

Kansas Council on Developmental Disabilities

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"To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities"

House Committee on Aging and Long Term Care Regarding H.B. 2296

February 22, 2011

Mr. Chairman, Members of the Committee, thank you for the opportunity of appearing before you today regarding House Bill 2296. I work for the Kansas Council on Developmental Disabilities, a federally mandated and funded entity under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000.

The Council was an active participant in the closure of Winfield State Hospital in the mid 1990's. In collaboration with the Legislative Coordinating Committee, we jointly funded a study of that closure and the outcomes for the Winfield residents who moved to the community. The results of that study and a recent (fall, 2010) update of the study, proved that persons with developmental disabilities have more inclusive lives and better health when they do not live in a large, congregate facility. I would also like to point out that the Kansas community service providers no longer have any large bed (17 residents or higher) facilities in Kansas. See attachment 1 from the Department of Social and Rehabilitation Developmental Disabilities Summary for the Month of January, 2011.

The Council supported the closure of Winfield State Hospital (WSH) and supports the closure of Kansas Neurological Institute (KNI). House Bill 2296 would create a joint committee on oversight of the closure on KNI, similar to the oversight committee created for the Winfield closure. We see this as an opportunity to have Legislative oversight of a major event in Kansas.

In reviewing this bill we assume that page one, lines 23-26 refer to the "savings" resulting from the actual average costs to serve the KNI residents in the community and not the average cost of all persons with developmental disabilities who are served in the community. We recognize that

HOUSE AGING & LTC

DATE: 2/22/11

ATTACHMENT # 4

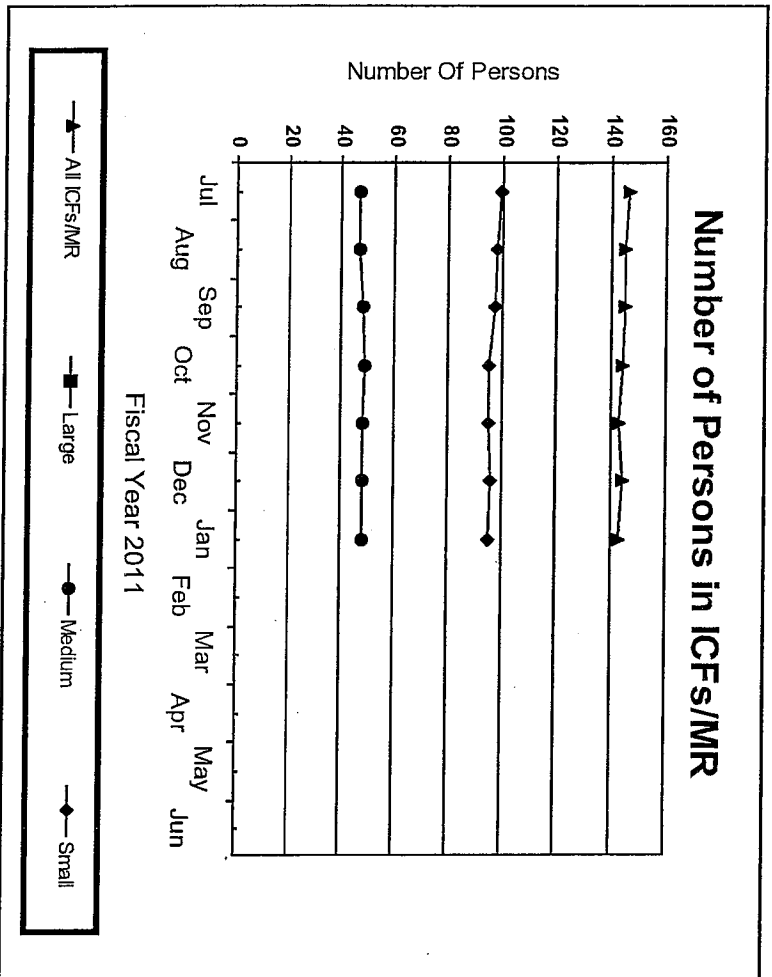
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the costs of the current KNI residents will be higher than the total average costs of all persons served. However, even if the costs approach the costs of serving persons in a state hospital, we have documentation from previous studies on former Winfield residents that show they lead better lives and need fewer medical services than they did when residing at WSH. See attachment 2.

Again, we thank you for permitting us to testify and would be happy to answer any questions.

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Private ICF/MR Residents
 Fiscal Year 2011
 Date Of Report: February 04, 2011



Number of Persons	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Net Change
Large (17+ Bed)	0	0	0	0	0	0	0						0
Medium (9-16 Bed)	47	47	48	49	48	48	48						1
Small (4-8 Bed)	99	98	97	95	95	96	95						-4
Total ICFs/MR Person	165	164	163	162	161	162	161						-4

Data submitted by CDDOS
 SRS Division of Health Care Policy
 Policy Evaluation, Research & Training
 February 4, 2011

Attachment 2

**Are People Better Off?
Outcomes of the Closure of Winfield State Hospital
13 Years Later**

A Follow Up to the Final Report (Number 6) of the Hospital Closure Project
Issued by Dr. James Conroy in December, 1998

Submitted to:
The Kansas Council on Developmental Disabilities

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October, 2010

In December of 1998 Dr. James Conroy submitted his final report on the closure of Winfield State Hospital. He referred to the people moving from the hospital as Movers. His report was extensive using a multitude of measures. At that time he stated, "Movers are believed to be better off." (Conroy, p.33)

The logical question is how well Movers are doing today, 13 years later. While we have neither the time nor the resources to replicate Dr. Conroy's work, we believe the 14 quality of life dimensions used by Dr. Conroy offer a strong basis for comparison (Conroy, p. 33). We further believe the parents/guardians of the Movers offer the most reliable information as the Movers do not communicate verbally well or at all. With that in mind we were able to contact 40 parents/guardians of the Movers from 1997. We contacted the parents/guardians via telephone and used the following script to administer the survey.

Script for phone interview:

My name is _____ and I work for Creative Community Living. We are collecting information to share in summary form with the Kansas Council on Developmental Disabilities. This information will most likely be used in testimony before legislators as they examine closure of another state hospital. This short survey should only take 5 - 10 minutes of your time. May I proceed? (If answer is "no", ask if there is a more convenient time you can call. If the answer is still "no", thank them and hang up.)

Every parent/guardian we were able to reach participated in the survey.

We anticipated there would be a slight increase in the level of satisfaction with community-based services. We did not anticipate the degree of increase in all dimensions.

Category	State		
	Hospital	Year 1	Year 13
Health	2.6	2.7	4.3
Running his/her own life - making choices	2.2	3.0	4.0
Family Relationships	2.1	2.3	3.9
Seeing friends, socializing	2.3	2.8	4.2
Getting out and getting around	2.3	3.1	4.3
What he/she does all day	2.5	3.1	4.1
Food	2.6	3.5	4.2
Happiness	2.8	3.3	4.3
Comfort	2.9	3.4	4.5
Safety	3.1	3.5	4.3
Treatment by staff	3.4	3.8	4.4
Dental care	2.9	2.4	4.2
Privacy	3.2	3.7	4.3
Overall quality of life	3.0	3.5	4.4

The comments offered by many parents/guardians also supported the increase in degree of satisfaction. Below is a sampling of the positive comments:

- Can tell you in every aspect of their lives things are much better now than at State Hospital.
- As far as her life now is concerned, I really couldn't ask for it to be better.
- I think families are much more comfortable visiting in the community than they were at State Hospital. I've seen a lot of change in my life and that was one of the most positive.
- Life improved dramatically as has health.
- At first I was opposed to closure of State Hospital but I feel she would not have had the opportunities she does now.
- I feel he gets much better care now and has better Quality of Life than when at State Hospital.
- Safety is much better now, more one-to-one care.
- There wasn't as much preventative medical treatment, more reactive. I was one of the last to think this was possible.
- Think whole transition has gone well – better for everyone.

Obviously, there was some dissent although very minimal. Approximately 99% related to staff turnover, but there was consistent praise of the job done by staff today. As one parent phrased it, "There is always someone who cares."

Family relationships showed the least level of increase. The comments relating to those scores referred to declining health and death of family members rather than discontent with community settings. As the comment section shows, many family members found it more convenient and/or comfortable to visit in the community.

Dr. Conroy wrote in 1998, "The Kansas experience of the closure of Winfield has been far more successful than this consulting team predicted." (Conroy, Executive Summary) Thirteen years after the closure the success seems to have kept building.

References

Conroy, James W. (1998). Are People Better Off? Outcomes of the Closure of Winfield State Hospital, Final Report (Number 6) of the Hospital Closure Project. *Required by Substitute House Bill 3047.*