

New Mexico¹

New Mexico has not had a state-operated facility for developmentally disabled individuals since 1997. However, the state operates a program of 61 beds in small homes spread across four counties. Employees of this program are state employees; many worked at the Los Lunas Training School, the state-run institution that closed in 1997.

Known as the “Los Lunas Community Program,” the state-operated beds serve as the safety net for developmentally disabled individuals who either have complex medical problems, are dually diagnosed with a mental illness, or have been charged with a crime but have been found unfit to go to trial because of their developmental disability. Both civilly committed and criminally committed individuals are placed in this program, and families or guardians also can request that a person be placed in it.

In September 2013, the program held 23 residential leases for a total of 61 beds. The program tries to keep at least two open beds to address crisis needs -- one for individuals with medical conditions and one for individuals with co-occurring mental illness.

The homes are in primarily rural areas. They are staffed 24 hours a day, often with a 1:1 or 2:1 staff-to-client ratio. Currently, the program can bill Medicaid for individuals in a waiver program, but pays 100% general fund for individuals who are there on a criminal commitment.

The Department of Health has recently started looking at what other states are doing to serve the developmentally disabled population whose behaviors or medical conditions are so challenging that community providers are unwilling to accept them. The department also is looking at creating a new Medicaid waiver to serve this population.

Oregon²

When Oregon moved all individuals out of state institutions in 1987, it created what is today known as the “Stabilization and Crisis Unit (SACU)” program. According to the 2015-17 Agency Request Budget for the Oregon Department of Human Services, this program is the safety net for developmentally disabled individuals with intensive medical or behavioral health needs when community-based providers either can no longer provide care or will not accept the individuals into services.

The program:

- operates 22 small group homes in seven counties along the Interstate 5 corridor, from Portland south to Eugene;

¹Information based on a conversation with Kathy Kunkel, a deputy director of the New Mexico Department of Health; Department of Health website information for the Los Lunas Community Program; and a Department of Health PowerPoint presentation made to the Legislative Finance Committee on Sept. 25, 2013.

²Information compiled from budget requests, budget reports, legislation, and news articles.

- often provides 1:1 staffing of clients because of the clients' challenging behaviors;
- staffs the homes on a 24-hour basis;
- has a budget of \$100.6 million for the biennium, about 37% of which is general fund;
- has 618 FTE, including 127 FTE added in the most recent budget period to address safety and staffing concerns; and
- serves about 83 adults and 10 children in need of acute stabilization and crisis services and 15 individuals who are medically frail. Many individuals have criminal histories or mental illness.

The average length of stay in the SACU program is seven to eight years.

In addition to the operational budget, the 2015 Legislature appropriated \$635,000 to transition high-needs individuals into the community. The money is to be used to provide grants for community providers to build residential homes for specific SACU populations that the providers will serve if they receive grants.

The 2015 Legislature also passed legislation creating a Task Force on Client and Staff Safety for the Stabilization and Crisis Unit. The task force is to make recommendations on a number of topics, including safety, staffing levels and training, and timely transition of SACU residents to residential service providers in the community -- including recommendations for building provider capacity in the community. The task force is to report to the Legislature by Sept. 15, 2016.

Maine³

Maine currently has 16 privately operated ICF/IID facilities that are located throughout the state, for a total of 203 beds. The biggest facility has 17 beds. The in-state private providers who are operating the ICF/IID facilities have not been willing to take on the more difficult⁴ client population. This population is currently served by the prison system or the state psychiatric hospital or has been sent out of state. There is a lot of discussion about where to place the difficult clients. The absence of a particular place is making it very difficult. Maine recently convened a team to look at the placement of difficult clients.

³ Information based on telephone conversation with Jacquelyn Downing, Office of Aging and Disability Services, Maine Department of Health and Human Services.

⁴ "Difficult" was defined as criminally committed, violent, aggressive, or sexually aggressive, or co-occurring SMI/DD.

Alaska⁵

In 1997, Alaska closed Harborview Developmental Center, which was the only state-run institution for individuals with developmental disabilities. Individuals are currently served through various home and community-based services waivers, including the Intellectual and Development Disabilities (IDD) Waiver. The IDD Waiver offers individuals a choice between home and community-based care and institutional care.

Alaska's more difficult client population is mostly served in group homes via the acuity add-on rate or through extensive supported living services. Alaska instituted an acuity add-on rate in 2010. An individual has to apply for the rate annually and has to demonstrate that the person needs 1:1 awake staff with the person at all times in addition to any group home staff that is present. The acuity add-on rate essentially doubles the daily group home rate (rate increases from \$300 to \$600/day). There are around 20 individuals (out of 2,000 IDD Waiver slots) who are receiving the acuity add-on rate. Supported living services are billed in 15 minute units.

Alaska also maintains relationships with ICF-IIDs in the lower 48 states; however, Alaska has found that most of the ICF-IIDs do not want to admit individuals who are more behaviorally challenged.

Alaska has a centralized intake reporting system; however, the main go-to is 911. The Alaska Psychiatric Institute (API), a state-operated facility, serves as a temporary placement or place of last resort when a provider is not willing to serve an individual in the community or when individuals are transferring in or out of state. However, some individuals' stays have exceeded 200 days due to the fact that the no providers were willing to accept the individuals. The daily rate at API is approximately \$1,600.

Both in-state and out-of-state providers have responded to care for the more difficult population. One local provider opened multiple group homes that serve clients who receive the acuity add-on rate. Another agency that is a daughter company of one of the ICF-IIDs out-of-state specifically came to Alaska knowing that there wasn't an institution in the state and with the purpose to provide more of those type of services in the community. Both of the agencies initially struggled, especially with daily rates and payments, but after operating 4-5 years in Alaska are now doing well.

⁵ Information based on telephone conversation with Summer Wheeler, Senior and Disability Services, Alaska Department of Health and Social Services (February 19, 2016).