

Secretary Diana Dooley  
California Health and Human Services  
1600 Ninth Street, Room 460  
Sacramento, CA 95814

RE: 1115 Waiver Renewal-Workforce Development

January 30, 2015

Dear Secretary Dooley:

To meet the triple aim and protect Federal matching funds, California needs to make targeted investments in workforce development and housing for adults with developmental disabilities. This will be required to enable successful community living for regional center clients and others with similar needs who do not qualify for regional center services. It is a critical time to make this investment due to:

- California legislature's commitment to divert new admissions to Developmental Centers.
- Ongoing community placement of people currently residing in Developmental Centers.
- The requirements of the new Home and Community Based Settings regulations and self-direction programs
- The Developmental Services Taskforce's initiative to develop Medical & Mental Health Services & Supports and Housing
- The Lanterman Act provisions requiring investments to ensure an adequate health professions workforce to meet the needs of regional center clients.
- Federal enforcement of the *Olmstead vs. L.C.* decision

All of these initiatives require health care services to be available to medically fragile and behaviorally complex people living in dispersed settings in the community. The shift from institutional to community based settings requires a corresponding effort to address the seriously inadequate system of health care available for adults with developmental disabilities living in the community, particularly for those with the most complex needs. A system of care designed for adults with DD must place fewer demands on patients and their supporters and provide front-line health care providers with more support. The current health care system presents an array of structural deficits that severely limit its ability to provide appropriate care for this vulnerable population. These deficits include a lack of trained clinicians and caregivers, lack of regular assessment, lack of coordination and information sharing among clinician and developmental service teams, a lack of access to special health services and special health care delivery models for the most complex patients, insufficient reimbursement for primary care, and a lack of data to drive health service development and policy.

**In terms of workforce development, three targeted investments should take priority:**

- 1. Yearly nurse health assessment for all regional center clients**
- 2. Investment in health professions training in care of adults with developmental disabilities at public health professions schools**
- 3. Visiting nurse and team care coordination programs for regional center and IHSS clients who self-direct their services and supports, especially if they require paramedical services**

Yearly nurse health assessments for people with developmental disabilities have been shown to achieve the triple aim of lower costs, better process and better outcomes of care. (Romero 2009) A recent systematic review of the impact of health assessment interventions found 48 publications. The review showed that health assessments consistently led to the detection of unmet health needs, increased the knowledge of health professionals and support staff, and identified gaps in health services. They are effective in identifying previously unrecognized health needs including life threatening conditions. (Robertson 2014) Other countries such as the United Kingdom and Australia have initiatives to promote health assessments. However, in the United States the adoption of this practice remains limited. Assessment instruments for the general population or for geriatric populations are not appropriately designed for adults with developmental disabilities.

Investment in health professions training through public medical schools is also needed. The Department of Developmental Services is required to assure an adequate number of qualified health professionals by contracting with public universities to develop training programs. *W and I 4420*. Inclusion of funding for this in the 1115 Waiver is necessary to enable the Department of Developmental Services to meet this obligation. It will leverage current investments from DDS to develop health care infrastructure for regional center clients who are at risk of institutionalization. Lack of a trained health care workforce has been a barrier to community placement. Lack of a qualified health care workforce to serve adults with developmental disabilities threatens Federal funding. Without a trained workforce, adults continue to use systems designed for children and overuse emergency rooms for ambulatory sensitive conditions. Medical homes designed and funded to meet the intensive and unique needs of adults are not available. (McDonnell 2010) Clinicians tend to treat challenging behavior in people with intellectual disabilities with antipsychotic medication which is costly, ineffective, and violates civil rights (Romero 2009).

Finally, visiting nurse and care coordination programs are needed to make client-directed services work for regional center clients living in the community. IHSS and long-term care services funded through the regional centers are critically important, especially for those who require paramedical services. Paramedical services are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health and which the recipient would perform for himself/herself were he/she not functionally impaired. They are skilled tasks that require a client's doctor or nurse to train (e.g. medication administration, shots, inserting medical device into a body orifice, or activities requiring judgment based on training given by a licensed health professional.) Using un-credentialed direct support professionals to perform paramedical services can achieve savings to the system. But improving outcomes and process can only be achieved if the clients who hire their own supporters have access to qualified health professionals to assist them with training and supervision of their staff.

IHSS regulations require a licensed health professional to order and supervise paramedical services and they should only be performed if the consumer's doctor has taught a direct support professional how to provide the service, explained risks involved and told them what to do in an emergency. However, currently there is no infrastructure and funding for clinicians to serve this function for their patients. To be effective, supervision and training:

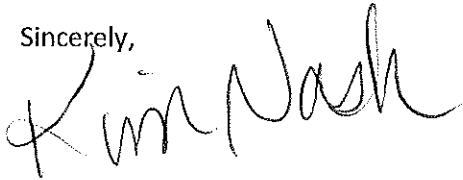
1. should not interfere with client-direction. (Benjamin 2000; Doty 1999)
2. be individualized for the client/worker team and provided in a service learning model (ie skills taught in the context they will be used through supervised practice)
3. assessment should be competency-based (ie assessment should require demonstrating the skill, not solely demonstrating knowledge)

4. culturally competent
5. proactive (i.e. regular direct observations by credentialed staff)
6. available for consultation 24/7
7. funded to provide staff training and supervision of staff hired by clients as opposed to directly delivering the services.

Depending on local health care delivery infrastructure, visiting nurse/care coordination programs to deliver this service can be a specialty service serving clients in a geographical area or part of a medical home model.

The Office of Developmental Primary Care at the University of California San Francisco <http://odpc.ucsf.edu> is a resource for developing the 1115 waiver renewal team, and for designing effective workforce development programs to serve adults with developmental disabilities as outlined above.

Sincerely,



#### References

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