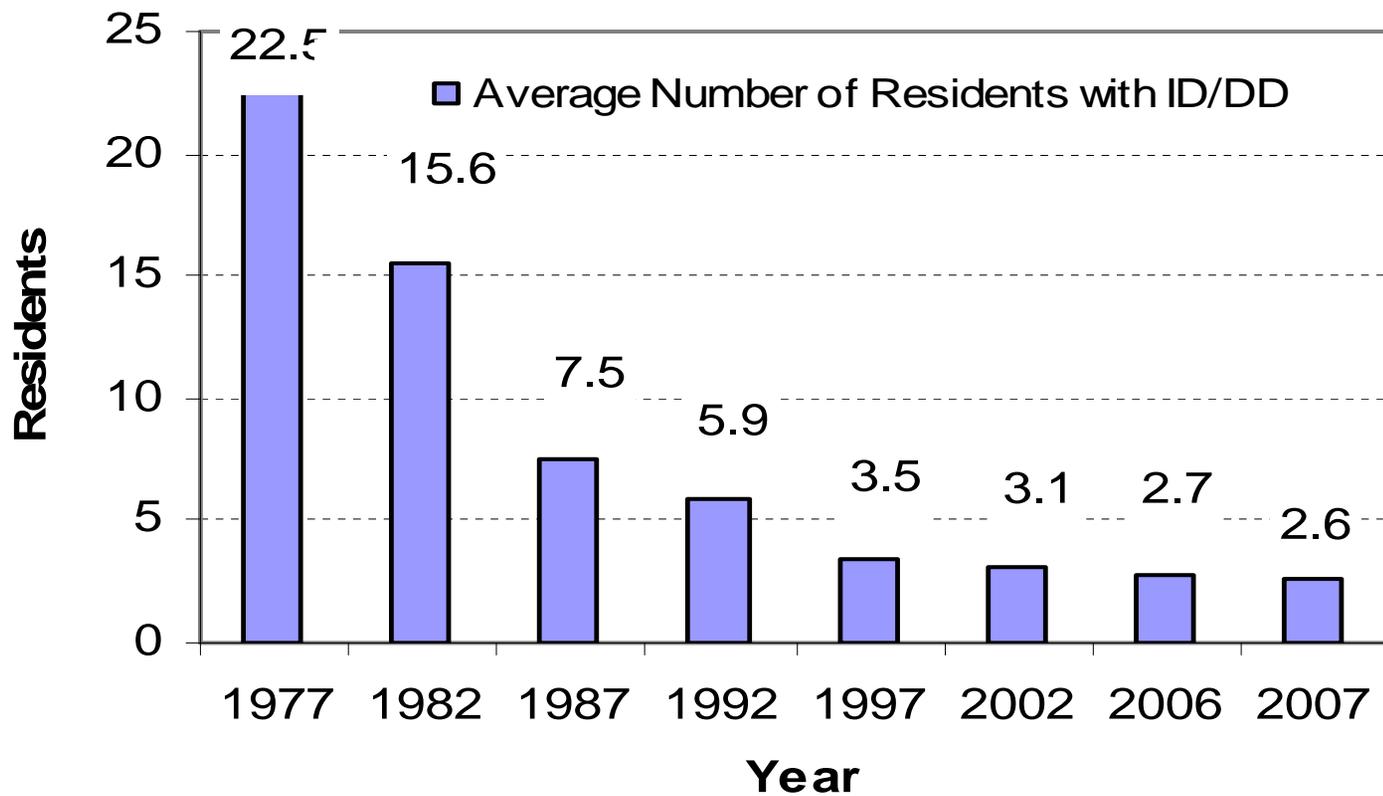
States with No Large State Operated Facilities

Date	State	General Population
1991	New Hampshire	13,150,000
1991	District of Columbia 1991	5,800,000
1993	Vermont	6,240,000
1994	Rhode Island	10,680,000
1996	Maine	13,220,000
1997	Alaska	4,599,000
1997	New Mexico	19,500,000
1998	West Virginia	18,180,000
1999	Hawaii	12,850,000
1007	Indiana	63,140,000

Announced Closures 2009-2013

- **Virginia**
Southeastern Virginia Training Center 6/30/2009
- **Washington**
Yakima Valley School 2011
- **Maryland**
Rosewood 6/30/09
- **Massachusetts**
Fernald Developmental Center FY2010
Glavin Regional Center FY 2013
Monson Developmental Center FY 2013
Templeton Developmental Center FY 2013

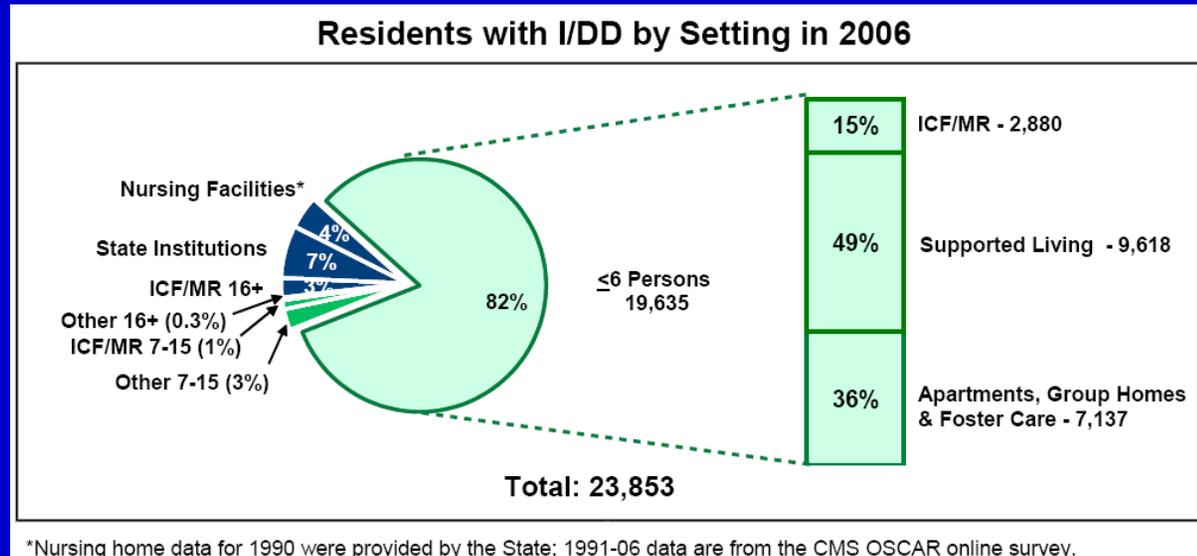
Average Number of Persons Per Residential Setting 1977-2006 Decreasing



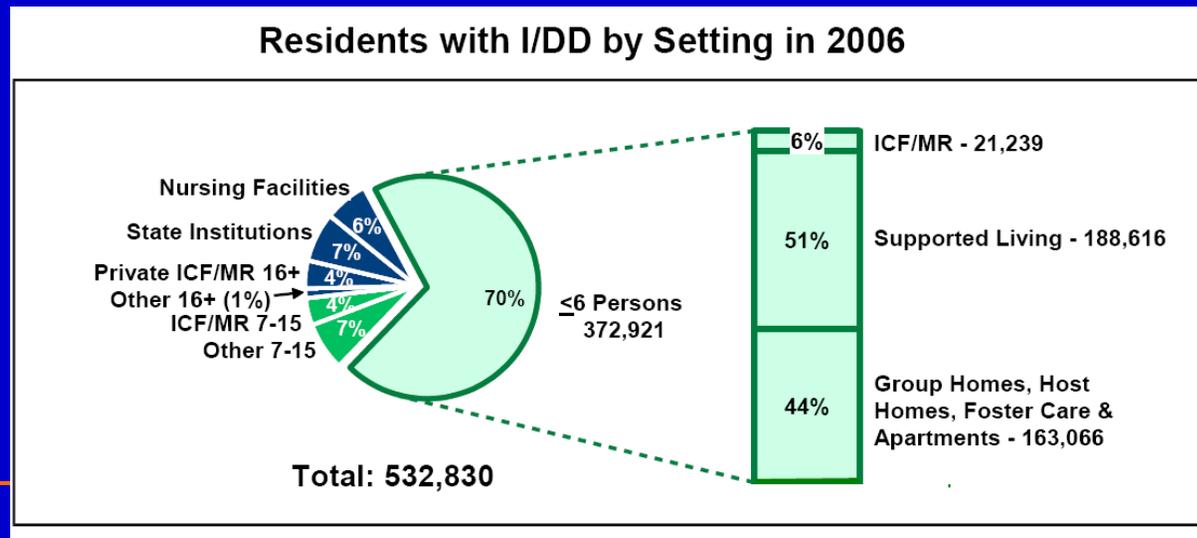
Source: UMN RTC/ICI

Trends in Size of Facilities

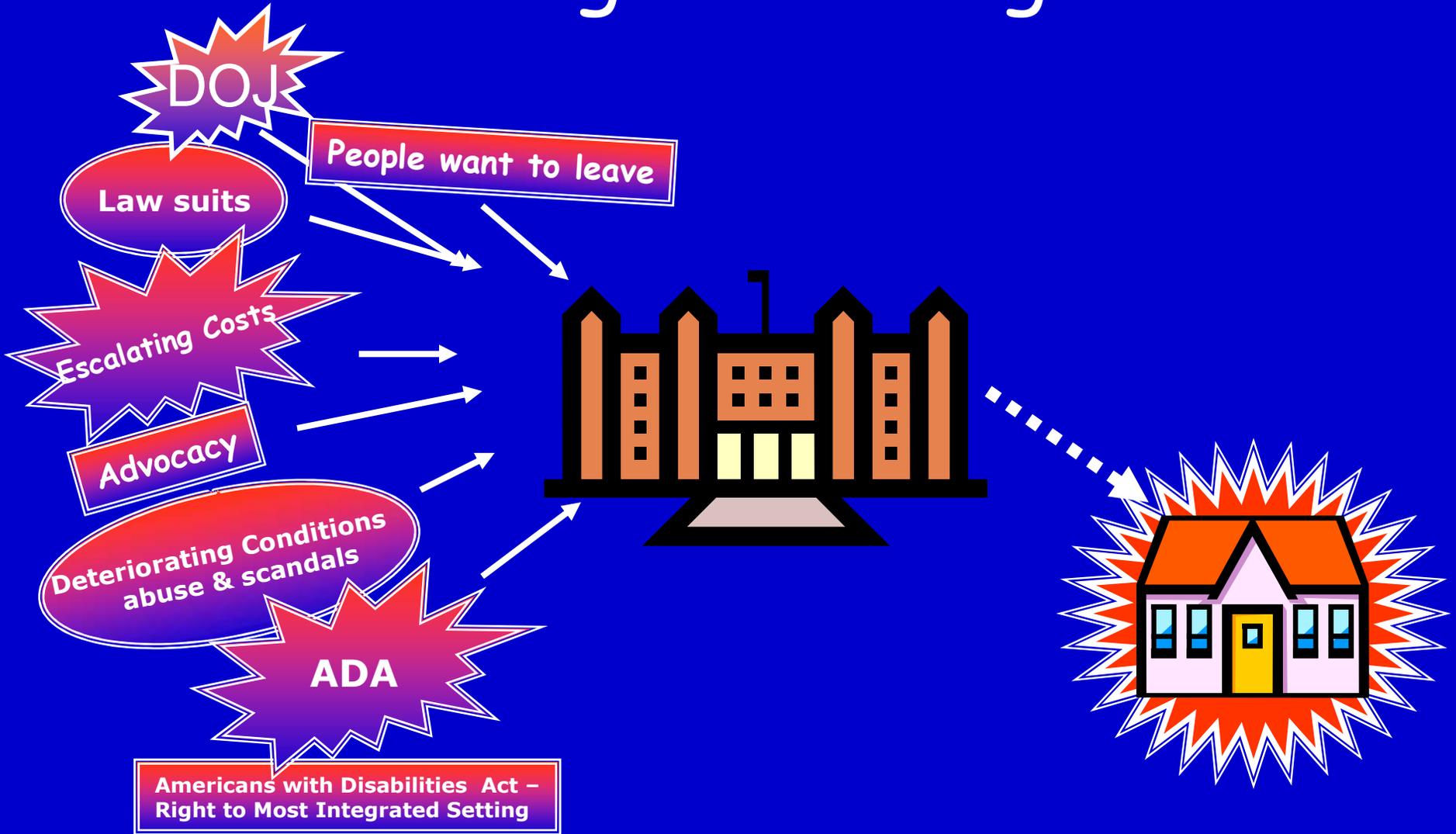
North
Carolina



United
States



Driving the Change



Friends

Citizens



It's about PEOPLE

Somebody's Son

40 Years - Lessons Learned

❖ **Somebody must be in charge**

There must be a senior level person over seeing the entire process. This leader directs, coordinates and oversees the transition process at the systemic level and the individual level.

The senior manager coordinates decision making and communication, intervenes to prevent crisis, and is the “go to” person for everyone involved. The senior coordinator must have direct access to the top managers in the Department.

❖ **Build common values and create a shared vision**

Shared values do not just naturally emerge. A common vision must be built through education, training, and personal networking.

Give people, their families and the institutional staff a vision of how life might be. This is an educational and perspective-changing process. People can't trust what they don't know.

40 Years - Lessons Learned

❖ **To announce or not to announce** is a local issue. In some states, a formal announcement of a the shift in public policy is necessary to generate attention to the project, In other states, a formal announcement of plans to close one or more facilities would generate a level of dissention and controversy that would impede the ability of the state agency to effectively implement the closure process.

❖ **Focus on building community capacity rather than on closure of the institution.**

Expand and strengthen the community service system by building system infrastructure to

- 1) develop, train, finance, and supervise providers;
- 2) manage services;
- 3) monitor the health and welfare of individuals;
- 4) implement quality assurance and quality improvement practices.

❖ **Develop a working plan** that includes all tasks, a time line with interdependent tasks coordinated, assigned responsibilities and finances. Engage stakeholders in developing the plan

40 Years - Lessons Learned

❖ **Communicate often to build trust**

Good, open communication among a wide variety of individuals and Constituencies facilitates the process. People must be able to disagree and debate issues without feeling that their relationships would be jeopardized.

❖ **Be accessible and responsiveness.** The accessibility of government administrators facilitates the work toward closure. When they are knowledgeable about what is going on at the local level, people feel comfortable walking into their offices and talking with them.

Administrators must make every effort to listen to people's issues and respond.

❖ **Make promises.....and keep them.** If you can't do something, say so. This also builds trust.

40 Years – Lessons Learned

❖ Invent new options

Shared living; supports taken into families homes; paying relatives to be support people; helping people find a “match” person to live with; individual funding allocations.

❖ No need for ICFs/MR

❖ Plan with great care

Devote time and effort to planning for the facility closure and for expansion of the community service system. The planning process should anticipate needs and put structures in place to deal with potential challenges (e.g., bridge funding for transition to community services; intensive supports for people with high levels of need; development of an individualized funding process).

Plan strategically: the process should allow adequate time to assure that people are safe, that their needs are met, and that commitments made to the person and the family are honored.

40 Years – Lessons Learned

- ❖ **Use Person-centered planning.** Essentials Life Style Planning (Michael Smull et al.) is the standard for developing an individual plan. Involving everyone who knows the person and taking the time necessary to learn about the person, (what works and what doesn't work, what's important to and what's important for the person etc/.) increases the likely hood of success.

- ❖ **Maximize opportunities for development of individualized supports at the time of closure and in the near future.**

Assist as many people as possible to move to individualized settings of their choice. While it may not be feasible to create individualized settings in a short period of time, rely as little as possible on the use of group homes and other facilities. Instead, develop “shared living” options. This strategy will create fewer obstacles to developing individualized supports for people in the future.

40 Years – Lessons Learned

❖ Develop a working relationship with the local community.

The closure of facilities can present hardships for the community. Work collaboratively with community members to address issues, particularly regarding alternative uses for the facility to compensate for lost jobs.

❖ Consider the roles of institutional staff both during and after closure.

Institutional staff need information, respect and valued roles.

- ❑ Offer Training in person-centered planning and community services.
- ❑ Involve staff in individual planning and monitoring services.
- ❑ Provide opportunities to work in the community and support people in new ways.

❖ Close admissions

40 Years – What Do We Know?

- ❖ Everyone can live in the community – there are no exceptions
- ❖ Necessity breeds creativity; creativity needs support in order to thrive
- ❖ People with the most severe disabilities make the most gains
- ❖ You must be Person-centered
- ❖ Conflict-free case management is essential
- ❖ There are no short cuts – rushing to meet deadlines regardless of the realities leads to disaster. Planning is crucial to success and meeting time lines.

Building on State Strengths

- ❖ Experience in downsizing and closing facilities
 - ❖ State leadership and providers are familiar with person-centered planning
 - ❖ A revised Medicaid Waiver that allows more flexibility
 - ❖ A supportive Developmental Disabilities Council
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