

# Health Services Interim Committee

October 24<sup>th</sup>, 2017

## Life Skills and Transition Center Presentation



Sue Foerster, M Ed  
LSTC Superintendent

## LSTC VISION

Support People to **be** viable members of their community by providing specialized services when their needs exceed community resources

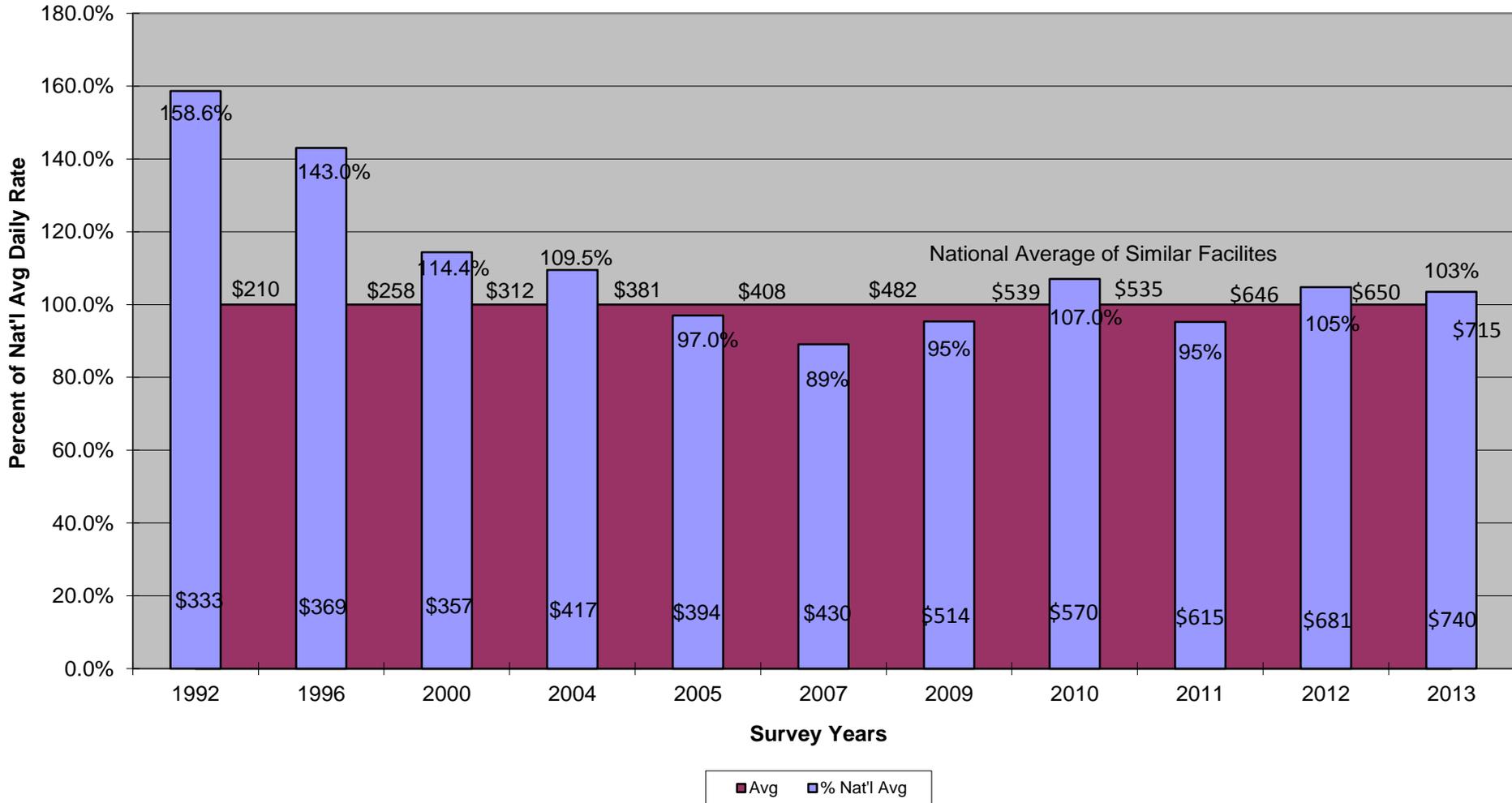
- The LSTC is a service provider amongst the continuum of services for people with intellectual disabilities and serves as the Safety Net.
- The LSTC serves people who typically need the highest level of care and have unique and complex medical or behavioral health needs.
- In providing the safety net role we create a safe place for the private providers to function during the challenging times in people's lives.
- The small town culture of Grafton is welcoming and has supported many successful transitions, integrations and connections.

# LSTC 17-19 Funding

- Total Budget: \$58,860,913
- General Fund: \$28,478,830
- Federal Fund: \$27,002,845
- Other: \$3,379,238
- Daily Rate: \$981.77
- In comparison to 37 other states with state operated large residential service programs, the LSTC compares around the median cost levels of states.
- In comparison of quality, however ND LSTC is the only such agency currently accredited by the Council on Quality and Leadership on Services for People with Disabilities (CQL).

## LSTC as Percent of Nat'l Avg Costs 92-13

(2013 most recent national data available in 2016)



# LSTC Services

## Residential

- **Campus Residential:**  
Secure Services, Health Services,  
Behavioral Services, Youth  
Transition Services
- **Home and Community Based  
Services: 11**
- **Current ICF Census/Caseload:**
  - Residential ICF/IIDD Adults: 54
  - Residential ICF/IIDD Youth: 13

## Community Outreach

- These specialized clinical services are provided in the Grafton community, as well as all regions and many communities state wide.
  - Clinical Assistance, Resources, and Evaluation Service (CARES)
  - DD Behavioral Health Services
  - CARES Clinic is a team of professionals who specialize in providing services to people with DD who have complex medical needs.

# Comparison of ND Services to Other States In Our Region With State Operated Facilities

- **Iowa Woodward Resource Center**
- State operated residential services on campus as an intermediate care facility and serves approximately 184 people
- Home and Community Based service provider serves approximately 40 people
- Family Support Service
  - Respite Care
  - In-home services
- Specialty Services- on campus and statewide
- Community Outreach Services
  - Consultations
  - Time limited assessments on ICF Campus
  - Conferences and Training
- **South Dakota -Redfield**
- There is one state operated facility that as of November 2016 served 127 people.
- SD does not currently provide outreach services for people in the community although they are exploring this option.
- There are three treatment programs :
  - Program 1-Serves men with challenging behaviors,
  - Program 2- Turtle Creek Youth Program, Program 3-provides services to a wide range of people of varying ages and skill levels.
  - Program 3 serves men and women, many of whom have very challenging behaviors requiring intensive supports or who typically require a great deal of assistance with daily living need

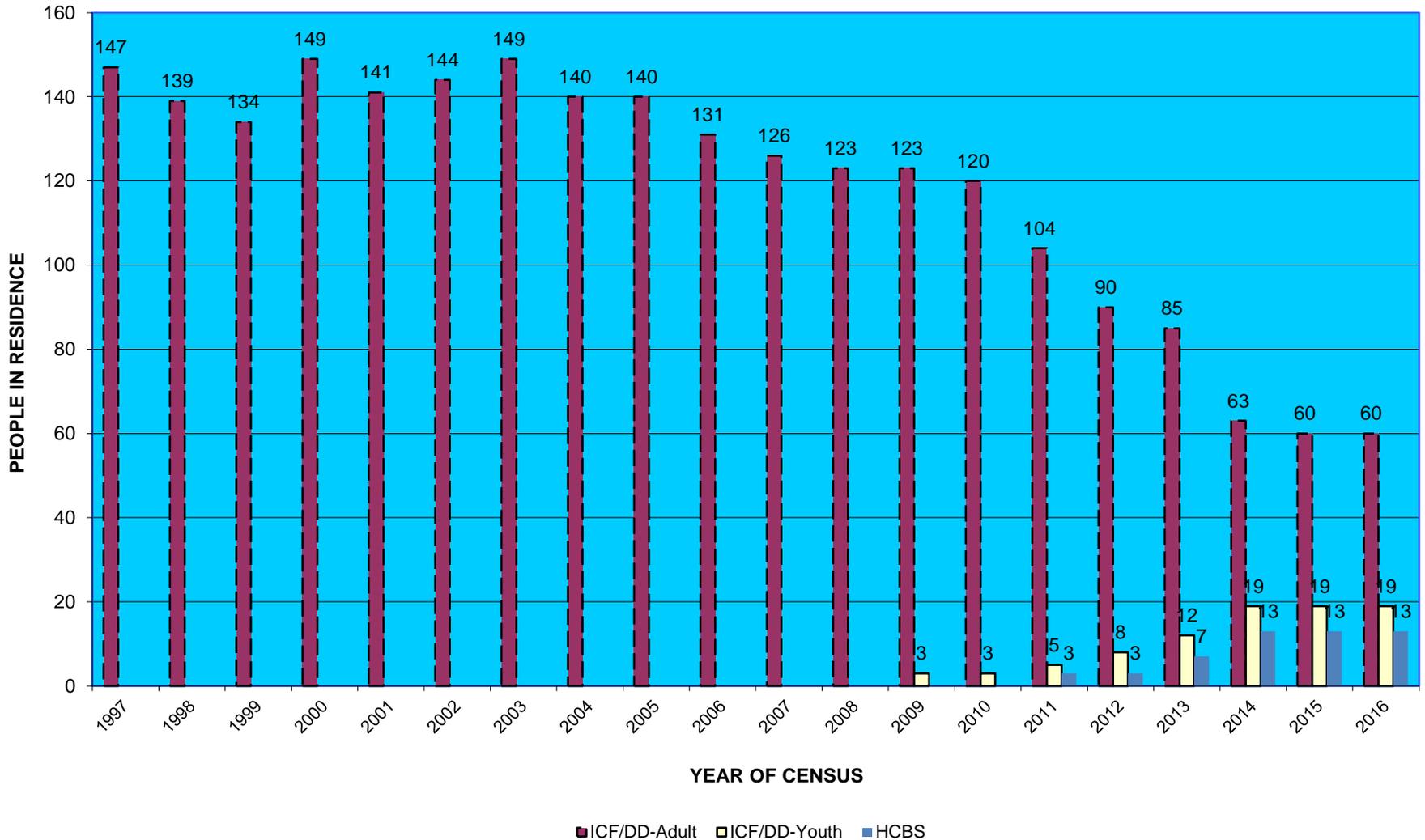
# Comparison of ND Services to Other States In Our Region

- **Wisconsin**
- There are 3 intensive treatment programs in three state operated facilities. **Southern Wisconsin Center (SWC)** serves all adults.-124 census; **Central Wisconsin Center (CWC)** serves younger children-about 200 census,. **Northern Wisconsin Center (NWC)** serves older children and adults.
- There are 4 short term treatment programs that support the continuum of care. Part of a referral includes an assessment and attempt to consult to divert admission to more restrictive settings
- CWC also has a medical short term unit
- CWC has an specialized adaptive equipment clinic for community.
- Currently do not accept community members for services on campus, but do discuss that opportunity as well as behavioral health/crisis consultation.

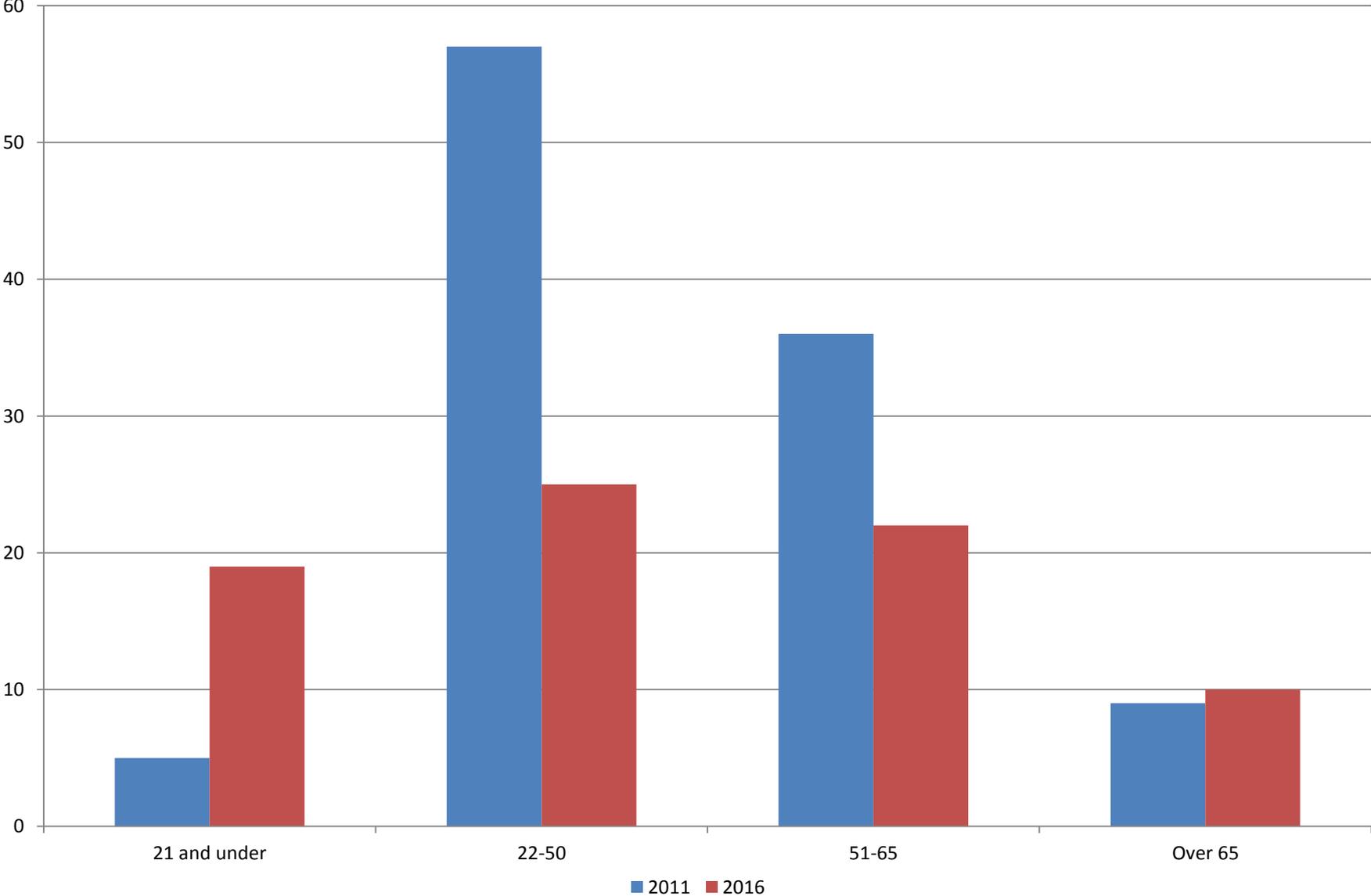
Life Skills & Transition Center data by demographics

# **CURRENT DEMOGRAPHIC DATA**

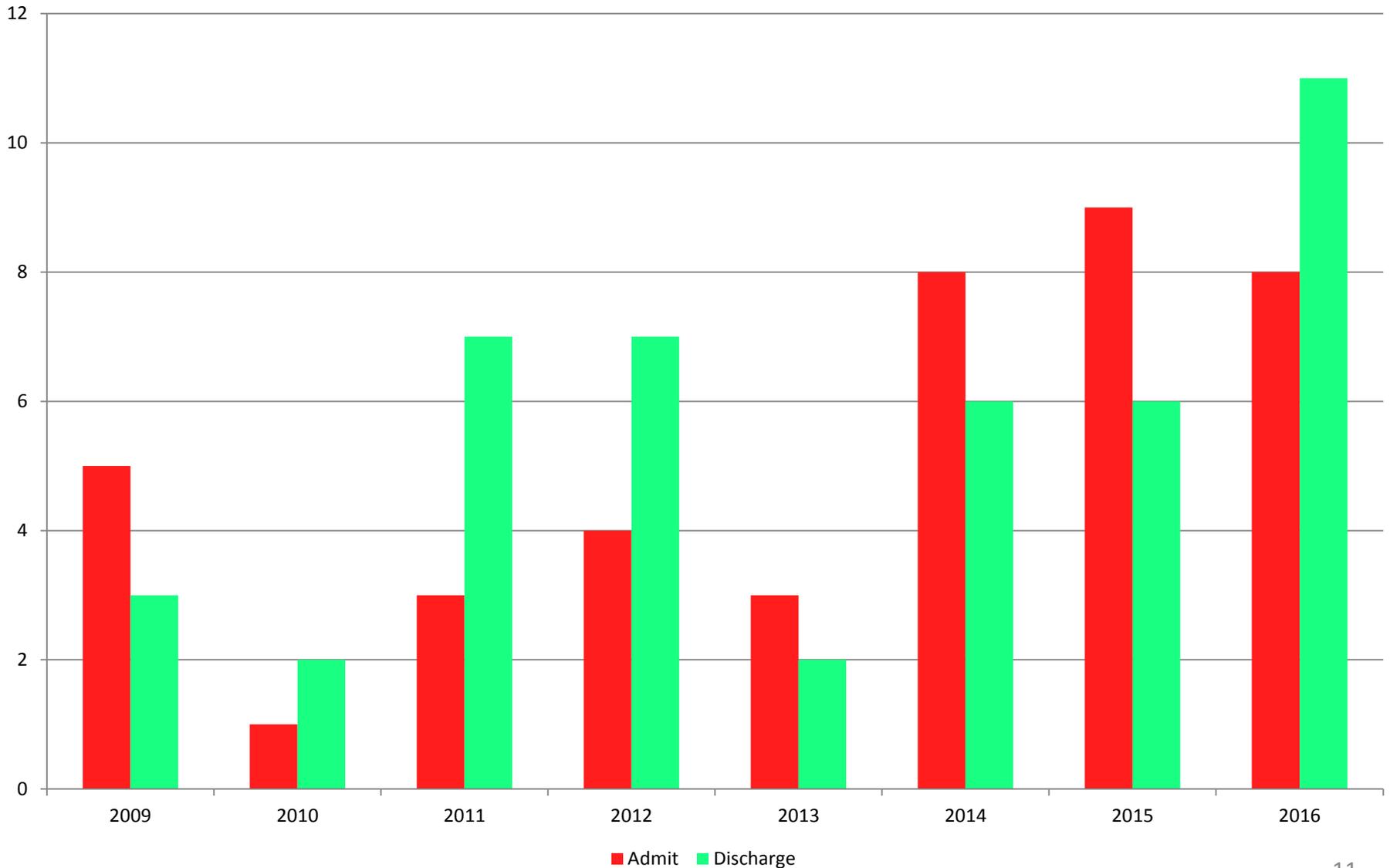
**LIFE SKILLS & TRANSITION CENTER of ND DHS  
TRANSFORMATION: AVERAGE RESIDENTIAL PROGRAM CENSUS 1997-2016**



# LSTC Age Distribution 2011 vs 2016



# Youth Admit/Discharge by Year

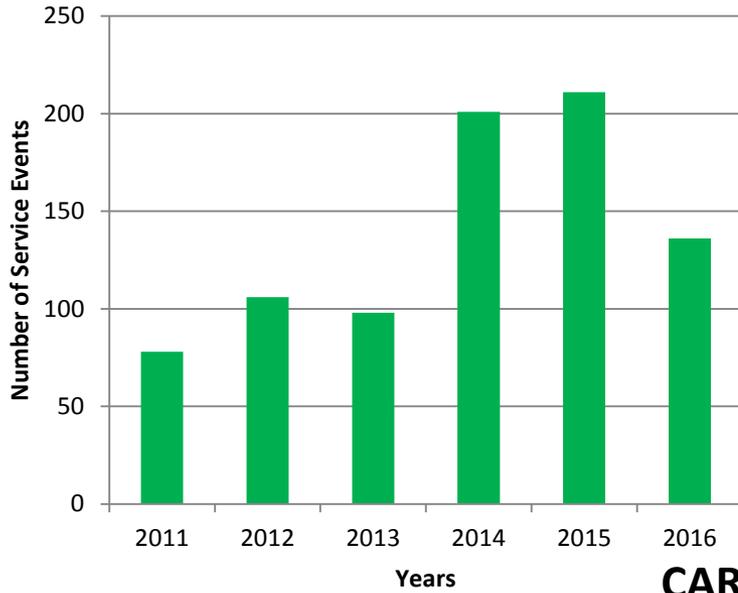


Life Skills & Transition Center data on diversion consultation of CARES Services

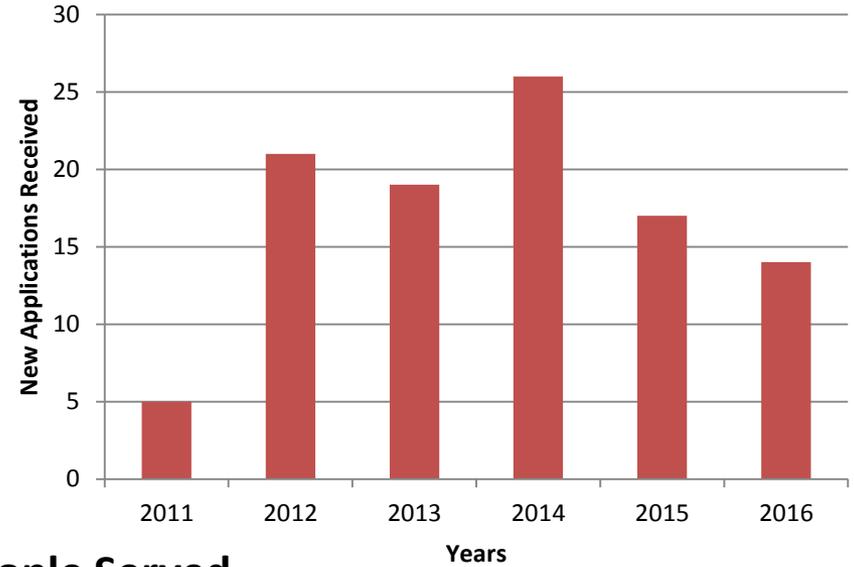
# **CARES TEAM AND STAFF**

# CARES Team/Staff Services 2011-16

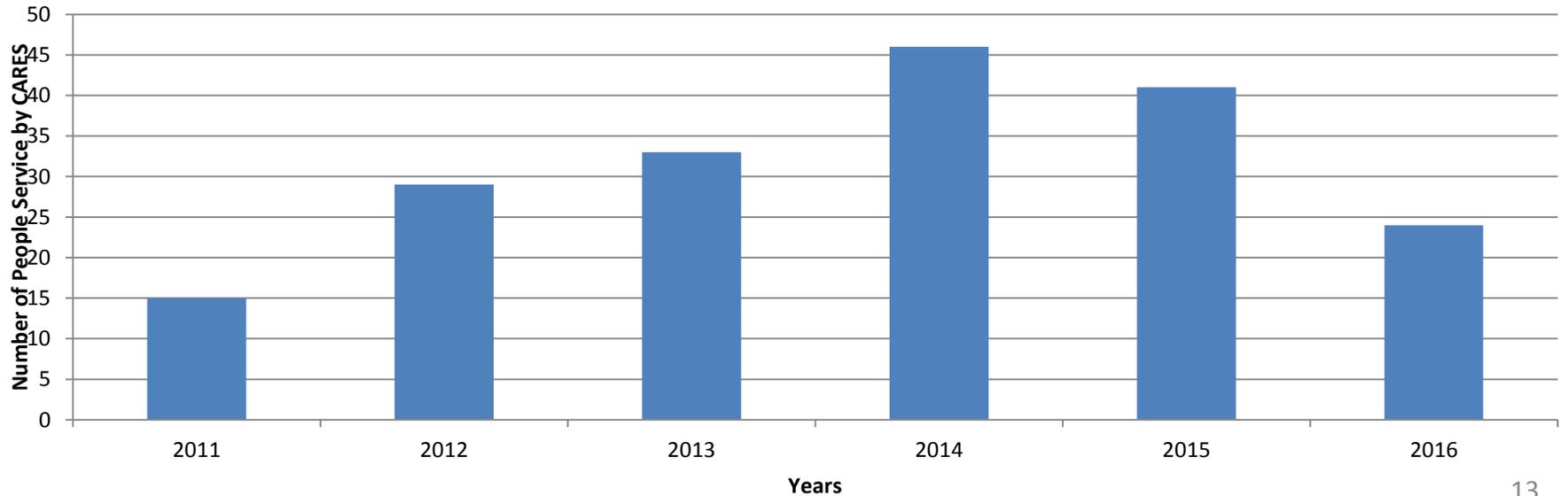
CARES Total Service Events



CARES New Apps



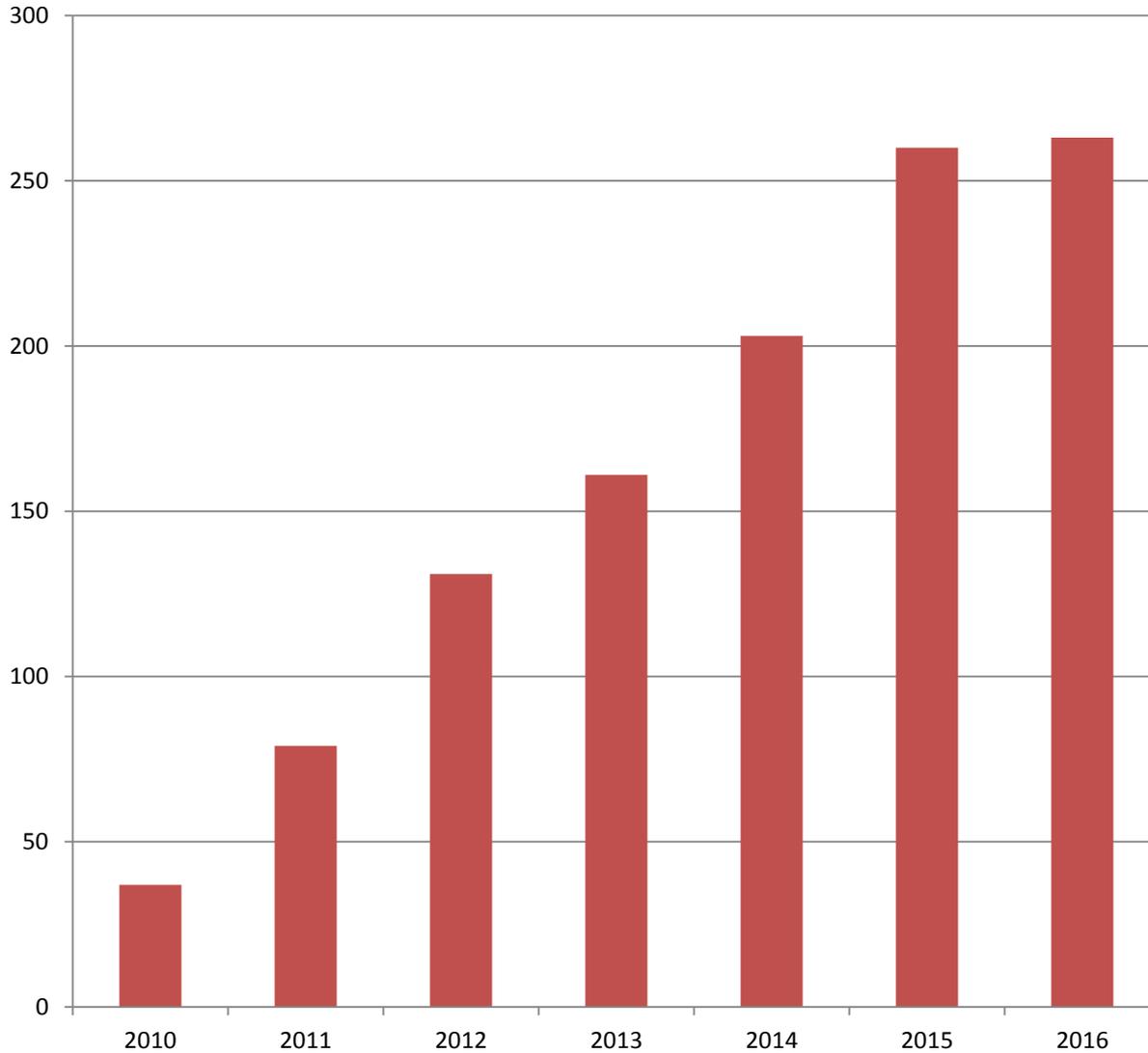
CARES # of People Served



Life Skills & Transition Center data on statewide Applied Behavior Analyst services (includes Psychologists)

# **DD BEHAVIOR HEALTH SERVICES**

# DD Behavioral Health Services Caseload



## Service Highlights

Caseload 2016: 263

- Regions: All 8
- Providers: Over 20
- Communities: Over 30

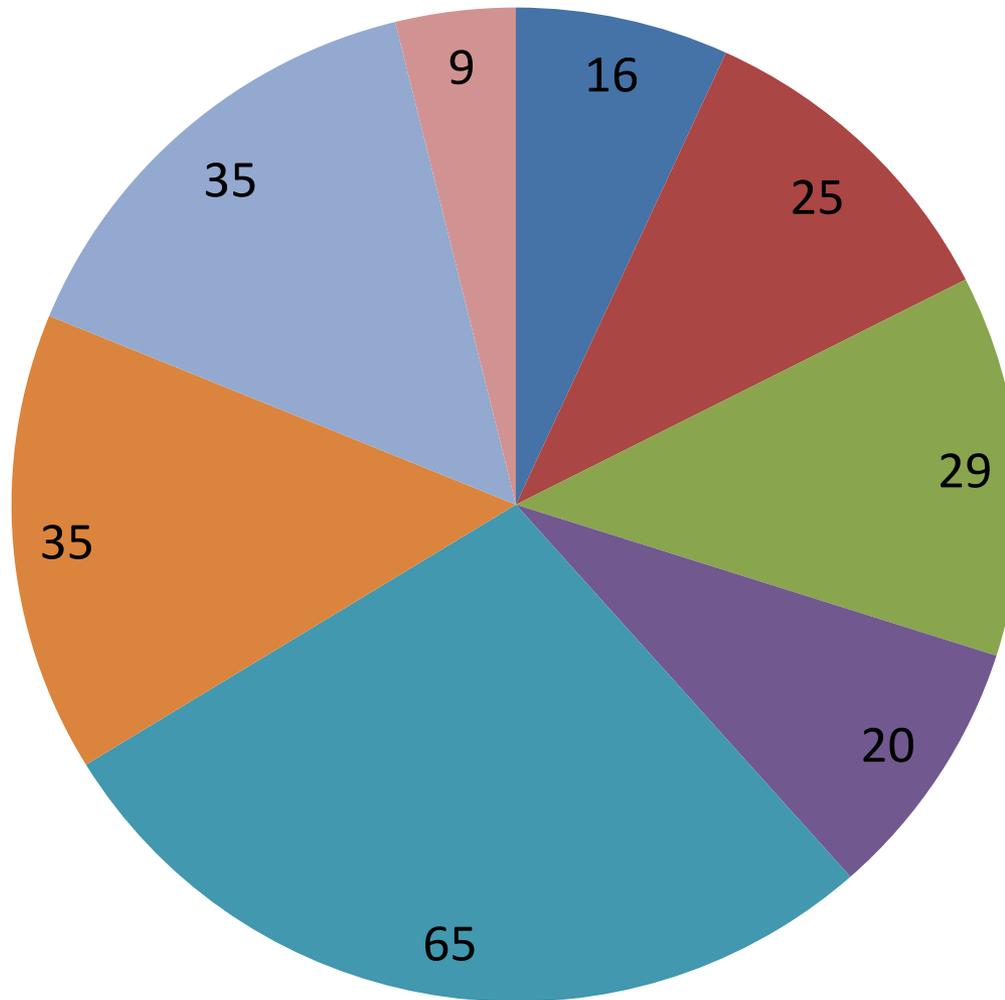
### Applied Behavior Analysts

- Positions: 6, 5 filled
- Credentials:
  - 3 Licensed ABA
  - 1 Registered ABA
  - 4 BCBA

### Psychologists

- 2 Doctoral Level

# Regional Behavioral Health Service Caseload Unduplicated - 2016



Of 234  
people  
served –

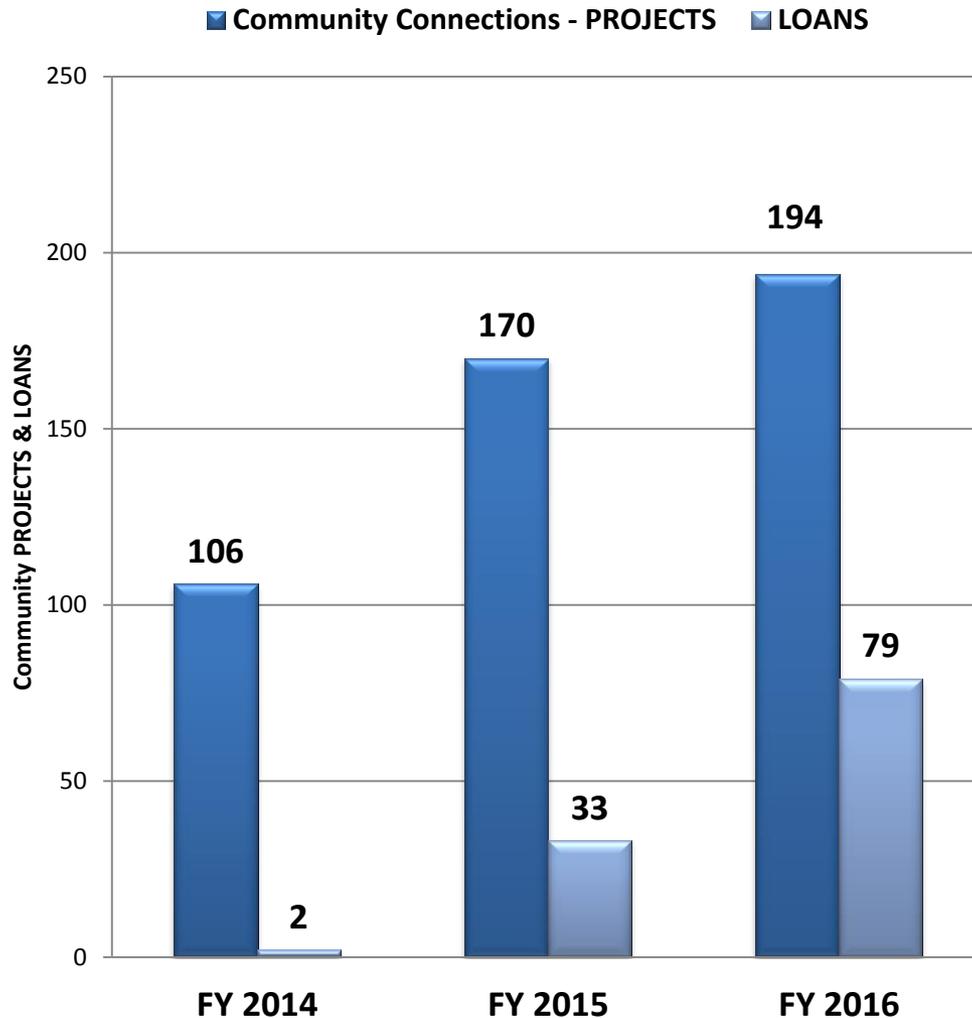
29 People  
were seen  
by more  
than one  
staff  
member  
(on  
caseload  
of 2+).

■ NW (1) ■ NC (2) ■ LR (3) ■ NE (4) ■ SE (5) ■ SC (6) ■ WC (7) ■ BL (8)

Life Skills & Transition Center data on statewide CARES Clinic and Adaptive Equipment services

# **CARES CLINIC/AES**

# LSTC - AES COMMUNITY PROJECTS & LOANS by FISCAL YEAR



## Service Highlights

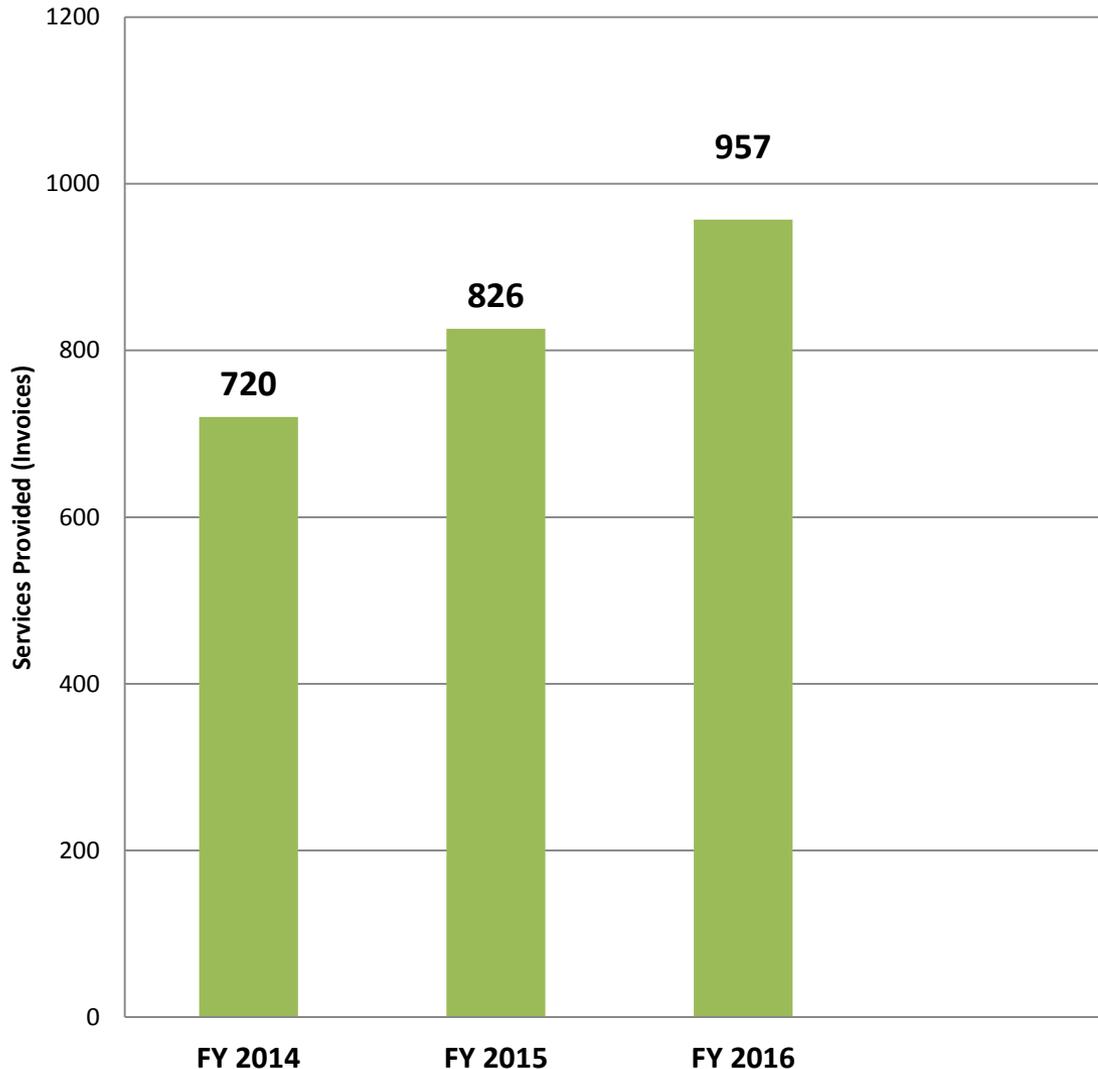
- FY 2014-2016 **PROJECTS**:

- Adults: 366
- Children: 76
- Facilities: 28

Total Connections/Projects: 470

- Increase of **LOANS** is due in part to:  
increase in awareness, increase use of AT4ALL (ND IPAT-partnership site which offers access to adaptive technology reutilization), and changes in CMS (Medicare) e.g. increased timeframe for obtaining equipment from community suppliers.

# CARES Clinic PT-OT-Speech

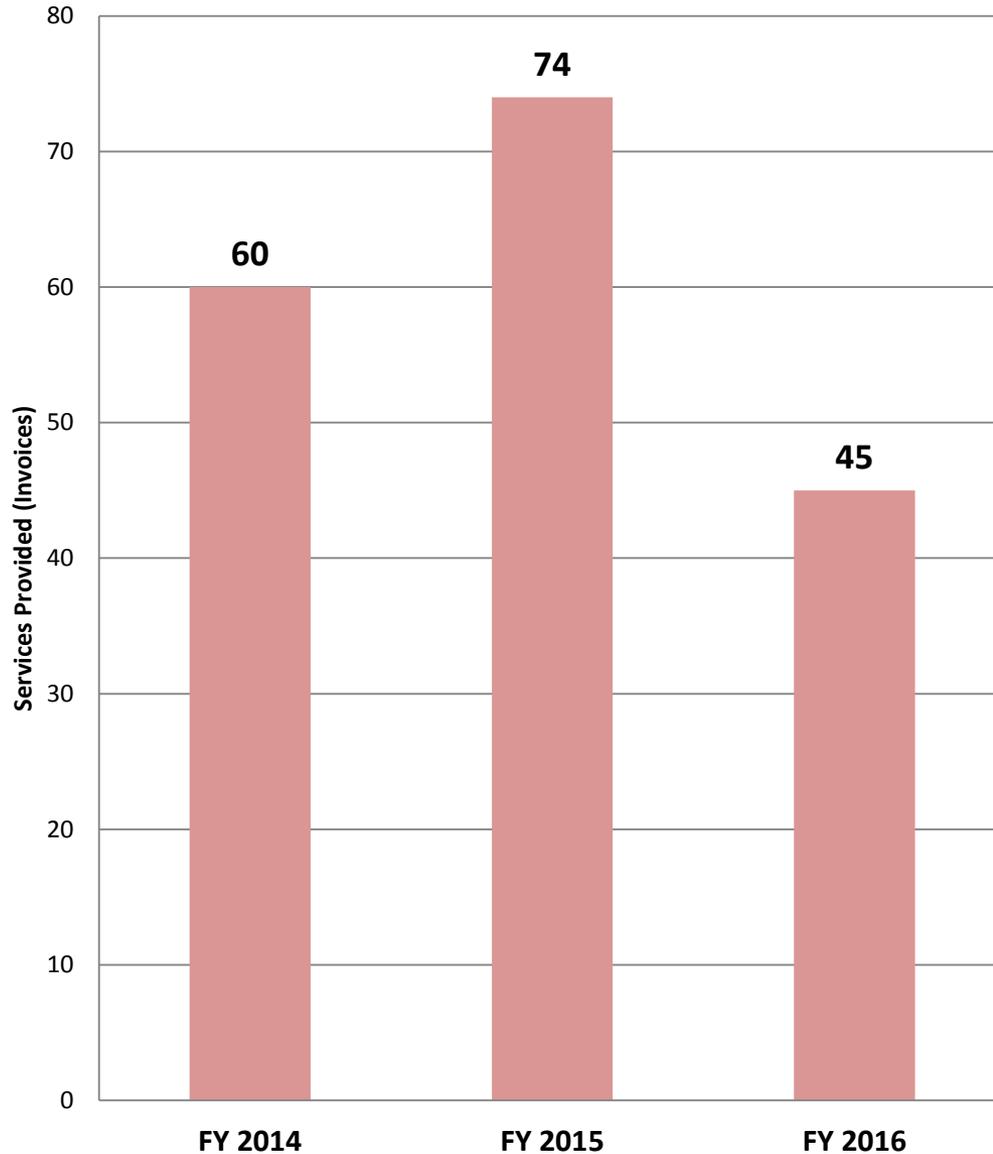


## Service Highlights

- Therapy Services includes the departments of Physical Therapy, Occupational Therapy, and Speech Language Pathology.
- For 2014-2016 Fiscal Years:
  - **Total People Served**  
(by discipline): 194
    - Adults: 102
    - Children: 92
  - **Total Services Provided: 2503**

People seen who are not served by a DD provider are primarily children living at home and receiving early intervention services.

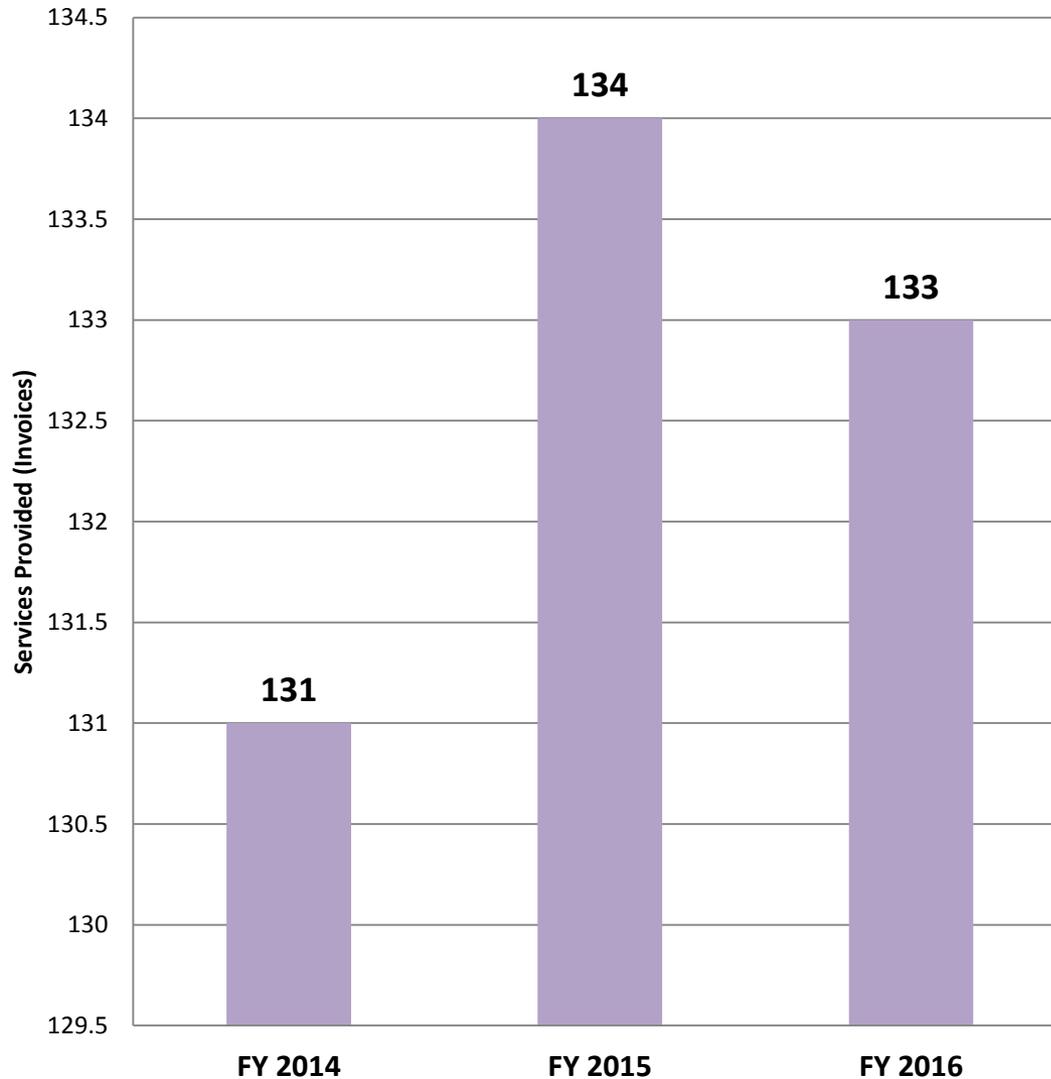
# CARES Clinic Dental Services



## Service Highlights

- Total Services Provided 2014-2016: 179

# CARES Clinic Medical Services

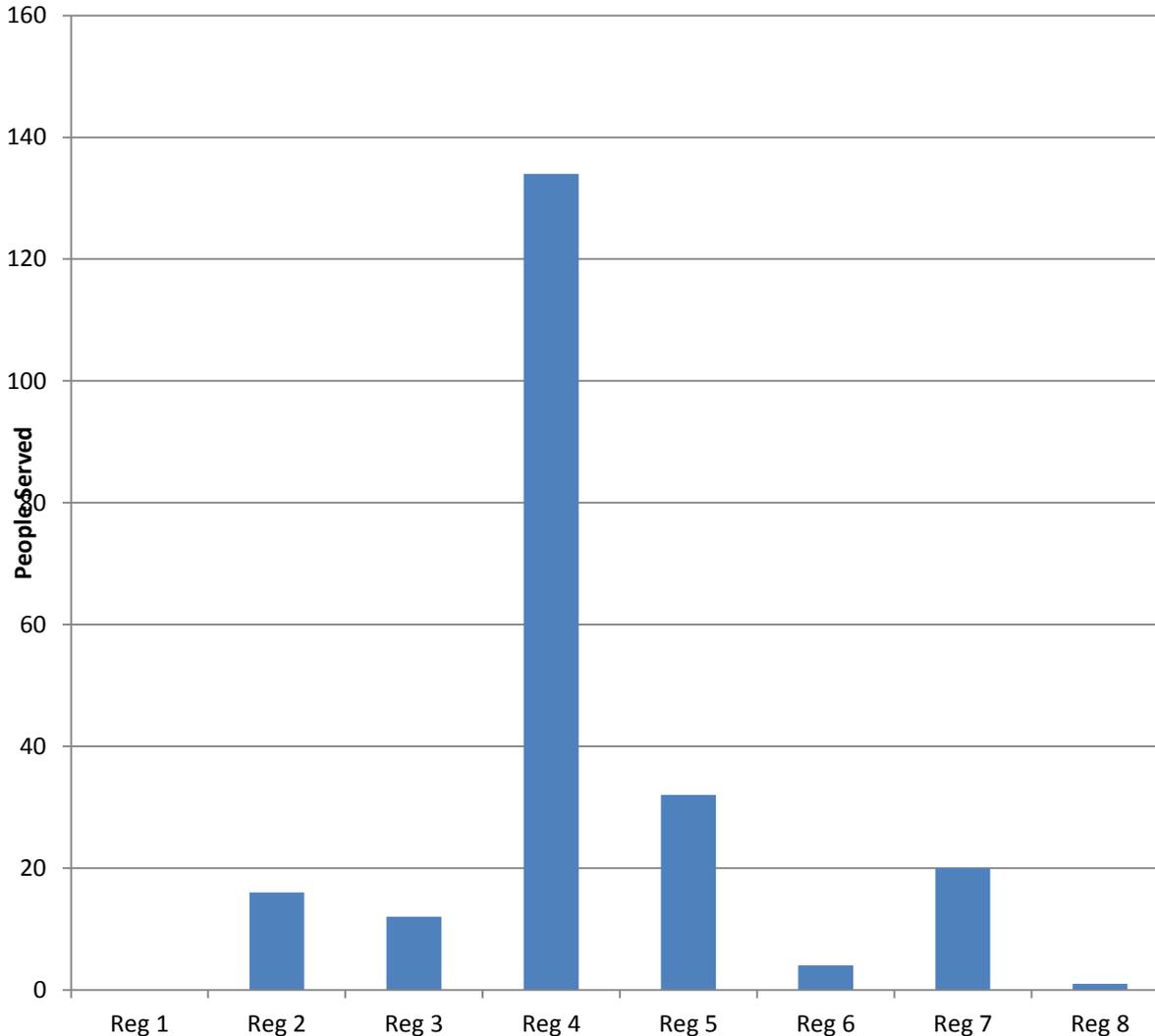


## Service Highlights

- Medical Services includes the departments of Medical (DNP), Nutrition Services, LAB/X-Ray.
- Total Services 2014-2016: 398

# CARES Clinic Regional Services: Unduplicated

## AES, PT, OT, SLT, Medical, Dental



## Service Highlights

- The **CARES Clinic** has served people from every region but one
- Services generally use **integrated approaches** combining several disciplines
- **Total People 2016: 220**

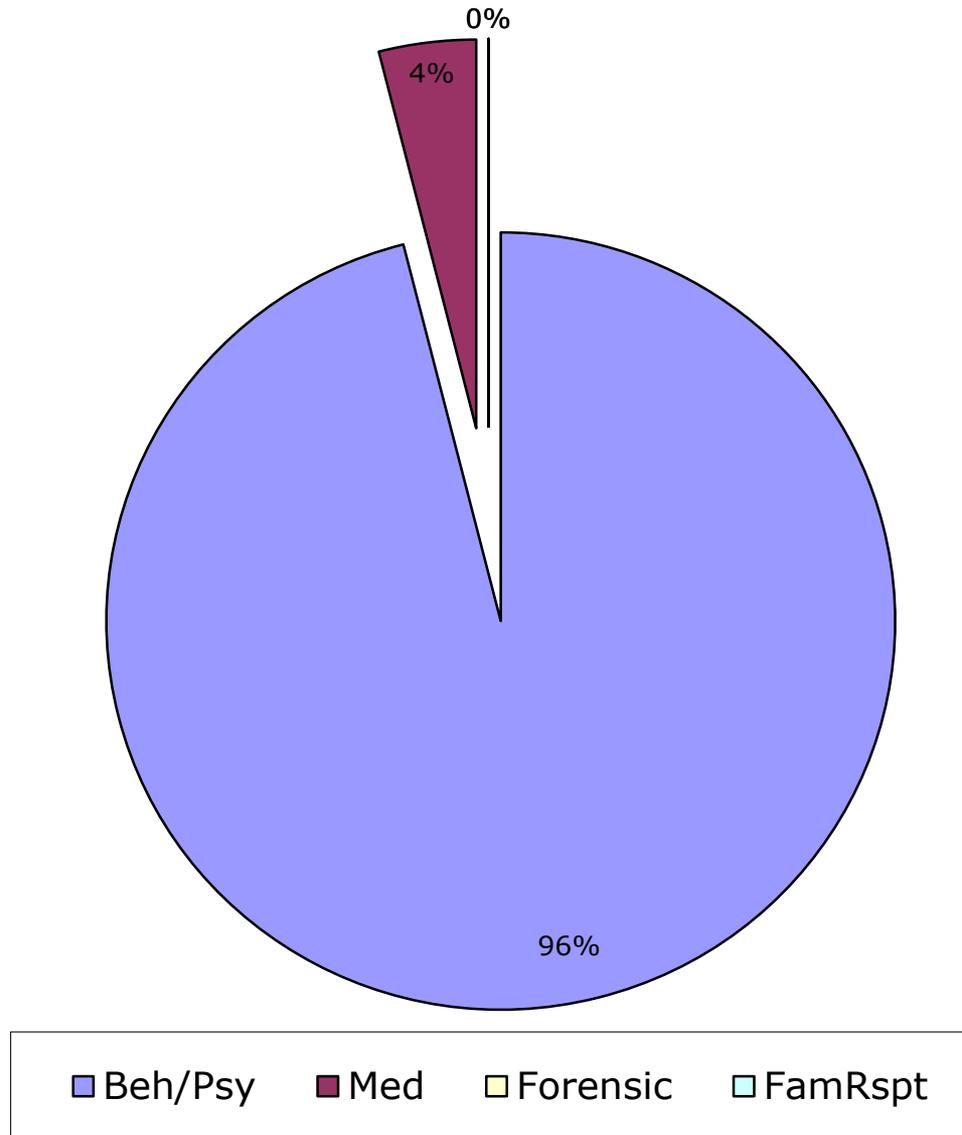
Transition to the Community Plan Overview and Data

# **TRANSITION TO THE COMMUNITY**

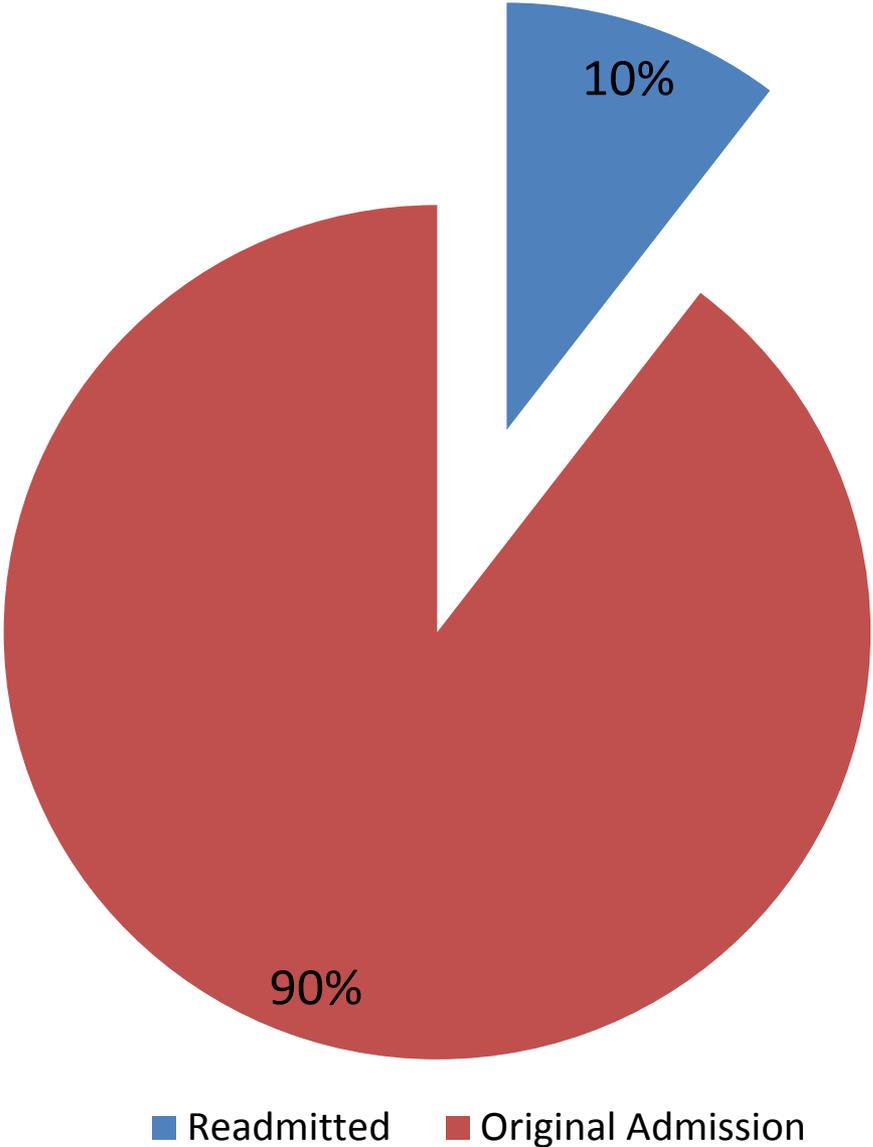
# Transition To The Community Committee

- Transition efforts at the LSTC have been in place for a number of years. This effort was intensified by legislation in the 2005 session that required the Department to further transition individuals from the center to the community.
- The Department director convened a task force of stakeholders in 2005 to prepare a plan in response to the mandate from House Bill 1012 – Section 16, to transfer appropriate LSTC residents to communities. The superintendent of the LSTC chairs the task force and members include Department staff, community providers, family/guardians and community advocates.
- Subcommittees of the transition committee include:
  - Special Project Subcommittee,
  - Transition/Diversion Subcommittee,
  - Safety Net and Crisis Support Services Subcommittee
- The Transition committee has been conducting an ongoing study of the reasons people are admitted to, remain at, and transition home from LSTC.

# Reason for Admission (2011-2017)



# Recidivism: 2017 LSTC Population Re-Admitted



# Transition Planning

- The LSTC works intensively with the Department's Developmental Disabilities Division, community providers, regional staff, Protection and Advocacy, families/guardians and other stakeholders to provide clinical and staff activities to help people remain in their home communities and move back to their home communities. Transition plans are uniquely developed for each person through the interdisciplinary team process.
- Each person's family and team makes a decision of what part of the state an individual wants to move to – or can consider statewide referral. With the explicit permission of the individual and any parent/guardian, we use the Therap software Referral System that all approved private providers access to accept referrals to consider for their services. This process has contributed to our population changing from nearly 150 people in 2000 to about 54 people in ICF services today.
- While at the LSTC Transition Planning begins upon admission. Normal daily routines are initiated in the residential, work, school and community settings that will support the person to move successfully back to the community.

# Centralized Project Committee

- ❑ The Centralized Project Development Committee is a Sub-Committee of the Transitions Committee.
- ❑ The role of the committee is to review regional project proposals that promote the transition of people from the LSTC to the community.
- ❑ After a project is approved at the Transition Committee level, project proposals are forwarded to the Developmental Disabilities Division and DHS Executive Office for final review and approval.

- Transitions to the Community as a direct result of new projects from 2010-2017:
  - 8 new settings (settings included Intermediate Care Facility, Minimal Supportive Living Arrangement, or Individuals Supportive Living Arrangement)
  - These new homes were in 7 different communities
  - The projects were completed by 5 different community providers
  - The new homes resulted in 32 transitions from the LSTC.
    - 20 adult
    - 12 youth
  - Project approved and in process of being developed in 17/18 for a 4 bed ICF setting to serve 4 youth.

# LSTC Current (2017) CARES Diversion Data

(Through 8-30-17)

- There were 46 active CARES cases
  - Of these 46 active cases 35 are being successfully supported in their homes in the community
  - 14 were new applications
    - 5 remain successful in their community settings with CARES supports and services
    - 4 were admitted to the LSTC
    - 5 were admitted to the State Hospital
      - 2 await admission to LSTC (exhausted statewide referral)
      - 2 awaiting other provider opportunities
      - 1 pending referral

# Transition To The Community Diversion Data

## Preadmission Tracking by Transition/Diversion Coordinator

### **10-1-16 to 12-31-16**

- Number of People Admitted- 3
- From Regions: 1 and 2
- 3 admitted from Prairie St Johns
- 2 had no community provider prior to admission
- 1 was with community provider prior to admission
- All 3 had Protection and Advocacy involvement prior to admission
- 2 were admitted short term with plans to discharge
  - 1 has been discharged

### **1-1-17 to 9-30-17**

- Number of People Admitted- 9;
- From Regions: 2, 3, 4, 5, 6, and 7
- 6 admitted from community provider
- 2 admitted from Foster Home
- All 9 had Protection and Advocacy involvement prior to admission
- 4 were admitted short term with plans to discharge
  - 2 have been discharged

Reasons for Denial  
Identified in Therap Referral Data  
(Identified by 20/34 Community Providers)

- Staffing Shortage
- Mental Health/Psychiatric Services
- Behavioral Services
- Housing Shortages
- Family Unable to Support
- Availability of services at time of Therap Referral
- Dual/Diagnosis Support
- Offending Behaviors Support
- Crisis Support
- Payment System Concerns
- Gap in school/system
- State Support
- Residential Services not in place yet.

# This Concludes My Testimony

I will be happy to answer any questions.