

# Efficiencies in Government in Kentucky's Public ICF/MR Program

There is no need to "get the community ready" for institutional transitions. The community is ready and waiting.

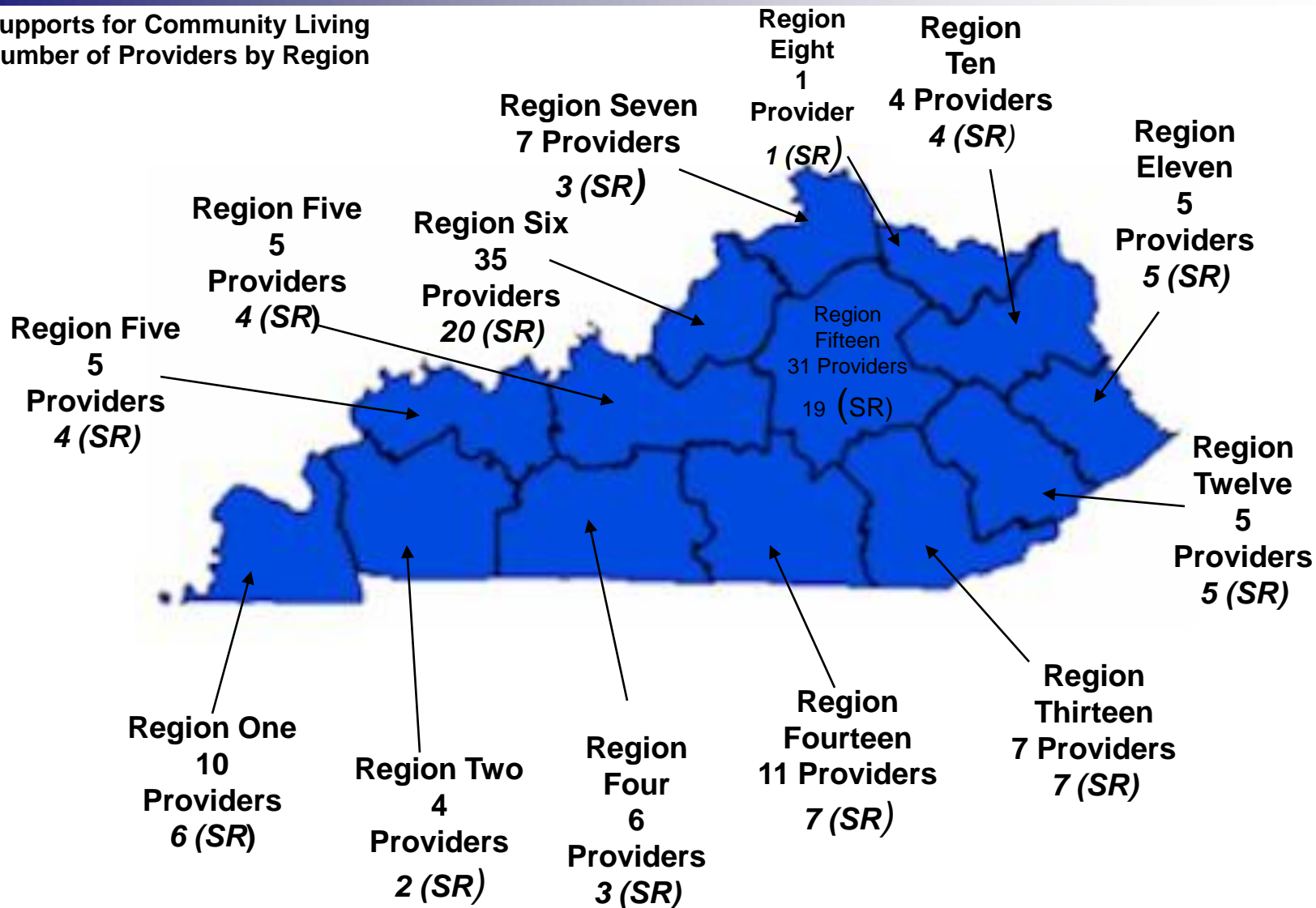
## The Arc of Kentucky



# Kentucky's Community Services Infrastructure

- There is no need to "get the community ready" for institutional transitions. The community is ready and waiting.
- There are approximately 140 providers of Supports for Community living (SCL) spread across the state. Service is available in all regions. See map – next slide.

**Supports for Community Living  
Number of Providers by Region**





# Kentucky's Community Services Infrastructure

- Providers include large and small, for profit and not for profit and all are certified and monitored by the Kentucky Department of Mental Health and Mental Retardation (DMHMR).
- Currently, there are approximately 2,200 individuals with all levels of disability and needs being served in the SCL program.
- This represents nearly five times the number housed in Kentucky's public ICFs/MR.

# Kentucky's Community Services Infrastructure

- Detractors to community transitions claim that individuals with disabilities should remain in institutions because: they are safer, they are too ill , they represent a danger or they have just been there to long. Tested against what we know through research and experience these "reasons" do not survive close scrutiny (see DVD "From the Heart").
- **What we know for sure is that for each person living in one of Kentucky's public institutions he/she has a "twin" successfully living in the community.**



# Kentucky's Community Services Infrastructure

- The Current President of the Kentucky Association of Providers is the Executive Director of a large SCL provider agency serving the London/Somerset area. He recently stated that his agency could, in the event of an emergency, accommodate 20 or more institutional transitions virtually overnight. He added that if given 30 days notice he could safely and appropriately accommodate 50 new clients. This optimistic view reflects the willingness of the provider community to respond to a shift in public policy that favors more rapid institutional transitions.

# Support for Community Living Providers

- 140 Providers
- 90 of the 140 provide Staff Residence





# Staff Residence

- Single Family Dwellings in any Community with no zoning requirements to limit availability.
- Family homes, apartments, townhouses, etc., can be utilized. Individuals use their SSI/SSDI benefits to pay their rent and/or receive subsidized housing monies.



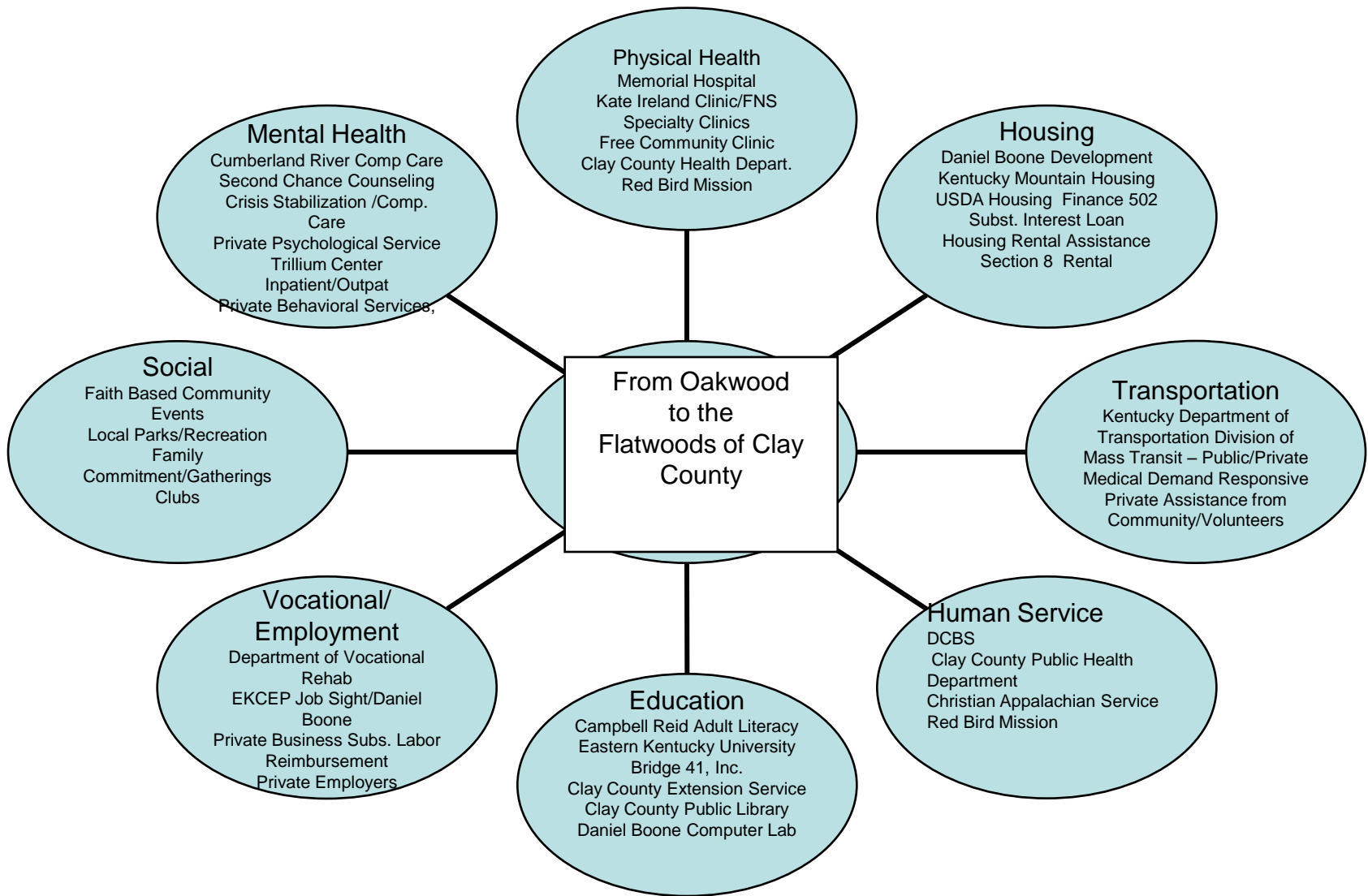
# Behavioral Challenges

- Behavioral Supports are provided through the Supports for Community Living Program.
- Local public and private professionals contract or are employed by providers of the Supports for Community Living Waiver
- Crisis Stabilization Centers are available throughout the Commonwealth for acute mental health needs.



# Medical Needs

- Local hospitals and community mental health centers are utilized to meet the physical and mental health needs of the individuals.
- Private and public health care facilities are used to provide continual, ongoing outpatient care.



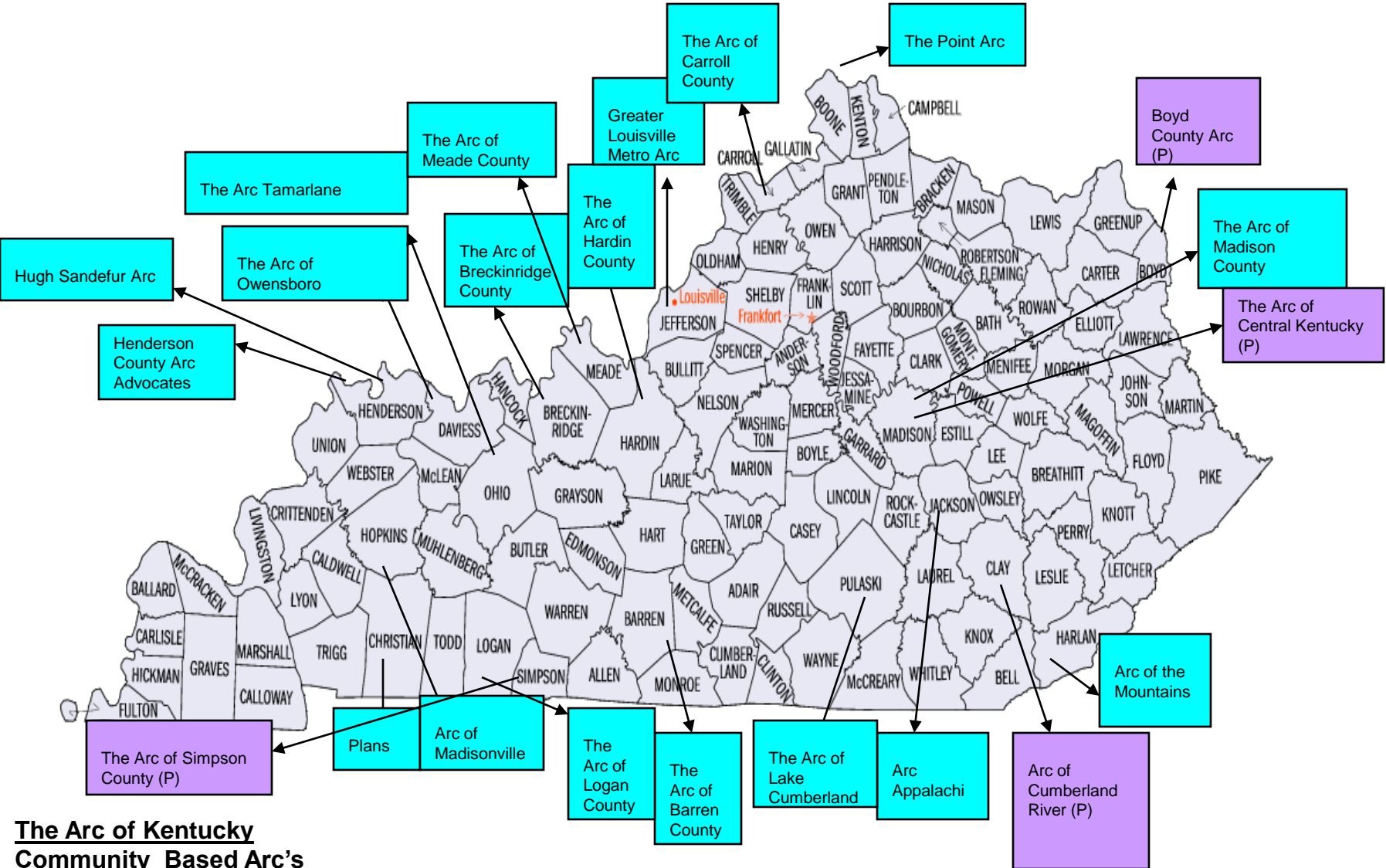


# Where is the Resistance to Community Transitions

- Resistance to transitioning people to community services comes from a small, but vocal minority. The number of individuals who support institutional care is limited. There are only 500 or so people living in the public institutions and nearly 100 of these individuals have public guardians
- Some of these individuals are active in the Louisville area and have had a disproportionate influence on their legislative delegation.
- A second source of resistance is the Oakwood Parent Group (PROOF). Again, a small but vocal group.
- These resisters cling to a wildly expensive and failed service model.

# Where is the Support for Community Transitions

- Supporters of community services vastly outweigh the detractors; however, these groups have historically been less organized and vocal. That is rapidly changing. Groups that can be counted as strong supporters of community services include:
  - The ARC of Kentucky with more than 1,000 members and local chapters throughout the state (see map on the next slide).
  - 2,700 individuals and their families who are on a ponderous wait list for SCL services
  - 2,200 individuals and their families who are currently receiving SCL services
  - Self advocacy organization
  - AARP Of Kentucky. Strong supporter of “Money Follows the Person” initiative
  - The Kentucky Protection and Advocacy Agency (P&A)



**The Arc of Kentucky**  
**Community Based Arc's**  
*Membership of over 1,100*

# Summary

- The community infrastructure is in place
- DMHMR has an extensive Transition Process which is a "road map" to guide individuals in transition from institutions to the SCL program.
- People just like those in the institutions are already successfully living in Kentucky's communities
- A small minority opposes community transitions
- Several thousand Kentuckians embrace community living
- The state cannot justify the high cost per person for institutional services while thousands of Kentucky families receive no services (see next slide). This is bad public policy.

# Summary

## Kentucky Comparison of Cost and Numbers Served in Public Intermediate Care Facilities (ICFs) vs. Cost and Numbers Served in Supports for Community Living (SCL)

### Public ICFs:

Persons Served: 510  
Total Cost: \$134,567,061  
**Avg. Cost/Person \$263,798**

### Supports for Community Living:

Persons Served: 2,863  
Total Cost: \$168,917,000  
**Avg. Cost/Person: \$59,000**

- For nearly 3,000 people we spend \$168 million; we serve 510 people for \$134 million. For the \$134 million spent in the ICFs, more than four times as many people (N=2,280) could be served in the community at the SCL average of \$59,000/person.

[Wait List for SCL: 2,745 People\\*](#)

\*Nearly as many people on the wait list for community services as those being served (N=2,863) in the SCL Program

SOURCE: Kentucky Department of Mental Health and Mental Retardation