Summary:

The Department of Human Services 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 Developmental Center residents to communities. The Superintendent of the Developmental Center chairs the task force and task force members include Department of Human Services staff, providers, advocates and a family member.

The current developmental disabilities population at the two institutions is 139 individuals, with 134 individuals residing at the Developmental Center and 5 at the State Hospital. In order to effectively transition these individuals to the community we need to build community capacity. These resources need to be in place to meet the current and projected needs of individuals in the community. The following are the recommended action steps developed by the Developmental Center Transition Task Force to accomplish the task of transitioning people to the community.

Recommended Action Steps:

1) Every individual with developmental disabilities residing at the Developmental Center and State Hospital will have a placement plan developed in order to place them in an appropriate community placement.

2) To accomplish this goal there is a need for community capacity building with the following elements in place;

   a) A statewide crisis prevention and response system that is based on a “zero reject” model.

   b) Increased need for crisis intervention services, to include;

      - Crisis Beds.


      - In-Home Technical Assistance.

      - Follow-Along Services after Out-of-Home Crisis Residential Services placement.
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- Training for community professional and direct care staff.

c) Increase capability and capacity for the community to serve the young adults with developmental disabilities who are aging out of settings such as residential treatment centers, foster homes, the Anne Carlsen Center, and the juvenile justice system. As evidenced by the fact that 40% of the admissions to the Developmental Center in the past three years have been age 25 and under, a number of these young people present challenges that exceed the community’s ability to serve.

d) Increased need for consultation;

- Behavioral plan consultation and oversight
- Consultation for individuals with sexual health issues.
- Psychiatric and psychological consultation and services.

3) Changes in funding and staffing, to include;

a) Review and amend where appropriate administrative rules that are a disincentive for Independent Supported Living Arrangement placements.

b) Increase funding for ISLA placements, including increased administrative reimbursement for existing and new ISLA placements.

c) Recruitment and retention of staff, particularly for direct service staff positions, since it is difficult to compete with other service industries as well as the retail sector.

- Salary funding increases to get ahead of turnover.
- Funding for appropriate staff enhancements to serve increased medical and behavioral needs.

4) The transition goal for July 1, 2007 is for a maximum population of 127 individuals residing at the Center.

- Use the residential decision profile for determining who would be appropriate for community placement.
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- Utilize the statewide referral system and Developmental Center crisis response team to assure management of individuals in community settings.

5) The transition goal for July 1, 2009 is for a maximum population of 97 individuals residing at the Center.

6) The transition goal for July 1, 2011 is for a maximum of 67 individuals residing at the Center.

7) Develop a transition budget as an OAR for inclusion in the Department of Human Services 07 - 09-budget request, to cover the costs of transitioning people from the Developmental Center to the community and for enhanced community supports.

8) Determine the long-term future of the Developmental Center service system including clinical, healthcare, and residential/vocational components.