

DEPARTMENT: of Human Service **Office Memorandum**

TO : All Interested Persons DATE: August 16, 1984

FROM : Leonard W. Levine  
Commissioner PHONE: 296-4421

SUBJECT : Attached Report on Site Visits to Community Mental  
Retardation Programs in Other States.

The attached report describes three visits made by Minnesota delegations to community mental retardation programs in Michigan, Nebraska and New York. The delegations included staff from my Department as well as legislators, representatives from labor, provider groups, and advocacy organizations. The visits were extremely informative to those of us who participated, and I wanted to share as widely as possible what we learned and possible implications for Minnesota's programs for the mentally retarded.

MINNESOTA DEPARTMENT OF HUMAN SERVICES  
SITE VISIT REPORTS  
COMMUNITY MENTAL RETARDATION PROGRAMS  
OF SELECTED STATES

BACKGROUND: AT THE INITIATIVE OF COMMISSIONER LEONARD LEVINE, THE DEPARTMENT OF HUMAN SERVICES DEVELOPED A MAJOR PLAN EARLY IN 1983 TO REDESIGN THE SCOPE AND FUNDING OF SERVICES TO MENTALLY RETARDED PERSONS IN MINNESOTA. THAT PLAN, SUBMITTED TO THE MINNESOTA LEGISLATURE IN MARCH OF THAT YEAR, SET IN MOTION THE DEVELOPMENT AND EVENTUAL PASSAGE OF MINNESOTA STATUTES, CHAPTER 312, THE "OMNIBUS MENTAL RETARDATION ACT OF 1983."

A MAJOR COMPONENT OF THAT PLAN AUTHORIZED THE DEPARTMENT TO SEEK A HOME AND COMMUNITY-BASED CARE WAIVER UNDER THE TITLE XIX MEDICAID PROGRAM. THAT WAIVER WOULD ALLOW MINNESOTA TO MOVE FROM A RATHER RESTRICTIVE "CONTINUUM OF CARE" MODEL TO A BROADER "ARRAY OF COMMUNITY SERVICES" APPROACH TO SERVING PERSONS WHO EXPERIENCE MENTAL RETARDATION.

IN AN ATTEMPT TO LEARN OF OTHER STATES' EXPERIENCES IN MOVING TOWARD SUCH A MODEL, COMMISSIONER LEVINE INITIATED A SERIES OF SITE VISITS TO SEVERAL SELECT STATES, INVITING ON THOSE VISITS REPRESENTATIVES FROM LABOR, PROVIDER GROUPS, LEGISLATORS, AND ADVOCACY ORGANIZATIONS.

THE REPORTS THAT FOLLOW CHRONICLE THE FINDINGS OF THOSE TRIPS AND LIST SEVERAL POLICY IMPLICATIONS FOR MINNESOTA. AS FUTURE TRIPS OCCUR, THIS DOCUMENT WILL BE UPDATED.

## SITE VISIT TO MICHIGAN

MAY 23, 1984

### PARTICIPANTS:

LEONARD LEVINE, COMMISSIONER, DEPARTMENT OF HUMAN SERVICES

JONATHAN BALK, CEO, ANOKA/CAMBRIDGE STATE HOSPITAL

PAM BIDELMAN, ASSOCIATION OF PROFESSIONAL EMPLOYEES (MAPE)

WARREN BOCK, MENTAL RETARDATION DIVISION, DEPARTMENT OF HUMAN SERVICES

LEE GREENFIELD, STATE LEGISLATOR

DEAN HONETSCHLAGER, DIRECTOR, HUMAN RESOURCE PLANNING, STATE PLANNING AGENCY

JERRY JOHNSON, MIDDLE MANAGEMENT ASSOCIATION (MMA)

MIKE MORRELL, AFSCME

JERRY MUELLER, EXECUTIVE DIRECTOR, MINNESOTA DACA

MARGARET SANDBERG, ASSISTANT COMMISSIONER, MENTAL HEALTH BUREAU, DEPARTMENT  
OF HUMAN SERVICES

### SITE VISIT SCHEDULE:

THE GROUP LEFT ST. PAUL AT 11 A.M. AND RETURNED AT MIDNIGHT THE SAME DAY AFTER  
VISITING A TOTAL OF NINE SITES AND MEETING WITH MICHIGAN MENTAL RETARDATION  
OFFICIALS.

BACKGROUND DATA: THE POPULATION OF MICHIGAN IS AROUND 11 MILLION. THE "TARGET"  
POPULATION SERVED BY THE MICHIGAN DEPARTMENT OF MENTAL HEALTH TOTALS APPROXIMATELY  
8,000. THERE ARE 2,400 PERSONS IN STATE

INSTITUTIONS AND 5,600 IN COMMUNITY PROGRAMS, 1,100 OF WHICH ARE IN FACILITIES CERTIFIED AS INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFS/MR, KNOWN IN MICHIGAN AS AIS HOMES). NO COMMUNITY FACILITIES ARE LARGER THAN SIX RESIDENTS.

MICHIGAN HAS A MANDATORY EDUCATION PROGRAM FOR MENTALLY RETARDED CHILDREN AGE 0 TO 25 AND HAS RECENTLY ENACTED A FAMILY SUBSIDY PROGRAM THAT, WHEN IMPLEMENTED, WILL GIVE ANY FAMILIES A \$2,000 PER YEAR GRANT FOR CARE OF A CHILD DIAGNOSED AS SEVERELY HANDICAPPED.

THE ADMINISTRATION OF COMMUNITY SERVICES IS REGIONALLY BASED BUT IS STATE SUPERVISED AND STATE FUNDED. THE STATE INSTITUTIONS ARE MEDICAL ASSISTANCE (MA) FUNDED AND APPROXIMATELY 180 GROUP HOMES (WITH 1,100 RESIDENTS) ARE ALSO MA CERTIFIED. THE VAST MAJORITY OF COMMUNITY PROGRAMS ARE FUNDED WITH GENERAL REVENUE FUNDS SUPPLEMENTED WITH FEDERAL SUPPLEMENTAL SECURITY INCOME (SSI) FUNDS FOR ROOM AND BOARD COSTS,

SITES VISITED:

THE GROUP VISITED THREE MODELS OF COMMUNITY PROGRAMS AND PLYMOUTH STATE HOSPITAL. THE COMMUNITY PROGRAMS ARE ASSOCIATED WITH THE MACOMB-OAKLAND REGIONAL CENTER.

1. PLYMOUTH STATE HOSPITAL (JUST OUTSIDE DETROIT) IS A LARGE, MULTI-BUILDING FACILITY CONSTRUCTED IN THE EARLY 1960s. IN 1976 PLYMOUTH HAD A RESIDENT POPULATION OF 850 MENTALLY RETARDED PERSONS. ON MAY 23 IT HAD 18 REMAINING CLIENTS WHO WERE EXPECTED TO BE PLACED IN THE COMMUNITY WITHIN THE MONTH. THE REDUCTION

AND EVENTUAL CLOSURE OF THIS FACILITY WAS A MAJOR STIPULATION OF THE STATE'S CONSENT DECREE.

2. AIS HOMES - THESE HOMES ARE NEWLY CONSTRUCTED BY PRIVATE INVESTORS AND LEASED BY THE STATE FOR TEN YEARS WITH TWO FIVE-YEAR EXTENSION OPTIONS. THEY ARE CONSTRUCTED AT A COST OF \$26,000 PER BED (MAXIMUM SIZE IS SIX BEDS) AND ALL ARE BARRIER FREE TO ACCOMMODATE THE PHYSICALLY HANDICAPPED. THEY SERVE SEVERELY AND PROFOUNDLY RETARDED PERSONS WHO TYPICALLY HAVE PHYSICAL HANDICAPS; THEY ARE STAFFED AROUND THE CLOCK WITH SHIFT STAFF, PER DIEMS RANGE FROM \$60 - \$85 WITH SOME EXCEPTIONS FOR BEHAVIORALLY DISTURBED OR MEDICALLY FRAGILE INDIVIDUALS.

MOST RESIDENTS IN THE HOME VISITED HAD FORMERLY LIVED AT PLYMOUTH STATE HOSPITAL.

THE STAFF IN THE AIS HOME WORK FOR NON-PROFIT CORPORATIONS WHICH CAN OPERATE UP TO A MAXIMUM OF TEN HOMES. IF PROBLEMS OF SERVICE QUALITY OR MANAGEMENT OCCUR, A NEW PROVIDER IS CONTRACTED WITH TO TAKE OVER; THE RESIDENTS REMAIN IN THE HOME. WHEN INDIVIDUAL RESIDENTS HAVE SERIOUS PROBLEMS, ADDITIONAL STAFF ARE BROUGHT IN ON AN AD HOC, TEMPORARY BASIS BY THE CASE MANAGER; THE RESIDENTS ARE NOT REFERRED BACK TO AN INSTITUTION.

3. COMMUNITY LIVING FACILITIES - CLAS ARE GROUP HOMES IN RESIDENTIAL NEIGHBORHOODS THAT WERE PREVIOUSLY SINGLE FAMILY HOMES. IN SOME CASES, MINOR MODIFICATIONS HAVE BEEN MADE TO THE HOMES BUT GENERALLY, THEY LOOK AND "FEEL" LIKE ANY OTHER PRIVATE RESIDENCE. THE QUALITY OF THE HOMES IS HIGH AND IT IS IMPOSSIBLE TO

TELL THEM APART FROM THE REST OF THE HOMES IN THE NEIGHBORHOOD. (THE ONLY CLUE THAT THIS TYPE OF RESIDENCE IS DIFFERENT IS THAT THERE ARE USUALLY MORE CARS - OF THE STAFF - IN THE DRIVEWAYS THAN IN THE DRIVEWAYS OF THE NEIGHBORS.)

THESE HOMES ARE ALSO OPERATED AT A PER DIEM OF \$40 - \$60 BY NON PROFIT CORPORATIONS SIMILAR TO THOSE OPERATING THE AIS HOMES; ROOM AND BOARD COSTS ARE COVERED BY THE RESIDENTS' SSI PAYMENTS; ALL OTHER COSTS COME FROM GENERAL REVENUE FUNDS. THE RESIDENTS ARE MODERATELY TO SEVERELY RETARDED AND TYPICALLY ATTEND SHELTERED WORKSHOPS OR WORK IN SUPPORTED EMPLOYMENT SITES IN THE COMMUNITY.

4. COMMUNITY TRAINING HOMES - CTHS, OR SPECIALIZED FOSTER CARE SETTINGS, ARE DESIGNED FOR UP TO FOUR CHILDREN. MORE TYPICALLY, THEY SERVE TWO OR THREE CHILDREN. THE TRAINING HOMES VISITED SERVED PROFOUNDLY RETARDED CHILDREN, SOME NON-AMBULATORY AND SOME WITH SEVERE MEDICAL PROBLEMS. THESE HOMES WERE PROBABLY THE MOST IMPRESSIVE SETTINGS VISITED. THE CHILDREN WERE VERY SEVERELY HANDICAPPED AND NOT THE TYPE ONE WOULD EXPECT TO BE "PLACEABLE" IN THE COMMUNITY, ESPECIALLY DUE TO THE DEGREE OF MEDICAL INVOLVEMENT. WHEN ASKED ABOUT THE GENERAL COURSE OF THEIR MEDICAL PROBLEMS, BOTH THE STATE OFFICIALS AND THE FOSTER PARENTS CONSISTENTLY REPORTED MARKED IMPROVEMENT IN THEIR CONDITIONS AFTER PLACEMENT IN THE TRAINING HOMES FROM THE STATE HOSPITALS.

THE HOMES THEMSELVES ARE REGULAR FAMILY SETTINGS THAT ARE SIGNIFICANT ONLY IN THE FACT THAT HANDICAPPED CHILDREN LIVE IN THEM.

THE HOMES VISITED WERE THOSE OF TYPICAL MIDDLE CLASS FAMILIES - THE HUSBAND WORKED OUT OF HOME AND THE WIFE/MOTHER TOOK CARE OF THE CHILDREN. IN A FEW INSTANCES, COMMUNITY HOMES ARE RUN BY SINGLE PARENTS. THE FIRST HOME VISITED, THE GRIFKA TRAINING HOME IN WAYNE COUNTY, SERVED TWO MENTALLY RETARDED CHILDREN: ONE SEVEN YEAR OLD PROFOUNDLY MENTALLY RETARDED, NON-AMBULATORY BOY WHO HAD FREQUENT SEIZURES, THE OTHER A NINE-YEAR OLD SEVERELY RETARDED BOY WITH NO VERBAL SKILLS. THE FOSTER PARENTS ALSO HAD TWO NON-HANDICAPPED CHILDREN OF THEIR OWN.

THE CHILDREN WITH MENTAL RETARDATION RECEIVED SSI PAYMENTS PLUS A \$9 STATE SUPPLEMENT, FOR A TOTAL OF \$33 PER DAY FUNDING PER WHO HAD RUN THIS TRAINING HOME FOR FIVE YEARS WAS, "YOU DON'T DO THIS FOR THE MONEY!" HER PRIMARY "COMPLAINT" REGARDED ALL THE PAPERWORK THE STATE REQUIRED OF HER TO DOCUMENT THE GOALS AND PROGRESS OF THE CHILDREN. IT WAS VERY APPARENT TO THE ENTIRE GROUP THAT THESE CHILDREN WERE LOVED AS MUCH AS THE NATURAL CHILDREN AND WERE BENEFITING GREATLY FROM THEIR SETTING.

THE SECOND HOME VISITED SERVED TWO PROFOUNDLY MENTALLY RETARDED TWIN BOYS, ONE OF WHOM HAS A HISTORY OF SEVERE SELF-INJURIOUS AND AGGRESSIVE BEHAVIOR, AND ONE PROFOUNDLY RETARDED GIRL OF SIXTEEN. THESE TRAINING HOME PARENTS DID NOT HAVE CHILDREN OF THEIR OWN LIVING WITH THEM. THEY RECEIVED \$85 PER DAY FUNDING FOR ALL THREE CHILDREN. THE TWINS HAD PREVIOUSLY BEEN PLACED AT PLYMOUTH WHERE THE PER DIEM WAS APPROXIMATELY \$180 PER DAY FOR EACH.

EMPLOYEE STATUS - NONE OF THE STAFF IN THE PROGRAMS VISITED WERE UNIONIZED, NOR HAD ANY PREVIOUSLY WORKED IN AN INSTITUTION. WHEN ASKED ABOUT WHAT HAPPENED TO THE EMPLOYEES AT PLYMOUTH AS THAT FACILITY REDUCED ITS POPULATION, THE STAFF OFFICIALS INDICATED THAT THE STAFF REDUCTIONS WERE ACCOMMODATED PRIMARILY BY ATTRITION, WITH SEVERAL OF THE PROFESSIONAL STAFF TAKING POSITIONS IN COMMUNITY PROGRAMS.

BACKUP FOR COMMUNITY SERVICES - THE MACOMB-OAKLAND REGIONAL CENTER EMPLOYS A LARGE CADRE OF PROFESSIONAL STAFF SUFFICIENT TO ASSURE THAT ALL COMMUNITY PROGRAMS HAVE SUPPORT AND "BACK-UP" SERVICES. SEVERAL OF THESE PROFESSIONALS PREVIOUSLY WORKED IN MICHIGAN INSTITUTIONS. ALL GROUP HOME PARENTS AND STAFF MUST RECEIVE A SET NUMBER OF HOURS OF IN-SERVICE TRAINING ANNUALLY THAT IS PROVIDED BY THE REGIONAL CENTER. EVERY PROGRAM VISITED RECEIVED, AT A MINIMUM, MONTHLY VISITS BY A REGISTERED NURSE. A CASE MANAGER VISITED ON A MORE FREQUENT BASIS. A PSYCHOLOGIST VISITED LESS FREQUENTLY DEPENDING UPON THE NEEDS OF THE CLIENTS. CASE MANAGER RATIOS ARE 1:25, MAXIMUM; REGISTERED NURSE, 1:60, AND PSYCHOLOGIST, 1:60. ALL PROFESSIONALS ARE ON-CALL IN EMERGENCIES. IN SOME INSTANCES, THE CASE MANAGER MAKES WEEKLY VISITS TO THE HOME.

CASE MANAGEMENT - THE CASE MANAGEMENT AND MONITORING FUNCTION IS VIEWED AS THE PRIMARY QUALITY ASSURANCE MECHANISM IN MICHIGAN'S COMMUNITY-BASED SYSTEM OF CARE AND TRAINING. CASE MANAGERS HAVE DISCRETE SPECIALTIES. ONE INTERVIEWED, FOR EXAMPLE, FOCUSED ON DEVELOPING COMMUNITY PLACEMENTS SITES FOR IDENTIFIED CLIENTS.



DEVELOPMENT INCLUDED LOCATING AND TRAINING GROUP HOME OR TRAINING HOME STAFF. OTHERS SPECIALIZED IN WORKING WITH MEDICALLY FRAGILE OR PROBLEM BEHAVIOR CLIENTS. IT WAS APPARENT THAT THE CASE MANAGERS MONITORED FREQUENTLY AND VERY CAREFULLY ALL CLIENTS IN THEIR CASE LOADS,

POLICY IMPLICATIONS FOR MINNESOTA'S DEPARTMENT OF HUMAN SERVICES:

TWO CONCEPTS ARE STRONGLY REINFORCED BY MICHIGAN'S EXPERIENCES. FIRST, THAT ALMOST ANY PERSON WITH MENTAL RETARDATION, INCLUDING THOSE WITH PHYSICAL HANDICAPS OR MEDICAL CONDITIONS, CAN BE SERVED IN A SAFE AND EFFECTIVE MANNER IN A COMMUNITY SETTING. SECOND, THOSE PERSONS WITH MENTAL RETARDATION NEED NOT BE SERVED IN SETTINGS OF LARGER THAN SIX RESIDENTS; THESE SMALLER SETTINGS ARE PROGRAMMATICALLY ADEQUATE AND SUBSTANTIALLY LESS EXPENSIVE THAN THE LARGER INSTITUTIONS THAT PREVIOUSLY SERVED THESE SAME CLIENTS.

ADDITIONAL POLICY-RELEVANT IMPLICATIONS OF MICHIGAN'S PROGRAMS INCLUDE THE FOLLOWING:

1. ALTHOUGH THE STATE HAS MORE THAN TWICE THE POPULATION OF MINNESOTA, IT SERVES JUST A FEW HUNDRED MORE PERSONS WITH MENTAL RETARDATION THAN DOES MINNESOTA IN OUT-OF-HOME PLACEMENT, CLEARLY MANY MORE PERSONS WITH MENTAL RETARDATION IN MICHIGAN REMAIN IN THEIR OWN HOMES. THE SERVICES PROVIDED TO THESE INDIVIDUALS WERE NOT EXAMINED IN THIS SITE VISIT, HOWEVER, THE FAMILY SUBSIDY PROGRAM AND THE "0 TO 25" EDUCATION PROGRAM MAY BE SIGNIFICANT IN THIS REGARD.

2. THE MAJORITY OF COMMUNITY FACILITIES ARE NOT CERTIFIED AS ICF/MRS IN ORDER TO RECEIVE MA FUNDING: THIS DIFFERS MARKEDLY FROM MINNESOTA, IN WHICH ALL BUT A VERY FEW "GROUP HOMES" ARE ICFS/MRS. THIS IMPLIES THAT MICHIGAN HAS PERCEIVED BENEFITS FROM STRUCTURING SERVICES OUTSIDE OF MA REGULATIONS DESPITE THE ADDITIONAL BURDEN ON STATE REVENUES.
3. THE STATE'S CAPACITY TO ENSURE HIGH QUALITY SERVICE IS ENHANCED BY ITS CAPACITY TO SEPARATE FACILITY OWNERSHIP FROM FACILITY OPERATIONS. SUCH SEPARATION ALLOWS PUBLIC AGENCIES TO TERMINATE ONE SERVICE CONTRACT AND DEVELOP A NEW ONE WITH A DIFFERENT PROVIDER WITHOUT DISLOCATING RESIDENTS.
4. AT LEAST THE DETROIT REGION OF MICHIGAN HAS BEEN ABLE TO DEVELOP AN EXTENSIVE COMMUNITY SERVICE SYSTEM WHILE DISMANTLING A LARGE STATE INSTITUTION WITHOUT SIGNIFICANT DISRUPTION OF STATE EMPLOYEES DESPITE AN ALMOST TOTAL RELIANCE ON PRIVATE SECTOR PROVIDERS. (PROFESSIONAL BACKUP STAFF ARE PUBLICLY FUNDED.)
5. CASE MANAGEMENT IS HIGHLIGHTED IN THE MICHIGAN SERVICE SYSTEM AS AN EXTREMELY IMPORTANT PROFESSIONAL FUNCTION, AND THE CASE MANAGEMENT RATIO OF 1:25 CLEARLY REFLECTS THIS IMPORTANCE.

## **SITE VISIT TO NEBRASKA**

**MAY 25, 1984**

### PARTICIPANTS:

LEONARD LEVINE, COMMISSIONER, DEPARTMENT OF HUMAN SERVICES  
SUE ABDERHOLDEN, ASSOCIATE DIRECTOR\* MINNESOTA ARC  
BETTY JOE BEISE, ASSOCIATION OF PROFESSIONAL EMPLOYEES (MAPE)  
WARREN BOCK, MENTAL RETARDATION DIVISION, DEPARTMENT OF HUMAN SERVICES  
JERRY JOHNSON, MIDDLE MANAGEMENT ASSOCIATION (MMA)  
WALLY JOHNSON, CLINICAL DIRECTOR, CAMBRIDGE STATE HOSPITAL  
JERRY MUELLER, EXECUTIVE DIRECTOR, MINNESOTA DACA  
MARGARET SANDBERG, ASSISTANT COMMISSIONER, MENTAL HEALTH BUREAU,  
DEPARTMENT OF HUMAN SERVICES

### SITE VISIT SCHEDULE:

THE GROUP LEFT ST. PAUL AT 9 A.M. AND RETURNED AT 4:30 P.M. THE SAME DAY AFTER VISITING TWO RESIDENTIAL AND TWO WORK STATION PROGRAMS, AND MEETING WITH NEBRASKA MENTAL RETARDATION OFFICIALS.

BACKGROUND DATA: NEBRASKA HAS A POPULATION OF AROUND 1.5 MILLION. THE "TARGET" POPULATION OF PERSONS WITH MENTAL RETARDATION NUMBERS APPROXIMATELY 2,500, WITH 450 SERVED IN THE STATE'S ONLY STATE INSTITUTION, BEATRICE STATE HOSPITAL, WHICH IS CERTIFIED AND FUNDED WITH MEDICAL ASSISTANCE (MA). THERE IS ALSO A CONSENT DECREE IN PLACE THAT CALLS FOR THE GRADUAL REDUCTION OF THE STATE HOSPITAL POPULATION.

THE STATE IS DIVIDED INTO SIX RELATIVELY AUTONOMOUS REGIONS SERVING THE MENTALLY RETARDED. REGION VI, ENCOR, HAS A POPULATION BASE OF 600,000 AND CURRENTLY SUPPORTS 300 PERSONS IN COMMUNITY GROUP HOMES NO LARGER THAN EIGHT PERSONS EACH, WITH SOME HOUSING SIX OR LESS. APPROXIMATELY 450 PERSONS RECEIVE DAY VOCATIONAL PROGRAMS, MANY OF WHOM LIVE IN GROUP HOMES. ALL COMMUNITY GROUP HOMES ARE FUNDED WITH GENERAL REVENUE, TITLE XX AND SUPPLEMENTAL SECURITY INCOME (SSI). NEBRASKA DOES NOT USE TITLE XIX MONIES IN ANY OF ITS COMMUNITY PROGRAMS. THE STATE HAS AN EXTENSIVE SPECIALIZED FOSTER CARE PROGRAM THAT COSTS \$650/MONTH WITH A PERSONAL ALLOWANCE FOR ROOM AND BOARD (SSI) OF \$125/MONTH

SITES VISITED:

THE FIRST PROGRAM VISITED WAS THE DEVELOPMENTAL MAXIMIZATION UNIT (DMU) WHICH SERVED FOUR CHILDREN WITH UP TO TWO ADDITIONAL BEDS AVAILABLE FOR RESPITE CARE. THIS IS A NEW PROGRAM IN OMAHA WHICH REPLACED A \$300/DAY UNIT ATTACHED TO A COMMUNITY HOSPITAL. THE FACILITY ITSELF IS A MODERN, FOUR BEDROOM HOME IN A RESIDENTIAL NEIGHBORHOOD. THE HOME IS LEASED FROM A PRIVATE INVESTOR. THE PROGRAM IS OPERATED BY THE EASTERN NEBRASKA COMMUNITY OFFICE OF RETARDATION (ENCOR). (SEE ATTACHED OVERVIEW DOCUMENT.)

ALL THE CHILDREN AT THE DMU WERE PROFOUNDLY RETARDED AND MEDICALLY FRAGILE. ONE WAS TWO MONTHS OLD. SIMILAR TO MICHIGAN, BOTH THE STATE OFFICIALS AND THE GROUP HOME STAFF REPORTED THAT MEDICAL PROBLEMS DRASTICALLY IMPROVED WHEN THE CHILDREN WERE PLACED IN THIS HOME-LIKE ENVIRONMENT. THE STAFF CLEARLY INTERACTED WITH THE

CHILDREN IN A VERY WARM AND PERSONAL MANNER. THE HOME HAD THE EQUIVALENT OF EIGHT FULL-TIME STAFF - FOUR NURSING AND FOUR DIRECT CARE - FOR THE SIX RESIDENTS.

THE ANNUAL COST FOR THE TOTAL PROGRAM, INCLUDING HOUSING, RAN ABOUT \$30,000 PER CHILD, OR ABOUT \$85 PER DIEM.

THE SECOND SITE VISITED WAS AT A HOLIDAY INN MOTEL IN OMAHA. ONE WORK STATION SUPERVISOR AND NINE CLIENTS MAINTAINED 46 ROOMS ON ONE FLOOR OF THE MOTEL. THEIR SALARIES WERE COMPUTED ACCORDING TO THEIR PRODUCTION LEVELS. THE CONTRACT WITH THE MOTEL FOR MAINTENANCE OF THIS ONE FLOOR WAS BASED ON A COMPUTATION OF WHAT THE HOTEL WOULD HAVE SPENT ON REGULAR EMPLOYEES FOR MAINTENANCE ACTIVITIES. THE PROGRAM DID NOT COST THE HOTEL ANY ADDITIONAL DOLLARS, AND THE INCOME FROM THE HOTEL REDUCED STATE COSTS FOR DAY PROGRAMMING.

NEBRASKA OFFICIALS REPORTED THAT SEVERAL CLIENTS HAD BEEN TRAINED IN THIS SETTING AND SUBSEQUENTLY WENT ON TO COMPETITIVE EMPLOYMENT INDEPENDENTLY. THE RESIDENTS OBSERVED WERE PRIMARILY MILDLY TO MODERATELY HANDICAPPED.

THE THIRD SITE WAS ALSO A WORK STATION IN INDUSTRY (WSI), THIS TIME IN NEBRASKA METHODIST HOSPITAL. THIS SITE USED 12 CLIENTS PER SHIFT TO COMPLETELY OPERATE THE DISHWASHING FUNCTION FOR THE ENTIRE HOSPITAL. AGAIN, THE CONTRACT AMOUNT WAS BASED ON WHAT THE HOSPITAL CALCULATED IT WOULD COST TO EMPLOY REGULAR EMPLOYEES. A TOTAL OF 22 CLIENTS WORKED ON THIS SITE AND WASHED ALL BREAKFAST AND LUNCH DISHES SEVEN DAYS PER WEEK. CLIENT FUNCTIONING LEVELS APPEARED TO BE COMPARABLE TO THOSE FOUND AT THE HOLIDAY INN WSI.

THE LAST SITE WAS A FIVE BED GROUP HOME VERY SIMILAR TO MINNESOTA'S INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFs/MR) . ROOM AND BOARD COSTS WERE PAID WITH THE RESIDENT'S SSI PAYMENTS, AND THE PROGRAM (STAFF) COSTS WERE PAID BY GENERAL REVENUE FUNDS. SALARIES FOR DIRECT CARE STAFF STARTED AT \$3.65 PER HOUR.

EMPLOYEE STATUS: NONE OF THE EMPLOYEES IN THE ENCOR PROGRAM WERE UNIONIZED. OFFICIALS INFORMED THE GROUP THAT THERE WERE FEW UNIONS ANYWHERE IN NEBRASKA.

BACKUP FOR COMMUNITY SERVICES: THE ENCOR REGIONAL PROGRAM SERVES APPROXIMATELY 300 PERSONS IN EIGHT BED GROUP HOMES. ALL STAFF ARE EMPLOYEES OF THE REGION AND INCLUDE THERAPISTS, CASE MANAGERS, SUPERVISORS, AND DIRECT CARE STAFF. IN ADDITION, SEVERAL OTHER COMMUNITY-BASED SERVICES ARE AVAILABLE TO DEVELOPMENTALLY DISABLED CHILDREN, ADULTS AND THEIR FAMILIES (SEE ATTACHED) .

CASE MANAGEMENT: CASE MANAGERS ARE EMPLOYEES OF THE REGIONAL OFFICE AND TYPICALLY HAVE CASE LOADS OF APPROXIMATELY 1:25-30. EACH CLIENT HAS AN ASSIGNED CASE MANAGER WHO COORDINATES THE INDIVIDUAL SERVICE PLAN WITH THE INTERDISCIPLINARY TEAM, THE RESIDENTIAL AND THE VOCATIONAL PROGRAMS.

POLICY IMPLICATIONS FOR MINNESOTA'S DEPARTMENT OF HUMAN SERVICES:

NEBRASKA'S ENCOR PROGRAM HAS BEEN CONSIDERED A NATIONAL MODEL FOR SEVERAL YEARS DUE TO ITS EMPHASIS ON TRUE COMMUNITY INTEGRATION BUILT UPON THE PRINCIPLE OF NORMALIZATION.

SEVERAL POLICY-RELEVANT IMPLICATIONS OF NEBRASKA'S PROGRAM SHOULD BE NOTED:

1. AS IN MICHIGAN, NEBRASKA HAS DEVELOPED A COMMUNITY SERVICE SYSTEM FOR PERSONS WITH MENTAL RETARDATION THAT DOES NOT RELY ON MEDICAL ASSISTANCE FUNDING. AGAIN, THE STATE APPEARS TO HAVE OPTED FOR GREATER FREEDOM IN SERVICE DESIGN THAN THE FEDERAL-STATE FUNDING PROGRAM ALLOWS.
2. ALSO AS IN MICHIGAN, NEBRASKA HAS SUCCESSFULLY PLACED MEDICALLY FRAGILE MENTALLY RETARDED PERSONS IN COMMUNITY SETTINGS.
3. NEBRASKA, LIKE MICHIGAN, HAS BEEN ABLE TO DEVELOP AN EXTENSIVE COMMUNITY SERVICE SYSTEM WITH ALMOST TOTAL RELIANCE ON PRIVATE SECTOR PROVIDERS.
4. NEBRASKA, LIKE MICHIGAN, HAS RECOGNIZED THE CENTRALITY OF PROFESSIONALLY PERFORMED CASE MANAGEMENT TO THE SUCCESS OF SERVICE DELIVERY.

## SITE VISIT TO NEW YORK

JUNE 21-22, 1984

### PARTICIPANTS:

LEONARD LEVINE, COMMISSIONER, DEPARTMENT OF HUMAN SERVICES  
JONATHAN BALK, CEO, ANOKA/CAMBRIDGE STATE HOSPITAL  
WARREN BOCK, DIRECTOR (ACTING) MENTAL RETARDATION DIVISION,  
DEPARTMENT OF HUMAN SERVICES  
WAYNE FOX, RAMSEY COUNTY HUMAN SERVICES DEPARTMENT  
RICHARD KING, SRSEA  
JERRY MUELLER, EXECUTIVE DIRECTOR, MINNESOTA DACA  
PETER RODOSOVICH, STATE REPRESENTATIVE  
MARGARET SANDBERG, ASSISTANT COMMISSIONER, MENTAL HEALTH BUREAU,  
DEPARTMENT OF HUMAN SERVICES  
KENNETH STINSON, PROGRAM DIRECTOR, WILLMAR STATE HOSPITAL

### SITE VISIT SCHEDULE:

THE GROUP LEFT ST. PAUL AT 8:25 A.M. ON WEDNESDAY, JUNE 21 AND RETURNED AT 8 P.M. ON FRIDAY, JUNE 22. A TOTAL OF FIVE GROUP HOMES, TWO DAY TREATMENT PROGRAMS, AND ONE DEVELOPMENTAL CENTER (STATE INSTITUTION) WERE VISITED.

BACKGROUND DATA: AS MIGHT BE EXPECTED, THE STATE OF NEW YORK HAS A VERY LARGE AND COMPLEX SERVICE SYSTEM FOR ITS CITIZENS WHO HAVE A DEVELOPMENTAL DISABILITY. THE NEW YORK OFFICE OF MENTAL



RETARDATION/DEVELOPMENTAL DISABILITIES EMPLOYS ABOUT 30,000 PEOPLE AND OPERATES A WIDE RANGE OF INSTITUTIONAL AND COMMUNITY-BASED SERVICES. BEGINNING IN THE EARLY 1970s, NEW YORK BEGAN A MAJOR POLICY THRUST TO DEVELOP COMMUNITY PROGRAMS SO THAT MENTALLY RETARDED PERSONS COULD MOVE OUT OF ITS 20 STATE INSTITUTIONS. THEIR GOAL WAS TO MOVE 6,500 PERSONS TO THE COMMUNITY BY 1982 WHICH WOULD REDUCE ITS INSTITUTION POPULATION TO 10,000. IN 1981 ALONE, NEW YORK PLACED OVER 2,000 PERSONS INTO COMMUNITY RESIDENCES. THIS IMPETUS WAS LARGELY DUE TO A MAJOR CLASS ACTION SUIT, RESULTING IN A CONSENT DECREE THAT CALLED FOR THE REDUCTION OF THE WILLOWBROOK DEVELOPMENTAL CENTER (D.C.).

THE MINNESOTA GROUP VISITED A SAMPLE OF THE WIDE ARRAY OF COMMUNITY SERVICES IN TWO BOROUGHES OF NEW YORK CITY, MANHATTAN AND BROOKLYN. THE GROUP ALSO HAD THE OPPORTUNITY TO VISIT BRIEFLY WITH COMMISSIONER ARTHUR WEBB AND THE OFFICIALS FROM THE MANHATTAN AND BROOKLYN DEVELOPMENTAL SERVICES OFFICES (BDSOs).

EACH BOROUGH FUNCTIONS AS AN AUTONOMOUS "REGIONAL" PROGRAM UNDER A DIRECTOR WHO IS RESPONSIBLE FOR THE MANAGEMENT OF SEVERAL COMMUNITY PROGRAMS AND ONE DEVELOPMENTAL CENTER. FOR EXAMPLE, THE BROOKLYN DEVELOPMENTAL SERVICES OFFICE SERVES A POPULATION BASE OF 2.5 MILLION PEOPLE WITH 102 COMMUNITY RESIDENTIAL SITES AND ONE 576 BED DEVELOPMENTAL CENTER. IT HAS THREE STATE OPERATED COMMUNITY RESIDENCES (11 CLIENTS TOTAL); 6 STATE-OPERATED ICFs/MR (59 CLIENTS); 67 FAMILY CARE PLACEMENTS (78 CLIENTS); 10 PERSONAL CARE SETTINGS (22 CLIENTS); 6 VOLUNTARY ICFs/MR (589 CLIENTS) AND 33 VOLUNTARY DAY PROGRAMS SERVING NEARLY 3,000 CLIENTS. (SEE ATTACHMENT #1 FOR A DESCRIPTION OF STATE-OPERATED AND VOLUNTARY PROGRAMS FOR EACH OF THE 5 BOROUGHES OF NEW YORK.)

COMMUNITY DEVELOPMENT STRATEGIES: IN BROOKLYN, ALL COMMUNITY RESIDENCES OPERATED BY VOLUNTARY AGENCIES WERE DEVELOPED BY A STATE/AGENCY "PARTNERSHIP." THE BOROUGH HAS A QUASI-PUBLIC CORPORATION, THE FACILITY DEVELOPMENT CORPORATION, WHICH HAD A CAPITAL DEVELOPMENT FUND OF 12 MILLION FOR FY 1984. SHOULD A VOLUNTARY AGENCY WISH TO DEVELOP A COMMUNITY-BASED ICF/MR, IT CAN APPLY TO THIS CORPORATION FOR A GRANT OF UP TO \$300,000 WHICH THE AGENCY MUST MATCH WITH \$150,000 FOR CAPITAL CONSTRUCTION. THE FACILITY DEVELOPMENT CORPORATION IS FUNDED BY THE STATE LEGISLATURE WITH GENERAL REVENUE FUNDS. WITH THIS ARRANGEMENT, PROPERTY-RELATED COSTS ARE SEPARATED FROM PROGRAM OPERATING COSTS OF COMMUNITY PROGRAMS. (ALL PER DIEMS QUOTED BELOW ARE FOR OPERATING COSTS ONLY.) BROOKLYN HAS A GOAL OF OPENING 138 FACILITIES OF TEN BEDS EACH BY 1987.

SITES VISITED:

THE GROUP VISITED A TOTAL OF FIVE GROUP HOMES, FOUR ICFS/MR. AND ONE COMMUNITY RESIDENCE (NON-TITLE XIX FUNDED). THE FIRST, A STATE-OPERATED TEN BED ICF/MR, WAS LOCATED ON THE LOWER WEST SIDE OF MANHATTAN AND COMPRISED FOUR FLOORS: THE BASEMENT HOUSED THE KITCHEN AND DINING FACILITIES, SECOND FLOOR CONTAINED THE LIVING ROOM AND STAFF OFFICES, THIRD AND FOURTH FLOORS WERE ALL SINGLE BEDROOMS THAT HOUSED TEN EX-WILLOWBROOK (DEVELOPMENTAL CENTER) RESIDENTS. THE RESIDENTS APPEARED TO BE MODERATELY TO SEVERELY RETARDED; SEVERAL WERE INAPPROPRIATELY DRESSED. THE FACILITY HAS A SEMI-INSTITUTIONAL

ATMOSPHERE WITH INSTITUTIONAL FURNITURE, FEW PICTURES, AND NO PLANTS; IT WAS VERY NEAT. IT WAS STAFFED WITH TWO SUPERVISORS, ELEVEN DIRECT CARE STAFF, AND ONE RN. ALL WERE STATE EMPLOYEES BUT ONLY ONE PREVIOUSLY WORKED AT AN INSTITUTION. RESIDENTS RECEIVED TWO HOURS OF PROGRAMMING A DAY IN ACTIVITIES OF DAILY LIVING (ADL) SKILLS. THE INDIVIDUAL PROGRAM PLANS REVEALED LITTLE STATE-OF-THE-ART TECHNOLOGY. THE OPERATING COST FOR THIS FACILITY WAS \$150/DAY WITH AN ADDITIONAL \$40/DAY FOR DAY TRAINING OUTSIDE THE FACILITY PLUS TRANSPORTATION EXPENSES.

THE SECOND FACILITY VISITED WAS OPERATED BY THE YOUNG ADULT INSTITUTE, A VOLUNTARY AGENCY. THIS TEN BED COMMUNITY RESIDENCE, APPROXIMATELY TEN BLOCKS AWAY, MORE CLOSELY RESEMBLED MINNESOTA'S ICF/MR MODEL. THE RESIDENTS, SEVERAL OF WHOM ALSO CAME FROM WILLOWBROOK APPEARED SLIGHTLY HIGHER FUNCTIONING. THE FACILITY WAS "WARM" AND MUCH MORE HOMELIKE. STAFF/RESIDENT INTERACTIONS APPEARED PERSONAL AND CARING. THE PER DIEM FOR THIS FACILITY WAS JUST UNDER \$100/DAY. STAFF COMPLEMENT WAS THE SAME AS AT THE PREVIOUS FACILITY.

THE THIRD SITE VISITED ON THE FIRST DAY WAS THE MANHATTAN DEVELOPMENTAL CENTER WHICH HAD JUST EXPERIENCED A "SCANDAL" IN WHICH 30 EMPLOYEES HAD BEEN DISCHARGED AND ANOTHER 60 PUT ON SUSPENSION FOR ALLEGED RESIDENT ABUSE, DRUG DEALING, AND POSSESSION OF WEAPONS ON DUTY. THIS WAS CLEARLY AN "INSTITUTION" IN THE WORST SENSE OF THE WORD. RESIDENTS WERE POORLY CLOTHED, INACTIVE, AND CROWDED. NO PROGRAMS WERE IN EVIDENCE; A ROOM USED FOR SECLUSION WAS, HOWEVER. IT WAS DIFFICULT TO DETERMINE THE STAFFING. HOWEVER, THERE WERE 18 SECURITY GUARDS ON DUTY WHILE THE TOUR GROUP WAS THERE.

THE MORNING OF THE SECOND DAY WAS SPENT DISCUSSING THE BROOKLYN BDSO PROGRAM WITH THE DIRECTOR, MR. JOHN SABATOS, AND HIS STAFF. THE INFORMATION GATHERED AT THIS MEETING IS SUMMARIZED IN THE BACKGROUND DATA SECTION OF THIS REPORT.

IN THE AFTERNOON, THE GROUP VISITED TWO DAY TRAINING/TREATMENT PROGRAMS IN BROOKLYN, BOTH RUN BY VOLUNTARY AGENCIES. THE FIRST, THE BROOKLYN PROGRAM FOR THE SEVERELY HANDICAPPED, WAS RUN BY UNITED CEREBRAL PALSY (UCP) OF NEW YORK CITY AND SERVED 60 SEVERELY AND PROFOUNDLY HANDICAPPED CLIENTS, MOST OF WHOM CAME FROM WILLOWBROOK, D.C. STAFF RATIOS WERE GOOD, 1:8 PROFESSIONAL STAFF (OT, PT, RECREATIONAL THERAPIST, ETC.) AND 1:2 AIDES. THE PER DIEM WAS \$40/DAY FOR OPERATING COSTS ONLY. THE PROGRAM TECHNOLOGY WAS COMPARABLE TO THE TYPICAL DEVELOPMENTAL ACHIEVEMENT CENTER IN MINNESOTA.

THE SECOND DAY TREATMENT PROGRAM VISITED WAS DESCRIBED AS A "ONE-OF-A-KIND" PROGRAM THAT SERVED DUAL DIAGNOSED (MR/MI) AND AUTISTIC CLIENTS WITH BEHAVIOR PROBLEMS. THIS PROGRAM WAS FUNDED AT \$65/DAY WITH TITLE XIX "CLINICAL SERVICES" DOLLARS AND SERVED 60 ADULTS AND 15 ADOLESCENTS. ONE HALF OF THE CLIENTS CAME FROM WILLOWBROOK AND WERE DESCRIBED AS HAVING "SIGNIFICANTLY DIFFERENT (NEGATIVE) MANNERISMS THAN THE CLIENTS FROM THE COMMUNITY." THE PROGRAMMING TECHNOLOGY WAS TEN YEARS BEHIND CURRENT PRACTICES. FOR EXAMPLE, THEY HAD AN ELABORATE TOKEN ECONOMY THAT PRODUCED "MONEY" TO BE USED AT THE TOKEN STORE. IN OTHER WORDS, THE PROGRAM WAS STIMULATING THE NATURAL ENVIRONMENT RATHER THAN TRAINING THE CLIENTS TO USE THE NATURAL ENVIRONMENT. THE TERMINAL GOAL OF THIS PROGRAM WAS FOR THE CLIENTS TO PERMANENTLY STAY IN THE PROGRAM.

THE UCP ORGANIZATION ALSO OPERATED AN EIGHT BED COMMUNITY RESIDENCE IN A TYPICAL BROOKLYN NEIGHBORHOOD. THE FACILITY WAS A TWO-STORY BRICK HOME IN A QUIET RESIDENTIAL AREA NOT FAR FROM THE DAY TREATMENT FACILITY. AGAIN, WE FOUND THE PROGRAM TO BE OF LOW TECHNOLOGICAL SOPHISTICATION WITH VERY ELEMENTAL BEHAVIOR MODIFICATION PROCEDURES IN PLACE. THE HOUSE ITSELF WAS WARM AND HOMELIKE WITH ATTRACTIVE FURNISHINGS. THE PER DIEM WAS \$105/DAY.

THE TWO REMAINING GROUP HOMES, ONE STATE-OPERATED AND ONE VOLUNTARY, WERE SIMILAR TO THE ONES PREVIOUSLY VISITED.

EMPLOYEE STATUS: ACCORDING TO MR. SABATOS, PER DIEMS FOR VOLUNTARY OPERATED RESIDENTIAL FACILITIES AVERAGED AROUND \$85 AND THE STATE-OPERATED FACILITYIES AVERAGED AROUND \$140, BOTH EXCLUDING PROPERTY-RELATED COSTS. THE DIFFERENCE RESULTED FROM SALARY LEVELS. VERY FEW OF THE VOLUNTARY AGENCIES WERE UNIONIZED AND ALL OF THE STATE-OPERATED HOMES WERE STGAFFED WITH UNION MEMBERS. VERY FEW VOLUNTARY AGENCIES HIRED EX-DEVELOPMENTAL CENTER DIRECT CARE STAFF BUT SEVERAL DID HIRE PROFESSIONAL STAFF WHO HAD WORKED ATG DEVELOPMENTAL CENTERS (USUALLY WILLOWBROOK D.C.). THE TURNOVER IN DIRECT CARE STAFF WAS HIGHER IN THE VOLUNTARY OPERATED ONES; THIS WAS ATTRIBUTED TO SALARY LEVELS.

BACKUP FOR COMMUNITY SERVICES: EACH BDSO EMPLOYS A CADRE OF PROFESSIONAL STAFF WHO SUPERVISE AND ASSIST COMMUNITY PROGRAMS. MANY OF THE LARGER VOLUNTARY AGENCIES ALSO HIRE PROFESSIONALS WHO ARE SHARED WITH SEVERAL GROUP HOMES AND DAY TRAINING PROGRAMS. THE BROOKLYN BDSO HAD A CLINICAL "CRISIS" INTERVENTION TEAM MADE UP OF A SOCUAL WORKER, PSYCHOLOGIST, AND RN FRO EACH 1,000 CLIENTS IN THE COMMUNITY

CASE MANAGEMENT: CASE MANAGERS ARE STATE EMPLOYEES WHO WORK OUT OF THE DEVELOPMENTAL SERVICE OFFICE; THE RATIOS VARY ACCORDING TO THE PLACEMENT. IN BROOKLYN AND MANHATTAN, THE RATIOS WERE:

1:20 IN FAMILY CARE (FOSTER CARE)

1:40 IN ICFs/MR (EACH ICF/MR ALSO EMPLOYS A SOCIAL WORKER)

1:35 IN COMMUNITY RESIDENCES (PREDOMINATELY OPERATED BY VOLUNTARY AGENCIES)

1:20 IN SUPPORTED LIVING ARRANGEMENTS AND INDEPENDENT LIVING

THE BROOKLYN BDSO OFFICIALS FELT THAT THESE RATIOS WERE MINIMAL AND WOULD HAVE LIKED TO IMPROVE THEM AS MORE SEVERELY HANDICAPPED PERSONS MOVED INTO COMMUNITY SETTINGS.

POLICY IMPLICATIONS FOR MINNESOTA'S DEPARTMENT OF HUMAN SERVICES

1. THE MAGNITUDE OF NEW YORK'S "PROBLEMS" MAKES ITS PROGRAMS DIFFICULT TO EQUATE TO MINNESOTA'S. THE STATE CLEARLY HAS AN UNDISPUTED BIAS TOWARD SMALL COMMUNITY-BASED SETTINGS. MR. SABATOS REMARKED THAT CLIENTS WHO MOVED INTO THE COMMUNITY "ALWAYS IMPROVED 100 PERCENT." HE FURTHER STATED THAT IN HIS JUDGMENT, THE QUALITY OF THE PROGRAMS "WERE ABOUT EQUAL" WHEN COMPARING STATE-OPERATED TO VOLUNTARY OPERATED. THE GROUP DID NOT CONCLUDE THIS FROM THE SAMPLE OF SITES VISITED. HOWEVER, THE SAMPLE WAS QUITE SMALL COMPARED TO THE SAMPLE MR. SABATOS WAS OBVIOUSLY USING.
2. DESPITE THE LOWER LEVELS OF PROGRAMMING TECHNOLOGY WE FOUND, THE COMMITMENT TO QUALITY WAS EVIDENT. NEW YORK'S EMPHASIS ON CASE

MANAGEMENT, AS REFLECTED IN THE CASE MANAGER TO CLIENT RATIOS, IS  
CONSISTENT WITH OTHER STATES VISITED.

3. NEW YORK'S RELIANCE ON STATE FUNDS OVER FEDERAL FUNDING HAS PERMITTED THEM  
FAR MORE FLEXIBILITY IN CREATING A BROADER ARRAY OF OPTIONS THAN SIMPLY  
RELYING ON THE ICF/MR MODEL.
4. CONSIDERABLE CONFUSION AND DISAGREEMENT EXISTS IN NEW YORK OVER THE TITLE  
XIX HOME AND COMMUNITY-BASED WAIVER. THEY ARE STILL DEBATING OVER WHETHER  
TO APPLY.
5. THE STATE OPERATED PROGRAMSCOST ON THE AVERAGE ABOUT 15 PERCENT MORE THAN  
COMPARABLE PROGRAMS OPERATED BY THE VOLUNTARY AGENCIES
6. THE STATE OF NEW YORK DID NOT HAVE ANY SYSTEMATIC "EMPLOYEE ACCOMMODATIONS"  
PLAN FOR STAFF OF THE DEVELOPMENTAL CENTERS AFFECTED BY  
DEINSTITUTIONALIZATION.

FM-78

# Attachment #1

## OVERVIEW - NEW YORK CITY COUNTY SERVICES GROUP

The New York City County Services Group is the local office of the NYS OMR/DD. The city is composed of five borough division or Borough Developmental Services Office (BDSO).

### Bernard Fineson BDSO - Serving Queens County

- Composed of a Developmental Center which has three district units which are in different sections of the county.
  1. Corona Unit - serving ambulatory adults - certified bed capacity of 145.
  2. Glen Oaks Unit - In building 40 at Creedmore Psychiatric Center - Serving severely and profoundly multiply handicapped adults and dual diagnosed adults - total capacity 180.
  3. Howard Park Unit - Serving profoundly retarded physically disabled children - certified capacity of 160.
  4. Total census 450.
- Community office on Queens Boulevard: Rego Park
- Programs:

### STATE OPERATED COMMUNITY PROGRAMS

|               | <u># of Programs</u> | <u># of Clients</u> |
|---------------|----------------------|---------------------|
| SOCR          | 0                    | 0                   |
| SOICF         | 3                    | 27                  |
| FC/PC         | 115/31               | 164/51              |
| DAY TREATMENT | 0                    | 0                   |
| DAY TRAINING  | 0                    | 0                   |

### VOLUNTARY OPERATED PROGRAMS

|                   | <u># of Programs</u> | <u># of Clients</u> |
|-------------------|----------------------|---------------------|
| VOCR (Supervised) | 4                    | 39                  |
| VOCR (Supportive) | 0                    | 0                   |
| VOICF             | 48                   | 373                 |
| DAY TREATMENT     | 7                    | 545                 |
| DAY TRAINING      | 6                    | 1320                |
| PRE-SCHOOL        | 3                    | 120                 |



Brooklyn BDSO - Serving Kings County

- Composed of two residential units approximately 9 miles apart.
  1. BDC - located on Fountain Avenue landfill serving wide range of adults and children - certified capacity of 576.
  2. Williamsburg Unit - South Second Street - In process of placing present population and converting the unit to a 24 bed Regional Behavior Treatment Unit.
  3. Total census 608.
- Three community based offices: Livingston Street, Nostrand Avenue and Linden Boulevard. Brooklyn community based operation was the beginning of the BDSO concept.
- Programs:

STATE OPERATED COMMUNITY PROGRAMS

|               | <u># of Programs</u> | <u>#of Clients</u> |
|---------------|----------------------|--------------------|
| SOCR          | 3                    | 11                 |
| SOICF         | 6                    | 59                 |
| FC/PC         | 67/10                | 78/22              |
| DAY TREATMENT | 0                    | 0                  |
| DAY TRAINING  | 0                    | 0                  |

VOLUNTARY OPERATED PROGRAMS

|                     | <u># of Programs</u> | <u># of Clients</u> |
|---------------------|----------------------|---------------------|
| VOCR (Supervised)   | 6                    | 83                  |
| VOCR (Supportive)   | 0                    | 0                   |
| VOICF               | 69                   | 589                 |
| DAY TREATMENT       | 11                   | 1011                |
| DAY TRAINING        | 6                    | 662                 |
| PRE-SCHOOL          | 7                    | 278                 |
| SHELTERED WORKSHOPS | 6                    | 616                 |
| VOLUNTARY SCHOOL    | 3                    | 328                 |

Bronx BDSO - Serving the Bronx

- Composed of a Developmental Center which serves a wide range of adults and children - certified capacity of 219
- Community based offices:
  1. 725 Beck Street
  2. 170 West Kingsbridge Road
  3. 3036 East Tremont Avenue
  4. 1300 East 222nd Street
- Programs:

STATE OPERATED COMMUNITY PROGRAMS

|               | <u># of Programs</u> | <u># of Clients</u> |
|---------------|----------------------|---------------------|
| SOCR          | 6                    | 18                  |
| SOICF         | 4                    | 41                  |
| FC/PC         | 91/0                 | 127/0               |
| DAY TREATMENT | 1                    | 50                  |
| DAY TRAINING  | 0                    | 0                   |

VOLUNTARY OPERATED PROGRAMS

|                   | <u># of Programs</u> | <u># of Clients</u> |
|-------------------|----------------------|---------------------|
| VOCT (Supervised) | 1                    | 10                  |
| VOCR (Supportive) | 0                    | 0                   |
| VOICF             | 31                   | 233                 |
| DAY TREATMENT     | 6                    | 514                 |
| DAY TRAINING      | 3                    | 370                 |
| PRE-SCHOOL        | 2                    | 65                  |

Manhattan BDSO

- Composed of a Developmental Center serving a range of disabled children and adults - certified capacity of 200 - census of 196.
- Community based office at 111 Eighth Avenue, New York
- Programs:

STATE OPERATED COMMUNITY PROGRAMS

|                          | <u>No. of Programs</u> | <u>No. of Clients</u> |
|--------------------------|------------------------|-----------------------|
| SOCR (Supervised)        | 1                      | 3                     |
| SOICF                    | 9                      | 59                    |
| FC/PC                    | 17/0                   | 26/0                  |
| DAY TREATMENT            | 1                      | 60                    |
| DAY TRAINING (Projected) | 1                      | 30                    |

VOLUNTARY OPERATED PROGRAMS

|                          | <u># of Programs</u> | <u># of clients</u>  |
|--------------------------|----------------------|----------------------|
| VOCR (Supervised)        | 4                    | 78                   |
| VOCR (Supportive)        | 2                    | 4                    |
| VOICF                    | 29                   | 231                  |
| DAY TREATMENT            | 7                    | 691 (794 on rolls)   |
| DAY TRAINING (Adult)     | 6                    | 8331 (1161 on rolls) |
| DAY TRAINING (Preschool) | 5                    | 1831                 |
| FLOWER HOSPITAL          | 1                    | 166                  |
| DIAGNOSTIC CLINIC        | 7                    | 1595 (visits/month)  |

Staten Island Developmental Center - Serving Richmond County

- Composed of a Developmental Center (formerly known as Willowbrook) which serves 821 adults and children. This number includes severely medically involved individuals, a geriatric population, individuals with multiple behavior problems, and high functioning individuals among others. This facility will be closed by March 31, 1987.
- Community offices:
  1. 26 Dumont Avenue
  2. 100 Park Avenue
- Programs:

COMMUNITY RESIDENTIAL PROGRAM

\* State Operated

|             | <u># of Sites/Programs</u> | <u># of Clients</u>    |
|-------------|----------------------------|------------------------|
| SOCR        | 15                         | 45                     |
| SOICF       | 4                          | 34 + 1 bed for Respite |
| FAMILY CARE | 105                        | 167                    |

\* Voluntary Operated

|                   |    |     |
|-------------------|----|-----|
| VOCR (Supervised) | 3  | 12  |
| VOCR (Supportive) | 8  | 22  |
| SOICF             | 17 | 437 |

OMRDD CERTIFIED DAY PROGRAMS

TYPE:

PRE-SCHOOL (Nursery/Early Intervention

|  | <u>LOCATION</u>    | <u>CENSUS</u> | <u>CAPASITY</u> |
|--|--------------------|---------------|-----------------|
| Elizabeth Pouch Center<br>for Special People | 657 Castleton Ave. | 55            | 65              |

DAY TRAINING

|         |  |   |    |
|---------|--|---|----|
| Eden II | c/o Bayley Seton<br>B-2<br>Bay & Vanderbilt Ave. | 6 | 10 |
|---------|--|---|----|

DAY TREATMENT

|                       |                    |     |     |
|-----------------------|--------------------|-----|-----|
| A Very Special Place  | 241 New Dorp Lane  | 50  | 50  |
| Staten Island Aid for | 550 Bay Street     | 52  | 50  |
| UCP/NYS               | 2324 Forest Avenue | 100 | 100 |

OMRDD CERTIFIED PROGRAMS (continued)

SHELTERED WORKSHOP

|   | <u>LOCATION</u>   | <u>CENSUS</u> | <u>CAPACITY</u> |
|---|-------------------|---------------|-----------------|
| Association for Children<br>With Retarded Mental Develop. | 4150 Hylan Blvd.  | 55            | 100             |
| Staten Island Aid for<br>Retarded Children                | 215 Bay Street    | 157           | 165             |
| UCP/NYC   | 100 Jersey Street | 40            | 40              |

CLINIC

|  |                       |  |     |
|--|-----------------------|--|-----|
| Elizabeth Pouch Center<br>For Special People | 657 Castleton Avenue  |  | 500 |
| Institute for Basic Research                 | 1050 Forest Hill Road |  |     |

# FACT SHEET

# ENCOR

## OVERVIEW

The Eastern Nebraska Community Office of Retardation (ENCOR) provides a comprehensive system of services to meet the needs of any retarded individual who is within the Region VI five county service areas. ENCOR is a coordinated system which is capable of developing any service (or series of services) that is needed for any one person within the Regional area. ENCOR maintains the reputation of having one of the nation's leading community-based MR programs. Such a unique approach to services for retarded persons has been very successful and has gained wide support from not only the general public and parents of the retarded, but also from public officials who monetarily support the program's operation. Many individuals have moved through the educational and vocational programs into public schools and into competitive employment. Similarly, many individuals have lived in residences staffed by the agency and are now capable of living more independently. Assistance in securing participation in generic community systems is provided by Guidance Services for children and adults. Selectively combining the various service options in a manner best suited to an individual's needs makes this system of services unique.

ENCOR is founded on the concept of Normalization, contributing to personal and social advancement for the mentally retarded through growth and learning.

To achieve such growth, the agency provides the least restrictive environment possible, both residentially and vocationally.

Residential Services - are located in cities, towns and neighborhoods throughout the Region VI five-county service area. Homes are representative of those surrounding them, housing six or fewer residents each. Residential staff members with support from other ENCOR personnel, provide personal and social education, with the ultimate goal being to enable each capable individual to move into his or her own apartment or home.

Vocational Services - Industrial Training Centers (ITCs), and Work Stations in Industry (WSIs) -- stress progress, as well. ITC's concentrate on basic and advanced work training in preparation for client placement in a Work Station in Industry. A Work Station in Industry can be located in a hotel, hospital, business, a factory -- individuals receive minimal ENCOR supervision, enabling them to learn from their environment and eventually attaining experience necessary for competitive employment.

Procurement - work contracts, through subcontracting with local businesses, include woodshop and assembly line products that are procured for all vocational programs, for the entire Region VI area.

Support for Residential and Vocational programs are the Team, Guidance, and Family Support Services.

Team Services - behavior specialists, nurses, psychologists, and other contracted disciplines -- provide expertise to vocational and individual residential staff in areas needed to maximize development.

Guidance Services - Each individual is assigned a caseworker who consults with the individual, parents, and other professionals to ascertain desired or needed services. Access to these programs is arranged either within ENCOR or through some more appropriate community entity.

Family Support Services, Respite Care, and Medical Support Unit - services sustain the natural family.

Family Support offers three services: Home-based, which involves in-home short-term intervention; respite, which provides short-term relief; and day care, which serves children with extreme developmental needs.

Home-Based Services reflect the belief that for a person to succeed, the family must succeed. Home-Based Services provides the family with training and assistance.

Respite Care provides up to 25 days of short-term relief annually for families. Eligible families include natural parents or legal guardians.

Respite provides three types of care: The Respite Group Home, Respite Home and Sitter Services.

For medically fragile children, ENCOR's Medical Support Unit (MSU) provides 24-hour medical care, emphasizing achievement through extensive treatment and therapy.

for more information on

ENCOR

write or call

Eastern Nebraska Community Office of Retardation

885 So. 72nd Street

Omaha, NE 68114

(402) 444-6500