ONE-PERSON RESIDENTIAL SERVICES IN THE CONSOLIDATED WAIVER

The role of one-person residential programs for individuals with intellectual disabilities has been increasingly called into question, particularly given the current budget constraints and demand for community services. In addressing this issue, we must bear in mind several key points:

- Funding is closely related to the needs of the individuals. Not all one-person programs are expensive. There are some Consolidated Waiver participants who live in one-person settings at lower-than-average costs. These individuals live on their own with as little as 30 hours per week of staff support to assist them.

- One-person homes with high staff ratios (such as 1:1) are utilized only when those programs have been documented to be necessary.

- One-person homes with high staff ratios are used almost exclusively for individuals coming from more restrictive environments (*i.e.*, psychiatric residential treatment facilities for adolescents; the criminal justice system; state or community psychiatric hospitals; or state mental retardation centers) or from abusive backgrounds (*i.e.*, children and youth who have experienced physical or sexual abuse and who average placement in 6 treatment programs before age 21).

- One-person homes with high staff ratios generally are not intended to be permanent placements, but rather to facilitate stabilization and improvement that will enable a decrease in staffing and cost and ultimately movement to shared settings.

- One-person homes, to some extent, are reflective of Pennsylvania's disinvestment in services and supports needed to effectively provide community services to individuals with challenging issues.

The number of one-person group homes is small. Today, 515 people with intellectual disabilities are receiving residential services in one-person community settings out of 15,582 people living in group homes for people with intellectual disabilities, or 3.3% of the total number of people living in group homes in Pennsylvania. A small percentage of those people served in any social services system are likely to require more intensive --- and therefore more expensive --- care, whether that care is provided in state institutions or community-based settings. At the same time, a small percentage of people served in either state institutions or in the community require minimal care at very low cost to the taxpayer.

The vast majority of people with intellectual disabilities live in three-person group homes. The average cost of group home and day program services, including one-person homes, across the Commonwealth is less than half of the cost of residential and day program services in state institutions.

The more costly one-person residential services are usually provided to individuals with intellectual disabilities who also have a co-occurring disability, most often a psychiatric disability. The treatment of people with dual diagnoses of intellectual disabilities and mental illness is challenging. National experts who recently reviewed similar individuals in our state psychiatric hospitals have recommended the developmental of treatment plans that are based on comprehensive, multimodal assessments that take into account the individual's psychiatric, medical, psychological, and social-environmental causes for the individual's behavior. The treatment plans, and behavior modification plans, must take all of these factors into account and then focus on how to address them in light of the individuals' intellectual disabilities. The goal is to identify what causes the person to behave in a certain way and then to decide the best way to deal with that behavior given his or her background and disabilities. Obviously, this is a complex and time-consuming process that optimally should be implemented by individuals trained in working with persons with dual diagnoses.

Individualized attention can be critical to maximizing the ability of these interventions to be successful. Placement in larger, three-person or four-person group homes would be inappropriate for many of these individuals since staff's capacity to tailor the environment to the individual's needs is limited. Most critically, the direct care staff in these situations is focused primarily on maintaining the safety of other residents -- not of working with the dually-diagnosed individual. Indeed, placement in larger settings can be counter-productive. Individuals who act out against roommates will be subject to more frequent restraints (that can simply exacerbate the effect of prior trauma) and increases in staffing to simply deal with the person's manifested behaviors, rather than addressing the causes of the behaviors and working to prevent them.

In a one-person home, one-to-one staffing can be used to enhance the individual's ability to interact in the community, including working. This staffing level in a one-person home allows customization and implementation of a treatment plan that is geared to the individual's needs. By using this approach, it is more likely that the individual's challenging behaviors will be addressed successfully so that they may be able to move to shared homes with lower staff levels, and concomitantly lower costs, and greater independence and integration.

THE ID/A COALITION CONSISTS OF STATEWIDE ADVOCACY AND PROVIDER ORGANIZATIONS ADVOCATING FOR SERVICES FOR PEOPLE WITH INTELLECTUAL DISABILITIES AND AUTISM IN PENNSYLVANIA.
FOR ADDITIONAL INFORMATION, CONTACT ANY OF THE ORGANIZATIONS LISTED:

PA ASSOCIATION OF REHABILITATION FACILITIES (717.657.7608)
DISABILITY RIGHTS NETWORK (1.800.692.7443)
PA WAITING LIST CAMPAIGN (877.372.WAIT)
PA COMMUNITY PROVIDERS ASSOCIATION (717.364.3280)
PA ASSOCIATION OF RESOURCES FOR AUTISM AND INTELLECTUAL DISABILITIES (717.236.2374)
THE ARC OF PA (717.234.2621)
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