

COFAR White Paper:

How Closing the Glavin Center Would Increase Costs And Harm Present Residents and Many Others By Weakening the Safety Nets and Continuum of Care

(This is the first in a series of detailed financial analyses of Governor Patrick's plan to close four of the six developmental centers in Massachusetts. Although each facility is different, the general facts are similar: There are no savings to taxpayers in closing any of the developmental centers, and each closure would harm the present residents and weaken the system of care as a whole.)

The Irving Glavin Regional Center is DMR/DDS's most modern Developmental Center. It has special expertise in the psychological, pharmacological, and psychiatric supports of individuals with self-injurious behaviors, mood disorders, and other mental health issues. Along with providing residential support for 63 people in a federally licensed ICF/MR, the Center manages four group homes and acts as a regional resource center for many other individuals supported by DMR.

At a recent meeting, the Commissioner claimed that Glavin was losing population because there is no demand; that it costs \$150,000 per year for someone to reside there; and that those residents could be supported at lower cost in the community.

None of these three statements is factual.

1. The Glavin Center has averaged more than three admissions per year since FY2000. These admissions have been of people who were failing in the community system, and generally replaced residents who transferred back to the community system. Other families have requested that their loved ones be admitted to Glavin, as is required by federal law, however DMR/DDS has refused to admit people, and inefficiently refuses to fill all existing beds.

2. Here are the actual figures for FY2008, the last complete year. The total budget for the center including the four group homes on Lake Street was \$10,371,997. Of this, \$7,523,182 was reimbursed by federal Medicaid. An additional \$293,846 was collected from the Social Security disability benefits of the residents. Thus the actual cost to the Commonwealth was \$2,553,969. Divided by the 71 residents, that made the average cost for each resident \$36,112, but the cost to the Commonwealth for each individual \$35,985. These figures would be lower if the 15 residents of group homes at Glavin were excluded, because the group homes actually have a higher residential staff ratio (one staffer to 1.8 group home residents versus 1:2.7 at the developmental center), due to the reduced scale of the new houses. In addition, the budget includes community supports such as the building for the Tufts Dental Facilities program, another used by a UMass early intervention program, and soccer fields used by local teams. Group home residents have the advantage of the medical and therapeutic services at the center, as do people in the DMR/DDS system living at home and in private-provider group homes and apartments in the area. Thus the group homes will be more difficult and expensive to operate if the developmental center were to close.

Figures for FY2009 will be a little different because of budget cuts to the staff, reductions in the census as DMR/DDS attempts to move toward closure, lower fuel costs, higher food costs, and other fluctuations. These tend to offset each other, but one must observe that Glavin could be more efficient on a per-resident basis if all 63 beds in the developmental center were filled. There were an average seven vacant beds in FY2009.

3. Now let's look at what tends to happen financially and medically when someone moves from Glavin to "the community." In recent months, there have been two such transfers. These individuals are budgeted for about \$200,000 each. (That would be in Commissioner numbers, comparable to the \$146,000 number at the center and associated group homes, including Medicaid reimbursement and disability payments.

(Internal documents COFAR has reviewed indicate that DMR planners and officials are well aware that most of the individuals now in developmental centers will require substantially more expensive supports, up to \$300,000 per year, to move to group homes.)

Assuming similar Medicaid reimbursements, it's still almost twice as expensive to place a Glavin resident in "the community."

Some of that is one-time cost such as accommodations for a particular group home, but most of it has to do with behavioral complications that require additional staff, medical, and therapeutic attention. Right now, some of that support can still come from Glavin-based providers.

If the Glavin Center is closed, the people who have transferred will require even more staff attention to make appointments with psychiatrists, physical therapists, occupational therapists, speech therapists, psychologists, physicians, and dentists who take Medicaid **and** know how to work with patients who have developmental disability. The former residents and their problems will have to wait for transportation and staff to take them to these appointments.

Or they will have to do without.

And so will many other people who don't live at Glavin but do use the services there, or may need them in a crisis. Without the flexibility of a developmental center that allows triple-length dental appointments and unlimited psychiatric hospitalizations – two services that cannot be obtained *at all* outside developmental centers.

Many residents of Glavin came there after "community" placements hadn't worked out. Some return to the community after stabilization of their psychiatric issues, as shown in the discharge numbers. "Community First" is where current residents came from before entering Glavin, and where they are expected to return.

Supports available at Glavin are not available elsewhere in the Commonwealth. Closing Glavin and eliminating this important clinical resource will affect not only its current residents, but also dozens of others who will need this expertise in the coming years.