

Texas Community Integration Collaborative

Presentation to the Texas Council
for Developmental Disabilities

Nov. 3, 2010

Catalyst for Collaboration

- In June 1999, the US Supreme Court decision in *Olmstead v. LC* ruled that unnecessary institutionalization of persons with disabilities would constitute unlawful discrimination under the Americans with Disabilities Act (ADA).
- DD Partners met to develop ideas for collaboration.

Olmstead - When must Community Services be Provided?

- When the States' treatment professionals determine that such placement is appropriate;
- Affected persons do not oppose such treatment; and
- Placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others.

Olmstead - In Addition

- Closures are not required under the *Olmstead* ruling.
- Community services to qualified persons is not boundless.

Texas Promoting Independence Plan

- A state can establish compliance if it demonstrates that it has a:
comprehensive, effectively working plan for placing qualified persons with mental disabilities in less restrictive settings, and a waiting list that moves at a reasonable pace not controlled by the State's endeavors to keep its institutions fully populated.

Why Integration?

From Sam Bagenstos- DOJ 3/2010

- Unnecessary institutionalization deprives people with disabilities of important opportunities that are available to people without disabilities.
 - Make connections with diverse people of one's choosing
 - Have the opportunity to take risks, to be free from constant protection
 - Experience equal respect as a human being

Why Integration?

From Justice Ginsburg's *Olmstead* opinion

- Institutional placement of persons who can handle and benefit from community settings:
 - Perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life,
 - Diminishes everyday life activities, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.

What is integration?

- ADA requires states and localities to serve individuals with disabilities in the most integrated setting appropriate to their individual needs.
- States are rebalancing their services to avoid constraining the ability of a person with a disability to be served in the most integrated setting.

Supportive Services

- Integration may require supportive services.
- “Individuals with disabilities are in the best position to choose for themselves how to go about their days, and with whom to interact and on what terms,” according to Sam Bagenstos.

The TCIC Project

- Texas Council for Developmental Disabilities, Advocacy, Inc., and the University of Texas Center for Disability Studies agreed to provide training and technical assistance and identify individual and systemic barriers to community integration.

Training Topics

- Individual Rights
- Person Directed Planning
- Due process hearings/appeals
- Self-determination
- Community Living Options
- Individualized Supports
- Children's Issues/Family-based Alternatives

Who Received Training?

- Community Volunteers
- IDT team members
- Community providers
- Facility administrators, social workers and direct care professionals
- Members of the community at large
- Residents of facilities, their family members and guardians

Goals Met

- Community Partners – in San Antonio, then expanded statewide – 1,587 partners
- Money Follows the Person/Community Transition Teams created by state agency
- Working relationships with local agencies and providers developed and maintained
- Presence in a variety of facilities – Nursing facilities, then ICFs, then SSLC's
- Developed systemic recommendations for PIAC – funding and programmatic changes

Increased Understanding of Options

- Through direct training and individual assistance:
 - 5,780 trained on systems advocacy and community supports
 - 1,622 self-advocates and 1,789 family members
 - 4,960 trained formal and informal community supports
 - Attended staffings, worked with MRA's, AAAs, ILC's and Managed Care Organizations

As of August 2009 – Grant Ended

- Money Follows the Person in TX and beyond
- Nursing Facilities Community placements using MFP 18,000 – all ages
- ICF transitions to community – 2,500, of those 1,500 used MFP Demonstration grant
- TCIC assisted in about 100 transition per year on average

System Rebalancing

- Based on informed choice:
 - NF occupancy declining, MFP available
 - Large ICF beds declining, 12 months PI Plan and facility closures
 - SSLC census declining, 6 months PI plan
 - FY '10 – 95 community placements, 184 remaining to move (as of 8/31/10)
 - FY '09 – 366 community placements, 40 remaining to move (as of 8/31/10)

System Rebalancing

- Community Options increasing
 - Aging out of CPS
 - Reduce Waiting Lists
 - MFP for children in nursing facility to HCS
 - Promoting Independence Funding
 - Consideration of higher medical and behavioral support needs by DADS

Increase Capacity of Providers

- To provide the community supports desired by individuals and their guardians requires:
 - Collaboration with state and local agencies and providers
 - Home Health, DHS/MHMR/DADS/CPS, Waiver Providers, HMOs, MRAs,
 - Housing, Durable Medical Suppliers, Home Modification Contractors
 - Guardianship programs, Regulatory Services

Address Systemic Barriers

- Improve Level of Need System and Individual LONs
- Increase individual budget caps
- Ensure access to equipment and home modifications
- Obtain housing vouchers
- Ensure person directed approaches
- Participate in facility closures and developing closure protocols

Address Systemic Barriers

- Establish medical necessity, collect data, overcome denials
- Demonstrate relocation/transition specialists model, expand statewide
- Negotiate and collaborate across systems
- Increase ability for informed choice – materials, informing processes expanded, focus on communication support needs

Closures

- Nursing Facility, ICF, HCS – voluntary and involuntary
- Before Money Follows the Person – SWAT Team
- Now – with and without MFP, more organized approach
- 785 ICF beds currently in transition

Sustainability

- Advocacy, Inc. – Community Integration Advocates, systemic advocacy for children and adults, collaboration with multiple state and local partners, involvement in closures and closure protocol development, quality of care and treatment across programs/settings
- SSLC casework – 368 cases last year, Abuse/Neglect, Community Integration, Civil Rights, Assistive Technology, Health Care, Education
- Still active in nursing facilities and community ICF's, and with waiver program participants

Sustainability

- UT CDS – Person Centered Practices Institute
– Closures/training for residents, families, staff and individual PDP facilitation, training of CPS/DD Specialists
- TCDD – Active on systemic issues, community services, case management, waiting lists, self-determination, information about options, partnerships
- Federal and state infrastructure has been developed and sustained – best outcome!!!

Recommendations

- Keep improving informing processes
- Inform the public of community options and successes
- Enhance oversight of facility and community services
- Reduce waiting lists, support diversion
- Continue focus on communication assessments and supports

Snapshot – 7,988 nursing facility transitions since 9/1/03

- Relocation Activity – June – Aug. 2010
 - 462 relocation assessments, 296 transitions completed
 - 213 TLC consumers and 78 TAS consumers received supports
 - 107 individuals to their own home/family home
 - 67 to assisted living
 - 114 into rentals,
 - 4 into independent/retirement centers
 - Note – over 20,000 transitions since MFP began

HCS Snapshot –as of 9-1-10

- Promoting Independence HCS slots
 - 120 for CPS youth aging out, 60 enrolled
 - 250 for large ICF residents, 125 released, 94 enrolled
 - 250 for SSLC residents, 171 released
- HCS slots
 - 196 prevention slots, 92 released
 - 5,120 slots, 4814 released from waiting list, 2355 enrolled; 186 for backlog; 16 released for children in nursing facilities, 10 enrolled; Rider 34, 25 released, 21 enrolled

Recommendations

- Study, demonstrate and imbed best practices across ages, disabilities and community-based services
- Promote self-determination, consumer direction
- Promote self-advocacy and systemic advocacy to reshape the system

Recommendations

- Support collaboration on individual and systemic issues
- Promote and provide training on positive behavior supports and creative individualized, supports
- Prevent service reductions, promote diversion and waiting list reduction

Thank you!

- For more information:

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