

**Transition to the Community Task Force  
North Dakota Developmental Center  
October 1<sup>st</sup>, 2009 (Updated)**

**History of Task Force Activities:**

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 task force met on June 28<sup>th</sup>, 2007 to continue the planning process for the transition of appropriate individuals from the Developmental Center to community settings. The task force updated the action steps from the May 31<sup>st</sup>, 2006 report to the Interim Budget Committee on Human Services. The Task Force met again on November 16, 2007. At that meeting, the task force received reports on the Money Follows the Person Grant, the data collection subcommittee, the SCDD Grant and Stakeholders initiative and the most recent Developmental Center admission and discharge report. The task force met again on February 27, 2008 and received reports from three sub-committees. The Task Force met again on October 16, 2008 to review and update the Transition Plan.

The Department of Human Services issued a request for services on April 24, 2008 to statewide DD providers for the purpose of establishing a CARES team in Western North Dakota. The services to be provided by the selected provider include; emergency beds, out-of-home therapeutic intervention/stabilization residential services, in-home technical assistance, follow-along services after out-of-home therapeutic intervention/stabilization, residential services placement and training for community professional, direct care support staff, law enforcement and families.

The Department of Human Services Cabinet decided not to select a second provider for CARES services in Western North Dakota based on concerns with current funding and sustainability of future funding for a second team. Instead, the CARES Team at the Developmental Center was enhanced to provide statewide services from a centralized location. The 09 – 11 Developmental Center budget request included additional staff resources for the CARES Team, to include the addition of five (5) behavioral analysts for the statewide effort.

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The team is researching whether to locate direct care staffing in the western part of the state through a contractual basis.

The Task Force met again in December of 2008. After considerable discussion the task force members revised some of the action steps and recommended a return to the transition goal of 67 individuals for the July 2011 period.

The task force met again on September 30<sup>th</sup>, 2009. The task force received reports on population movement, the statewide CARES team, hiring of behavioral analysts, the Money Follows the Person grant activities, a review of the 2009 legislative session, the proposed statewide survey on behaviorally challenged and medically intense individuals and information from various members. The task force revised the transition plan as well.

### **Current Transition Efforts:**

The population of the Developmental Center in 2001 was 149 individuals. It is important from a historical perspective to note, that even prior to the legislative mandate of 2005, that the Developmental Center, Division and Human Service Center staff were discharging individuals to the community. The population at this time of this writing is 119 adult individuals at the Developmental Center and 9 adults at the State Hospital for a total of 128 individuals at the One Center. The transition of individuals from then Developmental Center significantly slowed during the last half of 2008 and the first six months of 2009.

Discussion was held on anticipated discharges from the Developmental Center at the September 30<sup>th</sup>, 2009 meeting. The Center has two on the immediate discharge list, and three individuals for the campus ISLA (when we get the staffing to manage this facility) and eight individuals for the proposed 8 bed unit for HIT inc., in Bismarck. This constitutes thirteen potential discharges between now and next summer. We can potentially drop the population to 106 individuals by next summer, if we can manage readmissions and the people residing at the State Hospital.

The revised action steps will hopefully help in reducing the population of the Center and prevent the readmissions to the Center. In order to effectively transition these individuals to the community we need to continue to build community capacity. These resources need to be in place to meet the current and projected needs of individuals in the community.

The 2007 legislature appropriated \$1,110,495 in total funds (\$400,000 in general funds and \$710,495 in federal funds) for transition purposes.

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The 2009 legislature actions affecting transition are as follows;

- 1) Includes funding for anticipated growth in caseload – 17 transitions from the DC to the community and 44 graduates.
- 2) Includes an increase to administrative reimbursement (pay based on par) to ISLA and Family Care Options III providers.
- 3) Includes a 6% increase for each year of the biennium for provider inflation.
- 4) Includes an increase in the Personal Needs Allowance to \$85 per month.
- 5) Includes funding for intense medical needs for DD adults in residential settings and children being cared for in their homes.
- 6) Includes funding for Autism Spectrum Disorder waiver for children under five years of age.
- 7) Includes funding of \$1.6 M general fund; \$4.2 M total funds for severely medically fragile and behaviorally challenged individuals.
- 8) The 2009 legislature approved budget for the DHS includes a caseload/utilization decrease of \$2.476 million general fund; \$6.7 million total funds.
  - a. If the caseload/utilization of medical services, long-term care, and developmental disabilities is more than anticipated by the sixty-five legislative assembly, the department of human services, subject to budget section approval, may borrow the sum of \$8,500,000, or so much of the sum as may be necessary, from the Bank of North Dakota, which is appropriated for the purpose of providing the state matching share of additional medical assistance grants for medical services, long-term care, and developmental disabilities, for the 09 - 11 biennium.
- 9) Transition Enhancements in the North Dakota Developmental Center 09 – 11 budget include;
  - a. Includes funding in the base budget to establish a CARES team to keep clients with DD in the community.

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- b. Amends NDCC 25-04-05., to require that no person can be readmitted or admitted to the North Dakota Developmental Center unless that person has undergone a screening process at the developmental center to determine whether admission or readmission is appropriate. (As administrative policy this includes CARES function).
- c. Includes in the base budget funding for five behavioral analysts for the CARES team function – to assist in maintaining DD individuals in the community.

10) The 2009 legislature in HB 1012 provided funding of \$21,639,106, of which \$7,086,807 is from the general fund and \$14,552,299 is from federal funds, for providing supplemental payments to developmental disabilities providers to allow for a salary and benefit increase to employees beginning July 1, 2009.

The “Money Follows the Person” grant has funding for the transition of eight (8) individuals during the 09 – 11 biennial period from within the DD system.

The following are the action steps for review and recommendation to the Cabinet of the Department of Human Services by the Transition Task Force at the September 30, 2009 meeting;

### **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.
  - a. Provide admission profiles for community providers.
  - b. Developmental Center staff to prepare the risk management assessment on each person at the Center.
  - c. Assure privacy and protected health information regulations are followed for each release of information.
- 2) Each resident or guardian will have meaningful involvement in the decision regarding his or her future living arrangement or placement.

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- 3) The Developmental Center has developed a standardized data sheet containing admission/discharge resident decision profile information and support plan information for each consumer at the Developmental Center proposed for community placement.
  - a. Continue to utilize the statewide referral system.
- 4) The task force recommends we put special emphasis on building proactive supports and therapeutic intervention/stabilization for individuals in the DD system during this biennial period and beyond;
  - a) Work toward a goal of immediate response to providers who need CARES team or crisis assistance with individuals in the community.
  - b) A statewide CARES team will provide the following services; have eight beds at the North Dakota Developmental Center for individuals requiring short term therapeutic intervention/stabilization services, out-of-home therapeutic intervention/stabilization residential services, in-home technical assistance, follow-along services after out-of-home therapeutic intervention/stabilization residential services placement and training for community professional, direct care support staff, law enforcement and families.
  - c) Increase the number of behavior analysts statewide to provide consultation services for people with disabilities. <sup>1</sup>
  - d) Paul Kolstoe, Coordinator of the CARES Team, will coordinate an effort for behavior analyst staff across the state to meet on a regular basis for the purpose of training, case staffing, and sharing best practice information.
  - e) A subcommittee of the task force chaired by Tom Newberger will review the sub acute program in Morehead, Minnesota for its applicability to North Dakota.
- 5) The task force needs to make a special effort to expand and develop creative programs and services to provide options for people from the NDDC so they can be served in community settings.

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<sup>1</sup> The Developmental Center is currently employing a behavioral analyst for the CARES team located at the Center and one covering the Jamestown and Devils Lake regions. The Center is recruiting one analyst for the Minot and Williston area and plans to hire two more and determine location by January 1<sup>st</sup>, 2009.

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- a) Subcommittee of the task force is developing a plan for regional project planning committees.
  - b) The Division of Developmental Disabilities is asked to communicate new and anticipated programs to service providers.
  - c) The Division will survey providers on why they are unable to accept behaviorally and medically challenged individuals. (Data will be helpful for transition planning).
- 6) Maintain legislative support to adequately fund community providers to enhance options for DD individuals in community settings.
  - 7) Recruit and retain staff, particularly for community direct service staff positions, since it is difficult to compete with other service industries as well as the retail sector.
  - 8) The Developmental Center is preparing the 2011 – 2013 budget request to include needed staffing and buildings appropriate to a population impacted by transition.
  - 9) The Department of Human Services Statewide Review Team is developing a plan to deal with youth and young adults with high complex service needs not readily available in the system.
  - 10) The task force recommends the development of a statewide crisis prevention and response system that is based on a “zero reject” model.
  - 11) The transition target for December 31<sup>st</sup>, 2009 is for a maximum population of 115 individuals residing at the Center.
  - 12) The transition target for July 1, 2011 is for a maximum of 67 individuals residing at the Center.