



Burke

IDD and Co-Occurring Disorders (Dual Diagnosis)
Preparing for the Future...
Texas We've Got a Solution
A Proposal for Deinstitutionalization

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Objectives

Identify the Problems

Establish Prevalence of persons with IDD living in institutional settings

Identify Challenges faced by the population of citizens with IDD and other

co-occurring disorders (Dual Diagnoses) living in community settings

Plans for deinstitutionalization

Consideration of possible solutions

Bumbe

Number of Persons Continuing to live in Institutional Settings



Texas has the highest institutionalized population of any state – 11.5% of the

DECLINING ENROLLMENT

From 1977 to 2015, the average monthly census for all SSLCs decreased by 74.6%, from 12,244 to 3,000 (a decrease of 46.1%). Since then the system census has continued to decrease from 5,724 residents to 3,000 (a decrease of 46.1%).

Community Settings

Complex medical and biological considerations:

Some of the most common underlying conditions include:

[Fragile X syndrome](#) (FXS) Fragile X syndrome (FXS) is an inherited genetic condition known as Martin-Bell syndrome, that can cause learning disabilities, developmental delays, and social or behavioral problems which vary in severity.

[Down syndrome](#) is a condition in which people are born with an extra copy of chromosome 21.

Autism is a disorder marked by persistent impairment in reciprocal social interaction

social interaction, and restricted, repetitive patterns of behavior, interests, or activities.

[Fetal alcohol syndrome disorder](#) (FASD) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. FASDs are 100% preventable if a woman does not drink alcohol during pregnancy.

[Cerebral palsy](#) (CP) is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.

[Dual diagnosis \(IDD/MI\)](#): Individuals with both diagnosis of Intellectual Disability and

Community Settings (con't)

Challenge: Stigmatization; bias and prejudice, institutionalization and segregation, discrimination, abuse and neglect (Studies suggest that 49% of persons with IDD experience 10+ sexually abusive incidents, with >90% experiencing at least one sexual abuse incident at some point in their lives). Lack of resources in community settings.

Community Residential Settings staff sometimes feel ill-equipped to manage behavioral difficulties.

Family: Often feel ill-equipped to provide for the needs of their loved one with disabilities and fear that their loved

think *Keys to Deinstitutionalization*



Problem # 1: Resistance to change

Problem # 2: Lack of appropriate housing

Problem # 3: Lack of access to mental health care and psychiatric hospitalization

Problem # 4: Lack of employment opportunities for IDD population

For every Problem there is a Solution

Problem # 1

Resistance to Change

Ten Strategies to overcome resistance to change

- Address personal concerns first
- Link the change to other things people care about
- Tap into people's desire to avoid loss
- Tailor information to meet people's expectations
- Group your audience homogenously
- Take advantage of people's bias
- Make the change local and concrete
- Appeal to the whole brain
- Beware of overloading people
- Know the Pros and Cons of your change

Lack of Appropriate Housing

development of Community Residential Group Homes at the current time, is being addressed by private citizens.

Often the Community Residential Group Homes are not equipped to manage complex medical, psychiatric, and behavior challenges of individuals.

At the present time, there are not enough Residential Group Homes to accommodate all of those remaining in the SSLC.

The Olmstead Decision and the Nationwide movement toward Deinstitutionalization

On June 22, 1999, The U.S. Supreme Court ruled in *Olmstead v. L.C.* that unnecessary segregation and institutionalization of persons with disabilities violates the Americans with Disabilities Act (ADA). According to the ruling a State must develop a working plan for placing qualified individuals with disabilities in less restrictive settings.

Olmstead Decision did not prohibit states from operating ICF/IDD homes but encouraged a movement from the ICF/IDD institutional model toward smaller, home-like settings in the community.

Lack of Appropriate Housing: Solution (Not an institution)

Consider state owned residential ICF/IDD homes that meet the needs of the population of people residing in SSLCs *and* can later transition to Home and Community Based Service Homes (6 resident) or be contracted out to HCS providers.

of citizens

Residential Community Homes: For those who have fewer challenges.

Medical Support Homes: Where additional nursing staff will be available based on the individual's needs.

Comprehensive Support Homes: Available for individuals that may require extra staffing for various other needs.

Alternative Group Homes: Available to individuals that have some type of criminal history; are wards of the

Housing

Use existing resources (state owned land; state contract home builders) for restructuring the system. Strategically locate homes to serve all regions across the state (based on # of persons with IDD in the area) Number of homes per Type would also be based upon needs of population within the SSLCs. Place homes for people with complex medical and psychiatric needs close to emergency service facilities

Lack of Appropriate Housing Solution (con't)

Resident's medical, psychiatric, social services, etc. would be obtained through community or contract providers of services.

Resident's income is used to support their needs within the residential setting (just as it is in the SSLCs and community residential group homes this time).

Retain Monitoring Consistent with requirements set out in the Settlement Agreement between **the state of Texas** **state supported** ... (State employee monitor of services rendered by Local IDD Authorities). Extend these requirements to community residential group homes. Transfer oversight of state owned ICF/IDD homes to LIDDAs where they are located.

Lack of Appropriate Housing Solution (con't)

provide opportunity for existing qualified institution staff to continue to provide services to individuals whom they are close to in the new improved community setting [Lateral move] to reduce impact to employees of SSLCs.

Example: Home managers and direct care employees would be offered the opportunity to move with the individuals they serve to residential setting retaining their jobs with state benefits and retirement), reduce adjustment difficulties for the citizens who reside at the SSLCs. (However, it is usually not difficult to adjust to an improved condition).

Lack of access to appropriate mental health care and Inpatient Psychiatric Hospitalization Solutions

enforced Equal Rights for Persons with Disabilities (non-discrimination law)

2) Qualified individual with a disability. The term "qualified individual with a disability" means an individual with a disability who, with or without reasonable accommodations to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity.

DISCRIMINATION.

Notwithstanding the provisions of this title, no qualified individual with a disability shall, on the basis of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

Inpatient Psychiatric Hospitalization Solutions (con't)

Increase education and training for service professionals to include:

- Adapted therapeutic interventions

- Adapted Mental Health Evaluations for those with IDD
(encourage use of DM-ID-2)

- Adapted Emergency Mental Health Evaluations

- Adapted criteria for admission to psychiatric hospitals

- Adapted discharge criteria from psychiatric hospitals

Lack of Appropriate Employment

encourage community development of various levels of skill workshops

involve other state agencies in training and provision of work

opportunities

provide State incentives or grants for the development of workshops



Cost-benefit Analysis

Costs

• The cost of building and constructing the system (an estimated \$60-90 million state funds for the building of approximately 600 residential ICF/homes) (based on estimated building cost of \$100,000-150,000 per home).

Benefits

- Improved living conditions for those with disabilities.
- Meet federal requirements for monitoring services provided to individuals with ID.
- Increased safety for individuals with ID Diagnosis.
- Having homes strategically placed based on population (county of origin or family residence) increases contact with family members and reduces the impact to the service community.
- Increased opportunity for development and expansion of community health care services.

Increased opportunity for employment.

Return of initial cost in 1 year (Based on Total maintenance cost for SSLCs from 2017-2023 \$82,996,155 (estimated \$97.1 million annually).

Eliminate institutionalization (Texas would be a completely integrated state)

Eliminate residential group home shortage



will lead in innovative health care solutions in support of

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