



Response to Regional Center Group Homes Proposal

Governor Hickenlooper's FY 18-19 budget includes a request for funding to transition residents of the Grand Junction Regional Center, a state-operated facility, into new state-operated intermediate care facility (ICF) group homes. We believe this request contradicts Colorado's longstanding goal to ensure that people with intellectual and developmental disabilities (IDD) can access the full array of integrated supports available in their communities. **Colorado should invest resources to enhance existing community-based alternatives rather than perpetuate a costly and unsustainable state-operated service model.**

BACKGROUND

Home- and community-based disability services are a unique marriage of the private sector and the public good; private community providers offer government-funded services so that people with IDD can live full lives in their communities instead of state-operated institutions. **Not only do community-based services provide better outcomes for people accepting support, they are a better use of taxpayer dollars due to the efficiencies possible in the private sector.** Per-person costs at the Grand Junction Regional Center have historically been about four and a half times higher than the average community placement. In 2015, the JBC analyst for IDD programs reported that the per capita cost for the ICF at the Grand Junction Regional Center was \$301,388, while the per capita cost of a community residential placement averages \$67,000. Costs in the community can be reduced because:

- Regional Center ICFs are reimbursed based on their costs, whereas community providers are reimbursed on a fee-for-service basis via non-negotiable reimbursement rates.
- Community providers offer an array of service types that can be individualized, whereas state-operated ICFs typically offer one service package which may include services the person doesn't want or need and exclude services the person needs to live more independently.
- Community providers offer individualized residential options other than group homes that have worked well for a number of former residents and are more cost-effective for the state.
- More individualized options mean that people are more likely to have jobs, participate in community activities, achieve better health, and have relationships with people who provide natural, unpaid supports. As a result, many previous Regional Center residents and their families begin to need and request less intensive levels of service over time.
- While Colorado must do more to support a stable community workforce, staffing costs in the community are typically much lower than in Regional Centers because workers are not eligible for robust state employee benefits and providers have more flexibility in terms of staffing ratios and using an array of services to meet an individual's needs.

WHAT COLORADO SHOULD DO

Instead of investing funding in new state-operated homes, Colorado should use these funds to enhance community-based services and transition Grand Junction Regional Center residents to community providers. We recommend:

1. Providing additional funding to community providers who serve those moving out of Regional Centers to ensure continuity of support and meet the challenge of transition. These individuals



should receive Support Level 7 funding for at least the first year of their transition into the community. Additionally, individuals experiencing a crisis that would normally result in a Regional Center referral should be able to access temporary Level 7 funding to adequately meet their needs in the community.

2. Enhancing the availability of medical professionals that serve people with IDD in the community. Colorado should continue to provide General Fund to sustain the employment of key medical professionals, including psychologists and the Community Support Team from the Grand Junction Regional Center, to provide ongoing care to former residents in the community for at least five years after their transition, and to other people with IDD residing in the community.
3. Reviewing complex laws and rules that make it difficult for community providers to assist a person in a crisis situation by delivering appropriate medications. We recommend adopting a streamlined process for medication administration, including the appropriate use of PRN medications (medications given as-needed).
4. Expanding the availability of behavioral health professionals that provide services to people with IDD in the community by expanding the crisis pilot for people with co-occurring IDD and behavioral health needs and eliminating existing waiver caps for behavioral services for at least five years after residents transition to community services.
5. Increasing community provider reimbursement rates to build community capacity in the form of a stable, qualified direct support workforce, trainings for direct support professionals, more accessible housing and vehicles, and other enhancements to community-based services. A robust system of community-based supports that includes the flexibility to provide temporary, enhanced supports for those in crisis will eliminate the need for state-operated facilities in Colorado and lead to cost savings for the state.

Hundreds of Regional Center residents have successfully transitioned to community providers and experienced higher levels of satisfaction and improved personal outcomes as a result. Alliance looks forward to working with the General Assembly to find sustainable, cost-effective solutions that provide Colorado's Regional Center residents and all Coloradans with IDD with high quality supports that enable them to live as independently as possible in communities of their choosing.

Alliance is a statewide association of Community-Centered Boards (CCBs) and Program-Approved Service Agencies (PASAs) who provide services and supports to individuals with intellectual and developmental disabilities.

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