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The Future Of IDD Is In The Home

August 15, 2017 | Athena Mandros



Greetings from The 2017 *OPEN MINDS* I/DD Summit in Long Beach! Today we had a sneak preview of the new [2017 State Of The States On Developmental Disabilities](#), from the

author himself, David Braddock, Ph.D., the Executive Director of the Coleman Institute for Cognitive Disabilities at the University of Colorado.

My big takeaway? The focused effort to move consumers to the community is working and forcing us to rethink what “community” means. Dr. Braddock’s new research reported that the number of institutionalized individuals with developmental disabilities dropped dramatically in the last 50 years from a high of 194,650 in 1967 to 21,203 in 2015. This change is a result of a strong emphasis on the community integration of individuals with disabilities and the availability of better care in the community.

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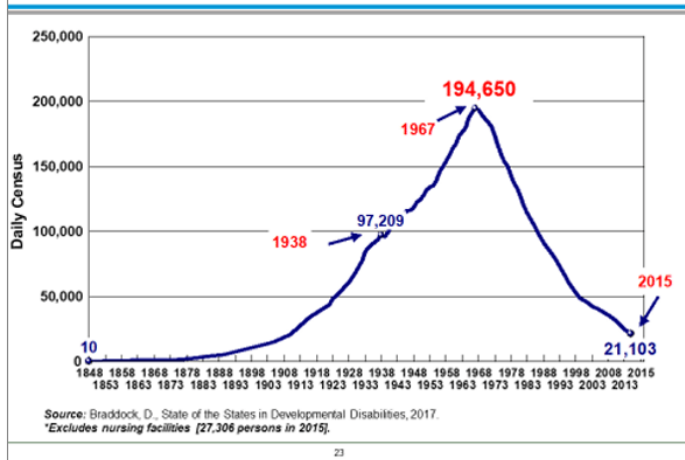
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GROWTH AND DECLINE OF IDD INSTITUTIONS 1848-2015



As of 2015, thirteen states and the District of Columbia are “institution-free” for consumers with intellectual/developmental disabilities. And Dr. Braddock predicts that the five states with the smallest institutionalized populations—Idaho, Nevada, Delaware, Montana, and Oklahoma—will be the next states to end the use of institutionalization for this population.

Although large institutions have been closed, Dr. Braddock maintains that there is still work to be done in the move of consumers to the community. In 2015, there were 52,122 individuals housed in intermediate care facilities (ICFs) with 7 to 15 beds. The six states with the highest percentage of the population in these facilities were Illinois, New York, South Dakota, North Dakota, Montana, and Indiana. In the future, Dr. Braddock expects that these facilities will go away and will be replaced by smaller facilities with six beds or less.

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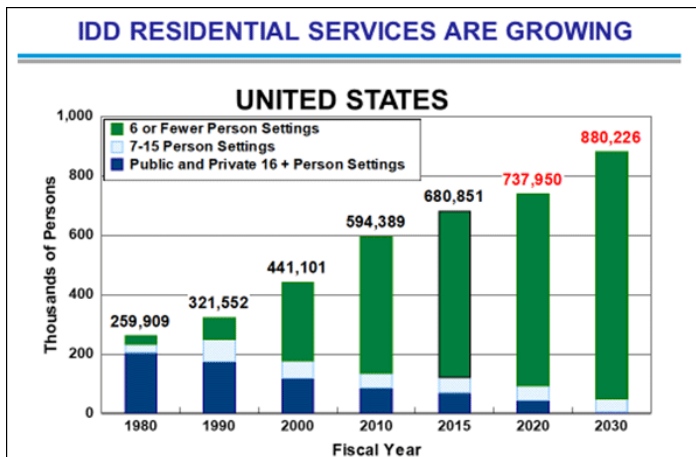
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What does this mean for executives of provider organizations? For organizations with ICFs, the demand for those services will continue to drop while at the same time, new opportunities will arise in supporting consumers with home-based services. But this shift brings its own challenges including service delivery models, mobile technology, and critical workforce issues. The workforce issue was of particular concern to executives attending today's summit. Home caregivers are often paid minimal salaries, resulting in high turnover and poor outcomes. Figuring out a sustainable solution for raising salaries and retaining workforce is going to be the million-dollar question.

As more states move to use managed care financing and delivery models for long-term services and supports, executive teams will need better systems to estimate the value of their services by tracking outcomes. Philosophically, most stakeholders agree that providing supports that enable consumers to live in the community is better, but demonstrating that value and the quality of care is challenging.

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Anecdotal stories alone are not enough—executives need performance data that clearly shows the better outcomes of their community-based services.

Another big takeaway for me today is that the push towards more community-based models of care has created a need for standardized performance measures for community support services and new technology-enabled models for those support services. For our continued coverage on those issues, stay tuned.

And for more on the future of services and supports for consumers with I/DD, join me at [The OPEN MINDS 2017 Executive Leadership Retreat](#) for the plenary address on “The Future Of Long-Term Services & Supports: A New Business Model For A Medicaid Managed Care Market” by Nancy Thaler, Pennsylvania’s Deputy Secretary for the Office of Developmental Programs. And be sure to follow our coverage of The 2017 *OPEN MINDS* Management Best Practices Institute over the next few days on Twitter [@openmindscircle](#) – [#OMBestPractices](#).

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