

**Grand Junction Regional Center
(SB 16-178) Advisory Group Report**

Submitted to:

Colorado Department of Human Services

On

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I. Introduction

This report represents the views of the seven Advisory Group members on how the transition that is mandated under Senate Bill 16-178 (Bill) should be implemented. Under the Bill, which was signed into law by Governor Hickenlooper last June, the existing residents of the ICF facilities at the Grand Junction Regional Center (GJRC) campus are to choose where they would like to receive their care in the future. Once the choices are made and the transition is complete, the Bill states that the existing Grand Junction Regional Center campus should be closed, vacated and sold.

This report serves the purpose of the role that the Bill stipulated for an Advisory Group: to assist the Colorado Department of Human Services (CDHS or the Department) in developing its capital request to the Capital Development Committee and its plan. The request and plan are to be submitted to the appropriate legislative committees on December 10, 2016.

Organization of this report

The Advisory Group had four of their five meetings over two months to discuss its perspectives on the transition. This report is intended to articulate those views. The report is organized with the following sections:

II. Clustering of ICF facilities

Because this is a centrally important question for how to proceed with new facilities, we put this section at the beginning of the report.

III. Review of the charge/scope of the Advisory Group

This section reviews our charge and how we have approached our deliberations.

IV. Planning Assumptions

Here, we describe our understanding of the current situation and the foundation of the recommendations that we make in this report.

V. Principles for transition

A long-term solution is possible through observing some essential principles. We describe these principles and how they relate to successful outcomes.

VI. Programmatic recommendations

The Advisory Group included a specific recommendations related to how care is provided at the Grand Junction Regional Center.

VII. Input from the GJRC staff through the work of the Focus Groups

GJRC staff has been working to articulate the care and other services that are part of the work at the GJRC campus. The section briefly summarizes some of the components that will need to be included in the transition to new or different facilities.

VIII. The planning process to develop, construct and transition to new facilities

The steps in planning are described along with a possible timeline based on the guidance from the Office of the State Architect.

This report to the Department is provided as the Advisory Group's consensus for the plan and capital request. The Advisory Group members collaborated with each other and Will Singleton, of Singleton Strategies, the group's facilitator, to draft the report. We look forward to working

with the CDHS Executive Management Team and the GJRC staff to clearly describe the excellent care that is provided at the GJRC campus and how that care can be part of a plan to build new facilities for the GJRC ICF residents.

II. Clustering the ICF facilities

The Advisory Group believes that the optimal configuration of the ICF residential and day services is for them to be grouped together in a cohort of buildings. This would include four to six residential buildings that are designed to accommodate the needs of the individual clients, as well as a facility for ancillary services and client-oriented administration.

Recommendation 1: Develop residential facilities on a single site for all who opt to stay at the Grand Junction Regional Center.

Recommendation 2: In the Facility Program Plan portion of planning, allow families, direct care staff, and advocates to participate in the process of considering which ancillary services should be designed into the residences or developed in close proximity to the residences.

There are some important considerations that the planning process and subsequent decision-making will need to address. These include:

- Allowing the medically fragile to easily access the care that they need;
- Avoiding an institutional setting when multiple buildings are built in the same location;
- Allowing residents to access their direct contact administrative services including collecting their pay;
- Enabling clients to gather for celebrations and recreational activities;
- According to Regional Center Direct Care staff, intermediate care facilities (ICF) are required to have medical personnel on staff including psychiatrists, doctors, and nurses. Nurses, in particular, must be on-site twenty-four hours a day. Space close to the residences should be provided for the medical team.

The Advisory Group believes that it is essential that the number of new homes, clustered together in this single site, be sufficient to accommodate all twenty-two of the people who are being displaced by the campus closure and who have chosen to remain in Grand Junction. Potential additional capacity is addressed in Section VI of this report.

Here are some of the advantages the Advisory Group believes exist in clustering the homes and associated facilities:

- GJRC staff can collaborate when needed to provide the best direct care services because they are near each other;
- When incidents occur, GJRC staff can provide a scalable response that enables them to minimize the impacts of the incident on other residents, other staff, the community and also avoid engaging law enforcement;
- A centralized facility-based setting allows the residents to have a degree of freedom to move around outside that is useful in building their ability to navigate the larger community. The

GJRC staff members know the residents in a way that enables them to have a degree of autonomy while also recognizing their behavioral triggers. This intermediate step is lost when the facilities are embedded in neighborhoods; each time the resident goes outside, they are in a challenging environment;

- Residents who are medically fragile get more immediate medical care from on-site nursing staff and benefit from the centralized availability of specialized medical equipment and procedures. Plus, living close to facilities such as medical and dental clinics, work areas, and recreational facilities allows residents to participate in daily activities without some of the jarring aspects of being transported. This challenge posed by transportation creates a barrier to community involvement.
- Many residents are highly vulnerable – either to being taken advantage of by members of the community or traumatized by escalating incidents – providing these residents with some degree of protection is a comfort to the families and is also a way to assure a progression in important aspects of personal growth.

The Advisory Group recognizes that some people believe a clustered or centralized facility-based setting is contrary to the aim of integrating individuals with developmental disabilities into communities. The Advisory Group disagrees and has made recommendations that we believe to be focused and person-centered, as is mandated by SB 16-178. The Bill's text states that the GJRC transition process plan should:

“(a). Emphasize person-centered services that support the well-being and choice of the person...”

For the Advisory Group, this person-centered orientation seeks first to provide choice to residents and their families that is informed by the expert team that cares for each of the residents. Once their choice is made, the requirements represented by the Olmstead decision are addressed.

Additionally, it is unclear to the Advisory Group that facilities distributed around various neighborhoods in Grand Junction are demonstrably better. There is a reason why colleges and universities are clustered with individuals living on the campus – if they choose. It creates a place within the community where they can focus on their personal growth, where resources to aid them are also focused on that goal. They are – to some degree – sheltered from the distractions going on outside in the rest of the community. Nursing homes are also clustered because of the advantages of assembling expertise and equipment used in care in one place.

At one time, the Grand Junction Regional Center housed 900 residents. At that time, the campus was warehousing people with disabilities in any range of conditions to separate them from society, so that the rest of society would not have to consider their needs on a daily basis. We agree that institutionalizing people with disabilities to warehouse them is wrong and contrary to their well-being and to society's. The Advisory Group does not believe that GJRC is a place where people are warehoused, instead, the Group believes that GJRC is a place where each individual is cared for according to his or her special needs.

Today, most people with disabilities do live in the community, and it is apparent that they are doing so very successfully. For those that require ICF services, and more so for the remaining residents of the GJRC campus, each individual has a special circumstance that has resulted in that individual and their guardian determining that staying at the Regional Center is the necessary choice for them. For these clients, staying at the Regional Center allows them to continue the integrated care they receive that comes from the focusing expertise and resources in one location.

Lastly, clustering the homes does not mean that the residents are or should be isolated from the community. People who are very well integrated into society may choose for their immediate residential surroundings to be more private. Those people go out and engage in their community and return to the residence that meets their needs. Likewise, the residents of GJRC are able to engage with the community on their terms and capabilities. One of the wonderful things about the GJRC staff is that they promote stimulation and interaction in the community and have the capacity to make it happen more frequently.

Two of the seven Advisory Group members expressed reservations about clustering the homes, they determined that they wanted to support the Advisory Group's efforts to agree on the specific choices of and for the twenty-two individuals and their families or guardians.

One expressed the concern that creating a new set of residences in a different part of town will reintroduce that part of the community to the idea that the clients are "different", "other" and in need of separation. This perspective reflects the ongoing imperative to assimilate individuals into society. In this case though, the choices of these individuals and/or their families is to be part of an ICF facility that is set up in a cluster. This Advisory Group member respects the desires of the families to choose their own living situation.

The other member of the Advisory Group stated that he had known other individuals with disabilities growing through their increased interactions in a community setting. He believes that private non-profit providers can be expert at addressing the dangers that residents might pose to themselves or others. He also expressed concerns that Medicaid could determine that the GJRC ICF homes are not in compliance if clustered. He is fundamentally opposed to the idea of clustered homes and of co-locating multiple buildings in one location. In this case too, the Advisory Group member wants to help the families and residents choose the best outcomes.

In our process, the Advisory Group has sought to clarify this point and would like to engage with the state and federal authorities in subsequent planning steps to make sure that the Department, GJRC staff and the families are all working towards a next step that is programmatically sustainable. The Department of Human Services, the Department of Public Health and Environment and the Department of Health Care Policy and Financing all play essential roles in providing, financing and regulating ICF care. Engaging all three agencies through a convening can help address questions related to regulatory specifications or their potential to change in the future.

Recommendation 3: Convene a discussion with all three relevant agencies about guidance for ICF homes that can help inform the configuration and placement of new facilities for the Grand Junction Regional Center.

If the concern is whether a more “institutional” setting is appropriate under the Supreme Court’s directive that individuals with developmental disabilities should be integrated into communities, the Olmstead decision discusses an the institutional setting as an appropriate form of care for some individuals:

“[For some individuals, no placement outside the institution may ever be appropriate ‘Some individuals, whether mentally retarded or mentally ill, are not prepared at particular times - perhaps in the short run, perhaps in the long run - for the risks and exposure of the less protective environment of community settings;’ for these persons, ‘institutional settings are needed and must remain available.’ ” . . . Each disabled person is entitled to treatment in the most integrated setting possible for that person – recognizing on a case-by-case basis, that setting may be an institution” Olmstead, at 605.

The Advisory Group interprets the Olmstead decision to mean that individualized care should be the priority. For some, a more protective environment may be the best choice.

III. Review of the charge/scope of the Advisory Group

Origin of the Grand Junction Regional Center (SB 16-178) Advisory Group

This year, the Colorado Legislature passed Senate Bill 16-178, which directs the Colorado Department of Human Services to “vacate the Grand Junction Regional Center campus and shall list the campus for sale” by July 2018. The Colorado Department of Human Services (Department) was instructed in the Bill to form an Advisory Group comprised of families, GJRC staff, and advocate organizations to “help the department formulate the plan and budget requests.” Department personnel selected the members of the Advisory Group through an application process.

Scope: SB 16-178 instructs that “the department shall vacate the Grand Junction Regional Center campus and shall list the campus for sale” by July 2018. This will be done through the submittal of “a plan for the disposition of the Grand Junction Regional Center Campus, including a plan to spend the proceeds of the sale, and shall make any associated capital construction budget requests...related to the transitioning of persons receiving services at the Grand Junction Regional Center campus.” The purpose of the Advisory Group is “to help the Department formulate the plan and budget requests”.

In pursuit of this scope, the Advisory Group seeks to provide the Department clear insight on the views and orientation of the families of GJRC ICF residents, direct-care staff and from Grand Junction. Grand Junction is a long way away from the decision-making in the Capitol and at the Department’s headquarters on Sherman Street in Denver. This report is intended to provide a Western Slope – oriented perspective on how to implement SB 16-178.

To achieve a long-term solution for people who require ICF services, which both maintains the extraordinary levels of care available today at GJRC and is fiscally sustainable, a partnership must exist between the Department, the Legislature, and stakeholders of GJRC. It is the Advisory Group's hope that our input as parents, care providers, and advocates will be given strong consideration as decisions are made and plans for the future of the GJRC campus progress.

Consistent with the Bill, this Advisory Group was convened to focus on implementing Senate Bill 16-178 – which directs the Department vacate the GJRC campus and propose replacement facilities. The Bill requires the Advisory Group to work with the Department to vacate the campus in a manner that considered:

- Person-centered services that support well-being and choice
- Meaningful engagement of families and guardians
- Ensuring that solutions are programmatically and fiscally sustainable
- Maintained service capacity in Grand Junction
- Provision of home-like (small scale) settings
- Enhanced quality day services
- Support for the continued success of the RC staff

Other provisions of the Bill relate to relocating the administrative capacity that is housed at the Regional Center. This has not been as much of a focus for the Advisory Group but we support the efforts of GJRC staff, the Department and the Office of the State Architect to find the optimal solutions for all matters associated with the transition to new locations and facilities.

Our process

The Advisory Group's process has sought to build a common understanding. The group met four times from September to early November to discuss the issues that have gone into this report. Our meetings were planned and facilitated by Will Singleton, with Singleton Strategies, a consultant to the Department. Each meeting was three hours, set up in a roundtable format, and oriented towards articulating the issues in this report. The primary audience of this report is the Department. The purpose of which is to substantively engage the Executive Management Team on the request to the Legislature that is due on December 10th and to help articulate a satisfactory plan for transitioning that meets the requirements of the Bill.

The Advisory Group recognizes that the Department has a responsibility under its mission and under the Bill. We are ready to serve as partners to the Department in executing its mission and role. We also recognize that there are numerous other agencies and influencers in this process. The Department of Health and Environment is the certification entity – any facility must meet their requirements through inspections. The Department of Health Care Policy and Finance administers funding for Intermediate Care Facilities and plays an important role in not only facilitating the transition of each client but also overseeing the provision of ICF care under Medicaid. We want to work with CDHS to help all understand what is entailed in delivering the services to ICF residents at the Grand Junction Regional Center campus. We believe that the idea put forward in Recommendation 3 can help develop better understanding and inter-departmental cooperation.

There are additional significant audiences that may also be interested in this report. Members of the Joint Budget Committee and the Capital Development Committee and their staff will be interested in this report and we urge that the Department make it available to them freely. Families and other stakeholders will also be interested in reading this report. We want all to understand what is behind our recommendations and to create as transparent a transition process as possible.

This Advisory Group was set up as a consensus group with the goal of developing agreement among all of the members in equal measure. This report represents the consensus of the Advisory Group. When differing views were expressed, the Advisory Group has sought to express them in this report. Despite these differing viewpoints, all have agreed to the content of this report with the interest of the larger goal – to advise the Department on how to proceed with the transition to new facilities for the twenty-two individuals who are opting to stay with the Regional Center.

Advisory Group Membership

There are seven named consensus members of the Advisory Group. The individuals were selected based on their applications and the instructions of SB 16-178. These individuals are:

<u>Name</u>	<u>Affiliation</u>
Roberta Funk	GJRC Direct Care Staff
Timothy Hudner	Family of GJRC Resident
Keith Larsen	The Arc of Mesa County
Michèle O’Toole	GJRC Direct Care Staff
Geoffrey Peterson	Disability Law Colorado
Gini Springmeyer	Family of GJRC Resident
Michael Thoma	Family of GJRC Resident

Consensus member means that the person has been invited to participate by CDHS. He or she plays a role in determining the “consensus” outcomes of the group. Only the named consensus members have participated in the Advisory Group’s decision making, the development of recommendations, and the ideas represented in this report.

IV. Planning Assumptions

What we know and underlying assumptions

There are some basic assumptions and facts that form the framework of our understanding of the situation and options for the future. This section describes what we know as fact and our situational understanding.

The Advisory Group understands that SB 16-178 was passed by the Legislature and signed by the Governor and that the Bill:

- Mandates the implementation of a plan for transition that must be conducted by July 2018 or quarterly reports will be required to continually update the Legislature on the implementation of a plan.
- Requires that the campus be vacated. Once vacated, the State will oversee the disposition of the campus.

The disposition of the GJRC campus is outside of the Advisory Group scope. The Advisory Group's scope is to advise the Department of Human Services on how to transition the twenty-two individuals who must choose where they will go before the campus is vacated.

At the October 19th Capital Development Committee hearing, members of the committee clarified that – despite the specific language of SB 16-178 to vacate and sell the existing GJRC campus – the Committee would be open to considering staying on campus on a smaller footprint if it compares favorably with the other options. The Advisory Group understands that cost will be a component of determining where the new facilities will be placed along with the availability of suitable alternate sites.

To investigate this possibility, the Department's Executive Director and the Director of the Office of Community Access and Independence have agreed to pursue a cost comparison. Individuals at the Office of the State Architect have been engaged to begin developing a scope for the comparison. It will seek to evaluate staying on campus or a moving to a similar setting – including purchase price, construction costs, and changes to infrastructure for the site.

The Bill mandates that ICF capacity should be maintained in Grand Junction. It states:

“(e) Preserve the capacity for services and support provided by the regional center in Grand Junction...”

Steps in planning should demonstrate this intention and the new facilities should reflect the state's long-term commitment to keeping ICF capacity and expertise on the Western Slope.

While not finalized at the time of this draft, twenty-two of the people living in ICF units on the GJRC campus have indicated that they wish to continue receiving ICF services, provided by GJRC. Whether transitioning to an entirely new location or to a smaller footprint, new buildings are required. With the adoption of Recommendation 1, the Advisory Group believes that clustering the ICF homes will need to include at least four new residential buildings with a maximum capacity of six individuals each. Building new facilities represents an opportunity to design spaces that optimize care. Building new facilities will also entail substantial cost that may come from state general funds through the Capital Development Committee. The Advisory Group is open and supportive of other approaches but believe that this question should be addressed in the Facility Program Plan step described in Section VIII of this report.

Finally, SB 16-178 mandates that the Department should “ensure the ongoing success and security of the regional center staff in Grand Junction.” We interpret this to mean that the Department should maintain employment opportunities for the staff of the Regional Center and the Division of Facilities Maintenance in Grand Junction. The Advisory Group recognizes that change is happening and that some staff will need to assume new roles, we trust that the Department leadership will work cooperatively with GJRC staff to find the best way to use the talents of the staff.

V. Principles for transition

Rebuilding trust

Changing the Grand Junction Regional Center is an emotional issue for many. Staff members believe that they provide the best care possible, given the resources at their disposal. Families represented on the Advisory Group believe that ICF services provided by GJRC is the best choice for their family members and that change driven by interests other than putting the needs of the clients first could lead to unintended and disruptive consequences that could cause suffering and potential danger. Past interactions with the Department over many administrations as well as the large geographic distance and cultural difference between Denver and Grand Junction has led to an erosion of trust. Because of this, an explicit agreement on the principles that should drive transition is necessary to enable everyone to pursue the steps that will rebuild trust and lead to satisfactory outcomes.

The Advisory Group believes that the following principles represent the elements of an agreement among the direct decision-makers, which include: parents, guardians and GJRC staff; the Department and other relevant agencies; and the members of the Joint Budget Committee and the Capital Development Committee. Advocates also play an important role and we hope to gain their support as they see the person-centered orientation of the agreement. These principles are the elements of a lasting agreement that will bring stability, allowing any controversy to subside and the commitment to the wellbeing of the clients to remain.

Staff relationships with clients should be maintained

It is important to note that maintaining the existing direct link between the clients and the direct care staff is the number one priority for the parents and staff of the GJRC. Excellent care is being given today; changing staff could jeopardize that care. Longer-term, stabilizing the employment circumstances at the Regional Center will help assure that relationships are maintained.

Person-centered approach means a focus on the needs of each individual

The Advisory Group believes that SB 16-178 prioritizes a person-centered approach over other considerations because it is listed first among the multiple considerations. This approach means that for the twenty-two individuals that have chosen to remain in ICF units operated by the Regional Center, a plan needs to be developed for each and new facilities should be designed to accommodate their needs, informed by their desires and preferences. This does not mean building facilities would not be useful for other people, instead it means developing an approach that can adapt to the needs of the individual.

Transition should be deliberative, careful

SB 16-178 sets deadlines for transition. The Advisory Group respects the need for deadlines and the impetus for putting them into the Bill. The Advisory Group agrees that transition should be implemented without delay. The Advisory Group does not believe that a timeline should be the driver of actions to implement transition. Instead, the needs of the individual and good policymaking should determine the pace of transition. Those familiar with the closing of the skilled nursing facility at the GJRC campus believe that serious mistakes were made because of a desire to implement change according to a politically driven timeline. The Advisory Group wants the opposite to be the case in this instance. Now that the Advisory Group has agreed that

transition will happen, let us agree on the steps to successful transition and do our best to implement those steps.

Work towards quick resolution to minimize time of uncertainty

On the other side of the scale, lengthy transition times exact a toll on those who are involved. No one wants to have an extended period in limbo. The Advisory Group hopes that we can work together to bring clarity to the steps involved in transition and how the steps will be implemented. This will establish steps that can be touchstones for the transition. The steps in planning are outlined in a subsequent section of this report. Once the Advisory Group and CDHS work together to develop a detailed plan – that can be submitted by CDHS to the Legislature – we can work together to implement the plan and move as quickly as possible with shared goals.

Maintain ICF capacity on the Western Slope

The Advisory Group believes that ICF capacity should be accessible to all in the state. As described above, SB 16-178 instructs: “preserve the capacity for services and support” in Grand Junction. The Advisory Group believes that this should be considered for the long term and as a desirable outcome. Some people need to be in ICF care for a period of time; some may need to be in ICF care for the long term. There is expertise represented in providing ICF care that can benefit those who need it – even if they are only in ICF care for a short period of time. The Advisory Group believes that having ICF capacity in Grand Junction recognizes the geographic distance from the Front Range and the role of the state as the provider of last resort on the Western Slope.

Integrated vocational employment options as a result of the transition

The Advisory Group believes the change associated with transition represents an opportunity to examine the current day services and vocational practices and to enhance them. This is not just where the activities occur but an opportunity to reconsider what is the best way to spend vocational resources that will enhance personal growth, provide clients with a sense of personal value, and allow them to forge satisfying relationships with members of the community. In subsequent steps, the Advisory Group hopes to work with the Department and GJRC staff, in consultation with other providers of vocational activities, to define how to enhance these services.

Other principles

The Advisory Group also recognizes the important drivers of this transition that are represented in the text of the bill. These principles take into account fiscal and programmatic sustainability. A desire to implement best practices in care is also an important driver that will be a measure of success for this effort. They hold many of the principals listed above as their priorities as well. Additionally, individuals in the Legislature and the Department have interests that they consider to be important hallmarks of success.

VI. Programmatic recommendations

Maintain the laundry as a vocational resource

Currently, the laundry is an important part of the daily interaction that residents can have with those who do not have developmental disabilities. The ability of residents to work side by side

with a broader workforce means that they are having important interactions that help shape their understanding of the impacts of their behaviors and they also know what it is to be part of a team. We believe that the laundry is an important component of daily life for many residents. It is a way for them to make money and have job responsibilities. It is real work with responsibilities associated with outside contracts. It is an excellent vocational workplace.

Relocating the laundry may be an expensive endeavor. We hope that subsequent planning steps can evaluate the options for keeping the laundry in operation even as the location of residential services changes. If moving or closing the laundry is necessary, the laundry should not be terminated without a new, proven and better option being identified and in operation. Finding jobs for residents is an extraordinary challenge. We would be willing to investigate the options in 2017 but it needs to be with the understanding that any new approach should be proven and working before use of the laundry as a vocational resource ends.

Recommendation 4: Consider tasking this Advisory Group with recommending how the laundry might be transitioned to a new location and/or define augmented vocational programs that benefit the broader Grand Junction I/DD community.

Lift the moratorium on new ICF admissions

The Division placed a moratorium on new ICF admissions at the Grand Junction Regional Center to keep the number of clients constant to facilitate planning for the transition stipulated by SB 16-178. This was done to allow time for the Colorado Department of Human Services to meet with families, to determine the exact number of people who wished to remain at the GJRC, and to develop (in consultation with the Advisory Group) a preliminary plan & budget for building new facilities to accommodate those being displaced by the closure of the campus.

Once the preliminary plan & budget has been communicated to the Capital Development Committee (CDC), we recommend that the moratorium be lifted and new admissions to the GJRC be allowed as appropriate. Leaving the moratorium in place until the new facilities are put into service is counter to the principles of maintaining capacity on the Western Slope and providing services to people as close to their families and communities as possible. Furthermore, lifting the moratorium can enable the expertise available through the Regional Center to be available to individuals who might benefit.

Recommendation 5: We recommend that the moratorium be lifted and new ICF admissions to the Grand Junction Regional Center be allowed as appropriate.

Maintain adequate ICF capacity on the Western Slope

We recommend providing enough ICF capacity to meet current and near term future needs on the Western Slope. Although we admit the information is contradictory, we feel several factors should be considered.

First, as recommendations developed by the Regional Center Task Force are funded, implemented, and proven successful more people will be able to obtain services in private sector settings. That said, Colorado's population is projected to grow significantly in the coming years, and with it the number of people with disabilities requiring services. In addition, the new CMS

Settings Rule, which will become effective in 2019, may hinder our ability to serve some people in HCBS homes. In this case, individuals would have to be relocated to ICF facilities. It is also possible entire HCBS homes would need to be converted to ICF.

So, while it is difficult to foresee how many ICF beds will be needed in the future, we do know that twenty-two current residents have opted to stay at the GJRC. If new facilities are limited to housing only the current twenty-two individuals, capacity to help others will be very limited. For now, it may be reasonable to plan for an initial capacity for thirty-two future ICF residents. This number comes from assuming that there might be four-six bedroom homes in a clustered setting and that the Department is planning to remodel an existing home in a separate location. Ultimately, planning should be informed by an understanding of demand for the services. In this case, past may be prologue. One approach is for planning for capacity to refer to recent history (such as the last three years) to determine the necessary capacity based on the top census numbers rather than the average number of residents.

Recommendation 6: Utilize the maximum number of residents from the last three years to determine the necessary capacity of new facilities. Delineate a process for considering additional capacity based on need for potential phasing of new capacity.

Recommendation 7: The new units, and the land they occupy, should be designed in such a way as to provide optimal flexibility and adaptability, either to accommodate more people than anticipated or to minimize the risk of having too much capacity.

Recommendation 8: Plan today for adequate ICF capacity on the Western Slope and use the construction of new facilities as the core of a phased approach that can offer a variety of settings including clustered on a campus as well as distributed in a neighborhood.

Plan new facilities to include crisis stabilization

Having the expertise of a regional center in Grand Junction means that its staff can serve as a resource for individuals who are in crisis. Some private providers do not have the capacity to help individuals in crisis; periodically these individuals need to be referred to law enforcement. Although there are funding and administrative barriers to providing crisis stabilization care (and the Task Force Sponsor Group is working to address those barriers) the Grand Junction Regional Center can be an important short-term facility for those with behavioral problems so that they can access expertise and treatment. Even if the number of long-term ICF care residents decreases in Grand Junction, the number of individuals who require short-term crisis stabilization may grow.

Recommendation 9: Plan new facilities with the expectation that they should be utilized for crisis stabilization for Western Slope residents.

VII. Input from the GJRC staff through the work of the Focus Groups

While the Advisory Group has focused primarily on new homes for residents of the Grand Junction Regional Center (GJRC) campus, and the needs and desires of the people who will live in them, employees of the GJRC have been laying the groundwork for a successful facilities

planning process by identifying the services that are provided on the GJRC campus. The services that are provided will need to be relocated. In addition to residences, the new facilities will need to encompass medical care, vocational services, education, recreation, administration, and facilities management. GJRC campus contains a complex of interrelated services, these services need to be understood, chronicled and replaced. Moving the services is an opportunity to consider how they can be provided more effectively as staff has access to up to date, design, technology and the new practices that improved facilities can enable.

In all, five inter-disciplinary focus groups are contributing to facilities planning. The ideas generated by these focus groups are worth consideration and will be the foundation for successful transition. The following paragraphs summarize the issues as seen by the five focus groups.

Health Services

Residents of the GJRC campus require accessible and modern medical services. Many residents are medically fragile and would suffer negative effects from having to transport to a separate medical clinic. For others, getting medical services in a community setting could exacerbate behavioral problems and/or trigger traumatic episodes. Utilizing community provided medical services, in particular dental and vision for ICF clients, presents several challenges; the disruption of their normal routine, transportation to an unfamiliar location for appointments, and waiting for appointments and exams in the confines of a waiting room with strangers, can and have caused behaviors to escalate. Community-based care is also unavailable. The challenges of examining patients who are developmentally disabled have caused physicians within the community to deny services. Dental offices that could accommodate the people served on the GJRC campus do not exist in Grand Junction.

Care at the Regional Center also requires a full array of health supporting specialties including staff nurses, dieticians, physical therapists, and audiologists. Providing residents with easy access to these services creates a more efficient and healthy living environment.

One option that has historically proven cost effective and beneficial for the clients, is to provide the appropriate exam space and to contract physicians to provide services on-site. Medical facilities should be located near the homes and be designed and equipped to provide medical services for all residents, including adequate training space for the required continuing education requirements for the nursing and health care technicians. This facility would likely include a physician's exam and procedure room, nursing facilities, a physical therapy room, capacity for distribution of medications, a dental exam and procedure room, audiology and speech therapy facilities, and dietary facilities. Personnel and visiting specialists would need to be provided appropriate office space for record keeping, scheduling and consultations.

Facilities Maintenance

The current GJRC campus houses maintenance facilities that service numerous state owned complexes across the region. The Division of Youth Corrections, numerous waiver homes as well as the GJRC campus buildings require constant repairs and maintenance. This is partially because of the extraordinary wear and tear associated with the mission of the programs that they house. The Division of Facilities Maintenance (DFM) in Grand Junction currently provides

carpentry, welding for plumbing and H/VAC systems, grounds management, painting, equipment repair, motor fleet services, as well as house keeping and linen services.

DFM also provides warehousing services for the CDHS 24/7 client care facilities on the Western Slope, coordinating the supply of food and other materiel to serve clients' daily needs.

Replacement facilities will need to accommodate the skilled repairs and maintenance activities for buildings and the motor fleet of buses and other vehicles. As an indicator of the scale of the replacement facilities that are needed; the current size of maintenance facilities and offices for staff on the GJRC campus is 18,500 sf.

Day Programming

Day programming is the gateway to personal growth for residents of the Grand Junction Regional Center. Day programming includes work through vocational activities, exercise, and education. It also importantly includes recreational activities. Residents should have easy access to the day programming facilities so that they can experience the independence of easy transition from work, programming, activities and group therapies. This means that day programming is best located near residences so that residents are not dependent on vehicles to carry them from one activity to the next.

The current laundry (described in another section of this report), is considered an enclave because of the integration of people served, using waiver, ICF and outside workers (DFM employees), and is the most successful and profitable supported employment program. The laundry produces 67% percent of the total job contracts revenue, pays individuals served minimum wage who work in the laundry, and helps to sustain some of the other job training contracts that might not fiscally break even. Current Laundry contracts include:

1. Hope West (Hospice)
2. Hilltop Rehabilitation
3. Western Slope Auto
4. Mind Springs Woman's Recover Unit
5. Mind Springs Detox
6. Browns Cremation Service
7. Creature Comforts Animal Hospital
8. Two Rivers Convention Center

Other vocational activities currently include the use of kitchen facilities for the production of pet treats that are sold in the community, gardening, and confidential paper shredding. Special considerations for fire safety and avoidance of injury are an essential part of providing these vocational services.

Day programming includes movement therapy to maintain the health of residents. These therapies include sensory motor, utilizing a gym area, and gross motor.

An important concern is the potential loss of space for athletics. Grand Junction has very few other indoor spaces that could be used as a gym. Unlike other cities in Colorado, Grand Junction has very few such facilities. The GJRC campus has a gym that is used by the broader I/DD

community in Grand Junction for Special Olympics sport practices, concerts and dances. This allows all individuals, even those deemed unsafe, to participate. Space for athletics and recreation is crucial. The planning process should examine ways of maintaining use of the current gym or new athletic facilities should be built at a different location.

Residential Services

GJRC staff members seek to provide safe, healthy and comfortable homes for residents. The current residences were built more than a half-century ago. New residences will benefit from the latest understanding of how the built environment can promote healthy behaviors and productive interactions with staff. The new residences represent an opportunity to address individual needs including smaller environments for those who are autistic or in general not successful when living with a higher number of peers.

Design to promote staff and resident safety will also be an important improvement with floor plans that provide split bedroom design, two common living areas and straight sight lines. Overall design should support flexibility in milieu for both safety and comfort. Homes should be 'homey' and able to support both medical/ADA and behavioral/hardened needs.

Administrative Services

The Administrative Services focus group explored which administrative personnel need to be close to clients because of their role to provide support directly to the residents. Options were explored with an emphasis on client safety and contact needs which were determined by evaluating which high-contact administrative staff should be in close proximity to clients and programming vs. low-contact administrative staff that does not necessarily have daily, direct client contact. For those that have frequent contact, their offices could be combined within the programming area. This would allow for more thorough support for clients and provide backup during emergencies for the safety of direct care staff.

One important service that is provided by administrative staff is through the residential account office. This office provides ICF residents access to their personal funds. Being able to access personal funds earned through vocational activities, is satisfying for residents and enables them to benefit more from excursions. Individuals gain self-worth and experience from being able to maximize their ability to be independent. Social workers and mental health professionals are also included in the nearby administrative offices. Individuals should be able to access their mental health professional when in crisis or for meetings/groups.

It is the Advisory Group's hope that a finalized report produced by the employee focus groups will be made public and provided to all stakeholders of the Grand Junction Regional Center.

VIII. The planning process to develop, construct and transition to new facilities

The Office of the State Architect is an important resource for the transition process. Individuals in the OSA can help the Department – including GJRC staff – conduct a planning process to develop the right facilities and justify the capital requests to build them. We hope that the Legislature will authorize the use of some of the \$2 million appropriated in SB 16 – 178 to conduct rigorous and expert-driven programmatic and facilities planning.

Sequential Step	Description	Estimated Duration
Operational Program Plan (OPP)	Describe mission-driven services, identify demographic trends, and define new best practices for the standard of care.	3 months
Facilities Program Plan (FPP): <ul style="list-style-type: none"> • Cost comparison of locations • Investigate real estate options 	Develop the characteristics of the facility that are needed to provide mission-driven services. This includes: size, configuration, location, and function. The FPP is also when the project schedule and cost estimate is developed.	7 months, including 3 months for solicitation of A/E planning consultant
Architecture & Engineering Plans (A&E)	Develop the specific design and engineering plans of each facility.	9 months, including 3 months for architect selection
Construction	Build the facilities based on the architecture and engineering plans.	12 months, including 3 months for bidding and contract negotiations
Equip	Procure and install necessary equipment and furniture to provide services.	2 months
Physical Transition	Train staff, move functions and clients and their associated services from the old facilities to the new facilities.	2 months
Dispose of GJRC Campus	Conduct a site assessment of campus and determine the disposition with maximum benefits to the state.	Not CDHS action dependent
Total estimated time		35 months
Estimated process completion		November 2019

This timeline is based on the steps that were described by the Office of the State Architect and the aggressive time estimates for each step. Because of this, it does not appear to be realistic to expect that the process will be complete by July 2018.

Recommendation 10: Work with the Office of the State Architect to put forward a detailed plan and timeline that will establish realistic expectations for implementation of SB 16-178 including its deadline.

Recommendation 11: Work with the Office of the State Architect to develop a realistic cost estimate for the necessary planning steps and request that the planning be paid for out of the \$2 million appropriated for the GJRC transition.

As Advisory Group members, we will continue our work to advise the Department on planning, budget requests and of the opportunities in developing new facilities, as well as the challenges to be considered. The Advisory Group's ability to keep communication open with families and other major stakeholders will be instrumental in bringing a Grand Junction-based perspective to the development of new residential and day facilities.

