2017 SENATE HUMAN SERVICES

SCR 4013

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SCR 4013
3/1/2017
Job Number 28581

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A concurrent resolution requesting the Legislative Management to consider studying the process necessary to replace the Life Skills and Transition Center in Grafton with statewide services for individuals with disabilities.

Minutes: 13 Attachments

Chair J. Lee: Brought the public hearing on SCR 4013 to order. All members were present.

Kirsten Dvorak, Executive Director, The ARC of North Dakota (0:40-3:05) Introduced SCR 4013, please see attachment #1.

Chair J. Lee: Welcomed the visitors, briefed them on the resolution (3:20-5:00)

Matt Schwarz, lives in district 47, (6:05-9:00) testified in support, please see attachment #2 and provided testimony from Roxane Romanick, please see attachment #3.

Senator Anderson: If we have a home locally, how would the care vary from the Life Skills and Transition Center (LSTC)?

Mr. Schwarz: The main issue would be better involvement by local family members, and the impact on individual. My daughter would be devastated if she had to leave home. Did you mean quality of services or services available?

Senator Anderson: My perception is your daughter couldn't stay in her home without 3 people to help her, and the alternative might be to be in a home where there were more people that could be served by the same professionals; the state couldn't afford 3 people for each individual, if there's 2 people living in that home, we could spread those professionals out. We have developmental disability homes now that have more than 1 individual in them, we place individuals in the community in those homes. I understand you want your daughter to stay in her home, a facility in your community would lower the cost for the state substantially, comparing that home with the LSTC.

Mr. Schwarz: Those are obvious issues that need to be addressed by the study. I do know there are issues in larger facilities, take the flu for example, right now my daughter has some issues that we should go to the clinic for, they've told us to stay away for now. Depending on community you've established relationships with medical professional that would be difficult to duplicate; those are all factors that are important. My daughter hasn't been hospitalized for 12 years, the last time she was in, she stayed for 9 months. The cost is high. Our doctors have told us, whatever you're doing, don't change it. There is more to consider than the cost of just living in a facility.

Senator Piepkorn: This would be one of the results of study. 75 individuals. The results might be that there should be 7 people in 10 centers.

Chair J. Lee: We've already got group homes, and SB 2187 will allow us to reimburse at higher levels.

Senator Clemens: Let's say the LSTC was closed, how would that affect your daughter? She would have to go someplace else, if Grafton wasn't available.

Mr. Schwarz: The family support program requires me to be there, if I'm not, the funding would cease. My feeling at this point, I don't know where my daughter wants to live, we should figure out how to support her first, and then determine where she should live. At this point it's secondary to providing the supports that she needs.

Chair J. Lee: The Olmstead Ruling says that an individual must be placed in least restrictive environment. It's a continuum of services from your home all the way to the LSTC, we can't draft this so it just fits her, but she represents people who are unique in their needs.

Mr. Schwarz: I think there are other family members around the state in a similar situation. The other thing, attached to my testimony is a copy of my opinion editorial, the ventilator technology has changed. Today they are essentially a BiPAP or a CPAP, medical personnel program them, the cares are usually done by home health, insurance doesn't pay to provide those services, they will send someone to train family members and then you have to do it on your own. You have to have responsible and dependable. That's the main issue with the supports, we've had issues with workforce.

Senator Kreun: You have your daughter at your home, who are the caregivers?

Mr. Schwarz: We're getting services through Enable Inc. A DD service provider.

Senator Kreun: What happens if you pass away?

Mr. Schwarz: That's a problem. Because family support requires me to be there.

Chair J. Lee: There's got to be a slot that Jessica could fit into. We aren't going to abandon her.

Senator Kreun: What are you expecting to happen in this situation?

Mr. Schwarz: There is an OAR in both governor's budgets, and an amendment passed through the House, DD division for a long time, and we've come to what's needed. Tina could explain it better, they've asked for $700,000 and 1 FTE to set up program to address individuals with needs like my daughter.

Chair J. Lee: Did that get put into the Human Services budget?

Mr. Schwarz: It wasn't funded fully, it's a start of figuring out how to address the needs of my daughter and people like her.

Senator Kreun: I'm still confused; the Arc are they going to be able to take care of this individual?

Mr. Schwarz: The Arc is an advocacy service.

Senator Kreun: I understand that, are they going to able to organize and provide that service? Their testimony is in favor of it, but what are they going to do to help it?

Carlotta McCleary, Executive Director ND Federation of Families for Children's Mental Health (23:30-25:00) testified in support please see attachment #4.

Senator Clemens: If Grafton was closed, What's the alternative? Who would meet that care?

Ms. McCleary: What would need to happen is enhanced services for individuals living in the community. I don't think you need more places to put people, but you need to enhance the available services.

Senator Clemens: Matt gave a vivid picture, the care at their home is adequate; what do you mean when you say enhanced services?

Ms. McCleary: What I'm referring to individuals going, there weren't adequate services available in their community. Ensuring that individual can receive their services in their community. Sometimes they can't get enough hours, that might put them at risk for LSTC. Enhancing the hours they receive.

Senator Clemens: How would that all happen? You have to find homes for them to stay, and people to provide the care?

Ms. McCleary: Sometimes you do have to look for locations, some individuals rent their own apartment, the services come to them. Sometimes there are group homes, it would depend on what an individual would need. Somebody should have a service level that they need, it's that service level that ends up being the issue of not being able to keep them in the community.

Chair J. Lee: Part of the challenge is not all places in state, rural areas in particular, do not have the same services available. New Rockford has several.

Senator Heckaman: New Rockford has 4th Corp., 2 group homes, and a number of apartment individual living situations, and we bus if from a group home in Fessenden and Carrington. We also have a day workshop. We have a number of individuals services provided in our community.

Chair J. Lee: There certainly are services in rural areas, but the whole idea of SB 2187, is to reimburse those providers who will be willing to take individuals with multiple medical and or behavioral issues, some quite aggressive, it has to be a very acute supervision, providers who are going to be reimbursed for the level of services that it is going to take.

Brenda Ruehl, ND Protection and Advocacy Project (30:55-35:50) testified in favor, please see attachment #5. Attachment 5A was provided for the committee's reference. A short video followed, please see attachment #13, and below. (36:15-42:05).

http://www.legis.nd.gov/downloads/bill-history-media-file/65-2017/scr4013/scr4013-shumser-03012017-ruehl-eugene-panzer-his-choice.mp4

Chris West, Mayor of Grafton (42:50-45:50) testified in opposition, please see attachment #6.

Senator Clemens: When you realize a person at the LSTC is doing well, do you encourage the family to move them to a self-living situation?

Mayor West: I'm not directly involved with the workings, but there are no fences around the campus, yes, people do come and go, the numbers we talked about, 75 individuals, there's also additional youth being served, and other programs, and we are a crisis center for other group homes, yes we always encourage people to move on if they're able to.

Chair J. Lee: There are home and community based settings in Grafton. I also know from the Walsh County Record that the community is very engaged with the individuals that live at the LSTC, there are a lot of neat interactive things that go on.

Mayor West: It's taken a long time to erase the stigma, they are welcome in our community.

Chair J. Lee: Lisbon and Grafton really do wrap their arms around the people who live there.

Delore Zimmerman, Praxis Strategy Group (49:15-53:00) testified in opposition please see attachment #7.

Chair J. Lee: Is there a master plan for that campus? We have other needs for state buildings.

Mr. Zimmerman: We have done a feasibility analysis of other uses that could fit the facilities that are there, corrections, short term residential treatment, or job skills. The building that has the most potential is the New Horizons building, we've put together some informative materials looking for uses.

Chair J. Lee: I would be interested in seeing that. I think it's important. These are 2 separate issues, what do we do with individuals who need services, the other is what do we do with the buildings.

Mr. Zimmerman: We did release a short piece last October on some potential uses; we're working on it with a local task force.

Cheryl Osowski, Special Projects Coordinator, Red River Regional Council (56:35-1:03:25) Testified in opposition, please see attachment #8.

Senator Kreun: What is the significance of the accreditation that you're the only one that's accomplished that? Would it need to be replicated in all the groups that we're trying to make?

Ms. Osowski: I'm going to defer, the main reason it's in my testimony is to highlight that the LSTC while at the location of the prior institution is no longer seen that way by the professionals that judge services for people.

Senator Kreun: This is a transition facility; how many people have transitioned through the facility out into other areas?

Ms. Osowski: Among the 50 people who have been residents for more than one year, 24 could be placed in a nursing care facility but are highly unlikely to be admitted there, because of the intensive care they receive. The other 26 residents have severe behavioral difficulties, and those are the more transitional.

Chair J. Lee: Somewhere in this discussion I've heard 1300, it has come down to this 74 number, which is impressive.

Ms. Osowski: It's a real credit to the advocates, and the state and the kind of programming they've developed.

Chair J. Lee: There are some families who wanted their family members to come back again, because they felt they'd be better off in the security of the setting, so sometimes it's been a challenge to the staff to be able to enable the family members to give it a go.

Senator Kreun: You indicated that they live in different homes, with different groups as they would outside of Grafton or any other place.

Ms. Osowski: There are 5 cottages that used to house staff, clients do live in those facilities, they are held open for families to visit. But we have the housing settings, we have the Maplewood and Cedar Grove facilities that were built during the lawsuit.

Chair J. Lee: It's no longer the dormitory that you see in the old photographs. What is there is a community based setting.

Ms. Osowski: The Maplewood and Cedar Grove settings have individual bedrooms, and four different living areas. It's much like a group home setting would be.

Senator Clemens: You mentioned community providers need to refer someone to your facility, then they need to provide a reason why, are there times when the community providers are asking you for help?

Ms. Osowski: That's what the CARES program is about. When there is a crisis in a community facility, the CARES program will send expertise to that facility, and will try to come up with solutions to allow that person to stay, it is a last resort to return to Grafton, and then hopefully as a temporary crisis intervention.

Chair J. Lee: For example, an aggressive physically, potentially dangerous, or sexually aggressive person, that needed to removed temporarily. That's when your crisis teams move in.

Ms. Osowski: I would guess that those circumstances are those that might occur to cause a provider to call us.

Senator Kreun: What about the video of a young man, and we've talked about children; what about twilight years, do they go into nursing homes? Are there individuals in your facility as well?

Ms. Osowski: I'm not certain of the geriatric population, but we do have a group of people in the Health Services Center, who require a high level of skilled nursing care. In the last year there was an attempt to place one individual, they were unable to find a facility that is able to care for that individual. Out of state facilities are then considered.

Sen. Campbell District 19 (1:12:40-1:15:20) please see attachment #9. Described the facility, stated that the individuals in the photo are friends, who don't want it to close. He recognizes what ARC has been doing, he wants to accept the needs of this facility. To close it up would be to move his friends, Darwin and Greg.

Senator Anderson: Sometimes it sounds like the care provided to individuals is what we need, sounds like the study we need is to study the facilities, and whether there would be alternate uses that would save the state some money. Has that study been done?

Sen. Campbell: Yes, we've done that, it's hard to secure people to come we have 2 turnkey buildings that would be good for either addiction counselling, or a female prison. If there was a need for a building project, we have two ready to go. They're minimal cost, most of the cost of the facilities are staff, by eliminating it, you're not going to change that a cost that much. A lot of the staff are helping other group homes, that's unfair skewed data.

Sue Forester, Superintendent of Life Skills and Transition Center (1:18:00-1:22:05) please see attachment #10, 11, 12. I have a map, and census data, and a fact sheet. Ms. Forester ran through all the information on the census data.

Senator Heckaman: In your services for adults or children, do you accept out of state clients?

Ms. Forester: We have accepted 2 clients in my tenure, but the families moved here.

Senator Heckaman: Do you know how many children or adults go out of state because services are not available?

Ms. Forester: I don't know that exact number although I do know it's available. Next I'll explain the map, **please see attachment #10**, (1:23:20-1:27:20) then moved on to fact sheet (1:27:30-1:30:40)

Rep. Gary Paur, District 19 (1:31:00-1:33:10) testified in opposition, I was thoroughly amazed at the integration which the clients of the LSTC enjoy in Grafton, if you try to move these people to some other area, you're going to be taking them away from home.

Karen Anderson, Walsh County Commissioner: Stated on the record as opposed to the study.

Chair J. Lee: Closed the hearing on SCR 4013.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SCR 4013
3/2/2017
Job Number 28659

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Mary Muncer for Mame Bhunn

Explanation or reason for introduction of bill/resolution:

A concurrent resolution requesting the Legislative Management to consider studying the process necessary to replace the Life Skills and Transition Center in Grafton with statewide services for individuals with disabilities.

Minutes: No Attachments

Chairman Judy Lee: Brought the hearing to order. All members were present.

Senator Heckaman: Someone mentioned that 2 of these buildings are turnkey for new businesses, I only see one on the map.

Tina Bay, Department of HS: In 2017-19 budget that we have prepared, we had actually budgeted 10 transitions from the life skill home center to move into residential services in the community. We are talking about the HCB program waiver services, living in their own apartment or living in a group home. We also budgeted 8 transitions for adults to move into intermediate care facilities, big community homes, difference between waiver homes is that they need a higher level of care. It has an all-inclusive rate that includes room and board where as in the waiver programs the clients are responsible for room and board. We also have planned 6 transitions for children into intermediate care facility in the community. So we have a total of what we budgeted in our 17-19 numbers for 24 transitions from the life skills and transition center.

Senator Heckaman: Are these subtractions from the numbers we saw yesterday?

Tina Bay: That is our hope, but there are more new people coming in to life skills than there are people going out, but if we hit 24, that doesn't mean we'll stop. If we can close down a cottage to the community by shifting the funding, we would still do that as we have in the past.

Senator Heckaman: What do you think if this study is passed, what information is beneficial to you?

Tina Bay: One thing, it is not just about DD services, it's also about the capacity to serve, psychiatric services, and all those medical services that we seem to run into issues with, and unfortunately sometimes the people end up in life skills, psychiatric unit won't take them back, and the provider has to step away, so it is important to have the system as a whole supporting the people too.

Chair Judy Lee: The focus shouldn't be just on residents from the center because we are looking at the broader picture of services being available.

Senator Kreun: Over time, the LSTC campus are these medical people available in Grafton to take care of all the needs of people that are there? Some are in need of more care than others.

Tina Bay: If we could replicate what the transition center is able to wrap around people, it would make it possible for people to remain in community.

Senator Kreun: Would those services be able to be replicated in several different communities at the same level if this was to be broken down and spread them out, is that service available?

Tina Bay: That would be something for the study to focus on, if the community has the capacity and the resources to do that, and some would be private providers.

Chair Judy Lee: There will be costs, economies of scale, every professional isn't serving 1 person and there are different levels of professional care. It might just be 3 people. Would there not be some additional cost?

Tina Bay: That would be one of the questions. If we're talking about professions that DD providers have on staff, or it could be a psychiatrist from HSC or your private ones.

Senator Clemens: You mentioned 24 people transitioning, what effect is that on the budget?

Tina Bay: We separate them out into services we believe they may go to, we had 8 planned for ICF adult services, might only have 2, it's a best guess, I don't' have those tables, but I could get that information for you.

Senator Clemens: Is it an additional cost when they leave?

Tina Bay: What it is currently, is those 24 were in addition to what we have in our case load in our current budget to support them.

Senator Clemens: So more funds would be needed to support those 24?

Tina Bay: Yes, in our DD budget. The life skills transition center has a different budget.

Chairman Judy Lee: We were asking about the facility itself. Is there a plan for the unused space?

Maggie Anderson DHS: I'm not the right one to answer that. It would fall to the community, if they wanted to speak to them about that. We as a department haven't said, we have the buildings that need to be demolished and we aren't out there actively seeking other entities to rent space. When someone approaches us we work with them to move people around. It's our campus but it's not the mission of the life skills to come up with things to fill the campus.

Chairman Judy Lee: Our question is whether or not the state had a different vision.

Maggie Anderson: The department hasn't sat down and put together a master plan saying that if we get down to 42 people and this area is empty that we should try to fill that. I know there was some conversation last biennium about putting language in the bill about looking at alternative uses for life skills but it isn't something we have a plan for.

Senator Anderson: When you look at this map we have a facility that was built for 1200 people, when this was done in 2004 it was for 140 residents, now we're at less than ½ of that, if the current 75 were in a nursing home, we might be spending $10,000 a month per person to have them in that facility, but here we're spending 3 times that because we are maintaining this facility that we really don't need anymore. The committee is looking for where we could come up with a plan. But it doesn't solve the problem. Is there a mechanism, or should we rewrite the study?

Maggie Anderson: That particular campus wasn't built for 1200, there are buildings that have been demolished, and that have been turned over to private entities.

Ms. Cheryl Osowski: There are buildings that are gone, no longer used, historic buildings restored by a company called Metro Claims and used for housing that are rented by members of our community in Grafton. The main building is used for state administrative offices, the fitness center used by community and clients, health services center did have the VA, but they've moved on, Sunset hall is utilized, but under-utilized, there are maintenance buildings, then adaptive equipment center too.

Senator Anderson: I'm not refuting other uses. I'm looking at the states concern. I understand maintaining the facility, but there should be alternate choices that aren't as expensive. Understanding the community's feelings, what we're looking at is a plan and some numbers to say this is how we would make a change, over a period of time, transferred to private hands or give it to community, whatever is appropriate.

Ms. Cheryl Osowski: I think we're all on the same page, we all have the best interest of the clients at heart, and if they can get moved out into the community and the numbers at the center dwindle, in terms of clients, we are on board with that plan. We are also hoping for some plan to allow local developers the opportunity to promote, negotiate, and help to develop new utilizations for the buildings. Also for the local developers to work with potential purchasers or renters. It seems to be sensible to have a plan as to who can decide when it can be let go or sold or whatever. We have a Daycare Center that is ready to go now as soon as they can find a facility and the wait is somewhere in the future. It's a good idea to think about what your decision process is, as the owners, to have somebody to say yes or no.

.

Senator Kreun: You indicated that 84% of the whole budget is in labor, does that include the maintenance or is that in a separate budget?

Ms. Cheryl Osowski: That would be included in that salary budget.

Senator Kreun: So 16% is still used to maintain the building?

Maggie Anderson: Operating fees and services and activities, or to take a client for GF travel for medical appointment.

Senator Kreun: If 84% is still in client services, we're stretching our responsibility here right now with this building problem. Our issue right now is to take care of the clients and if I look at SCR I don't see any questions of where the workforce is going to come, and I don't see any of the locations of where they would be placed, and I don't see what would happen to those people that would be moved out, that is their home, none of that is in this resolution. I don't think it's looking at the people as well as it should. I think there is a lot more to it than just taking a look and saying we can put them someplace else, but to rush in and do a quick study and building and transition without addressing the needs and the location and the skilled workers to take a look, that's not a question in here, and it's something that isn't going to happen. I do not think this is a good resolution in my opinion.

Senator Heckaman: I disagree. The top 3 lines address your concerns. Study the process necessary to replace the center with statewide services. It doesn't have to list it, that's what the committee will come up with. There are other things to consider, like making sure there are services across the state to use, when you do the study all that would be included and they are addressed in lines 1, 2, and 3.

Senator Kreun: That may be so, but we're providing those services already at a high level. Shouldn't the people that take a look at this first question that before they ask us to spend the money on something that we are already doing on a very high level and doing a very good job at it?

Senator Piepkorn: We've had a lot of tangential discussion about repurposing, let's look at the SCR, read the bill. (25:10-25:40) This study is to simply look at the process necessary to replace the center in Grafton. Simple as that.

Chairman Judy Lee: I think we need to keep in mind that sponsors haven't visited. It is licensed as a community facility. I know the clients live in homes, some of which I have been in years ago. Good work is being done for the people that are there and they're being cared for in a community facility, and they can stay in Grafton, which is their home for some of them, in a community facility that is part of a larger campus. We can't fix this today, we may need to visit with our friends on the house side about encouraging a joint study between the city of Grafton, which has done a wonderful job of looking at what potential, economic developing plan might be possible and how it might blend in with what we have needs for on the state level and visiting with the Department of Human Services about that one niche we've got with the new behavioral health and justice reinvented proposal or other kinds of things,whether or not there's a purpose for that, because if there is a purpose for that on the campus for that kind of function then some of the stuff with the community, maybe we should have them be

shorter term leases, I want the community to have what it wants but we also have a facility to take care of. Did we talk about the school for the blind? 12 people in a multimillion dollar facility so this isn't our only facility. We will look at this. I'm not crazy about the resolution only addressing getting everybody out of the transitions life skills center. I am only comfortable with the idea that if it moves forward that there would be something done on House side to discuss the potential of some kind of joint discussion between the community and state, probably the Department of Human Services, on what other potential uses there might be for the facility, then you should be making the decisions about all of it.

Ms. Cheryl Osowski: Yes you are making sense. My comment about wanting the people to live where they want to be, the center is no different than a development home. I hope that we're all looking at it as though it is another community based program and we are prepared to be very cooperative.

Senator Kreun: In reference to your comments to replace the LSTC, it doesn't say anything about clients, with statewide services for individuals with disabilities, we are talking about replacing the building and that is not what our job is here. Our job is to be concerned about these clients and those clients should be staying there until a decision is made on what to do with that facility as what you are indicating.

Chairman Judy Lee: Until they may find a whole new community base setting either in the community of Grafton or elsewhere or in the community facility that is currently on the campus which is a small part of this whole little city.

Senator Kreun: That's why we haven't been looking at locations, we haven't been looking at work force, this does not direct us to do that. All it does is direct us to find another facility.

Chair J. Lee: Can you visit department and the city without us having some big resolution that the department may talk to the city of Grafton about what potential use there might be.

Maggie Anderson: Sue Forester participated in discussion and that's how the private public partnerships and use of the facility have occurred. From the department standpoint, our mission is to care for clients so we haven't' been able to put resources into being a point person for a project. Certainly we can provide that this is why this was designed this way or this is the square footage or this is the up keep on this building. Our staff are busy taking care of clients, but they've been involved in the conversation. Let's say in the conversation that corrections move into a building we have to make sure it is a safe move too.

Chairman Judy Lee: We don't' have the money to hire a consultant, and if we did something like this a consultant would have to be involved. If I got to have a few bucks go somewhere right now I would rather it go to services.

Senator Anderson: My problem with the resolution is it really predestines a decision, it says what should be done. We could spend the time to rewrite the resolution, but we need to decide what is the best care for these individuals. The campus is another issue that needs to be solved separately; if we give it to the city of Grafton and rent back only the portion that we need so we can bring the cost down to take care of the 75 people that are still there, I'd be in favor of that. But at this point it sounds like that's a different issue, there is nobody who

can easily make a decision. Last session Senator Campbell brought to us a couple of issues relative to using state property in Grafton and it was very difficult to make decision. We ought to be studying the best way to take care of these individuals. Perhaps Maggie already knows the answer to that and we should just ask her.

Chairman Judy Lee: I'm not worried about the individuals; they are well taken care of there.

Senator Clemens: I think the study would be premature. What the study is asking for is a way on how to close it and I don't' think that's where we're at. With all the issues we've got on Human Services, we have so many needs in the state and there is a lot that has to be looked at. I have a question for Cheryl. With the condition in Grafton right now, how many residents could you support?

Ms. Cheryl Osowski: That's not a question I have the wherewithal to answer.

Maggie Anderson: How many could we serve based on the campus?

Senator Clemens: Yes, what would the campus support?

Maggie Anderson: New Horizons is the vacant building.

Ms. Cheryl Osowski: It has 3 stories, so in a positive outlook, maybe would accommodate 60.

Chairman Judy Lee: We like to look at a smaller facility, which is why it is probably empty right now.

Maggie Anderson: On our current staffing, we are maxed out. When we get a crisis call, this placement might not happen, that is to try to preserve the community placement, again you look at the numbers 199 staff, but that is 24/7, so if you did 3 8 hours shifts, it adds up to a lot.

Senator Clemens: If we forget about supporting staff, no matter what the situation of the new resident, how many people can the campus support? How many beds are there or could there be?

Chairman Judy Lee: Are you talking about coming out of incarceration or coming from a different purpose other than life skills?

Senator Clemens: I know it's just irrelevant, but what would it support.

Maggie Anderson: Part of our capacity is staffing, we turned a number of staff back in life skills in the executive request and with the house amendment there are additional staff that would come out of the budget, so it's not like we're growing staff. We have tried to maintain the living units, so assuming we are using all the existing living units minus New Horizons, which we are not using all of them, so we are at 80 some plus the 60 from New Horizons, that's very likely your capacity. The main building that is in the pictures isn't there.

Chairman Judy Lee: Anything else? Time to make a decision.

Senator Kreun: Make a motion for a Do Not Pass on SCR 4013.

Senator Piepkorn: Second

Vice-Chairman Larsen: I asked my wife, where are the family members, if they didn't like it so much, they would move them out, so they like that facility. I know we've done cuts in Human Services to reduce staff, but the governor, the past governor, the House leadership, and the Senate leadership, none of them have said to get rid of this. If more people wanted it gone, it wouldn't be a resolution, it would be a bill. I think the people involved in this, if they didn't' like it they would make it go away.

Roll call vote taken.

Motion passes Yeas-6, Nays-1, Absent-0

Senator Lee will carry.

Chair J. Lee: Closed the Hearing on SCR 4013.

Date: 3/2 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 4013

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☑ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen Kreun Seconded By Sen. Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman		X
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1

Absent 0

Floor Assignment Sen. Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SCR 4013: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO NOT PASS** (6 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SCR 4013 was placed on the Eleventh order on the calendar.

2017 TESTIMONY

SCR 4013

SCR 4013
Attach #1
3/1
Pg. 1

The Arc
North Dakota

Senate Human Services
SRC 4013
March 1, 2017

Chairman Lee and members of the Senate Human Services Committee, my name is Kirsten Dvorak; I am executive director of The Arc of North Dakota. We have six chapters, Grand Forks, Dickinson, Fargo, Valley City, Bismarck, and Bowman. Today I represent our collective membership as I stand in support of SCR 4013.

In 1995 when the lawsuit to close San Haven and Grafton State School was dismissed, it was with the understanding that the state would work to keep individuals in their communities and with their families. However, in 2017, 22 years later, we are still sending individuals, including children, to live in an institution called the Life Skills and Transition Center.

The Life Skills and Transition Center, represents 16% of the Department of Human Services budget. There are nearly four employees for each person in the institution, and that is because nearly half of them are ancillary. There are buildings sitting vacant and partially vacant that continually need upkeep, costs paid out of the DHS budget, diverting funds from direct services to individuals. Shifting those resources to community-based services could ensure that services are available to the greatest number of North Dakotans needing support within their communities. Rather than the upkeep of buildings and grounds, we would prefer that tax dollars are used to actually help individuals with developmental disabilities and medically fragile individuals. If we provide vocational rehabilitation training, medical services, and, if needed, highly skilled support, they can stay in their communities and be successful.

We understand that any transition and change in services can be difficult. However, services in the community are more versatile and can offer a more personalized approach of care. This study would help us develop a process to transition away from the Life Skills and Transition Center. Thirteen states and the District of Columbia have totally eliminated institutions. We should take advantage of their experiences in phasing out institutional care and providing services closer to home. This study would devote the time and attention that is needed to figure out the best way to do that.

No one should ever have to live in an institution. No matter how many times we change the name of it, the Life Skills and Transition Center it is an institution. It has a history and there is a stigma attached to it. Individuals, especially children, should not be taken from their homes and communities to live in a place that is whispered about by relatives and friends.

I ask for your do pass on SCR 4013, and I will stand for any questions.

Kirsten Dvorak
222-1854

SCR 4013
Attach# 2
3/1
Pg. 1

Senate Concurrent Resolution No 4013

Testimony by Mathew C. Schwarz
March 1, 2017

Good Afternoon!

Chairman Lee and Members of the Committee.

My name is Matt Schwarz. I live in Bismarck (District 47) with my daughter Jessica. I am here to speak in support of the SCR No. 4013. It is important to individuals like my daughter, Jessica.

Attached to a copy of my brief testimony is an Op Ed I authored for the Bismarck Tribune on Wednesday, January 11, 2017, entitled "Home & Community Based Services Work". It supplements my testimony today.

My daughter has severe disabilities, including the use of a ventilator, tracheostomy, continuous oxygen, etc. She presently receives services 24/7 in our home through a Waivered service called Family Support. While there have been problems associated with inadequate resources, it has been very successful for almost 30 years!

This program was intended for families needing some limited hours of support for their child but not to the extent used in our case. Additionally this program, to be eligible, requires a family member to make medical and other important decisions.

I have been trying to plan ahead for many years to determine how my daughter will be supported should something happen to either my wife or myself. Over 5 years ago Rep. George Kaiser (from my district) and I met with then DHS Director Carol Olson along with others. She indicated that something more appropriate needs to be done to support Jessica. We have been working with the DD Division and P&A ever since to figure something out.

Recently my wife passed! So now, it is only Jessica and myself. The problem has been repeatedly discussed but not resolved. We have been advised if something should happen to me, the safety net for Jessica is the Life Skills and Transition Center, known to us as "Grafton". That is not an acceptable option! The home based services she gets are very specialized and have taken years to optimize. Our doctors have told us she would not survive in an institution! We also believe Home and Community Based Services not only saves money but is the right thing to do! The rule of law states placing her in "Grafton" is a violation of Olmstead and Least Restrictive placement.

4013
#2
3/1
Pg. 2

I am asking you to support studying the process necessary to replace the Life Skills and Transition Center in Grafton with statewide services for individuals with disabilities.

Thank you and I'd be happy to answer any questions.

against crazy accusations from anonymous sources."

Except the OCE can neither force testimony nor force turnover of evidence or documents. Due process is a non-issue here because no one is being charged with anything; it's an investigation. Hiring a lawyer would make no sense nor would paying them "hundreds of thousands of dollars." Even if the accuser is anonymous all reports and documents are released to the public — which does not happen with the House Ethics Committee. The OCE is literally the only place taxpayers can request an investigation and see the results.

edge of a climate disaster, or will the evil man listen to the scientists his appointees disdain?

Republicans believe education confuses people. Will the evil man protect public schools or allow the religious schools to proliferate so science can be driven from the classroom? "The Lord works in strange ways." In the Bible, God flooded the world, brought about plagues, and divided the Red Sea. Now we will all get to see first hand how God uses satan to "Make America Great Again." If God chooses to wipe man from the Earth once more, he has the perfect plan in place by putting nuclear weapons in the hands of his

oppose the proposed location.

No doubt North Dakota will have another oil refinery, but building it three miles south of a national park, within view of Buck Hill (located in the center of south wing) is outrageous. If built, these views will be tarnished, both while entering and within the park, by smoke stacks and plumes. This would certainly tarnish its image.

Please visit www.change.org/p/protect-theodore-roosevelt-national-park-from-big-oil to sign the petition against the Davis Refinery, or search Protect Theodore Roosevelt National Park from big oil on Change.org. Don't leave it to the NDDH to decide.

Zachary Kreps, Fargo-Moorhead

4013 #2 3/1 Pg. 3

Home, community based services work

As a parent with a child who has severe disabilities, including the use of a ventilator, tracheostomy, continuous oxygen, etc., home and local support services work very well if adequate resources are provided. Our family has proven that it works for almost 30 years.

Our doctors have told us our daughter would not survive in an institution. Nevertheless, challenges exist when adequate support resources are not available. My wife and both daughters were diagnosed with myotonic muscular dystrophy after our second daughter was born. Both my wife and oldest daughter have passed. Our youngest daughter, most severely affected since birth, lives in our (her) home and is now 38 years of age. With appropriate care, she has not been hospitalized for over 10 years.

MATHEW SCHWARZ

Previously, she had never made one year without extensive hospitalization, one year about nine months in ICU. It wasn't until a closely organized, coordinated and appropriately trained team, including exceptional cooperation with medical personnel, implementing very proactive (extreme, perhaps) care management, were we able to keep our daughter not only healthy, but thriving. Medical technology and good care have made the difference.

Most of our medical problems, as many others, are associated with preventable issues. Medical technology has taken care of the "rocket science." Care management issues are simple, relatively speaking. Believe me, I've done this for over 40 years. Not all patients have the same needs but suggesting that patients on ventilators have to be placed in an institution like Grafton is "old school." Home ventilators have been around for over 30 years and are now very similar to CPAP/BiPAP equipment. Medical professionals program them and family and caregivers are trained to use them.

Obviously, these caregivers have to be, not only appropriately trained, but consistently diligent in their performance. The work they perform, however, is not "rocket science." Medical personnel provide direction on what is needed. Trained caregivers carry out the necessary services in a home or local community setting. This is being done all over the world. Adequate home and community resources are the key.

Presently, state reimbursement rates treat caregivers (known as DSPs — direct support professionals) the same whether they take a client grocery shopping, to a movie, or those that support our daughter who is on a ventilator, assist with suctioning, use of oxygen, therapies, etc., clearly a difference in skill level.

A special fund was created a few years ago commonly called the "bucket fund." These funds were used by our service provider for our daughter as additional wages for critically trained staff. However, as this fund was also utilized for many other reasons, this enhancement for wages has now declined to an inappropriate amount for specialized caregivers for our daughter. We have/had caregivers who make/made a lower hourly wage now than five years ago.

Gov. Doug Burgum indicated he wants to reinvent government. He has the opportunity to reinvent how services are delivered to people with disabilities in North Dakota. In most cases the costs should ultimately become lower. Most importantly, people with disabilities, including those with intense needs are people first. They, whether children or adults, have feelings and families, and deserve supports in a local, least restrictive environment. Not only is it the law, it is the right thing to do. In most cases it is the least expensive as well, especially when medical costs of inadequate care are considered.

Everyone I know, whether child or adult (no matter the disability or no disability at all) wants to choose where they live, work, or play. In particular most wish to be close to family. For those who have special needs, these basic instincts are even more critical for their well-being. Parents most often have the best input to their child's needs. Additionally, myself included, our caregivers have all benefited from what we have learned from my daughters' experiences. I wouldn't trade it for my life!

Mathew C. Schwarz lives in Bismarck.

SCR 4013
Attach
#3
3/1

SCR 4013 Testimony
Human Services Committee
March 1, 2017

Chairman Lee and members of the committee, for the record my name is Roxane Romanick. I'm the director of Designer Genes and also the mother of a teenager with Down syndrome. I'm here to urge you to support Life Skills and Transition Center (LSTC) study.

It is my opinion a large institution like LSTC can detract from a state's ability to have the best home and community based service options. Institutional care should be transitional at best for assessment and treatment purposes, but with a clear plan on how to return to the community where a person's family and friends live. The lack of a transitional planning is especially troublesome for youth. The longer an individual spends their time at LSTC, the more likely the supports at home are in jeopardy which can result in failure when it comes to getting back into the community. Individuals who are placed at LSTC are often faced with stigma that secludes them from friends, family, etc. This in turn means an individual is not getting the support or the interaction that teaches them how to behave in typical community social situations.

We are making intentional choices by keeping large scale institutions like LSTC open. To do so, we are limiting the amounts of home and community based services that could be offered. The money and FTE's that is being used, especially for employees, could be redirected to the regions and our provider system. We must start thinking about what's right for our individuals not our service delivery system.

I encourage you to vote in favor of this study so the best care is provided for individuals with disabilities.

Thank you for your time and consideration.
Sincerely,
Roxane Romanick

SCR 4013
Attach #4
3/1
Pg. 1

Testimony
Senate Education Committee
Senator Judy Lee, Chairman
March 1, 2017

Chairman Lee, members of the Senate Human Services Committee, I am Carlotta McCleary, Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. I am also the Executive Director for MHAND, whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals.

I am here to testify in support of SCR 4013. We support Legislative Management considering a study looking at the process necessary to replace the Life Skills and Transition Center (LSTC) in Grafton with statewide services for individuals with disabilities. We support the premise that individuals should be able to live in the community with the necessary supports instead of institutional care. We believe if additional services are needed those services should be made available in the community.

We are especially concerned with the growing number of children living at the Life Skills and Transition Center. NDFFCMH has worked with children and their families to develop alternatives to this institutional placement. We would like to see these community alternatives put in place prior to placement for those that need a higher level of care instead of the reliance on LSTC as the safety net.

It is time to truly give individuals with disabilities the right to live in the community with the necessary supports. We urge you to support SCR 4013 to study the replacement of LSTC with statewide services for individuals with disabilities.

Thank you for time. I would be happy to answer any questions that you may have.

4013
#4
3/1
Pg. 2

Carlotta McCleary, Executive Director
ND Federation of Families for Children's Mental Health
PO Box 3061
Bismarck, ND 58502

(701) 222-3310
cmccleary@ndffcmh.com

Carlotta McCleary, Executive Director
Mental Health America of ND
523 North 4th St
Bismarck, ND 58501

(701) 255-3692
cmccleary@mhand.org

SCR 4013
Attach #5
3/1
Pg. 1

Senate Human Services Committee

Senate Concurrent Resolution 4013
Honorable Judy Lee, Chair
March 1, 2017

Chair Lee and members of the Senate Human Services Committee. I am Brenda Ruehl, a disabilities advocate with the North Dakota Protection and Advocacy Project (P&A). P&A is an independent state agency that acts to protect persons with disabilities from abuse, neglect, and exploitation, and advocates for the civil and legal rights of persons with disabilities. I am asking for your support for Senate Concurrent Resolution 4013. Community integration is one of P&A's highest priorities.

Line 12 of the Resolution refers to the United State Supreme Court's decision in *Olmstead.* The plaintiffs in *Olmstead* were two women who had intellectual disabilities and mental illness. They were confined in the Georgia state psychiatric hospital for years after the state's professionals had determined they were ready for discharge to a community setting. In its decision in 1999, the Supreme Court ruled the unnecessary institutionalization of persons with disabilities is a form of discrimination prohibited by Title II of the Americans with Disabilities Act. In other words, the Court concluded that where a person with a disability could appropriately live in a community setting, Tile II required the state to provide treatment and services in the most integrated setting appropriate to the needs of the person.

North Dakota had already incorporated the ruling in *Olmstead* into our state statutory law as a result of *The Arc* lawsuit in 1982. Section 25-01.2-02 of the North Dakota Century Code provides all individuals with developmental

disabilities a right to treatment in the least restrictive appropriate setting. For your convenience, I have attached to my testimony one-page summaries of the rights of people with disabilities under North Dakota's statutory law, under *Olmstead*, and under *The Arc* lawsuit. I served as the lead paralegal for the plaintiffs in *The Arc* lawsuit in the 1980s.

As a result of *The Arc* lawsuit, North Dakota has already de-institutionalized approximately 1200 people. The study recommended in this Resolution would be the next chapter in de-institutionalizing the remaining 60 or so individuals at the LSTC.

I would also like to point out the references in the Concurrent Resolution to the efficiencies that will be realized by serving individuals with disabilities in community settings rather than at the LSTC. Currently, the LSTC employs more than four full-time-equivalent positions for each individual served, resulting in a per-diem cost, according to data provided by the LSTC, of $916.65, for an annualized cost of $334,577 per person. We know from our experience as an agency working with clients with disabilities who live in the community that it is far less costly to serve individuals in their own homes rather than at the LSTC.

In 2006, David Braddock, a PhD professor at the University of Colorado, prepared a report for the state of North Dakota regarding the savings to state government that would be generated by supporting people with disabilities in the community rather than at the LSTC. In his report, Dr. Braddock said:

"...[A] state institution can generate savings for state government because it:

1. eliminates the high fixed costs of operating a state-owned facility, usually built for many more residents than live there at the time of closure;

2. shifts some fiscal responsibilities from state government tax revenues to federal supplemental security income (SSI) and, in some cases, to local government sources;
3. increases the likelihood that individuals will engage in productive employment in a local community because they now live there;
4. utilizes less costly social, educational, religious, and recreational resources in the community rather than the relatively expensive, specialized services provided in the institution; and,
5. by renting/leasing residences it avoids the expensive institutional capital construction and remodeling costs necessary for most older institutions to remain open and certified for receipt of federal reimbursement."

I would be happy to provide a copy of the Braddock report to the clerk for the record.

In closing, I would like to share the fact that, with leadership provided by Maggie Anderson and in collaboration between the LSTC administration and P&A, we are currently making progress in the diversion of placements to the LSTC and in the transition of people from the LSTC to the community. Also, I would like to add that P&A is appreciative of and values the treatment programs and services that LSTC is currently providing statewide to individuals residing in the community.

And now I'd like to show you a short video of a young man who successfully transitioned from the LSTC and who is now living in the community.

4013
#5
3/1
Pg. 4

Thank you for your attention. After the video, I would be happy to try to answer any questions you may have.

4013
#5
3/1
pg 5

The ARC case: rights under the United States Constitution, federal law, and state law

In 1982, the U.S. District Court for the District of North Dakota, in a landmark decision, recognized that individuals with intellectual disabilities have constitutional rights, including "basic liberty interests" under the Due Process clause of the 14th Amendment to the United States Constitution. *Association for Retarded Citizens of North Dakota v. Olson*, 561 F. Supp. 473, 486 (D.N.D. 1982) *affirmed and remanded*, 713 F. 2d 1384 (8th Cir. 1983) ("The *ARC* case"). These due process rights include a constitutional right to the least restrictive method of care or treatment. *Id*. at 561 F. Supp. 473, 486.

The trial court in the *ARC* case also found the Equal Protection clause of the 14th Amendment applies to institutionalized individuals, stating:

> Thus, this court holds that the state must justify any difference in the treatment provided institutionalized and non-institutionalized retarded persons by showing that this difference in treatment is rationally related to a legitimate state purpose. *Id*. at 561 F. Supp.473, 491.

The district court found that individuals confined in the Grafton State School (later known as the Developmental Center and now as the LSTC) also possess constitutional rights to privacy, private property, and free association. *Id*.

Finally, the district court said that North Dakota *state* law provides a "panoply of rights" to individuals with developmental disabilities, including the right to treatment, services and habilitation for those disabilities, which must "be provided in the *least restrictive appropriate setting*." *Id*. at 561 F. Supp.473, 493. (Emphasis added.)

Based on these federal and state constitutional and statutory rights, the district judge in the *ARC* case entered an order directing the State to take specific actions to rectify violations of the rights of the residents, including the following injunction:

> Defendants are permanently enjoined *to seek placement in existing licensed or accredited facilities, or* ***to create community based residential services*** meeting ACMR/DD standards sufficient to reduce the number of residents at the Grafton state school to not more than 450 by July 1, 1987, and to show the court reasonable progress to these ends annually. Further, the defendants are enjoined, by July 1, 1987 to present to the court a program to reduce the residents by at

4013
#5
3/1
pg 6

least an additional 200 persons before July 1, 1989. *Id.* at 561 F. Supp. 473, 494-95. *(Emphasis added.)*

The Eighth Circuit Court of Appeals affirmed the district court on the merits, and ruled that "the State has a *duty* under North Dakota law to provide appropriate treatment, services and habilitation in the *least restrictive appropriate setting* to both voluntarily and involuntarily committed mentally handicapped citizens." *Association for Retarded Citizens of North v. Olson*, 713 F.2d 1384, 1387 (8th Cir. 1983). *(Emphasis added.)* The *ARC* case has never been overruled.

Rights under North Dakota statutory law

Section 25-01.2-02 of the North Dakota Century Code provides a right to treatment in the least restrictive appropriate setting:

> All individuals with developmental disabilities have a right to appropriate treatment, services, and habilitation for those disabilities. Treatment, services, and habilitation for developmentally disabled persons shall be provided in the least restrictive appropriate setting.

N.D.C.C. § 25-01.2-01(3) defines "least restrictive appropriate setting" as follows:

> "Least restrictive appropriate setting" means that setting which allows the individual with a developmental disability to develop and realize the individual's fullest potential and enhances the individual's ability to cope with the individual's environment without unnecessarily curtailing fundamental personal liberties.

4013
#5
3/1
pg. 8

Rights under *Olmstead*

In *Olmstead v. L.C.*, 527 U.S. 581 (1999), the United States Supreme Court stated that when "a disabled individual's treating professionals find that a community-based placement is appropriate for that individual, the ADA imposes a duty to provide treatment in the community setting—the most integrated setting appropriate to meet that patient's needs." The Court also held that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act: "Unjustified isolation, we hold, is properly regarded as discrimination based on disability." *Id.* at 597.

The Supreme Court explained that its holding "reflects two evident judgments:"

> "First, institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life." (Citations omitted)
>
> ...
>
> Second, confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment." *Id.* at 600-601.

Specifically, under *Olmstead*, public entities are required to provide community-based services when:

- the treatment professionals have determined such services are appropriate,
- the affected persons do not oppose community-based treatment, and
- community-based services can be reasonably accommodated, taking into account the resources available to the state and the needs of other persons with disabilities. *Id.* at 607.

SCR 4013
Attach # 5A
3/1

CLOSING THE NORTH DAKOTA DEVELOPMENTAL CENTER: ISSUES, IMPLICATIONS, GUIDELINES

David Braddock, Ph.D.
Professor in Psychiatry, University of Colorado

March 7, 2006

4013
#5A
3/1

TABLE OF CONTENTS

4013
#5A
3/1
pg. 1

CLOSING THE NORTH DAKOTA DEVELOPMENTAL CENTER: ISSUES, IMPLICATIONS, GUIDELINES

PURPOSE AND FOCUS OF THE PAPER

This paper has been prepared at the request of the Arc-Upper Valley Board of Directors. It is intended to stimulate discussion and further study by the Arc and other interested parties in North Dakota on the possible closure of the North Dakota Developmental Center at Grafton (hereafter "Grafton").

The primary focus of the paper is to identify and discuss 10 key issues, expressed as questions, associated with the potential closure of Grafton, North Dakota's remaining mental retardation and developmental disabilities (MR/DD) institution. The implications of closing Grafton are considered in light of other states' experiences in closing state-operated MR/DD institutions and in light of relevant research. The paper addresses the following ten questions:

1. How did state-operated institutions for persons with mental retardation and developmental disabilities evolve nationally?
2. What are residential and community services trends in North Dakota today and in two groups of "comparison states"?
3. How many states have closed state MR/DD institutions and how many are planning to do so in the near future?
4. What are today's institutional costs per resident in North Dakota and, based on previous trends, what can these costs be estimated to be in future years?
5. How well do persons with MR/DD typically adjust to relocation from institutions to community living environments?
6. How do parents of individuals relocated from state institutions to community settings respond to this process of change?
7. How might cost savings be achieved in North Dakota if Grafton were to be closed in the near future?

4013
#5A
3/1

8. Should the State of North Dakota anticipate a need for increased appropriations associated with Grafton's closure, to cover the temporary "dual costs"?

9. What are some of the alternate uses to which a closed Grafton facility might be put?

10. What can North Dakota learn from the extensive experience of other states in planning and implementing institutional closures?

Question #1: How did state-operated institutions for persons with mental retardation and developmental disabilities (MR/DD) evolve nationally?

The first state-operated MR/DD institutions were opened in the Northeastern U.S. in the 1850s. They were developed to provide a temporary residential placement for individuals who, after a relatively brief period of education and training in these facilities, returned to community life. Early success at several schools led to the opening of additional state-operated MR/DD institutions across the U.S. (Braddock & Parish, 2003). The first state MR/DD institution in North Dakota was opened as the State Institute for Feeble-Minded in Grafton in 1904. In addition, the San Haven facility, opened originally as a tuberculosis hospital in 1922, was converted to MR/DD use in 1973, and closed in 1987 (Braddock & Hemp, 2004).

As the country industrialized and urbanized, state institution populations expanded much faster than facilities' capacities to provide appropriate training and educational services. By 1930, more than 100,000 persons with mental retardation were institutionalized across the U.S., and most residents received minimal custodial care. This trend toward custodial care and "warehousing" of persons with mental retardation increased after the Second World War and throughout the 1950s. Media exposés about deficient conditions were commonplace (Blatt & Kaplan, 1974).

4013
#5A
3/1

In 1967, the nation's institutional census peaked at 195,000 residents in 240 state mental retardation facilities. Since 1968, the number of individuals with mental retardation served in state institutions has declined every year and, on average, four percent annually for 37 consecutive years. In 2004, the residential census of the nation's state institutions was 41,214 persons. If present trends continue, there will be fewer than 20,000 residents in state institutions in 10 years (2016). Costs for residential care, however, are climbing rapidly. Based on previous trends, in 10 years they are projected to reach an average of approximately $193,000 for each resident per annum ($530/day), in constant 2004 dollars. The per diem cost in the Grafton facility in 2004 was $392/day and $143,000 annually (Braddock, Hemp, Rizzolo, Coulter, Haffer, & Thompson, 2005).

Current trends promoting community services in the mental retardation field evolved out of the parent movement in the 1950s and 1960s. At that time, parents began insisting upon both a higher quality of institutional care and greater opportunities for community living. Federal legislation was enacted in 1963 (Pub. L. 88-156 and Pub. L. 88-164) that authorized the establishment of an initial, but incomplete, network of community centers and services across the country (Braddock, 1987). Segregating individuals with MR/DD in large, often remote institutions and providing substandard care became prominent civil rights issues in the 1970s and 1980s. Class action lawsuits (e.g., Wyatt v. Stickney in Alabama, Ricci v. Okin in Massachusetts, New York State Arc v. Carey, Association for Retarded Citizens of North Dakota v. Olson) were filed and such litigation continues in Federal District Courts throughout the U.S. (Braddock, 1998). By 1980, however, many states had begun implementing community services initiatives involving the development and funding of

4013
#5A
3/1

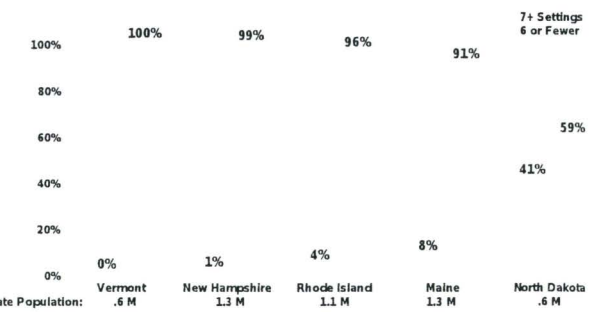
small group homes, supervised apartments, in-home family support programs, and supported employment.

Question #2: What are residential and community services trends in North Dakota today and in two groups of "comparison states"?

Today, institutional settings are being replaced by smaller, more individualized community placements and family support services. There are now more than 140,000 supervised living settings in the U.S. for six or fewer residents with MR/DD (Prouty, Smith, & Lakin, 2005). The total residential population of these small living environments was approximately 335,000 and this figure represented 68% of all out-of-home residential placements in 2004. In contrast, 86% of all persons with mental retardation in out-of-home residential placements nationally were living in large, 16 beds or more, publicly and privately-operated institutions in 1977 (Braddock et al., 2005).

North Dakota, however, significantly lags the dominant national trend in this regard. The State ranked 39th in 2004 in the percentage of persons with MR/DD living in smaller (six person or fewer), family-scale out-of-home environments, and 44th in the proportion of its total spending allocated to six-person or fewer settings. **Figure 1** compares North Dakota to four New England states with roughly the same state general population as North Dakota (Braddock et al., 2005).

Figure 1
Percentage of Total State Spending for 6-Person or Fewer Residential and Community Services: FY 2004



4013
#5A
3/1

Another analytically useful comparison group of states includes South Dakota (.8 million population), Wyoming (.5 million), Montana (.9 million), and Idaho (1.4 million). Each of these "mountain west/plains states," like North Dakota, has one remaining institution. The 2004 MR/DD institutional censuses were 90 (MT), 92 (WY), 94 (ID) and 176 (SD), compared to 146 in North Dakota. Although South Dakota's census in 2004 was larger than North Dakota's, all four of these states had lower institutional utilization per capita rates (per 100,000 of the state general population).

Figure 2
Institutional Census Per Capita in North Dakota and the Mountain West/Plains States: 1990-2004

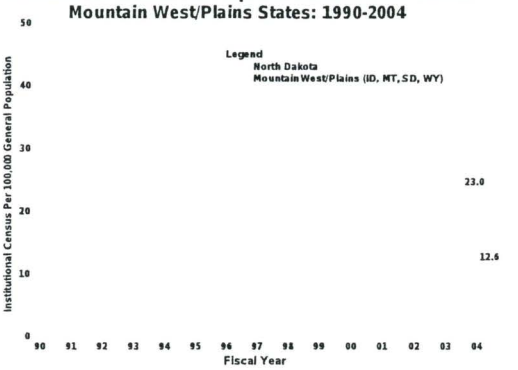


Figure 2 illustrates how the MR/DD institutional utilization per capita (of the state general population) for the four mountain west/plains comparison states began diverging from North Dakota in 1996. In 2004, North Dakota's institutional utilization exceeded the aggregate of the four comparison states by 83% (23.0 vs. 12.6). Moreover, South Dakota, Wyoming, Montana, and Idaho each committed a considerably larger share of total MR/DD spending to six-person or fewer residential and community services (70-77%) compared to only 59% in North Dakota. North Dakota's utilization rate for state-operated institutional care has been stable for the past 12 years, through 2006.

Question #3: How many states have closed state MR/DD institutions and how many are planning to do so in the near future?

Since 1970, on a national basis, 39 states have closed, or are planning to close, 139 state-operated MR/DD institutions (**Appendix I**). This is more than one-half the 240

2013
#5A
3/1

institutions that existed in 1970. (The average institutional census in 1970 was about 800 persons, compared to an average of 206 residents for the 200 facilities open in 2004.)

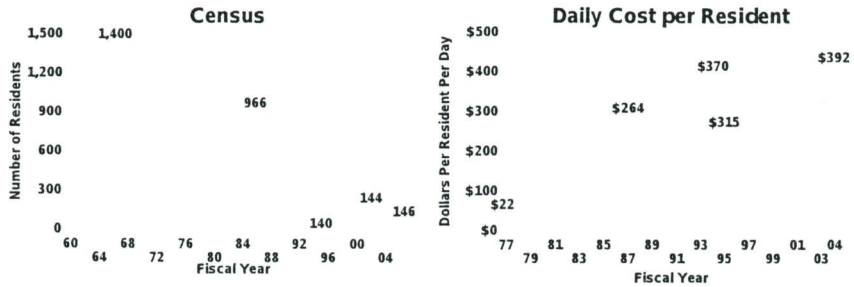
Sixty of the 139 completed and in-progress closures have occurred in the past 10 years. In January 1991, New Hampshire closed the Laconia State School and became the first contemporary American state to operate an institution-free service delivery system. The District of Columbia, Vermont, Rhode Island, New Mexico, West Virginia, Hawaii, and Maine became institution-free from 1991 to 1999. Michigan has closed 12 state institutions and in 2004, its only remaining facility, Mt. Pleasant, had a census of 162 persons. Minnesota has only one "institutional" program for persons with MR/DD. This is an intensive behavioral treatment program for seven consumers, located in a state psychiatric hospital.

Providing community-based services for persons with MR/DD and their families has gained considerable public support in recent years. Between 1977 and 2004, the annual growth of total community spending in the United States averaged 10% per year, after adjusting for inflation. Total state institution spending, however, actually declined 1% annually during 1977-04, and the average annual census of residents in institutions dropped by five percent per year.

The census of Grafton and San Haven in North Dakota (**Figure 3**) declined by an average of two percent per year from 1966 to 1983, one-half of the U.S. institutional rate over that period. Following the implementation of the consent decree in Association for Retarded Citizens of North Dakota v. Olson (1982), the North Dakota institutional census dropped by 15% per year from 1983 to 1995, from 966 to 140 persons. San Haven closed in 1987. In the past 12 years, through early 2006, there has been essentially no further decline in Grafton's institutional population. In fact, it has increased slightly since 1995.

4013
#5A
3/1

FIGURE 3
TRENDS IN GRAFTON'S CENSUS AND DAILY COST



Question #4: What are today's institutional costs per resident in North Dakota and, based on previous trends, what can these costs be estimated to be in future years?

If present trends continue, an average of $193,000 per year, or $530 per day in constant 2004 dollars, is expected to be spent in the year 2016 for each institutional resident in the United States. From 1977 to 2004, average per diems grew nearly nine-fold, from $45/day to $400/day, and in 2004 per diems exceeded $500/day in 15 states, $400/day in 21 states, and $300/day in 35 states (Braddock et al., 2005).

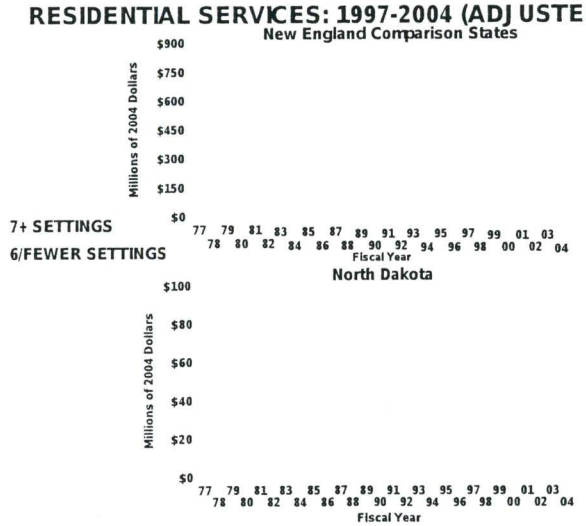
Since 1995, the cost for each Grafton resident has advanced from $315 to $392 per day (**Figure 3**). The average cost of care in North Dakota's institution is now over $143,000 per year for each resident. Absent a decision to close Grafton, and given the stability of the Grafton census, the Grafton per diem for fiscal year 2016 in constant 2004 dollars may well surpass $600/day for approximately 146 residents. This amounts to $219,000 per year per resident, or $32.0 million per annum for the Grafton facility in 10 years.

An equally significant fiscal consequence of continuing to commit increasingly larger sums of money to institutional operations lies in the fact that, given current spending trends for Grafton, fewer "new" funds would be available to initiate additional or higher quality community services for consumers and families in the State. However, the New England

2/013
#5A
3/1

states of Maine, New Hampshire, Rhode Island and Vermont have all closed their remaining state MR/DD institutions, reallocated institutional funding, and greatly expanded their community services for thousands more individuals with MR/DD and their families (**Figure 4**). In contrast, North Dakota has continued to dedicate funding to persons in Grafton and to larger group living arrangements for seven or more persons. The New England states' decisions to close their MR/DD institutions lead to the development of a range of community housing and supported work options that subsequently received widespread political support (e.g., Covert, Macintosh & Shumway, 1994).

FIGURE 4
SPENDING FOR SIX PERSON OR FEWER RESIDENTIAL SERVICES: 1997-2004 (ADJUSTED)



Question #5: How well do persons with MR/DD typically adjust to relocation from institutions to community living environments?

Larson and Lakin (1989) of the University of Minnesota published a comprehensive review of research on changes in adaptive behavior associated with residents moving from state mental retardation institutions to smaller community living arrangements. Over 50

4013
#5A
3/1

studies published between 1976 and 1988 were initially identified. After screening them according to six quality standards, 18 studies were subsequently analyzed. Results of the analysis indicated that institutions were "consistently less effective than community-based settings in promoting growth, particularly among individuals diagnosed as severely or profoundly retarded" (p. 330). The 18 studies reviewed involved 1,358 participants. The studies were conducted in 13 different states from all regions of the country. The authors concluded:

> ...it must be recognized that based on a substantial and remarkably consistent body of research, placing people from institutions into small, community-based facilities is a predictable way of increasing their capacity to adapt to the community and culture (p. 331).

In California, Brown, Fullerton, Conroy, & Hayden (2001) evaluated the well-being of more than 2,000 individuals with developmental disabilities who left state-operated California developmental centers from 1993 to 2001. The researchers assessed each individual at the state institution prior to the move, and, during 1994-2001, visited all 2,170 relocated individuals in their new homes in the community.

Data collected included measures of independence, behavioral challenges, choice-making, friendships, integration, person-centered planning, health, service intensity, earnings, and both consumer and family satisfaction. Brown et al. (2001) found that those relocated, compared to their lives in an institution in 1994, experienced improvement in "integrative activities," individualized treatment," "progress toward individual goals," "opportunities for choice-making," "reduced challenging behavior," and "perceived quality of life." Families were reported to be "unexpectedly and overwhelmingly happy with community living, even those who formerly opposed the change" (p. 3).

4013
#5A
3/1

Brown et al. (2001) acknowledged that individuals relocated lost some of those gains between 2000 and 2001, stating that a plausible explanation was that "low salaries and high turnover rates translate into poorly motivated and poorly trained staff" in the community, an issue confirmed by family members who stressed the "poor quality and the short tenure of direct care staff" (p. 50). The State of California spent only 55% of the previous institutional cost per person, compared to community spending levels in New Hampshire, Pennsylvania, and Connecticut ranging from 80% to 86% of their states' institutional costs (Brown et al., 2001; Conroy, 1996).

Many people with levels of impairment once believed to be manageable only in institutional settings now live satisfactorily in community settings. This includes individuals with health problems (Gaylord, Abery, Cady, Simunds, & Palsbo, 2005; Hayden, Kim, & DePaepe, 2005; Larson, Anderson, & Doljanac, in press) and with challenging behaviors (Hanson, Wiesler, & Lakin, 2002; Kim, Larson, & Lakin, 2001; Stancliffe, Hayden, Larson, & Lakin, 2002). Undeniably, anecdotal reports of instances in which community placements did not work out are occasionally cited by proponents of continuing institutionalization of persons with MR/DD. However, the institutionalization of persons who have committed no wrong against society can only be justified by demonstrating clear benefits accruing to these persons from living in an institution. Research literature noted above clearly indicates that state institutions do not provide a superior level of care for people with mental retardation.

Question #6: How do parents of individuals relocated from state institutions to community settings respond to this process of change?

Families often initially oppose the transfer of their relatives from institutions to community settings, but after transfer occurs, the great majority of parents become strong

supporters of community placement (Heller, Bond, & Braddock, 1988). Since the late 1970s several studies have addressed the reactions of parents of institutionalized persons to the community placement of their relative with mental retardation. The studies demonstrated that, after community placement, parents consistently reported lower levels of satisfaction with the earlier institutional placement and higher levels of satisfaction with community placement (Brown et al., 2001; Larson & Lakin, 1991).

Initial family dissatisfaction with closure often bears little relationship to family attitudes toward closure a year later. The relative's medical status and the family's worry over "transfer trauma" have often both played significant roles initially upon the announcement of the closure, but not in determining longer-term parent reactions. The primary variables affecting both parent satisfaction with closure and parent stress levels is the family's current appraisal of the quality of the new community placement. Frequent staff consultation with the family members during the closure process was related to higher parent satisfaction with closure one year later (Heller et al., 1988).

Given that some families might resist institutional closure and the relocation of their relative, it is important to assure families that increased consumer health and adjustment problems are now uncommon during and following institutional closures. This is due to implementing the relocation process with sensitivity to the consumer's needs and preferences and involving families directly in the process. The literature on family reaction to institutional closure and relocation may be summed up as follows:

> ...the clearest message in these studies is that the overwhelming majority of parents become satisfied with community settings once their son or daughter has moved from the institution, despite general predisposition to the contrary (Larson & Lakin, 1991, p. 36).

4013
#5A
3/1

Question #7: How might cost savings be achieved in North Dakota if Grafton were to be closed in the near future?

The closure of a state institution can generate savings for state government over time because it: 1) eliminates the high fixed cost of operating a state-owned facility, usually built for many more residents than live there at the time of closure; 2) shifts some fiscal responsibilities from state government tax revenues to federal Supplemental Security Income (SSI) and, in some cases, to local government sources; 3) increases the likelihood that individuals will engage in productive employment in a local community because they now live there; 4) utilizes less costly social, educational, religious, and recreational resources in the community rather than the relatively expensive, specialized services provided in the institution; and, 5) by renting/leasing residences it avoids the expensive institutional capital construction and remodeling costs necessary for most older institutions to remain open and certified for receipt of federal reimbursement (Braddock, 1991a, 1991b).

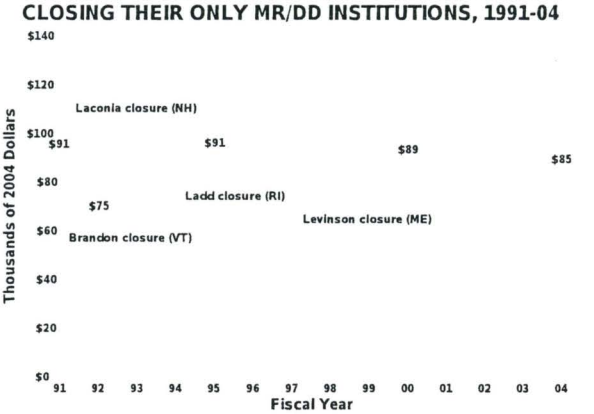
In a relevant study of closure costs and savings, the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) retained the services of an independent consulting firm to study the cost implications of its decision to close multiple mental retardation institutions. The study, authored by the Grant-Thornton accounting firm, concluded that the average post-closure per diem operating costs for each client "were approximately 9% lower than the pre-closure costs" (New York OMRDD, 1990). The study found that closure had little effect on state employee levels. Conversion of a state school campus to an alternate use such as a prison or juvenile facility provided substantial new employment opportunities and absorbed much of the economic impact of the state institution closure.

4013
#5A
3/1

Another perspective on pre- and post-closure costs is afforded by the four New England states (Maine, New Hampshire, Rhode Island, and Vermont). These states, upon the closures of their last remaining institutions during 1991-99, became "institution-free"--like North Dakota would with the closure of Grafton. New Hampshire closed Laconia in 1991, Vermont closed Brandon in 1993, Rhode Island closed Ladd in 1994, and Maine closed Levinson in 1999 (Braddock et al., 2005).

An analysis of pre- and post-closure costs per residential recipient across 1991-2004 was completed. From the dates of the first closure (Laconia in 1991) through 2004, in inflation-adjusted terms, annual spending per statewide residential recipient in the four New England states declined from $91,000 to $85,000 (**Figure 5**). In addition, the number of aggregate MR/DD recipients served in the four states increased by 44% from 1991 to 2004. The number of recipients post-closure increased by 76% in New Hampshire, 50% in Rhode Island, 41% in Vermont and 30% in Maine.

FIGURE 5
AVERAGE ANNUAL RESIDENTIAL SERVICES SPENDING FOR MR/DD RECIPIENTS IN FOUR NEW ENGLAND STATES CLOSING THEIR ONLY MR/DD INSTITUTIONS, 1991-04



Question #8: Should the State of North Dakota anticipate a short-term need for increased appropriations associated with Grafton's closure, to cover the temporary "dual costs"?

Without specific knowledge as to how a closure process might be implemented in North Dakota, including the nature of the phase-down of the physical plant and the duration

4013
#5A
3/1

of the closure's implementation, it is difficult to provide an accurate estimate of "dual" costs associated with the closure. However, the state should anticipate some temporary dual costs. Assuming closure takes three years to implement (i.e., 2007-09), and that approximately 50 residents move to the community each of the three years, "dual" costs were estimated to be $3.1 million in the first year, $5.7 million in the second year, and $1.9 million in the third year. These estimates, totaling $10.7 million for the three year implementation period are based on the following two additional assumptions:

- The annual cost per relocated consumer in the new community settings in FY 2007 was assumed to be equivalent to the projected per diem cost at Grafton in FY 2007. This assumption permitted community direct support staff wages in 2007, the first year of closure implementation, to be comparable with Grafton's wages. Community direct support staff wage costs for FYs 2008 and 2009 were projected to increase at the average annual rate of increase in Grafton's per diem rates during FYs 1977-04 (2.6% per year on an inflation-adjusted basis).[1]
- Consumer per diems for those residents remaining at Grafton during the closure process will increase significantly in the second and third years, due to fixed costs being spread over fewer residents. We estimated the increased Grafton per diem rates based on the average increases in per diems in the New England comparison states to be 17% in year one, 51% in year two and 57% in year three.

However, as noted in the previous discussion for **Question 7**, average inflation-adjusted statewide costs per resident receiving services in the consolidated four New England comparison states actually declined from 1995 to 2004. This was due to the fact that additional community recipients with lower average support needs were able to be served as well. North Dakota may experience a similar trend in average overall community costs in the long-term as well.

[1] Some studies, however, have indicated that community costs for individuals with MRDD who had comparable needs were only 55-86% of those in institutions (Brown et al., 2002; Conroy, 1996). These lower community cost estimates were not used to generate the community per diem estimates in favor of emphasizing the conservative assumption of equalizing FY 2007 direct support staff wages in community settings with Grafton's projected FY 2007 staffing costs.

4013
#5A
3/1

Question #9: What are some of the alternate uses to which a closed Grafton facility might be put?

Alternate uses possible for the Grafton physical plant depend upon the facility's proximity to projected population growth areas, the adaptability of the facility to alternate public or private use (e.g., prison, factory, state or industrial warehouse, etc.), and other factors. **Table 1** presents a summary of the various alternate uses for 130 developmental disabilities institutional closures in the U.S. See **Appendix I** for additional detail on each of the facilities that closed.

TABLE 1: ALTERNATE USES FOR INSTITUTIONAL CLOSURES IN THE U.S.

Alternate Use	Number[1]	Alternate Use	Number[1]
Corrections (including federal corrections)	22	New MR facilities	2
DD or other state/local administrative offices	15	Unoccupied (asbestos)	2
Alternate use not yet known	9	Private institutions	2
Universities/junior colleges	9	Historic preservation	1
Property vacant	9	Housing	1
Various community uses	6	Public health infirmary	1
Community DD programs	5	Retirement program	1
To be sold (including realty, public auction)	5	Reverting to U.S. Department of Defense	1
Commercial uses	4	Veterans' medical center	1
MI facilities	4	Water survey office	1
Demolished	3	Women's prison	1
Juvenile facilities	3	Undetermined	29

[1]Total is 137--7 institutions had two alternate uses

The four New England closures demonstrate the range of possible alternate uses displayed in **Table 1**. The Laconia State School in New Hampshire was quickly reopened in 1991 as the Lakes Region Adult Correctional Facility. The town of Laconia (population 16,411) is 30 miles from Concord (population, 40,687). Brandon Center in Vermont, closed in 1993, is near Rutland (population 17,292) which is 85 miles from Colonie, New York (population 79,258). The closed facility is currently under development as a manufacturing site, with both private and state ownership.

The Ladd Center in Rhode Island, closed in 1994, was located in Exeter (population

4013
#5A
3/1

6,045), 13 miles from Warwick (population 85,808) and was also proximal to Providence, a large city. A $6.4 million state fire academy and new state police headquarters is being developed on the Ladd Center site. The Elizabeth Levinson Center in Maine closed as a state institution in 1999 and now operates as a state-run short-term residential and health program for medically fragile children. Levinson, in Bangor (population 31,473) is 129 miles from Portland (population 64,249). Like North Dakota, the institutions in New Hampshire and Vermont were located in small towns, somewhat distant from a larger city. Grafton, a town of 4,516, is located 38 miles from Grand Forks.

Question #10: What can North Dakota learn from the extensive experience of other states in planning and implementing institutional closures?

In 1983, Illinois successfully relocated the 820 residents of the Dixon State School within a single calendar year. More than 90% of the parents were satisfied with the closure process and outcomes. Resident friendship patterns were kept intact by moving small groups of individuals together and by closing down one residential unit at a time (Braddock, Heller, & Zashin, 1983; Heller, Factor, & Braddock, 1986).

Guidelines based on state experiences in MR/DD institutional closures are summarized in **Appendix II.** They are presented from five perspectives: 1) general guidelines; 2) the individuals with developmental disabilities who are being relocated; 3) their families; 4) the community programs receiving residents from the closing facility; and 5) the staff of the closing facility. The guidelines were revised from Braddock et al. (1983) and Heller, et al. (1986).

CONCLUSION

In three previous analyses of the structure, financing and quality assurance of residential and community services in North Dakota, Braddock & Hemp (2004, 2000) and Braddock, Hemp, & Rizzolo (2002) suggested service and funding priorities for the State. For example, it was noted that North Dakota had fared better than most states fiscally in the recent national economic downturn during 2003-2005, and North Dakota was one of 10 states with the strongest financial outlook for fiscal year 2005. Priority needs for MR/DD services identified in the most recent North Dakota study included: 1) continuing the expansion of the Medicaid Home and Community-Based Services (HCBS) Waiver; 2) reducing reliance on Intermediate Care Facility/Mental Retardation (ICF/MR) programs for 16+ person public and private institutional facilities; 3) increasing family support, supported employment and supported living; and, 4) enhancing direct support staff wages and benefits (Braddock & Hemp, 2004, p. 50).

Nationwide, there are over nine times more individuals with mental retardation and developmental disabilities living in supervised out-of-home community settings than in state-operated institutions. The number of families and persons with disabilities benefiting from community services and supports nationally is growing as well. State-operated institutions are being closed in many states across the country and few families prefer such programs. Thus, given the trends outlined in this paper, the long-term future of services to persons with mental retardation and developmental disabilities in North Dakota is in community settings.

It therefore seems appropriate for North Dakotans to seriously consider expanding community residential services and support programs for people with MR/DD and their families, and subsequently closing the North Dakota Developmental Center at Grafton.

4/013
#5A
3/1

However, if Grafton is slated for closure, the implementation of that closure needs to be planned and executed in a manner sensitive to the needs of Grafton's consumers and their families and considerate of the employees of the facility as well. As previously noted, suggested guidelines specifically addressing closure implementation issues are presented in **Appendix II.**

4013
#5A
3/1

References Cited

Association for Retarded Citizens (Arc) of North Dakota v. Olson, 561 F. Supp. 473 (D.N.D. 1982), 6 MDLR 374, aff'd., 713 F.2d 1384 (8th Cir. 1983), 7 MDLR 465; Arc of North Dakota v. Sinner, No. 90-5397; rev'd and remanded, 942 F., 2d 1235 (8 Cir. 1991), 16 MPDLR 43; Arc of North Dakota v. Schafer, 87 F. Supp. 689 (D.N.D. 1995), 19 MPDLR 171).)

Blatt, B., & Kaplan, F. (1974). Christmas in Purgatory: A photographic essay in mental retardation. Syracuse, NY: Syracuse University, Center on Human Policy.

Braddock, D. (1998). Mental retardation and developmental disabilities: Historical and contemporary perspectives. In D. Braddock, R. Hemp, S. Parish, & J. Westrich, The state of the states in developmental disabilities, fifth edition, pp. 3-21. Washington, DC: American Association on Mental Retardation.

Braddock, D. (1991a). Issues in the closure of state schools in Texas: A briefing paper. Austin, TX: Texas Planning Council on Developmental Disabilities.

Braddock, D. (1991b). Issues in the closure of state schools in Texas: A briefing paper. Rivista Italiana Del Disturbo Intellecttivo, 4, 183-193.

Braddock, D. (1987) Federal policy toward mental retardation and developmental disabilities. Preface by Senator Robert Dole. Baltimore: Brookes Publishing Company.

Braddock, D. & Heller T. (Eds.) (1984). Proceedings of the biannual conference of the National Association of State Mental Retardation Program Directors: The closure of state institutions. Alexandria, VA and Chicago: IL: The Association and the Institute for the Study of DD, University of Illinois at Chicago.

Braddock, D., Heller, T. and Zashin, E. (1983). The closure of the Dixon Developmental Center: A study of the implementation and consequences of a public policy. Chicago: Evaluation and Public Policy Program, Institute for the Study of Developmental Disabilities, University of Illinois at Chicago.

Braddock, D., & Hemp, R. (2004, October 11). Developmental disabilities in North Dakota: The year 2004 report. Boulder: University of Colorado, Department of Psychiatry.

Braddock, D., & Hemp, R. (2000). Developmental disabilities in North Dakota: The year 2000 report. Boulder: University of Colorado, Department of Psychiatry.

Braddock, D., Hemp, R., & Rizzolo, M.C. (2002). Developmental disabilities in North Dakota: The year 2002 report, a study of the structure, financing, and quality assurance of residential and community services. Boulder: University of Colorado, Department of Psychiatry.

Braddock, D., Hemp, R., Rizzolo, M.C., Coulter, D., Haffer, L., & Thompson, M. (2005). The state of the states in developmental disabilities: 2005. Boulder and Washington, DC: University of Colorado, Department of Psychiatry and Coleman Institute for Cognitive Disabilities and American Association on Mental Retardation.

Braddock, D., & Parish, S. (2003). Social policy toward intellectual disabilities in the 19th and 20th Centuries. In S.S. Herr, L.O. Gostin and H.H Koh (Eds.), The human rights of persons with intellectual disabilities: Different but equal, pp. 83-111. Oxford, UK: Oxford University Press.

Brown, M., Fullerton, A., Conroy, J.W., & Hayden, M.F. (2001, July 1). Eight years later: The lives of people who moved from institutions to communities in California. Year 2001 report of the quality of life evaluation of people with developmental disabilities moving from developmental

4013
#5A
3/1

centers into the community (The "Quality Tracking Project"), final report (year 2). Narberth, PA: The Center for Outcome Analysis.

Conroy, J.W. (1996). The small ICF/MR program: Dimensions of quality and cost. Mental Retardation, 34, 13-26.

Covert, S.B., MacIntosh, J.D., & Shumway, D.L. (1994). Closing the Laconia State School and Training Center: A case study in systems change. In V.J. Bradley, J.W. Ashbaugh and B.C. Blaney (Eds.), Creating individual supports for people with developmental disabilities: A mandate for change at many levels, pp. 197-211. Baltimore: Paul H. Brookes.

Gaylord, V., Abery, B., Cady, R., Simunds, E., & Palsbo, S., (Eds.). (2005, Winter). Impact: Feature issue on enhancing quality and coordination of health care for persons with chronic illness and/or disabilities, 18(1). [Minneapolis, MN: University of Minnesota, Institute on Community Integration.]

Hanson, R.H., Wiesler, N.A, & Lakin, K.C. (Eds.). (2002). Crisis: Prevention and response in the community. Washington, DC: American Association on Mental Retardation.

Hayden, M.F., Kim, S., & DePaepe, P. (2005). Health status, utilization patterns, and outcomes of persons with intellectual disabilities: Review of the literature. Mental Retardation, 43(3), 175-195.

Heller, T., Bond, M., & Braddock, D. (1988). Family reactions to institutional closure. American Journal on Mental Retardation, 92, 336-343.

Heller, T., Factor, A., & Braddock, D. (1986). Illinois closure project: Galesburg Mental Health Center closure's impact on facilities receiving developmentally disabled residents. Chicago: Institute for the Study of Developmental Disabilities, University of Illinois at Chicago.

Kim, S., Larson, S.A., & Lakin, K.C. (2001). Behavioral outcomes of deinstitutionalization for people with intellectual disability: A review of U.S. studies conducted between 1980 and 1999. Journal of Intellectual and Developmental Disability, 26(1), 35-50.

Larson, S.A., Anderson, L.L., & Doljanac, R.F. (in press). Access to health care. In W. Nehring (Ed.), Health promotion for persons with intellectual/developmental disabilities: The state of scientific evidence. Washington, DC: American Association on Mental Retardation.

Larson, S.A., & Lakin, K.C. (1991). Parent attitudes about residential placement before and after deinstitutionalization: A research synthesis. Journal of the Association for Persons with Severe Handicaps, 16, 25-38.

Larson, S.A., & Lakin, K.C. (1989). Deinstitutionalization of persons with mental retardation: Behavioral outcomes. Journal of the Association for Persons with Severe Handicaps, 14, 324-332.

New York OMRDD. (1990). Grant-Thornton study. Albany: Office of Mental Retardation and Developmental Disabilities.

Prouty, R.W., Smith, G., & Lakin, K.C. (Eds.). (2005, July). Residential services for persons with developmental disabilities: Status and trends through 2004. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

Stancliffe, R.J., Hayden, M.F., Larson, S., & Lakin, K.C., (2002). Longitudinal study on the adaptive and challenging behaviors of deinstitutionalized adults with intellectual disability. American Journal on Mental Retardation, 107, 302-320.

4013
#5A
3/1

APPENDIX I
COMPLETED AND IN-PROGRESS CLOSURES OF STATE-OPERATED 16+ INSTITUTIONS IN THE U.S. (139 CLOSURES IN 39 STATES)

State	Institution	Year Built/ Became MR	Original Use	# Residents, Closure Announcement	Year of Closure	Alternate Use
Alabama	Brewer-Bayside	1984	MR Facility	67	2003	Corrections
	Glenn Ireland	1986	MR Facility	20	1996	To be sold
	Tarwater	1976	MR Facility	74	2003	Corrections
	Wallace	1970	MR Facility	80	2003	Corrections
Alaska	Harborview	1964	MR Facility	45	1997	Community Programs
Arizona	Phoenix	1974	MR Facility	46	1988	Commercial
	Tucson	1972	MR Facility	13	1997	Outreach Offices
California	Agnews	1855/1966	MI Facility	411	2007	Undetermined
	Camarillo	1935	MR Facility	497	1998	University
	DeWitt	1942/1947	Army Hospital	819	1972	Placer County Recreation
	Modesto Unit	1943/1948	Army Hospital	1,394	1969	Modesto Co. Comm. College
	Napa	1875/1967	Asylum for MR/MI	30	2001	MI Use Only
	Stockton	1852	Asylum for MI	414	1996	University
Colorado	Pueblo	1935	MI/MR Facility	163	1989	Pueblo Regional Center
Connecticut	John Dempsey Center	1964	MR Facility		1998	Administrativ e Offices
	Mansfield	1906/1917	Epileptic Colony	146	1993	Corrections/U. of Connecticut
	New Haven	1964	MR Facility	56	1994	Job Corps
	Seaside	1961	MR Facility		1996	Administrative/Storage
	Waterbury	1963/1972	Convent	40	1989	Administrative Offices
DC	Forest Haven	1925	MR Facility	1,000	1991	Private Rehab/PH Infirmary
Florida	Community of Landmark	1965	MR Facility	256	2005	Revert to Dade County social programs
	Gulf Coast Center	1960	MR Facility	306	2010	Undetermine d
	Orlando	1929/1959	TB Hospital	1,000	1984	Demolished, land to school, county
	Tallahassee	1928/1967	TB Hospital	350	1983	Unoccupied: asbestos
Georgia	Bainbridge	1967	WW II Air Force School	129	2001	Corrections
	Brook Run	1969	MR Facility	364	1997	Undetermined
	Georgia Regional-Augusta			438	2004	Undetermined
	Gracewood School/Hospital			93	2004	Undetermined
	Rivers' Crossing	1969	MR Facility	37	1994	Undetermined
Hawaii	Kula Hospital (privatized)	1984			1999	
	Waimano	1921	MR Facility	96	1999	Art Center for PWD
Illinois	Adler	1967	MI/MR Facility	16	1982	Water Survey Offices
	Bowen	1965	MR Facility	105	1982	Corrections
	Dixon	1918	MR Facility	820	1987	Corrections/New MR Facility
	Galesburg	1950/1969	Army Hospital	350	1985	Head Start/Community Progr ams
	Lincoln	1877	MR Facility	153	2004	Vacant*
	Meyer	1966/1970	MI Facility	53	1993	Women's Pri son
	Singer	1966	MI Facility	45	2004	Undetermined
Indiana	Central State	1848	MI/MR Facility	83	1994	Undetermined
	Ft. Wayne	1879	MR Facility	120	2007	To be demolished
	Muscatatuck	1920	MR Facility	287	2005	Undetermined
	New Castle	1907	Epileptic Village	200	1998	Corrections
	Northern Indiana	1943	MR Facility	53	1998	Undetermined
Kansas	Norton	1926/1963	TB Hospital	60	1988	Corrections
	Winfield	1888	MR Facility	250	1998	Undetermined
Kentucky	Frankfort	1860	MR Facility	650	1972	Demolition
	Outwood	1922/1962	TB Hospital	80	1983	Demolition/New Campus
Maine	Aroostook	1972			1995	
	Levinson	1971			1999	
	Pineland	1908	MR Facility	265	1996	Undetermined
Maryland	Victor Cullen	1908/1974	TB Hospital	79	1991	Private Juvenile Facility
	Great Oaks	1970	MR Regional Center	273	1997	Private Senior Retire. Comm unity
	Henryton	1928/1962	TB Hospital	312	1985	Undetermined
	Highland Health	1870/1972	General Hospital	88	1989	Sold to Johns Hopkins University
Massachusetts	Belchertown	1922	MR Facility	297	1992	Vacant
	John T. Berry	1900/1963	TB Sanitarium	101	1995	Undetermined
	Paul A. Dever	1940/1946	P.O.W. Camp	294	2001	Undetermined
	Fernald	1848	MR Facility	274	2007	Undetermined
Michigan	Alpine	1937/1959	TB Hospital	200	1981	Notsego County Offices
	Caro	1914			1998	
	Coldwater	1874/1939	Orphanage	113	1987	Corrections
	Fort Custer	1942/1956	Army Hospital	1,000	1972	Back to U.S. Dept. of Defense
	Hillcrest	1905/1961	TB Hospital	350	1982	Demolition
	Macomb-Oakland	1967/1970	CDA	100	1989	Reverted to Community Dev.
	Muskegon	1969	MR Facility	157	1992	Vacant
	Newberry	1896/1941	MI Facility	39	1992	Vacant
	Northville	1952/1972	MI/MR Facility	180	1983	Revert to MI Use
	Oakdale	1895	MR Facility	100	1991	Vacant/County Negotiating
	Plymouth	1960	MR Facility	837	1984	County/State Offices
	Southgate	1977	MR Facility	55	2002	Undetermine d

4013
#5A
3/1

APPENDIX I (CONTINUED)

State	Institution	Year Built/ Became MR	Original Use	# Residents, Closure Announcement	Year of Closure	Alternate Use
Minnesota	Brainerd	1958			1999	
	Faribault	1879	MR Facility	501	1998	Portion used by Corrections
	Fergus Falls	1888/1969	Asylum for MI	38	2000	Regional MH Center
	Moose Lake	1938/1970	Psychiatric Hosp	34	1993	Corrections
	Owatonna	1895/1947	Orphanage	250	1970	Abuse
	Rochester	1879/1972	MI Facility	150	1982	Federal Corrections
	St. Peter	1968			1996	
	Willmar	1973			1996	
Missouri	Bellefontaine	1924	MR Facility	341	2005	Undetermined
Montana	Eastmont	1969/1979	Residential School	29	2003	Nursing Facility
New Hampshire	Laconia	1903	MR Facility	4	1991	Corrections
New Jersey	Edison	1975/1981	Corrections	70	1988	Sold at public auction
	Johnstone	1955	MR Facility	239	1992	Corrections
	North Princeton	1898/1975	Epileptic Colony	512	1998	Undetermined
New Mexico	Fort Stanton	1964	Army Apache Outpost/TB H	145	1995	Skilled Nursing/Respite
	Los Lunas	1929	MR Facility	252	1997	Community Based Program MR/DD
	Villa Solano	1964/1967	Missile Base	82	1982	Housing
New York	J.N. Adam	1912/1967	TB Hospital	180	1993	Undetermined
	Bronx	1977	MR Facility	217	1992	Plans Not Final
	Craig	1896/1935	Epilepsy Hospital	120	1988	Corrections
	Gouverneur	1962	MR Facility	N/A	1978	Leased site
	O.D. Heck	1972	MR Facility	274	1999	Administrative Offices; non-profit use
	Letchworth	1911	MR Facility	704	1996	Undetermined
	Long Island	1965	MR Facility	682	1993	Undetermined
	Manhattan	1919/1972	Warehouse	197	1991	OMRDD Office
	Newark	1878	Custodial Asylum	325	1991	Community College
	Rome	1825/1894	County Poorhouse	638	1989	Corrections
	Sampson	1860/1961	Naval Base	695	1971	Office of Mental Health
	Staten Island	1942/1952	Army Hospital	692	1987	OMRDD & Community College
	Sunmount	1922/1965	TB Hospital	503	2004	OMRDD Specialty Units
	Syracuse	1851/1972	MR Facility	409	1997	Undetermined
	Valatie	1971	MR Facility	N/A	1974	Private Holdings and ICFs/MR
	Westchester	1932/1979	MI Facility	195	1988	Office of MH
	Wilton	1960	MR Facility	370	1995	Sold to private industry
North Dakota	San Haven	1922/1973	TB Hospital	86	1987	Vacant
Ohio	Apple Creek	1931	MR Facility	178	2006	Undetermined
	Broadview	1930/1967	TB Hospital	178	1992	City Administration Building/Retirement
	Cleveland	1855/1963	MI Facility	149	1988	Vacant/Negot. with City of Cleveland
	Orient	1898	MR Facility	800	1984	Corrections
	Springview	1910/1975	TB Hospital	86	2005	Undetermined
Oklahoma	Hissom	1967	MR Facility	451	1994	Corrections/Educational
Oregon	Columbia Park	1929/1963	TB Hospital	304	1977	College
	Eastern Oregon	1929/1963	TB Hospital	240	1984	Corrections/Opened New MR Facility
	Fairview	1907	MR Facility	327	2000	Light commercial/housing
Pennsylvania	Altoona	1975	MR Facility	90	2005	Undetermined
	Cresson	1912/1964	TB Hospital	155	1982	Corrections
	Embreeville	1880/1972	County Poorhouse	152	1998	Undetermined
	Hollidaysburg	1974	MR Facility	60	1976	Revert to MI Use
	Laurelton	1920	MR Facility	192	1998	Undetermined
	Marcy Center	1915/1974	TB Hospital	152	1982	Vacant
	Pennhurst Center	1908	MR Facility	179	1988	Veterans' Medical Center
	Philadelphia	1983	MI/MR Facility	60	1989	Vacant
	Western	1962		133	1999	
	Woodhaven	1974	MR Facility	N/A	1985	Became private institution
Rhode Island	Dix Building	1945/1982	W PA	80	1989	Corrections
	Ladd Center	1907	MR Facility	292	1994	Undetermined
South Carolina	Clyde Street	1973	Home for unwed mothers	20	1995	Administrative Offices
	Live Oak	1987	Nursing home	50	1999	To be sold
South Dakota	Custer	1964	TB Hospital	76	1996	Boot camp for delinquent boys
Tennessee	Winston	1979			1998	
Texas	Forth Worth	1976	MR Facility	339	1995	Undetermined
	Travis	1934	MR Facility	585	1997	Undetermined
Vermont	Brandon	1915	MR Facility	26	1993	For Sale, Local Realty
Washington	Interlake School	1946/1967	Geriatric MI	123	1995	Other State Agency
West Virginia	Colin Anderson	1920s	MR Facility	85	1998	Possible Juvenile Corrections
	Greenbrier	1801/1974	Women's College	56	1994	Community College
	Spencer	1893	MI/MR Facility	150	1989	Vacant/Possible Corrections
	Weston	1864/1985	MI/MR Facility	99	1988	Revert to MI Use
Wisconsin	Northern Wisconsin Ctr.	1897	MR Facility	173	2005	Intensive Treatment/Dental

*Four 10-bed "grouphomes" to be built on the Lincoln, Illinois site, to be named "Lincoln Estates."

Source: Braddock, Hemp, & Rizzolo, Coleman Institute and Department of Psychiatry, University of Colorado, 2005.

4013
#5A
3/1

APPENDIX II
SUGGESTED PRELIMINARY GUIDELINES FOR INSTITUTIONAL CLOSURES

Institutional closure affects "sending" facility staff (staff at the institution that is closing), the "receiving" community staff and their agencies, and, of course, the individuals with disabilities and their families who are most affected. These guidelines were primarily adapted from closures at the Dixon and Galesburg Centers in Illinois (Braddock, Heller, & Zashin, 1983; Heller, Factor, & Braddock, 1986)

There are five sections in the Guidelines:

I. General Guidelines
II. Individuals Moving from the Institution
III. Families and Guardians
IV. Community Programs
V. Personnel of the Closing Facility

I. GENERAL GUIDELINES

1. Evaluate the Closure Systematically and Longitudinally

Develop a plan to evaluate (study) the closure of Grafton, first from the standpoints of the residents and their families but also from the standpoint of the impacted staff and the local community in which Grafton is situated. Use this evaluative information to help increase the likelihood of positive long-term impacts on consumers, employees, and communities. Announce the study at the same time the closure is announced. It should continue for at least two years after the last resident is moved to the community.

2. Seek Out Knowledge From Other States' Experiences with Institutional Closure

Many states have a great deal of experience with closing institutions for people with MR/DD. Seek out that experience if you choose to close Grafton.

II. GUIDELINES FOR INDIVIDUALS MOVING FROM THE INSTITUTION

1. Minimize Resident Transfer Trauma by Implementing an "Anticipatory Coping Strategy"

- Close Down Institutional Cottages or Units One at a Time;
- Keep Resident Groups and Friends Intact;
- Minimize Internal Transfer of Residents and Staff in the Closing Facility;

4013
#5A
3/1

- Conduct Preparatory Programs for Consumers. This should include site visits to the new residential settings, as desired by the individuals, and in respect to any support needed based on their level of functioning; and,
- Involve Consumers Personally in Choosing Their Roommate(s) and Their New Community Home and Support Network.

2. Transfer Staff with Those Moving From the Institution

Determine whether institutional staff can be employed at community programs with individuals with developmental disabilities who know them and who are relocating to those programs.

3. Adopt a Relocation Assessment Process with an Appeal Mechanism

- Level One: Identification of an Alternative Plan

  The sending facility and state agency staff recommend a receiving program in the community for each resident based on service and support needs, preferences of the individual and/or the legally responsible persons, and availability of community resources.

- Level Two: Development of an Individual Services Plan

  A service plan is developed by the receiving program staff in collaboration with the sending facility staff. Minimizing internal transfers at the sending facility will improve the quality of information transmitted, as staff most familiar with the individuals moving would be available to provide the necessary input into the plans. The community agency staff has the final discretion in writing the plan.

- Level Three: Conference with Legally Responsible Person

  Prior to relocation, a meeting is offered at the community program with the legally responsible family member or guardian, if desired, to review with the community program staff the individual service plan. Closing facility staff may also participate in the meeting.

- Level Four: Appeal Process Available to Legally Responsible Person

  The legally responsible parent or guardian can object to the transfer plan if he or she believes it does not meet the individual's habilitation, support or medical needs. An appeal process is a necessary "relief mechanism."

4013
#5A
3/1

III. FAMILY AND GUARDIAN GUIDELINES

1. Consultation with Closing Facility's Parents' Association

If a closure is decided upon, the state agency should promptly request permission to address the facility's parents' association. Meetings should be held, as necessary, to explain the closure process and to deal with problems that might arise during the relocation process. It is wise to acknowledge upfront to parents at both the sending facility, and to the community programs, that the relocations may temporarily disrupt routines at the institution and the community programs and in the lives of the individuals being relocated and their families. Every attempt to minimize this disruption should be made.

The state agency representative should convey to parents her or his willingness to work out solutions. It is also important for community program parents to be engaged to help provide a receptive environment for the relocated individuals and their families.

2. Involve Parents Who Have Been Through the Process

Parents involved in a successful institutional closure from a nearby state with such experience may be invited to the initial closure discussions with state agency representatives and with the closing facility parents' association. This can help reduce family anxiety and build support for the positive opportunities that a well-planned relocation can bring to their relatives.

3. Family/Guardian Notification

Individualized notification of families and guardians can serve to reduce anxiety and build support for individuals' planned relocations. Immediately upon the announcement of closure or phase-down, notification letters are sent to family members or guardians providing the following information.

- A rationale for the closure;
- The approximate time-frame;
- Anticipated positive aspects of the change;
- Types of community programs that will be available;
- Family and guardian options for alternative community programs;
- Reaffirmation of the state's commitment to serve the individual throughout relocation;
- Description of the four-level relocation assessment process--what will happen next; and,

4013
#5A
3/1

- Name and phone number of a contact person designated by the state agency.

  Follow-up is continued through telephone contact reiterating essential information that was in the letter of notification and soliciting family or guardian participation in the individual's relocation to the community program.

4. Encourage Family Involvement

The following six steps can be employed to involve the families meaningfully in the process:

- Hold Informational Sessions at the Sending Facility

  Invite families to informational sessions at the sending (closing) facility. Representatives of the receiving community programs should also make presentations about their programs for the families.

- Open House at Community Programs

  Most community agencies operate a range of residential, day, work, and other support services. Invite families to an open-house at each receiving agency so that they have access to the appropriate information about the programs their family member is likely to be involved in.

- Parents at the Receiving Community Agencies. Contact families at the sending institution to offer assistance, inviting them for individualized or small group visits.

- Set Up a Family Buddy System at the Community Agency

  This system connects community agency families with the new families before, during and after the relocation.

- Family and Guardians Should be Present During the Actual Relocation if Desired

- The Community Agency Should Contact Families and Guardians to Inform Them When the Relocation is Scheduled and Invite Them to be Present. (The community agency parent buddy should also be present if possible.)

IV. COMMUNITY PROGRAMS RECEIVING RESIDENTS FROM THE CLOSING FACILITY

1. Develop Consistent Entry Criteria

4013
#5A
3/1

Develop systematic criteria for accepting residents at each receiving program and communicate these clearly with sending facilities and family/guardians. Encourage pre-placement visits to the receiving programs by staff, consumers with disabilities, and families to enable them to evaluate the program's appropriateness.

2. Provide Staff Training

Prepare incumbent staff and personally orient new staff to the consumers who will be moving in. Often the persons coming from closing facilities are lower functioning, medically fragile, or have challenging behaviors. Without sufficient training, staff may lack the specific knowledge and skills to properly support some of the individuals moving.

3. Involve Receiving Programs in Planning

Once closure has been scheduled, involve receiving program representatives early in the planning process and keep them involved and well-informed.

4. Establish Mental Health Back-Up Supports

Mental health back-up supports to community residences should take the form of a troubleshooting group of trained and experienced professionals drawn from the state facility and community agencies. A "behavioral unit" at one of the community programs or at a state mental health center could function as a temporary placement until appropriate, permanent back-up programs are established in the community and/or state mental health center.

5. Develop Public Relations and Education Programs for Communities

Community providers and state agency personnel can enlist community support by attending meetings with persons and groups in the receiving communities. These meetings could be held at churches, schools, or informally with immediate neighbors, to educate and reassure.

6. Establish Relationships with Local Resources

Some new community residences may need to establish relationships with such local resources as the fire department, health providers, and public safety offices. Specific recommendations for local resources include the following topics:

- Testing, counseling and behavioral support for community mental health providers;
- Updated treatment and medication training for physicians and hospitals on topics such as challenging behavior, seizures, and motor problems;

4013
#5A
3/1

- Dental monitoring and treatment techniques for neighborhood dentists; and,
- General orientation to developmental disabilities for firemen, police, recreation facilities.

7. Provide Financial Incentives for Community Residential Development

Community placements will be greatly facilitated by financial incentives for community programs. The Medicaid Home and Community-Based Services (HCBS) Waiver has been used successfully in most states.

8. Facilitate Development of Needed Support Services in the Community

Closure affords the opportunity for the development of necessary community services "infrastructure." For example, expanded supported living and supported employment programs for individuals moving from the institution will be needed.

V. PERSONNEL GUIDELINES

1. Plan Ahead Beginning Early in the Process

Develop a plan for future staffing patterns as individuals are relocated, conduct surveys of employee desires for transfer, and determine clear personnel policies early in the closure process. Do not promise employees what cannot be delivered.

2. Terminate One Unit at a Time and Minimize Internal Transfers

Close down one unit, wing, ward, or cottage at a time when possible and determine the schedule ahead of time, not during implementation. Closing down one component at a time keeps groups of individuals with developmental disabilities and familiar staff together, and can also result in increased administrative efficiency and cost savings.

3. Minimize Employee "Bumping"

"Bumping" (whereby staff working elsewhere in a state agency have more seniority and can replace less senior employees) should be avoided or at least minimized during the closure process. Bumping destroys program continuity in the closing facility at precisely the moment individuals being relocated need it most, with a deleterious effect on individuals who have developed interdependent relationships with staff over a long period of time.

4. Establish Employee Counseling Service

Establish an employee counseling and job placement service at the closing facility as soon as the closure is announced and becomes evident to staff. This service

4013
#5A
3/1

would include individual counseling, workshop training, job relocation and transfer planning, job fairs, resume writing, and retirement planning.

5. Conduct Early and Continuing Briefings for Staff

Have a representative of the state agency or the state's personnel department present comprehensive briefings to facility staff when closure is announced. The briefings should announce the initiation of the employee counseling service, and fully discuss employee rights, benefits, and realistic expectations concerning layoffs, employee transfers, and retirement.

6. Develop an Open Door Policy

Develop clear lines of communication between management and all levels of staff at the closing facility.

7. Establish Liaison with Other Departments and Facilities

Establish positive working relationships with the other major employers in the closing facility's community, and in neighboring municipalities.

8. Adopt as Many Staff Incentives as Possible

Consider using one or more of the following incentives for staff in the closing facility:

- Early Retirement Inducements
- Staff Retraining

  In particular, develop staff retraining programs for community-based services employment.

- Extended Health Coverage

  Temporarily extend health insurance benefits for laid-off workers and their families throughout the first year if the workers remain unemployed.

- Adopt a Priority Interviewing Policy at Community Agencies

  Implement a priority for community agencies to interview staff from the closing facility, but give the community agency complete latitude to judge an employee's potential for working at the agency.

- Payment of Moving Expenses

4013
#5A
3/1

Consider paying a pre-designated sum of money for moving expenses for employees transferring to MR/DD community agencies or to other MR/DD-related employment in North Dakota that is beyond 30 miles from Grafton.

9. Develop/Distribute Newsletter

Develop a periodic newsletter, perhaps monthly, and distribute it to staff at the closing facility and at the community agencies receiving individuals from the closing institution. A newsletter is useful in dispelling rumors and improving communication between the supervisory staff at the closing facility and employees affected by the closure. Rumors breed anxiety in staff and this can be transmitted to individuals who are undergoing the relocation to community agencies. The newsletters should include time tables, administrative policies including changes in policy, information about employees receiving new positions, job search information, and where to obtain counseling or other services.

10. Use a Participatory Management Approach

Involve top management and employee unions (if applicable) in the initial and ongoing planning for the closure. Make it clear to them that they cannot change the fact that closure is going to happen, but that they can and should influence and help make the decisions about the best way to carry out the closure and implement the relocation process.

SCR 4013
Attach #6
3/1
Pg. 1

Testimony
Senate Concurrent Resolution No. 4013
Senate Human Services Committee
March 1, 2017 • 3:00 p.m.

Good afternoon Chair Lee and members of the Senate Human Services Committee. My name is Chris West. I am the Mayor of the City of Grafton and I am here today to provide testimony in opposition to the resolution.

The dedicated professionals and extended family in Grafton, Walsh County and the surrounding counties of Grand Forks, Cavalier, and Pembina have welcomed and cared for intellectually and developmentally disabled adults and youth since 1903. Caring for individuals and families is part of our community's heritage and character.

The LSTC of today is not an "institution stuck in the 60s" as some would assume. The LSTC campus is part of a mixed-use neighborhood including many amenities that are available to everyone in the area including a community fitness center, access to health care, proximity to parks and housing in historic buildings.

The North Dakota Department of Human Services recognized that the LSTC is a successful community-based setting in its March 2016 *North Dakota Revised Statewide Transition Plan For HCBS (Home and Community-Based Services) Settings.* According to the transition plan: "While these settings are located on the grounds of, or adjacent to, a State Intermediate Care Facility (ICF), individuals at these settings all have full access to the community according to their needs and preferences. The Department notes that individuals participate in community events, take trips, have hobbies, belong to local clubs, or work in the community."

There are 14 non-LSTC tenants using excess space integrated within this mixed-used neighborhood. There are 20 worksites in Grafton where residents of the LSTC can find meaningful work experience in the community. As a small community, Grafton offers a comfortable and welcoming environment for the LSTC population to achieve a high level of community connectivity and the support they need to reach their personal goals.

4013
#6
3/1
Pg. 2

I speak in opposition to the resolution because the LSTC has historically played an essential and unique role in providing North Dakotans with intellectual and developmental disabilities (I/DD) the services they need. Now, as part of a coordinated, statewide network of providers, including home, community-based and intermediate facility-based care services the LSTC continues to meet these needs in a capable and compassionate manner.

Our region already has a skilled and experienced workforce in place to serve the needs of people with disabilities and we are, and always will be, proud to welcome people whose needs exceed those of their home community's resources into our community.

SCR 4013
Attach #7
3/1
Pg. 1

Testimony
Senate Concurrent Resolution No. 4013
Senate Human Services Committee
March 1, 2017 • 3:00 p.m.

Good afternoon Chair Lee and members of the Senate Human Services Committee. My name is Delore Zimmerman. I am the President of Praxis Strategy Group in Grand Forks and I am here today to provide testimony in opposition to the resolution on behalf of the City of Graton and the Walsh County Job Development Authority.

The role of intermediate care centers such as the LSTC, which provide continuous active treatment programs on a 24-hour plan of care, has not been made obsolete. Both the Olmstead Supreme Court decision (which ruled that the developmentally disabled have a right to live in the community) and the Americans with Disabilities Act (ADA) reject absolutes. Neither support only community care or only institutional care. Instead, they recognize that many individuals who are disabled can benefit from community placement, and some may not. While all disabled are covered by the ADA, different remedies are recognized for different degrees of disability, leaving an important role for intermediate care facilities such as the LSTC.

The LSTC offers comprehensive, 24/7 care that employs a highly specialized workforce from throughout the region. The LSTC staff also work with providers across the state to prevent crisis situations, thereby reaching between 250 and 300 more people each year. This higher level of specialization makes the LSTC's human and economic impact in the region and state quite significant.

Today the LSTC employs 445 workers in 365 full-time-equivalent positions. An economic impact analysis that we have conducted indicates that the 445 jobs at the LSTC generate an additional 88 jobs and $1 million of earnings in Walsh County plus another 113 jobs and $5.9 million of earnings in the seven-county region that surrounds Walsh County, mostly in Grand Forks, Cavalier and Pembina Counties. The total local, state, and federal business taxes generated by the LSTC equal

4013
Attach
#7
3/1
pg. 2

$723,027 in Walsh County plus $807,134 more taxes in the seven county area outside of Walsh County.

The budget for the LSTC is people centered with 84% ($24.8 million) of the $29.4 million going towards salaries and wages. Replacing the LSTC would not eliminate the need for the caregivers providing these services and would mean replicating if not duplicating already existing capabilities and costs.

As the LSTC has shifted its mission to focus on serving those North Dakotans most critically in need of comprehensive support services, several buildings on the campus have been left underutilized. In recent years some underutilized buildings on campus have been successfully repurposed for private housing and other human service or other professional service activities. A local task force is currently working on new redevelopment opportunities and continuing the community's efforts to be a wise steward of the state's assets.

In conclusion: The movement to community-based services has made physical space on the campus available for new uses but the skills and expertise of the LSTC staff continue to be devoted to meeting the needs of those most in need of specialized and continuous care. This skilled care has a significant and meaningful impact on the lives of the LSTC residents and people and communities in the greater Grafton region and throughout the state. To pass the resolution would disregard the LSTC's invaluable contribution to meeting the statewide need for services for individuals with disabilities.

SCR 4013
Attach #8
3/1

Testimony in Opposition
Senate Concurrent Resolution No. 4013
Senate Human Services Committee
March 1, 2017 • 3:00 p.m.

Good afternoon Chair Lee and members of the Senate Human Services Committee. My name is Cheryl Osowski. I am the Special Projects Coordinator at the Red River Regional Council. I am here today to provide testimony in opposition to the resolution.

The Life Skills and Transition Center (LSTC) performs an essential and unique role in providing North Dakotans with intellectual and developmental disabilities (I/DD) the services they need, as part of a coordinated, statewide network of providers, including home, community-based and intermediate facility-based care services.

The LSTC fills a clear role in this statewide system by providing specialized services when people's needs exceed community resources. This is particularly true when a short-term response in crisis situations is needed, for example when people exhibit severe behaviors that may be harmful to themselves or others, or when specialized medical care is needed over a longer term. Among the 50 people who have been residents of the LSTC for more than one year 24 could be placed in a nursing care facility but are highly unlikely to be admitted there because of the intensive care that they require. Past experiences have shown the great difficulty in locating nursing facilities and have led to out-of-state care in some instances. The other 26 residents have severe behavioral problems.

LSTC staff also serve as a key support agency across North Dakota. Since 1995, a **CARES (Clinical Assistance, Respite, and Evaluation Services) team of LSTC staff members has worked with providers across the state to prevent crisis situations** that could cause a person with developmental disabilities to lose jobs, homes, friends, and family contacts. These services reach between 250 and 300 people each year, further extending and strengthening the LSTC's role as a vital statewide resource and service provider.

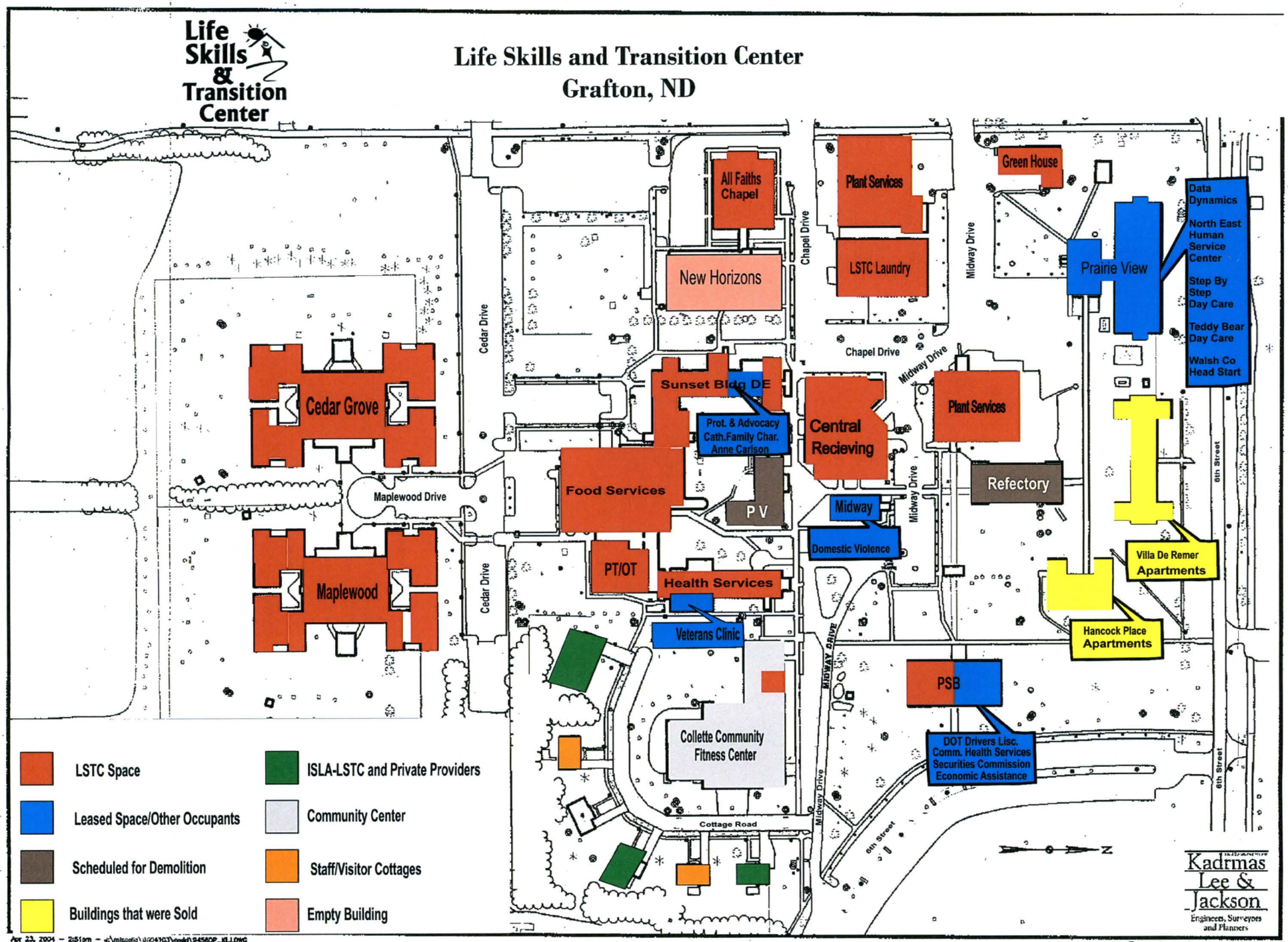
4013
#8
3/1

Transitioning to a community-integration model of service delivery in North Dakota for the developmentally disabled is critically important and something everyone can agree upon. **The LSTC has been a leader in this regard, guiding a reduction in population residing there from 1,300 in the early 1960s to fewer than 75 planned for 2017 – a reduction of approximately 96 percent. Today, when a community provider wants to refer a person to the LSTC, it must provide a reason why it cannot care for that individual in their local community.** LSTC staff work cooperatively with private service providers to find community-based solutions as quickly as possible depending on the individual's needs and circumstances.

The LSTC is continually ensuring quality care and advancing new solutions to best meet the needs of the intellectually and developmentally disabled. The Council on Quality and Leadership (CQL) – a national organization dedicated to defining, measuring, and improving the personal and community quality of life for people with disabilities – has accredited the LSTC since 1989 and now until 2020. **The LSTC is the ONLY institution in the country to achieve accreditation under the new CQL standards**.

In summary: the resolution to replace the LSTC with statewide services for individuals with disabilities overlooks the reality that this statewide network already exists and is capably coordinated by a highly skilled team of professionals led by the LSTC. This team is in place and has achieved an accreditation that no other institution in North Dakota or elsewhere has earned. **Replacing the LSTC would not eliminate the need for the people providing these services and would mean replicating if not duplicating already existing capabilities and costs.**

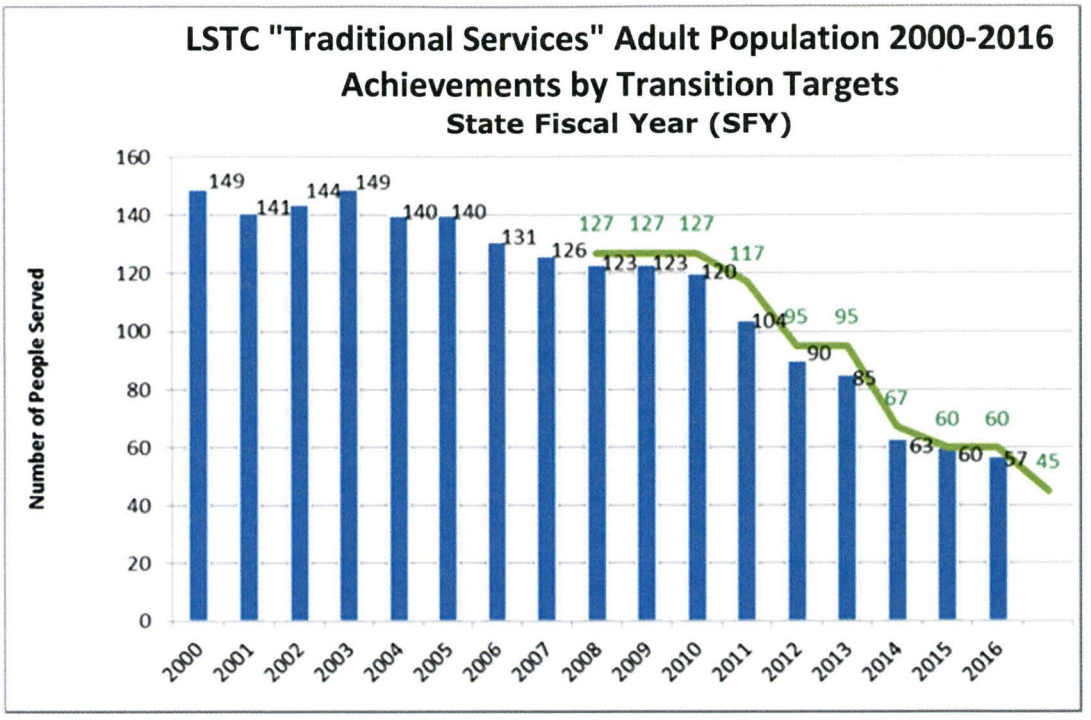
4013
#9
3/1

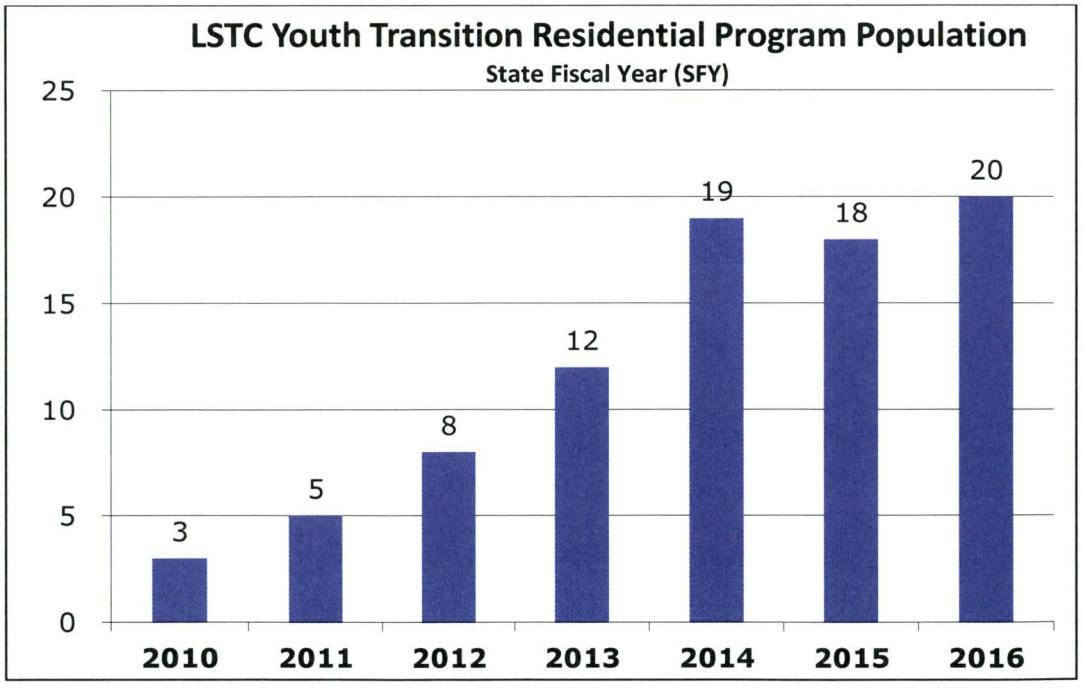

Life Skills & Transition Center
Life Skills and Transition Center
Grafton, ND
All Faiths Chapel
Plant Services
Green House
Data Dynamics
North East Human Service Center
Step By Step Day Care
Teddy Bear Day Care
Walsh Co Head Start
New Horizons
LSTC Laundry
Prairie View
Chapel Drive
Midway Drive
Cedar Drive
Cedar Grove
Sunset Bldg DE
Prot. & Advocacy Cath.Family Char. Anne Carlson
Central Recieving
Plant Services
Refectory
Food Services
PV
Midway
Domestic Violence
Maplewood Drive
Maplewood
PT/OT
Health Services
Veterans Clinic
Villa De Remer Apartments
Hancock Place Apartments
PSB
DOT Drivers Lisc.
Comm. Health Services
Securities Commission
Economic Assistance
Collette Community Fitness Center
Cottage Road
6th Street
LSTC Space
Leased Space/Other Occupants
Scheduled for Demolition
Buildings that were Sold
ISLA-LSTC and Private Providers
Community Center
Staff/Visitor Cottages
Empty Building
N
Kadrmas Lee & Jackson
Engineers, Surveyors and Planners
Apr 23, 2004 - 2:51pm
© Kadrmas, Lee & Jackson 2004

SA 463
1/3
DI #

SCR 4013
#11
3/1

Life Skills and Transition Center
Senate Concurrent Resolution 4013
Senate Human Services Committee
Senator Lee, Chair
March 1, 2017





	7/1/16 Census	1/1/17 Census	7/1/19 Transition Goals
Adults on campus	56	57	45
Youth on campus	19	19	8
Adults in the community – LSTC Operated	13	11	15
Total Population	**88**	**87**	**68**

SCR 4013 #12 3/1 Pg.1

north dakota department of human services

Fact Sheet: Life Skills & Transition Center

October 2016

Mission/Vision

- *Provide quality, efficient, and effective human services, which improve the lives of people.*
- *Support people with intellectual and developmental disabilities to be viable members of their communities by providing specialized services when their needs exceed community resources.*

Who we are

- The Life Skills and Transition Center (LSTC) is a state-operated, comprehensive support agency serving people with intellectual and developmental disabilities.
- It has been accredited by the Council since 1989.
- LSTC clients may reside on the campus, in supported living arrangements in the community of Grafton, or in communities across the state.
- The campus serves as a safety-net for people whose needs exceed community resources.
- Off-campus outreach and consultation services are provided statewide to help people remain in their communities and homes and to prevent admissions.

LSTC Staffing (in FTE)	
Direct Care	199.02
Clinical/Professional	39.16
Outreach Services	36.09
Food Service	28.00
Plant Services	22.60
Nurses	21.12
Program Coordination	9.29
Administrative	8.50
Psychology	2.00
Total FTE	365.78

Services Provided

Residential Services – 24-hour comprehensive services and supports, including medical and clinical programming, are provided to people with intellectual and developmental disabilities who require skilled nursing services or need behavioral health services due to co-occurring psychiatric diagnoses and challenging behaviors, youth with intellectual disabilities who have difficulty finding housing and services in the community and who are in transition to community settings, and adults with developmental and intellectual disabilities who have sexual offending behaviors (secure services program).

FACT: *From 2000 to 2016, the number of adults residing on campus dropped from 149 to 56.*

- Services are outcome-based and guided by each person's preferences and individual needs.
- People can live alone or with a roommate, and can participate in community activities and organizations.
- Transportation is available through shuttle or vehicle scheduling.

Vocational Services

- The *Work Activity Program* serves individuals at vocational work sites on the campus and in the community. Work and activities are focused on each resident's particular need and interests and whenever possible integrate people into community work sites.

FACT: The Center also serves 13 adults in the community and 19 youth in a transition program who are waiting for community placement.

Outreach Services

- *Independent Supported Living Arrangement Program* (ISLA) – LSTC staff support individuals in local community housing so they can live independently.
- *Clinical Assistance, Resources, and Evaluation Service (CARES)* – A team of specialists including clinical staff and direct support staff provide consultation services and in-home and on-site supports in the community to prevent admissions and readmissions and to assist in transitioning people from the LSTC.

→

4013
#12
3/1
Pg.2

Outreach Services (continued)

- *CARES Clinic* assures that people with disabilities who live in the community in the Grafton region have local access to physical, occupational, and speech therapy services, adaptive equipment services, dental services and medical services provided by the LSTC without having to travel to Gran Forks.
- *Intellectual Disabilities Behavioral Health Service* – This is a team of applied behavioral analysts who deliver behavioral assessment and intervention services to people with intellectual and developmental disabilities throughout North Dakota.

Transitions

- In 2005, the Department of Human Services executive director convened a task force to prepare a plan in response to the mandate in House Bill 1012, Section 16, to transfer appropriate center residents to community settings.
- The center's superintendent chairs the task force, which includes other department staff, developmental disabilities services providers, and advocates.
- In 2009, the department's budget included added funding for providers serving severely medically fragile and behaviorally challenged individuals, and allowed the LSTC to establish a CARES team of specialists to provide consultation and services to help people remain in the community.

Life Skills & Transition Center Population

	June 2016	Goal: June 30, 2017
Adults on campus	56	45
Youth on campus	19	8*
Adults in the community (waiver beds)	13	15
TOTAL	88	68

* With 4 short-term crisis beds.

Campus Facilities

- The LSTC campus buildings are used for residential living and programming, administration and support, and leased building space.
- Total square footage on campus is 1,323,511 with 801,253 square feet of pedestrian tunnels.

Other Building Space

The LSTC provides space to the following entities:

- Midway Building (Tri-County Crisis Intervention)
- Health Services Building (Part of first floor leased for Veterans Clinic)
- Professional Services Building (Part of first floor leased to the ND Department of Transportation; second floor leased to Community Health Services and DHS Economic Assistance Division; part of third floor to ND Securities Department)
- Prairie View Building (DHS Northeast Human Service Center, Walsh County Head Start, Teddy Bear Child Care, Step By Step Child Care Center, and Data Dynamics)
- Sunset Building (Anne Carlsen Center, Catholic Charities and Protection and Advocacy of ND)
- Cottage 1 and Cottage 3 (Leased to private individuals who are supported by providers)
- Cottage 6 (Leased to ISLA consumers)

Unused and Underutilized Buildings

- The New Horizons Building and two residential living areas in Cedar Grove are vacant.
- The Prairie View building and third floor of the Professional Services Building are underutilized.

Buildings Sold

- North A and North B (Sold to Metro Plains and converted to private apartment in 1999)
- Buildings north of School Road (Sold to Grafton Park Board in 2011)

Buildings Proposed to be Demolished

- The demolition of Pleasant View and Refectory buildings has been postponed due to the allotment.

Contact: Susan Foerster, Superintendent, Life Skills and Transition Center
701 W. Sixth St., Grafton ND 58237-1379, Phone: 701-352-4302 or toll-free 800-252-4911