

Fairfax-Falls Church Community Services Board

LOB #276:

ADULT LONG-TERM RESIDENTIAL SERVICES

Purpose

Adult Long-Term Residential Services provide an array of needs-based, long-term residential supports for individuals with intellectual disability and for individuals with serious mental illness and comorbid medical conditions who require assisted living. Supports are not time-limited, are designed around individual needs and preferences, and emphasize full inclusion in community life and a living environment that fosters independence consistent with an individual's potential. These services are provided through contracts with a number of community-based private, non-profit residential service providers and through services directly-operated by Adult Long-Term Residential Services. While services are primarily provided directly to adults, some supports are provided to families for family-arranged respite services to individuals with intellectual disability, regardless of age.

Description

Adult Long-Term Residential Services supports a residential services continuum with a range of service models for a diverse population of individuals. Individual needs and lifestyles vary according to many factors including the individual's age, interests, energy level, medical/health issues, family/social involvement, income, health care, daily living skills, physical capacity, and their interest in receiving support. The diversity within the service population calls for varied levels of service delivery. Therefore, Adult Long-Term Residential Services include a number of programs within the spectrum of long-term residential services.

A 24-hour assisted living facility (ALF) supports 37 individuals who have serious mental illness or co-occurring mental health and substance use disorders, as well as significant health issues. The ALF is a collaborative effort of the CSB and a contracted, private, nonprofit service provider, and has been in operation since 1999.

Adult Long-Term Residential Services provides residential services individuals with intellectual disability (ID). Services include: Intermediate Care Facilities offering highly intensive 24-hour services to individuals with significant medical and support needs in a community-based group setting; 24-hour community-based group homes providing intensive services to individuals; less than 24-hour supported apartments leased by service providers; sponsored residential placements of individuals in community-based "host" homes; facility-based respite and emergency shelter services; respite subsidies to families for individual care; drop-in services provided daily or weekly in family or individual-leased homes; and individual purchases of service (IPOS) contracts for a small number of individuals.

All programs, including the ALF, have a general staffing pattern with some flexibility to adjust based on the specific needs and interests of individuals served in the program at any given time. In general, staff interaction with individuals in residential programs is high, given the general needs of individuals receiving services. However, individualized services lend themselves to variability from program to program and from person to person. Hired staff have the primary responsibility of delivering services to individuals based on individuals' person-centered service plans. Volunteers and interns are also utilized, as appropriate, to support services and social/personal interest activities.

ALF services to individuals with serious mental illness or co-occurring disorders, and the majority of services to individuals with intellectual disability, are provided by private, nonprofit residential service providers, with contract oversight by Adult Long-Term Residential Services. Nine group homes and five apartment programs are directly-operated by Adult Long-Term Residential Services.

Long-term community residential programs, in general, are decades into their existence, with a few new programs opening in the private sector each year. Many service recipients have lived in the same homes, with some of the same housemates, and have also received services from some of the same staff for 20-plus

Fairfax-Falls Church Community Services Board

years. There is some transition of individuals among programs as their levels of independence increase or decrease, usually due to personal growth and skill development in areas of daily living and/or healthcare challenges due to aging.

Benefits

Adult Long-Term Residential Services supports needs-based community integration for individuals with intellectual disability and serious mental illness by offering community residential program and service alternatives to institutional, hospital and nursing home care. Many of the individuals currently receiving services in the community originally resided in somewhat isolated state facilities (hospitals or training centers). In fact, some of the largest periods of service expansion in Adult Long-Term Residential Services history are linked to Department of Justice initiated efforts to reduce the census in training centers throughout the Commonwealth, affording better integrated, community-based services to former hospital and training center residents. Individuals residing in state facilities have long been a priority for Adult Long-Term Residential Services.

Individuals currently residing in the community who are at-risk of institutional or nursing home placement, or homelessness, whose living situations change to the extent that their families/guardians/caregivers or they, themselves, can no longer meet their needs, are also a priority for Adult Long-Term Residential Services residential services. Additionally, Adult Long-Term Residential Services program placements provide opportunities for the natural socio-personal progression from living with one's family to moving into one's own home by oneself, with friends, roommates or other housemates while continuing to receive necessary supports.

Adult Long-Term Residential Services seeks to address individuals' needs through contracted and directly-operated residential programs and services, while affording them opportunities to live within communities and participate in the general life of the Fairfax-Falls Church community. Person-centered service planning is a guiding philosophy and practice for all programs and services versus a prescriptive program model. Person-centered services promote self-direction as individuals' lives are shaped by their unique abilities and interests.

Through multi-agency contracts and fiscal oversight, as well as creative service planning and implementation, Adult Long-Term Residential Services facilitates access to and optimization of a broad range of funding streams, while also ensuring operational efficiencies in contracted and directly-operated programs. For example, CSB partnerships with housing agencies have afforded opportunities for new group homes and/or rentals at reduced costs to service providers that are made possible through Adult Long-Term Residential Services contracting. Creative staffing has improved upon much needed access to site-based nursing care management. Further, these practices help to build service capacity where possible for other Fairfax-Falls Church residents in need of and waiting for services.

Mandates

While the CSB's responsibility to ensure local access to behavioral health and development services is mandated by the state, Adult Long-Term Residential Services are not mandated. Yet there are few alternatives, if any, to supporting the targeted needs-based, long-term residential services of Fairfax-Falls Church residents – particularly those reliant upon public funding - without contracted and/or collaborative public-private partnerships. Additionally, Adult Long-Term Residential Services directly-operated programs have functioned as a safety net over the years for a significant number of individuals in urgent need of placement.

Directly-operated services are performed under guidelines of the Virginia Department of Medical Assistance Services, and the Virginia Department of Behavioral Health and Development Services. Private providers under contract with the County through Adult Long-Term Residential Services perform under these same guidelines and oversight. Adult Long-Term Residential Services contracts with private service

Fairfax-Falls Church Community Services Board

providers include assurances of cooperation regarding quality, coordinated care and responsible management of funding, programs and services.

Trends and Challenges

Trends: Current trends in Adult Long-Term Residential Services are specific to service population demographics, as well as service philosophy regarding service models and continuous improvement of customer choice.

Residential Services to Individuals with Intellectual Disability

Consistent with general population trends and responsive adaptation in eldercare services, individuals with intellectual disability are living longer, and service providers are determined to provide them an opportunity to age-in-place. This calls for increased access to community-based and home-based nursing, elder care, and mental health supports and services. The service milieu within programs now includes nursing care management and skilled nursing to address significant healthcare issues associated with aging, such as: skin breakdown, vision and hearing impairment/loss, decreased physical mobility and energy levels, high blood pressure, diabetes, heart disease, and the need for assistive technology and adaptive equipment. Eldercare services are needed to ensure integration of appropriate “next phase of life” service planning and delivery to address issues such as retirement, appropriate recreation, dementia and Alzheimer’s, home assessments, and end of life planning. Mental health supports and services are also a focus as interdisciplinary service collaboration becomes critical to address the dynamics of combined behavioral issues associated with intellectual disability, behavioral challenges that may arise associated with aging, and diagnosed mental health issues. An aging ID population drives changes in service delivery, consultation and access to a more targeted range of home-based and community supports. Consequently, the knowledge, skills and abilities needed for administration and direct service delivery are under adaptation to meet the changing and increasingly complex needs of the service population.

Driven by national trends and federal and state initiatives, service models are changing:

- Where most group homes serve 5-6 individuals per home, the trend is to serve 4 or fewer.
- Initiatives to support individuals with their own leases (versus residing in homes leased by providers) are increasing.
- State mandates to improve consumer choice within the residential setting address such issues as access to programs, visitors, privacy within the home, and flexible service schedules.

Assisted Living Services for Individuals with Serious Mental Illness

Trends in assisted living include: community-based skill building services to support transition to a less restrictive setting; increased site-based peer support to expose individuals to the direct and relatable experiences of those who share their challenges and are successfully managing their own lives; and group counseling services to incorporate best practices.

Challenges: The biggest challenges impacting long-term residential services for individuals with intellectual disability and serious mental illness are insufficient funding to support services that address the increasingly complicated needs of the service population and the increasing demand services.

Specific challenges include the following:

- Affordable and accessible housing for individuals with limited income remains a significant issue, as access to Housing Choice Vouchers are seriously limited.
- For individuals with ID, Medicaid Waiver funding through the Department of Medical Assistance Services (DMAS) is the primary source of funding, and its inability to effectively meet the broad and increasing needs of individuals has long been an issue of Northern Virginia area service providers. While state-initiated Medicaid Waiver Reform has been under way, the new structure has yet to be funded by the Virginia General Assembly or authorized to be implemented by DMAS.

Fairfax-Falls Church Community Services Board

The DOJ Settlement Agreement with the Commonwealth of Virginia has resulted in a transfer of 20 individuals from the Northern Virginia Training Center to community-based programs in the Greater Fairfax region. While the census in the community has increased and will continue until the training center has closed, resources are decreasing for a growing number of individuals on the waitlist, who are also in urgent need of services.

Supporting Data – The following data support the continuous need for Adult Long-Term Residential Services long-term residential services. The Stevenson Place ALF for adults with Serious Mental Illness is filled to capacity at 37 individuals with a waitlist of 49, while vacancies occur at an average of only 1-2 per year. Adult Long-Term Residential Services service statistics for adults with intellectual disability are as follows:

Number of Programs	Type of Program(s)	Number Served
7	Intermediate Care Facilities	37
71	Group Homes	309
37	Supported Residences	65
Multiple	IPOS/Drop-In/Sponsored Residential	115

The vast majority of adults with intellectual disability reside in their homes (long-term residential services programs) until their medical needs exceed service capacity or until they pass away. As state training centers and state hospitals close and/or discontinue transfer of individuals into community programs, it is anticipated that demand for services will primarily come from individuals whose family/living circumstances change to the extent that neither they nor their caregivers can continue to meet their needs in the current setting.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #276: Adult Long-Term Residential Services			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$5,650,641	\$5,479,406	\$5,545,313
Benefits	2,133,943	2,161,824	2,134,395
Operating Expenses	10,072,049	10,007,458	10,495,650
Work Performed for Others	0	(160,040)	0
Total Expenditures	\$17,856,633	\$17,488,648	\$18,175,358
Total Revenue	\$3,120,667	\$2,614,196	\$3,062,068
<u>Transfers In:</u>			
Transfer In from General Fund	\$14,735,966	\$14,874,452	\$15,113,290
Total Transfers In	\$14,735,966	\$14,874,452	\$15,113,290
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	92 / 91.5	92 / 91.5	90 / 89.5
Total Positions	92 / 91.5	92 / 91.5	90 / 89.5

Fairfax-Falls Church Community Services Board

Metrics

LOB Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals with intellectual disability served in directly-operated and contracted group homes and supported apartments	350	371	378	378	378
Average cost per individual served in directly-operated and contracted group homes and supported apartments	\$38,391	\$36,576	\$34,945	\$36,061	\$36,061
Percent of individuals served in directly-operated and contracted group homes and supported apartments satisfied with services	98%	98%	98%	98%	98%
Percent of individuals served in directly-operated and contracted group homes and supported apartments who maintain their current level of residential independence and integration	95%	98%	98%	97%	98%

In FY 2015, Adult Long-Term Residential Services served 378 adults with intellectual disability in CSB directly-operated and contracted group homes and supported apartments, which is a slight increase over FY 2014. This number reflects individuals who do not have a Medicaid Waiver and their services are provided solely using County funds. The average cost per individuals for whom 100 percent of services were locally funded was \$34,945. This reflects a continuing decline in costs over the past three years due primarily to the increase in number served that is expected to partially reverse in FY 2016 due to increasing operating expenses. Ninety-eight percent of individuals served in Adult Long-Term Residential programs were satisfied with services, a percentage that has remained consistent over the past several years.

Adult Long-Term Residential Services seeks to address individuals' needs, while affording opportunities to live within communities and participate in the general life of the Fairfax-Falls Church community. Ninety-eight percent of adults served maintained their current level of residential independence and integration. Adult Long-Term Residential Services provides alternatives to institutional, hospital and nursing home care. Many of the individuals currently receiving services in the community originally resided in somewhat isolated state facilities (hospitals or training centers). Program placements provide opportunities for the natural socio-economic progression from living in one's family home to moving into one's own home by oneself, with friends, roommates or other housemates while continuing to receive necessary supports.

When programs do have vacancies, most often due to healthcare challenges, programs typically fill vacant beds in directly-operated and contracted group homes in an average of 21 days. It is in the best interest of service providers to fill vacancies as soon as possible to minimize the revenue impact from a vacant bed. Any vacant days tend to be a direct result of time needed to coordinate site visits, collaborative development of service plans and assurance of proper staff training specific to individualized needs.

Based on the CSB's philosophy to provide training, support, and supervision to adults with an intellectual disability to maximize community independence and integration, group home services and facilities are continuously being modified so that adults with changing physical needs can age in place. As a result, this service area is researching industry standards for outcome measures for similar residential services and will be adding outcome measures as appropriate.