

**Governor's Planning Council
on Developmental Disabilities**

Minnesota State Planning Agency

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STATEMENT ON 3.2053 The Community and
Family Living Amendments of 1983

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Subcommittee on Health
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STATEMENT OF DAVID BRADDOCK, Ph.D. ON S.2053 THE
COMMUNITY AND FAMILY LIVING AMENDMENTS OF 1983

I am David Braddock, Director of the Evaluation and Public Policy Division at the University of Illinois at Chicago's Institute for the Study of Developmental Disabilities. Thank you, Mr. Chairman and Members of the Subcommittee for the opportunity to appear before you today on S.2053.

The importance of my own personal view on S.2053, however, pales by comparison with the many organized interests, parents, and professionals who will be appearing before you later today. I will limit the scope of my comments to the following areas: providing a brief fiscal description of historical and contemporary trends in Federal and state MR/DD expenditures, with an emphasis on the ICF/MR program. I will also try to separate fiscal facts from editorial opinion and clearly label the latter as such.

THE MR/DD EXPENDITURE ANALYSIS PROJECT

The Evaluation and Public Policy Division of the Institute for the Study of Developmental Disabilities at the University of Illinois at Chicago is conducting a comprehensive analysis of MR/DD funding in the 50 states and by the Federal Government. In collaboration with the Council of State Governments, and supported in part by a 24-month Project Grant of National Significance from the Administration on Developmental Disabilities, the Division is analyzing the record of MR/DD expenditures in the state executive budgets of each of the 50 states for the last eight years (FY 1977 - '84). Federal Government MR/DD spending for 79 programs is being analyzed over a fifty-year period (FY 1935 - '84).

The prime purpose of the project is to develop and test a methodology for accomplishing annual or biennial updates of MR/DD spending trends in the states and nationally. Other purposes are 1) ascertaining comparative net state general fund expenditures for community services compared to institutional services funding in the 50 states; 2) projecting if or when fiscal parity has or will be achieved in each state between community and institutional services expenditures; 3) correlating growth in MR/DD state expenditures with the presence or absence of litigation, state deinstitutionalization patterns and indices of state fiscal capacity.

' The procedure being used to obtain MR/DD state expenditure data has three steps. First, we obtained enough published state executive budgets to address the period of intended analysis: FY 1977 - 1984. (Most budget documents obtained reported expenditure figures for the preceeding one or two fiscal years.) Then, each budget document was inspected for relevant MR/DD content. The relevant MR/DD sections of the budget were duplicated and filed on a **state-by-stats** basis.

The second step involved constructing a "general stats MR/DD ledger" for each state using the same terminology employed by the state in the presentation of its executive budget. Again, the ledger covered the FT 1977 - 84 time period. To make analysis manageable, initial attention was focused on recapitulating a summary of the principal state agency(ie3) operating expenditures for MR/DD stats institutions and community programs. This refers to the functional state agency equivalents of the MR/DD division of (usually) the Department of Mental Health and Mental Retardation. Title XX and ICF/MR reimbursement data were also obtained. Special Education and SSI/SSBI funds are excluded from this analysis at this time.

The third step, now nearing completion, consists of implementing a comparative expenditure analysis to ascertain which operating funds have been deployed in the states between FY 1977 to FY 1984 for the provision of MR/DD community services; and which funds have been deployed to fund the operation of state MR/DD institutions. The published state budgets, of course, imperfectly breakout community and institutional MR/DD expenditure figures. Therefore, the project staff have had extensive contacts with state fiscal and program personnel to obtain, and verify expenditure data. This has required mail and telephone surveys of the medical assistance and social services bureaucracies, in addition to the state mental health/DD agencies.

Procedure: The 50-Year Analysis
of Federal MR/DD Expenditures

A second major component of the project is an extension and expansion of my 1955-73 study of MR/DD expenditures by the Federal Government. Data, which are primarily based on agency administrative records, have been obtained from a survey of approximately 75 agency contacts throughout the federal bureaucracy. Cost analysis techniques have been applied to 79 key programs with significant research, training, service, income maintenance, and construction missions in MR/DD. A 4,000-cell federal-level spreadsheet has been developed depicting MR/DD expenditures beginning with the Works Progress Administration (WPA) institutional construction program in 1935 and coming forward up to appropriations data for the enacted FY 1984 budget.

As with the state-by-state fiscal analysis, the data have been entered into a computer and deflated into constant dollars. Data are classified according to the five-category classification system (research, training, services, income maintenance and construction). The data are also organized on a program-by-program and agency-by-agency basis. The result yields a comprehensive picture of federal MS/DD expenditures. This analysis includes a complete fiscal history of the ICF/MR program and of other major and minor funding sources in MR/DD for which the Federal Government has been and is now responsible.

SUMMARY OF
PRELIMINARY RESULTS

1. DIMINISHED RELATIVE GROWTH OF FEDERAL MR/DD FUNDS
(see Chart 1)

The relative share of Federal MR/DD expenditures as a percentage of the total federal budget has not grown since FY 1981 and, for the first time in many years diminished slightly in FY 1984.

2. INSTITUTIONS AND ICF/MR FUNDING

[Eighty thousand MR/DD individuals live in 95 state institutions with between 500 and 2,000 residents. -Bruininks, 1982]

2.1 Sight-Year ICF/MR Institutional and Community Funding Trends
Most ICF/MR Funds Support Institutions (see Chart
2.1)

During the FY 1977 - '84 period, \$12.9 billion in Federal ICF/MR reimbursements were paid-out. Eighty-two percent of these monies were deployed in support of state institutions; only 18 percent of the sum was reimbursement for community services. About three-fourths of the "community" funds were reimbursements of private ICF/MR providers; one-fourth of the community funds went for state-operated community-based ICF/MR operations.

2.2 Rapid Growth of ICF/MR Institutional Funding (see Chart 2.2)

In the 13-year period of the ICF/MR program's operation (FY 1972 - '84), contributions of Federal ICF/MR reimbursements to the 50 state treasuries grew explosively. In 1974 ICF/MR reimbursements represented seven percent of total state-federal expenditures for MR/DD institutional services. By 1979, the Federal ICF/MR figure exceeded 30 percent and was headed higher. FY 1983 and FY 1984 ICF/MR reimbursements climbed to 43 percent of total state-federal institutional services funds. In little more than a decade, the Federal Government had assumed nearly one-half of the costs of operating the Nation's public MR/DD institutions.

2.3 State Funding for Institutions Declines in Constant 1977 Dollars (see Chart 2.3)

State government funding of MR/DD institutions from own-source revenues has declined since 1977, while Federal ICF/MR funds have grown markedly. Since institutions are experiencing a declining census, however, resident per diem costs have increased from \$35.76 in FY 1976; to \$86.22 in FY 1982 (Scheerenberger, 1976, 1982).

2.4 Facility Closures: A New Trend

The convergence of normalization tenets, lawsuits, tightly constricted state budgets, and a declining institutional census has led a number of states to close MR/DD institutions. Illinois, Michigan, Minnesota, Pennsylvania and California have completed closures of one or more institutions since 1980. Additional closures are in-progress in Florida, Maryland, Illinois, Pennsylvania and other states. Several terminated MR/DD institutions have been converted to prisons.

3. COMMUNITY SERVICES AND ICF/MR FUNDING

3.1 Community Funding is Growing

Federal-share community services ICF/MR funds expended in FY 1977 amounted to \$45.3 million. FY 1984 reimbursements for community ICF/MR's are projected by the states to be \$640 million.

3.2 The Home and Community Care Waiver

Federal-share Community ICF/MR reimbursements as a percentage of total state-federal expenditures for community services more than doubled from 6.3 percent to 14.7 percent between FY 1977 - '80. With some assistance from the Home and Community-Based Care Waiver Program, community reimbursements were projected to be 21% of total Federal ICF/MR. reimbursements in FY 1984.

3.3 The Predominance of State Funding of Community Services (see Chart 3.3)

Excluding Federal SSI/SSDI entitlements, the states have themselves financed the vast majority of the Federal-state initiatives in community services development since- FY 1977. The increasing federal reimbursements for institutional services has, arguably, freed-up state monies for community development. Federal-share Title XX (Social Services Block Grant) Funds have, however, declined since FY 1981 in unadjusted dollars and hover around the \$200 million mark. Expressed in constant 1977 dollars, Title XX (SSBG) Funds have declined steadily since FY 1977.

CONCLUDING REMARKS

Over the last eight years, Federal and State governments combined spent more- than twice "as much money in the Institutions than in the community. In FY 1977, \$3.48 was budgeted for combined state-federal institutional expenditures for every dollar spent on community services in the United States*. This 3.48/1 ratio has been more than halved by FY 1984 to 1.47/1. Many states are undeniably pursuing major priorities in community services development today. However, the cumulative impact of many years, in fact, decades, of radically unequal ratios between institutional and community spending poses formidable fiscal obstacles in most states. Only Nebraska, Minnesota and Colorado achieved spending parity between the institutional and community service sectors over the eight-year period between FY 1977 - '84. By 1984, parity in Institutional/Community expenditures had been achieved by only seven more states: Florida; Rhode Island; Montana; New Hampshire; Vermont; Ohio; and Michigan, whose state general funds for community services grew from \$14 million to \$135 million between FY 1977 - 84, even in the midst of near-depression economic conditions.

*The ratio is predicated on the following: state general and special funds; ICF/MS. reimbursements; Title XX-SSBG; and various federal programs such as Developmental Disabilities, CEAMPUS, Medicare reimbursements, P.L. 89-313, etc.

S.2053, Funding Parity, and Responsible Deinstitutionalization

In my personal view, S.2053 will make a major contribution to the well-being of, MR/DD people and their families if it accomplishes one thing: the adoption of a substantial fiscal incentive for states to enhance community services. It may take at least another decade, or more, to achieve fiscal parity between Institutional and Community Services on a national basis if no such ICF/MS incentive favoring community development is adopted. Fiscal parity I believe is a good intermediate, but not long-term goal for the nation as whole. The temporary five-year period for a 5 percent increase in the ICF/MS match for community placements and care, as proposed in S.2053, is definitely a step in the right direction. But it is of insufficient duration to insure the kind of smooth transition that the present fiscal imbalances of the highly institutionalized service system configurations of most states require. I would prefer a seven-year provision renewable once by the Secretary of the DHHS, or by Congressional action, for an additional five year term. I am assuming a permanent incentive would be politically untenable at this time. I hope I am wrong.

S.2053 would entail the relocation of thousands of MR/DD persons and the phasedown of institutions. The inclusion of suggested "relocation and facility phasedown guidelines" as a preamble or through administrative regulation is important. Such guidelines need to be particularly sensitive to the interests and needs of ME/DD individuals, their relatives and also of affected employees-- Such guidelines would improve the appeal of this legislation to the groups wh would be most affected by it. We have recently drafted a set of facility phasedbwn-relocation guidelines in connection with an Evaluation Division project at the Institute studying the closure or phasedown of DD institutions. I have attached a copy of these preliminary guidelines for your review. It appears as Part III of this testimony. A number of states now have' extensive experience with facility pha3edowns/ closures. Knowledgeable professionals from these states should be consulted by the Subcommittee.

I would also like to endorse the "deeming" of ACMRDD and other professionally recognized nationwide accreditation systems. This would promote efficiency and raise program standards.

On the negative side, the Bill strikes me as litigious and requires excessively redundant audits of state performance. It would thus not contribute to the recent intelligent Federal trend toward reducing government paperwork.

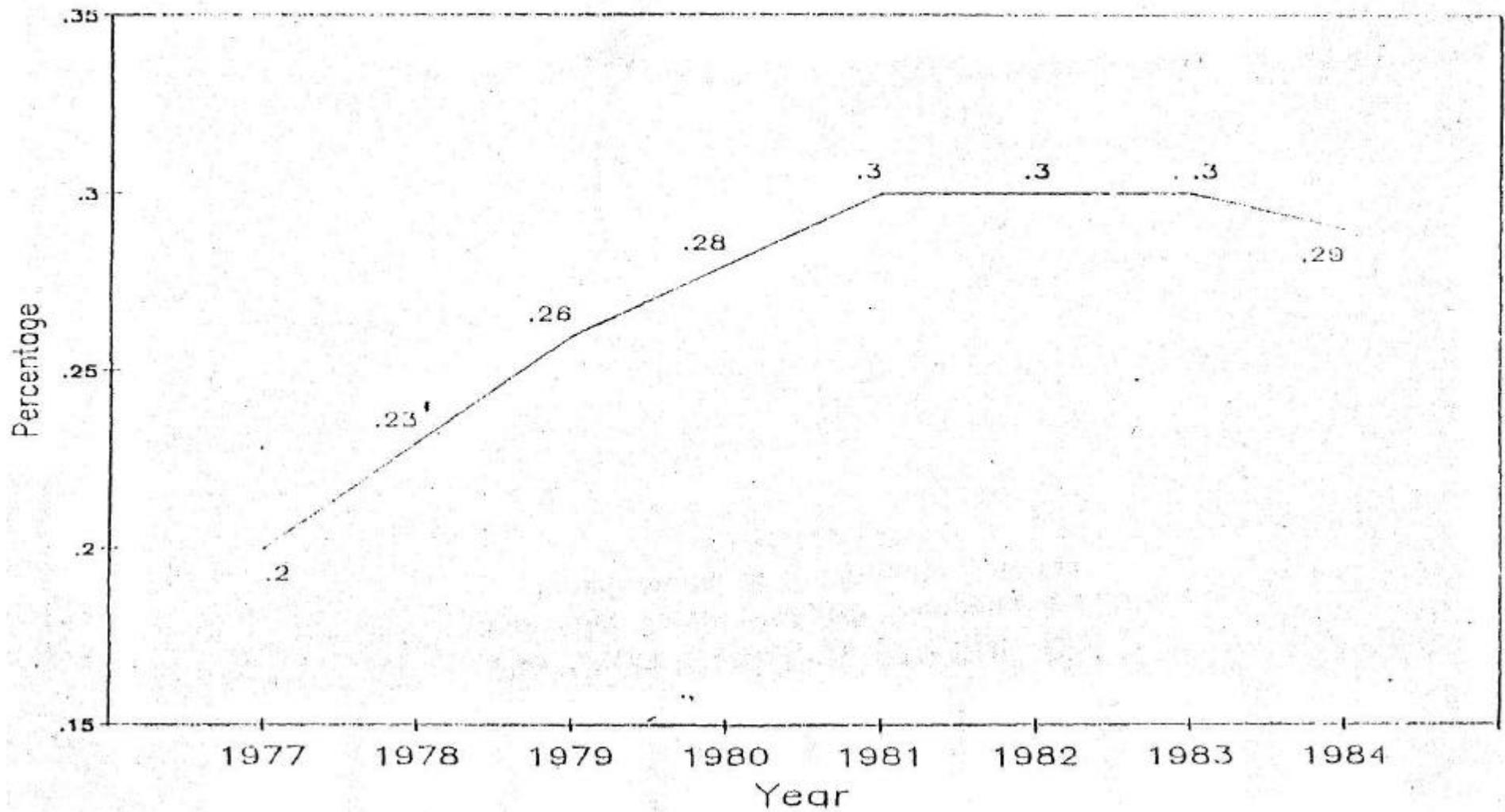
Finally, I unequivocally support a major intermediate-term or long-term fiscal incentive to spur the development of community services in the United States. I believe the fiscal record demonstrates a need for this kind of thrust. Around this single concept a consensus can and must be forged, bringing together parents, unions, associations, professionals and lawmakers, who, through responsible deinstitutionalization policies, seek simple justice and more appropriate services for people with developmental disabilities.

PART II

CHARTS

CHART 1 (

Federal MR/DD Expenditures as a Percentage of the Total Federal Budget, FY 1977-1984



Source: D. Braddock Ph.D. Expenditure Analysis Project, ISDD, U of IL at Chgo, 1984, Preliminary Data

CHART
2.1

Pie Chart Depicting \$12.905 Billion
Cumulative Federal ICF/MR Reimbursements in
Institutional & Community Settings
FY:1977-1984

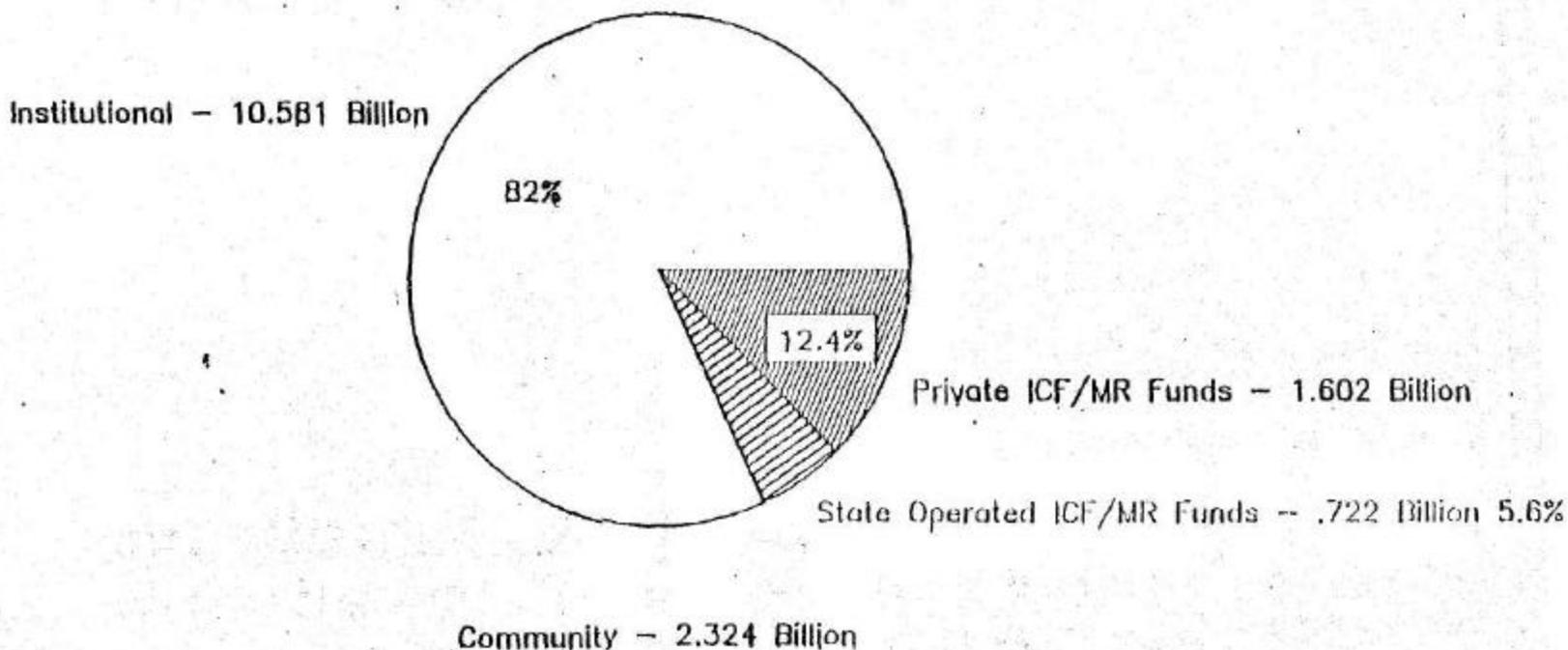
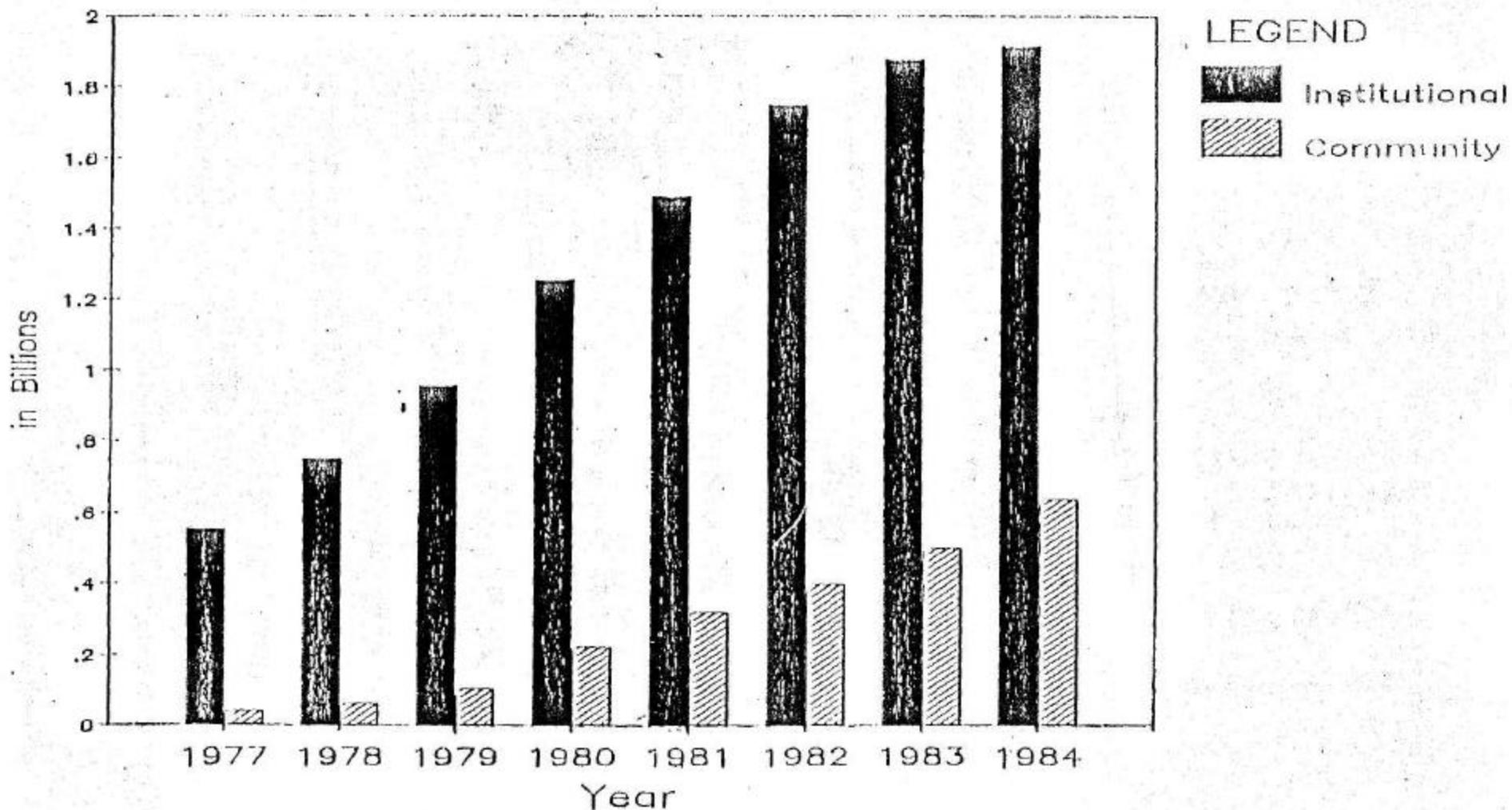


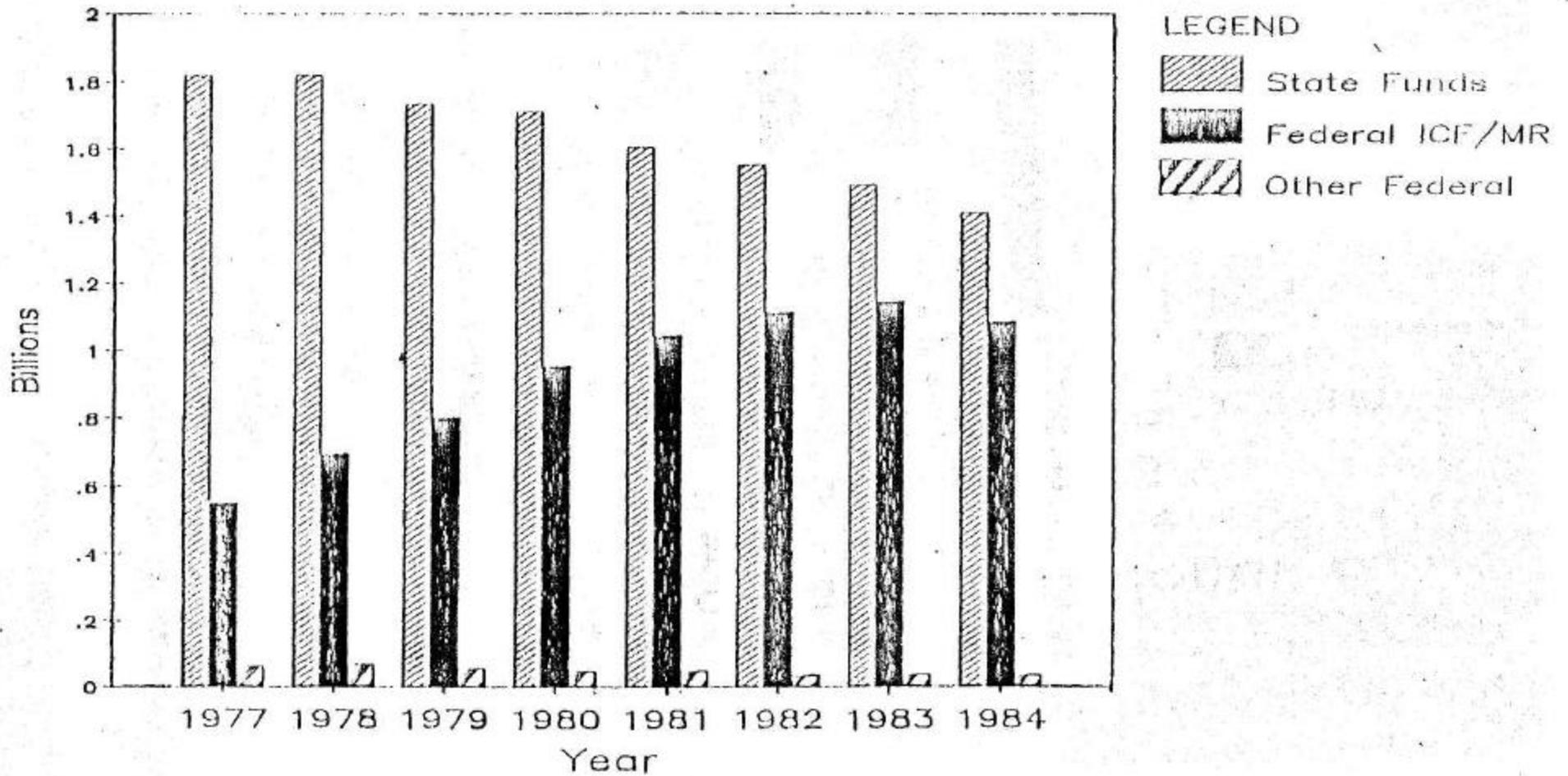
CHART 2.2!

Comparative Federal Institutional & Community Expenditures for the ICF/MR Program, FY: 1977-1984



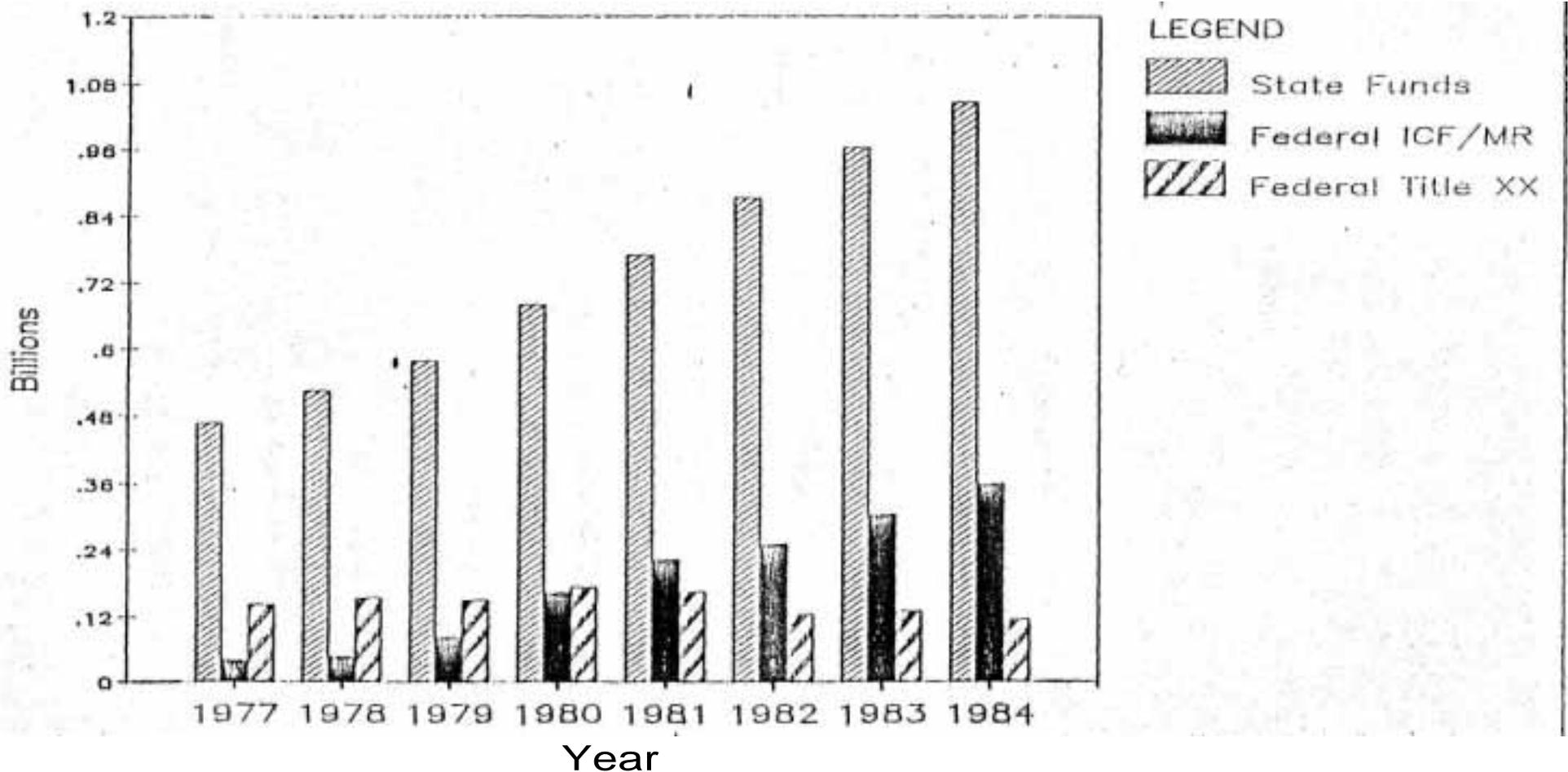
Source: D. Braddock, Expenditure Analysis Project, ISDD, U of IL at Chgo, 1984, Preliminary Data

MR/DD Expenditures for Institutional Services in the United States: A Comparison of State & Federal Funding FY 1977-1984 in 1977 Dollars



Source: D.Braddock, Expenditure Analysis Project ISDD, U of IL at Chgo, 1984, Preliminary Data

MR/DD Expenditures for Community Services in the United States: A Comparison of State & Federal Funding FY 1977—1984. In 1977 Dollars



Source: D. Braddock, Expenditure Analysis Project, ISDD, U of IL at Chgo. 1984. Preliminary data

PART III

SUGGESTED GUIDELINES FOR FACILITY CLOSURES AND PHASEDOWNS*

•CONTENTS

1. General Management Guidelines
2. Personnel Guidelines
3. Client Guidelines
 - "Minimizing Transfer Trauma"
4. Parents/Families/Guardians Guidelines

*From D. 3raddock, T. Heller and E. Zashin. The Closure of the Dizon (Illinois) Developmental Center: A Study of the Implementation and Consequences of a Public Policy. Chicago: Evaluation and Public Policy Division, Institute for the Study of Developmental Disabilities, University of Illinois at Chicago, 1640 West Roosevelt Road, 60608; March, 1984.

Supported in part by grants from the Illinois DMHDD, the EDS Administration on Developmental Disabilities and the Administration on Aging.

1. GENERAL MANAGEMENT guidelines

1.1 Short-Term Economies May Be Difficult To Achieve

Prepare the Legislature, the Governor's Office, the bureau of the Budget and other oversight groups not necessarily to expect immediate economies from closures during the terminating fiscal year-

Our review of the public administration literature uncovered several references to facility closure costing more to implement during the terminating fiscal year than to continue present operations. A basic reason for this is the required redundant staff costs at both the sending and receiving facilities for a period of time. This action is true not only for closing mental institutions and juvenile facilities but also for abolishing government agencies and, closing military installations as well.

*

1-2 Adopt a Budgetary Interchange Technique

Consider the adoption of a "budgetary interchange" technique to promote efficient facility phase downs and supported community placements.

This budgeting technique allows the executive agency implementing closures/phase downs to transfer funds appropriated for institutional operations in the phasing down facility directly to community services operations. Funds follow the client from the terminating institution to the placement setting, thus facilitating an orderly transition process. Budgetary interchange is presently facilitating extensive client relocation from the Pennhurst State School, a Pennsylvania facility scheduled for closure. The approval of the legislative appropriations committee is required. Such approval minimizes the number of times the executive is required to return to the legislature for supplemental funding. Yet it need not diminish the agency's responsibility to report to and keep the legislature informed with regard to agency progress on phasedowns.

1.3 Use a Proactive, Participatory Management Strategy

The Task Force Coordinator implementing closure/phase down should adopt a pro-active stance vis-à-vis presenting the case for closure to concerned interests.

The strategy used by the Dixon Closure Coordinator involved initiating meetings with literally dozens of opinion-makers such as community organizations, newspaper editorial boards and television journalists, in addition to parents individually and in groups. This active attitude-shaping orientation helped to positively re-shape the climate surrounding the closure implementation*

1.4 Appoint An Ombudsman/Deputy At The Terminating Facility

Task Force Coordinator should appoint a deputy or ombudsman to act as his representative at the phasedown facility.

This individual would oversee receiving facility representatives, the screening team, and receiving facility staff when they visit the sending facility. S/he would also coordinate transfer schedules with the receiving facilities and would have authority to delay temporarily scheduled transfers. The purpose of this role would be to centralize phasedown authority on-site and to insulate the sending facility superintendent from controversy surrounding the phasedown. The latter would not be put in a position of having to choose sides between facility staff and the Department on phasedown issues. Staff complaints at the sending facility would be taken to the deputy.

1.5 Request Governor To Appoint Inter-Agency "Expeditors"

The Governor should facilitate administrative efficiency by directing all state agencies involved in the phasedown to appoint an "expediter" with special authority.

The expediter from the Department of Personnel would handle transfers of sending facility staff moving to other facilities, assist with union negotiations when these were necessary, and trouble-shoot on personnel-related problems. The expediter from the IDPH would schedule surveys and negotiate modifications of standards (waivers) when, the taskforce sought them. Both of these expeditors would have authority delegated to them by the head of their departments to speed various kinds of approvals and paper-processing. The Capital Development Board might also appoint a similar expediter, if capital expenditures are incorporated into the phasedown plan.

1.6 Minimize Bumping

"Bumping"¹⁸ should be disallowed or at least minimized in the phasedown facility during the closure process.

Bumping destroys program continuity in the phasedown facility at precisely the moment residents need it most: during the later stages of a phasedown when staff and program continuity break-down. This can have deleterious effects on clients who have developed dependent relationships with staff over a number of years.

1.7 Transfer Staff With Client a

If the phasedown involves numerous transfers to other state-operated institutions, also transfer a few key staff with the clients.

The suggested guideline would be at least one key staff for each unit receiving 5 or more residents. "Key staff" refers to unit directors, shift managers, technicians, etc. In the case of the DDC closure . the transfer of the (former) Dixon Assistant Superintendent to a receiving facility executive position exemplifies this practice at higher management levels.

1.8 Evaluate The Closure/Phasedown

Evaluation efforts should be initiated as soon as closure/phasedown is announced so that DMHDD Management can draw on independent perspectives during the closure process and reassure families and advocates that if clients begin deteriorating after a move, steps will be taken by DMHDD based on the evaluation to correct deficiencies.

1.8.1 Evaluate Community Support Services

If clients are relocated to community settings, a survey of the community support services in the receiving environment should be completed prior to, during and after client relocation.

The survey would assess the degree to which the DMHDD has been successful in stimulating the development of community services to support the new clients. It would also lay the foundation for the Department to justifiably seek additional revenues from Springfield to (a) augment services where they were needed and (b) develop a community services program development plan for the catchment area.

1.8.2 Conduct ACHRDD Surveys For System-Wide Facility Comparisons

When terminating DD institutions, consider requiring that they be surveyed by the ACMRDD prior to the closure decision or the closure announcement, if possible.

The performance of the terminating facility can then be compared to other DMHDD DD facilities in terms of programmatic deficiencies. The decision to close or phasedown can be justified if the ACMRDD deficiencies are extensive when compared to the median performance of all other Illinois state-operated DD facilities.

2. PERSONNEL GUIDELINES

2.1 Terminate One Unit_At A Time/Minimize Internal Transfers

Close down one unit/wing/cottage at a time when possible and determine the unit/cottage closure schedule ahead of time, not during implementation, which is disruptive.

Closing down one section at a time would result in increased administrative efficiency and cost-savings. It also reduces the occurrence or internal transfers at the closing facility and keeps groups of clients and staff intact.

Prior scheduling' of closures also enables better planning on the part of" administrators and employees at the sending and receiving facilities.

2.2 Establish Employee Counseling Service

Establish as. employee counseling and job placement service at the phasedown/closing facility as soon as a major phasedown or a full closure is announced and becomes evident to the staff.

This service would include direct person-to person counseling, workshop training, job relocation/transfer planning, resume writing and retirement planning. The final report of the Pennhurst State School and Hospital Employee Counseling Service provides a blueprint for establishing this service in Illinois. The IU3D- should be consulted about developing this service.

2.3 Conduct Early And Continuing Briefings For Staff

Have a representative (an "expediter" - see guideline # 1.5 of the Illinois Department of Personnel) present comprehensive briefings to facility staff when closure or phasedown is announced.

The subject of this briefing will be to announce the initiation of the employee counseling service and to fully discuss employee rights, benefits and realistic expectations concerning layoffs, employee transfers and retirement. Identify the DOP expediter to the staff for further contact regarding specific questions. The DOP expediter would occasionally keep "office-hours" at the 'Employee Counseling Service Office.

2.4 Distribute Information Packets on Receiving Facility Environments

Through the Counseling Service, distribute information packets to staff describing other state and community facilities and their environs as soon after phase-down is announced as possible.

If possible, prepare a slide-tape or other A-V presentations on this topic for dual use-by families/ guardians as well as employees. The IIDD- should be consulted about preparing these materials for the Department.

2.5 Adopt As Many Staff Incentives As Feasible

Consider studying in detail one or more of the following incentives to staff in terminating facilities:

- 2.5.1 Early Retirement

Early Retirement inducements, as has been the practice in other states phasing down facilities, such as New York.

- 2.5.1 Staff Retraining

Staff retraining programs for community-based services employment.

- 2.5.3 Extended Health Coverage

Temporarily extended Health Insurance Benefits for laid-off workers and their families throughout the first year, if the workers remain unemployed.

- 2.5.4 Priority Hiring Policy at Receiving Facilities

Implementation of a priority-hiring policy in the receiving facilities for laid-off staff of the phasedown facility, however, giving the receiving facility latitude to judge an employee's performance record with the Department.

2.6 Develop/Distribute Weekly Newsletter

Develop a weekly newsletter and distribute it to staff at the terminating and receiving facilities.

This suggestion draws on the experience of the Massachusetts DMH in the closure of the Grafton State Hospital in 1973. A newsletter is a useful device to dispel rumors and improve communication between the closure oversight group and the staffs affected by the termination. Rumors abound during closures; this breeds anxiety in

the staff, which is easily transmitted to clients/patients. The newsletter would include relocation time-tables, administrative policies (including changes in policy), and information about employee transfers, receiving facilities, job search, relocation of employees and their families, and places to obtain counseling.

Implementing an

- 3.1.1 Close down cottages/units one at a time;
- 3.1.2 Keep client groups/friendships as intact as possible;
- 3.1.3 Minimize internal transfer of client and staff in the terminating and receiving facilities;
- 3.1.4 Conduct preparatory programs for clients, including site visits to the new residential setting, as desired by the clients, and in accord with their level of functioning;
- 3.1.5 Gradually introduce higher levels of programming at the receiving facilities upon client relocation;
- 3.1.6 When feasible, involve clients personally in the habilitation process and the four-level reviews;
- 3.1.7 Involve sending facility staff, who are most familiar with the clients, in the actual move to the receiving facility.

3.2 *Adopt a Four-Level Client Assessment/Placement System (Modified)

The Closure Study Staff recommends keeping the Four-Level Review Process for future closures but revising it to make it considerably more efficient. The process was time-consuming and should be condensed and simplified. Greater emphasis should be placed on economizing receiving facility staff-time away from their day-to-day responsibilities. There appeared to be unnecessary staff redundancies built into the Level II stage. A brief summary of the suggested process is presented below.

• 3.2.1 Initial Planning/Screening

Level I: The receiving facility representatives screen all clients subject to transfer and classify them according to special needs, e.g., behavior problems, medically fragile, special programs, etc.. (We expect the majority of clients not to fall into a special need category) A staff team from the sending facility should assist the receiving facility representatives in this process.

The Phasedown Task Force works with receiving facility superintendents (or their delegates) to determine

approximate numbers and types of clients to be transferred to each receiving facility; they also establish approximate time-frames for the entire phasedown process.

3.2.2 Client Observation/Facility Assignment/Parent Notification

Level II: Working as a team, receiving facility representatives
- assign, specific clients to each receiving facility. Representatives then observe each client going to his/her facility and prepare a data package, including the habilitation plan, which is sent to the receiving facility. This step takes place at the sending facility.

After this tentative facility assignment, Parent/Guardians are notified, of recommended placement.

3.2.3 Unit Assignments/RF-SF Consultation/Special Needs Steps

Level III: Staff at each receiving facility review the packages and make tentative assignments to units. Each receiving facility sends a team with at least one representative from each unit receiving clients and specialists (special needs of clients dictate, e.g., audiologist, psychologist, etc.) to the sending facility to meet clients and discuss their individual needs with sending facility staff. For special needs clients, the team holds a meeting with sending facility staff serving the client to discuss special issues. There is no sign-off by sending facility staff.

Back at the receiving facility, staff from each unit discuss each client they will be receiving with members of the team that went to the sending, unit. Parent/Guardian may be invited to attend.

3.2.4 Appeal

Level IV: An appeal process is a necessary "relief mechanism" for closure/phasedown. There is no reason to assume that the appeal system used for the DDC closure is not appropriate for future phasedowns. This process is an appeal of the "last resort" and will be used rarely if the implementation of the first three Levels proceeds smoothly. Only one DDC client was reviewed at Level IV.

4. PARENTS, FAMILIES, GUARDIANS GUIDELINES

4.1 Consultation With Phasedown Facility's Parent's Association

As soon as closure or phasedown is announced the Task Force Coordinator or another Agency executive requests permission to address the phasedown facility's Parent's Association.

Meeting(s) should be held to explain the phasedown process and to solicit parents' assistance in integrating P/F/Gs from the sending facility and in dealing with problems that might emerge during the transfer process. It is wise to acknowledge upfront to parents at both sending and receiving facilities that the transfers may temporarily create some strains at the receiving facilities. The Department's willingness to work out solutions should be conveyed to parents. The importance of receiving facility parents in helping provide a more receptive environment for the transferred residents and their P/F/G's should be emphasized.

4.2 Involve Parents Who Have Been Through The-Process

Parents involved in the successful DDC phasedown. should be invited to the initial phasedown discussions at the phasedown facility with DMH representatives.

The purpose here is to help reduce P/F/G anxieties and build support for the positive opportunities that well-planned sensitive relocation can. bring¹ to their relative. Having gone through the experience, DDCs P/F/Gs are knowledgeable about the closure process and speak from a perspective uniquely sensitive to the interests and . . . needs of the P/F/Ga in the terminating facility. | | .

4.3 P/F/G Notification

Individualized notification of Parent/Families and Guardians (PFG) can serve to reduce anxieties and build support necessary for facility termination and client transfer to proceed smoothly. The PFG notification and consultation process is presented below and broken down into two steps: a) the letter of notification; and b) PFG Follow-up Consultation.

Immediately upon the announcement of closure or phasedown, notification letters are sent to PFGs providing the following information:

1. A rationale for the phase-down
2. The approximate time-frame
3. Positive aspects of the change
4. Types of placements that will be available
5. PFG options for alternative placements
6. Reaffirmation of the state's commitment to serve the client
7. Description of the four-level process - what will happen next
8. Name and phone number of a contact person

PFG Follow-up is continued through telephone contact, reiterating essential information in the letter of notification and soliciting PFG participation in the client transfer process.

4.4 Encouraging P/F/G Involvement

The following seven steps should be employed in the attempt to involve the P/F/G meaningfully in the process:

4-4.1 Hold Informational Sessions At SF

Invite P/F/G to an informational session at the sending facility. Representatives of the receiving facilities will make presentations (these may be Audio-Visual).

4.4.2 Open-House At RF

Invite P/F/G to open-house at each receiving facility.

4.4.3 Parent Association At RF Contacts P/F/G

Parent association at receiving facility contacts P/F/G to offer assistance, inviting the P/F/G for an individualized or small group visit to visit vital staff.

4.4.4 Set-Up, P/F/G Buddy-System At RF's

If the P/F/G has accepted placement, an orientation coordinator at the receiving facility designated by the superintendent requests the Parents' Association to appoint personal "buddies" for each incoming client's P/F/G. The buddy system operates during the period prior to and after placement in . . . | ' the receiving facility for at least 90-days or longer, at the discretion of the P/F/G and receiving facility superintendent.

This recommendation grows out of the Closure Study's Evaluation meeting with DDC/receiving facility

superintendents. Although it is a simple concept, it can pay major dividends if it is implemented from the very beginning of the phasedown process.

4.4.5 Provide ...Financial Support To Parent"s. Association

The DMHDD through either the sending or receiving facility or Central Office budget, makes available such funds as may be necessary to implement active Parents' Association involvement in the orientation process. These funds are used to cover any/all out-of-pocket expenses incurred by parent-buddies in the exercise of their orientation duties. Under certain circumstances, when receiving facility parents are requested to make major commitments of time to the orientation and buddy system, remuneration through a small personal, services contract is appropriate.

4.4.6 P/F/G Attends Actual Transfer If Desired

Receiving facility contacts P/F/G when transfer is scheduled and invites P/F/G to be in attendance during transfer or at receiving facility upon arrival. Parent association representative (buddy, if possible) also is present upon arrival.