

-----  
VOR Weekly E-Mail  
Update  
February 15,  
2008  
-----  
=====

TABLE OF CONTENTS

Community Resource Center Initiatives - Progress!

1. California State Senator Patricia Wiggins introduced state Senate Bill 1183, to establish a Community Resource Center at Sonoma Developmental Center
2. Illinois lawmakers introduce bills in state House and Senate to establish Community Resource Centers for People with Developmental Disabilities
3. Maryland business leaders call on the state's Secretary of the Department of Health and Mental Hygiene to create a Community Resource Center at Holly Center
4. Northern Virginia Training Center's Center of Excellence and Regional Community Support Clinic
5. Massachusetts: Regional Evaluation and Assessment for Community Habilitation (REACH) Clinic, Hogan Regional Center, Hathorne, MA

=====

-----  
1. California State Senator Patricia Wiggins introduced state Senate Bill 1183, to establish a Community Resource Center at Sonoma Developmental Center  
-----

This week, California State Senator Patricia Wiggins recently introduced SB 1183, a bill to establish a "Center of Excellence Outpatient Clinic" at Sonoma Developmental Center, a state operated facility.

"As we face the dual challenges of addressing the health care needs of all Californians, while finding solutions to our budget problems, we should look for ways to make our existing health care resources and strained budget dollars work more efficiently," wrote Senator Wiggins in a letter about the bill.

Noting that one area needing focus is the provision of medical, dental, and ancillary care to people with developmental disabilities living in the communities, she noted that, "we under-utilize state Developmental Centers' specialized medical and dental resources." SB 1183, if passed, will make these resources available to a wider population of disabled Californians who choose to live in other communities.

"My bill will allow disabled people to have these needs met by experienced professionals who specialize in this treatment area currently practicing at Sonoma Developmental Center," Senator Wiggins wrote.

---

## 2. Illinois lawmakers introduce bills in state House and Senate to establish Community Resource Centers for People with Developmental Disabilities

---

In Illinois, state Senator Maggie Crotty (SB 1897) and state Representative Al Riley (HB 4334) have introduced Community Resource Center legislation. SB 1897 and HB 4334, if passed, will require that Illinois' Department of Human Services operate Community Resource Centers at each of its 9 State-operated developmental centers. The purpose is "to improve services delivered in the community by providing the services of the skilled State workforce to individuals residing in community settings when individuals need those services."

The following is an overview Fact Sheet, prepared by AFSCME:

### SB 1897/HB 4334 - Community Resource Centers for Individuals with Developmental Disabilities

**Summary:** Establishes Community Resource Centers at state operated developmental centers to provide more services to individuals residing in community group homes or with their families.

**Background:** Our state's system of services for persons with developmental disabilities is undergoing a significant transition. The Illinois Department of Human Services (DHS) is pressing to move more individuals residing in state developmental centers into the community and it is more difficult than ever to gain admission to a state center when an individual is in crisis and needs a higher level of care. At the same time, many community-based agencies find it difficult to appropriately meet the needs of the most severely challenged individuals.

Because Illinois strives to place individuals in the least restrictive setting, the remaining residents of state developmental centers are either medically fragile or have significant behavioral involvement. These needs require state centers to maintain highly trained direct care staff and professionals such as nurses and doctors on site. State centers are thus uniquely positioned to assist the most involved individuals.

Community Resource Centers at state centers will harness the accumulated knowledge of their experienced and professional staff to offer services on an outpatient basis when requested to provide support to an individual in a community setting or family home. Support services include medical, behavioral, psychiatric, communication and adaptive equipment, geriatric, podiatric and dental services. The Community Resource Centers will also offer - when needed and requested - in-patient respite care, post-operative convalescent care, and crisis medical and behavioral care. The CRCs will also be available upon request to advise community-based providers regarding medications and behavioral plans. Finally, CRCs will provide specialized training to health practitioners and students in the unique needs of individuals with developmental disabilities

Other states have implemented the CRC model. In Massachusetts, the Hogan Regional Center offers a team of clinicians serving individuals in the community as well as an in-patient crisis program. The Northern Virginia Training Center offers specialized medical, behavioral, dental and respite services for individuals in community-based settings and trains community residential and vocational staff. It also provides for training to university students in health and other professions. The Fircrest Center in Washington provides medical care; nursing; dental care; psychology; physical, occupational, speech and behavior therapies; adaptive technologies; and recreational activities to individuals in the community.

---

3. Maryland business leaders call on the state's Secretary of the Department of Health and Mental Hygiene to create a Community Resource Center at Holly Center

---

From: Greater Salisbury Committee, Inc.

Andrew W. Booth - Chairman, Holly Center Task Force  
Kathleen McLain -  
Chairman, Greater Salisbury Committee

To: Secretary John M. Colmers, Maryland Department of Health and Mental Hygiene

Date: November 19, 2007

Re: Holly Center's Future; Salisbury, MD

Dear Secretary Colmers:

The Greater Salisbury Committee is a group of business and professional leaders whose purposes are to help identify the problems of the community, to help find broad and sound solutions for such problems, and to assist in the resolution of these problems to the end that the community is a vital and progressive center that will provide the best possible quality of life for its citizens. To these ends, the committee seeks to cooperate with and assist government authorities and other private organizations.

The Great Salisbury Committee was instrumental in the establishment of Holly Center over 30 years ago and remains committed to its mission today. Our members have been very concerned about the clandestine way that Holly Center and other State Residential Centers (SRC) have been restricted by state administrators from providing the very much needed services to our most fragile population despite a DDA waiting list of over 16,000 clients. Selective interpretations of the Olmstead Decision and the very intense lobbying of those whom would benefit monetarily the most from the closure of the State Residential Centers have virtually eliminated admissions to Holly Center since 1996, despite the requests of parents and guardians to the contrary. A few admissions have occurred only after intense lobbying pressure from our elected officials, parents and treating professionals.

The apparent collusion between DDA and the Community service providers undermines the viability of the SRCs and the ability to provide the full continuum of care that our citizens with developmental disabilities deserve. Despite of our current budget crisis and incredible DDA waiting list, the Eastern Regional DDA will not utilize Holly Center. They will however appropriate thousands of dollars to prevent an admission or to move residents from their SRC home. It is obvious that DDA supports closure as evidenced by improper changes in the "Written Plan of Habitation" without vetting and improper adoption of rules and regulations. Numerous legal opinions have shared that Olmstead "did not dictate the closing of institutions" and for a few, "may be the appropriate place and least restrictive setting."

The recent court decision involving Virginia Massa upholds the rights of those seeking placement in a state facility and is welcome news to the families of the many on the waiting lists.

Secretary Colmers, we need your help. We urge you to support the Citizens Advisory Board's recommendation to implement a Community Resource Center pilot program at Holly Center.

The Community Resource Center (CRC) model utilizes the existing SRC infrastructure and nonresidential professional services by making them available to nonresidents who reside in the surrounding communities. With access to adequate health care, therapies, recreational opportunities (e.g., pools and gyms), assessments and evaluations and more, individuals who might have otherwise suffered in community settings can thrive. Furthermore, some CRCs around the country have also established internships at SRCs for medical, dental and nursing students, which better prepare future health care professionals to treat MR/DD patients in community-based health care clinics.

Our neighboring state of Virginia is expanding statewide its cost-effective CRC program and several other states around the country have implemented CRC programs at their SRCs. As recommended by the Citizens Advisory Board, Maryland citizens with mental retardation and developmental disabilities, who are now residing in community settings, should also have the opportunity to access desperately needed health care and other services now available at SRCs.

Thank you very much for your attention to this matter and we look forward to your helpful response.

Sincerely,

/S/ Andrew W. Booth, Chairman, Holly Center Task Force

/S/ Kathleen

McLain, Chairman, Greater Salisbury Committee

cc: Eastern Shore Delegates and the Holly Center Citizen's Advisory Board

-----  
4.

Northern Virginia Training Center's Center of Excellence and Regional Community Support Clinic  
-----

Submitted by Mark Diorio, Director, Northern Virginia Training Center

NVTC is part of the service delivery continuum for persons with mental retardation who reside in the Northern Virginia area. As a "Center of Excellence," NVTC provides inpatient care, outpatient treatment, community staff training, and specialized educational opportunities for students in cooperation with area universities. For individuals who live in the community, medical, dental, and behavioral health services offered through community options often do not adequately serve the needs of persons with severe and profound mental retardation or persons who have complex medical and behavioral needs. NVTC's outpatient program, called the Regional Community Support Clinic (RCSC), provides specialized medical, behavioral, dental, and respite services to individuals living in the community who have complex medical and behavioral needs. NVTC employs professionals specifically trained in the sub-specialties necessary to serve this population and is uniquely qualified to be a resource to the community regardless of a consumer's residential status. The services provided by NVTC to consumers of the five (5) Northern Virginia Community Service Boards (CSBs) are services that either can not be readily accessed in the community that require professionals with specialized training and education, or can be provided at less cost by the training center. NVTC staff also share expertise in new service approaches with community professionals and provide training to staff from community residential and vocational providers. In addition, NVTC has contractual relationships with 29 regional universities/colleges to provide student internships, practicum and specialized educational experiences in the treatment of individuals with mental retardation and developmental disabilities.

The Comprehensive State Plan for 2000-2006 recommends continuation of the NVTC's "Center of Excellence" and the Regional Community Support Center project. The State Plan also notes the need to expand the "Center of Excellence" concept to other communities in the State.

-----  
5. Massachusetts: Regional Evaluation and Assessment for Community Habilitation (REACH) Clinic, Hogan Regional Center, Hathorne, MA  
-----

Source: VOR, <http://vor.net/CRC%20examples.htm>

Over a decade ago, the Regional Evaluation and Assessment for Community Habilitation (REACH) Clinic was established at Hogan Developmental Center as an initiative to develop a model of service delivery that integrated facility clinical resources into the community system.

The REACH Clinic is a resource within the Department of Mental Retardation/Northeast Region and includes a team of clinical and medical

professionals providing comprehensive evaluations and follow-up recommendations for individuals with MR/DD. Services include assistive technology, audiology, medical consultation, nursing, nutrition consultation, neuropsychiatric clinic, occupational therapy, pharmacological consultation, psychology, physical therapy, social services, speech and language therapy and therapeutic recreation. Recommendations are made to better support the person in her/his home and work environments. Suggestions may also be made for additional referrals, specific training, follow-up, and identification of available resources.

The REACH Team is comprised of clinical professionals, including a Nurse Practitioner, Social Worker, two R.N.'s, and a Psychology clinician, who bring to the evaluation process many years of expertise in the field of developmental disabilities. In addition, for many years, REACH Clinic staff have provided clinical training to OT and PT interns from Boston College, Syracuse University, Louisiana State University, Quinsigamond College, Tufts University, University of New Hampshire Worcester State College and all Massachusetts Community Colleges.

---

Tamie  
Hopp

REFERRAL/MEMBERSHIP/CONTRIBUTION FORM  
THREE EASY WAYS TO SUPPORT VOR > REFER, CONTRIBUTE OR JOIN  
THANK YOU FOR YOUR SUPPORT!

TO JOIN OR CONTRIBUTE: \$25 per individual, \$150 per family organization, or \$200 per provider/professional organization. Extra donations are welcome!

You may pay by credit card or check.

TO REFER SOMEONE TO VOR: Use the form below, including the additional sections for referrals.

Mail the completed form (if joining or contributing) with payment to:

Voice of the Retarded  
836 S. Arlington Heights Rd., #351  
Elk Grove  
Village, IL 60007  
847-258-5273 fax (for referrals or credit card payments)  
kluck146@comcast.net (for referrals or credit card payments)

FOR REFERRALS: \_\_\_ The contact information provided is for someone I think would consider membership with VOR.

FOR REFERRALS: \_\_\_ You may use my name in any correspondence with this individual.

My name is \_\_\_\_\_.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (if paying by credit card, use billing address). All forms must include complete address including zip code)

\_\_\_\_\_  
City St Zip

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Family/Professional  
Organization Affiliation (if applicable)

VOR now accepts Master Card and Visa. If paying by credit card, please provide the following information:

Amount to charge to card:

\_\_\_\$1,000 \_\_\_\$500 \_\_\_\$250 \_\_\_\$150 \_\_\_\$50 \_\_\_\$25 \$\_\_\_\_\_ Other amount

\_\_\_ Mastercard

\_\_\_ Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

=====