



# Health Services Committee July 26, 2018 Life Skills and Transition Center

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DISCHARGE PLANNING AND YOUTH TRANSITION

TESTIMONY PROVIDED BY: SUE FOERSTER, SUPERINTENDENT

# Status of clients at the Life Skills and Transition Center that could be transitioned to community

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April 1, 2018 = 26 Priority Planning (most agreement score) of 68 people

- **39%** of people in residence are on Priority Planning list (12 or Less on scale of 4 to 18)
  - \*\*score of 12 or less indicates readiness for discharge on a scale of 4-18
  - **1.9 years** – Current Average Time on **Priority Planning list (12 or Less)**
  - **1.4 years** – Current Median duration (50% of people) Time on list
  - **0.0 months** – Current Shortest time on list
  - **6.8 years** – Current Longest Time on list
    - (guardian withdrew referral permission last 2 years but did not raise score)

Discharges ARE NOT REQUIRED to be on **Priority Planning list (12 or Less)**

- **30% of 102** consecutive people Discharged by mid-2017 had score 13 or HIGHER

# Number of children served at Life Skills & Transition Center and original county of residence of children

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July 1, 2018

Youth is defined as school age, younger than 22 years old

- **15 school age youth at LSTC**
  - ❖ 2 = Less than 14 years old
  - ❖ 5 = 14 to Less than 18 years old
  - ❖ 8 = 18 to Less than 22 years old
- **8 of 8 regions are represented**
  - ❖ 10 = counties represented
  - ❖ 5 = Western -- 10 = Eastern counties

# What's been happening:

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- ❖ Census has declined from an average of 140 on July 1, 2005, to an average of 69 today.
- ❖ The CARES team reviews all cases and now is being expanded to provide more support to local providers.
- ❖ ABA positions established in 2012 are available as support to local providers and people served to keep people in their community.
- ❖ Providers like HIT, RRHSF, DHI, ODC, REM, Opportunity Foundation, SSI and others are working with LSTC to develop the skills to maintain more challenging individuals in a local setting.
- ❖ Additional work is being done with local providers to identify people ready to discharge from LSTC and prepare the local providers to care for them.

# Transition To The Community Task Force

## Recent Changes to Philosophy and Goals

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### ❖ **Recent changes to the Transition To The Community Task Force Philosophy and Goals** developed at June 14, 2018 Committee Meeting

- ❖ These changes will promote community capacity building and better align the LSTC with community providers.

### ❖ **Philosophy Statement**

- ❖ The Life Skills and Transition Center's mission is to support Individuals with intellectual disabilities and community providers. The LSTC will provide services that allow people to remain in their communities in the least restrictive most appropriate setting of their choosing. We acknowledge particular community transitions may not always be the safest and least restrictive environment. The LSTC serves as a safety net for people with intellectual disabilities residing in North Dakota by providing necessary services until a successful transition to the community.

# Transition To The Community Task Force

## Recent Changes to Philosophy and Goals *(continued)*

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In order to maintain the Life Skills and Transition Center as a true transitional facility, the LSTC will:

- ❖ **Provide specialized developmental disabilities services**, including continually enhancing crisis intervention services statewide to keep people in their homes and minimize admissions.
- ❖ **Develop and maintain dynamic community transition plans** for all people residing at the LSTC.
- ❖ Shape **Overall Support Plans** at LSTC in **coordination** with each person's preferred providers' resources to maximize ease of transition.
- ❖ **Support community capacity building** in conjunction with other stakeholders, by working to identify barriers of community placements and work on reducing and/or eliminating these barriers.

**The end result of the above goals** would decrease the LSTC census and allow for continued expansion of CARES and ABA services, as well as promote the role of a readily available “safety net” for community providers.