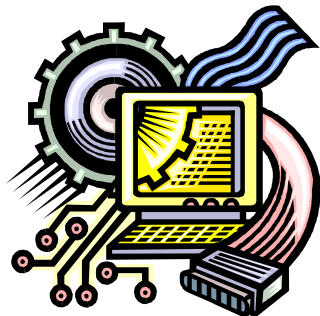


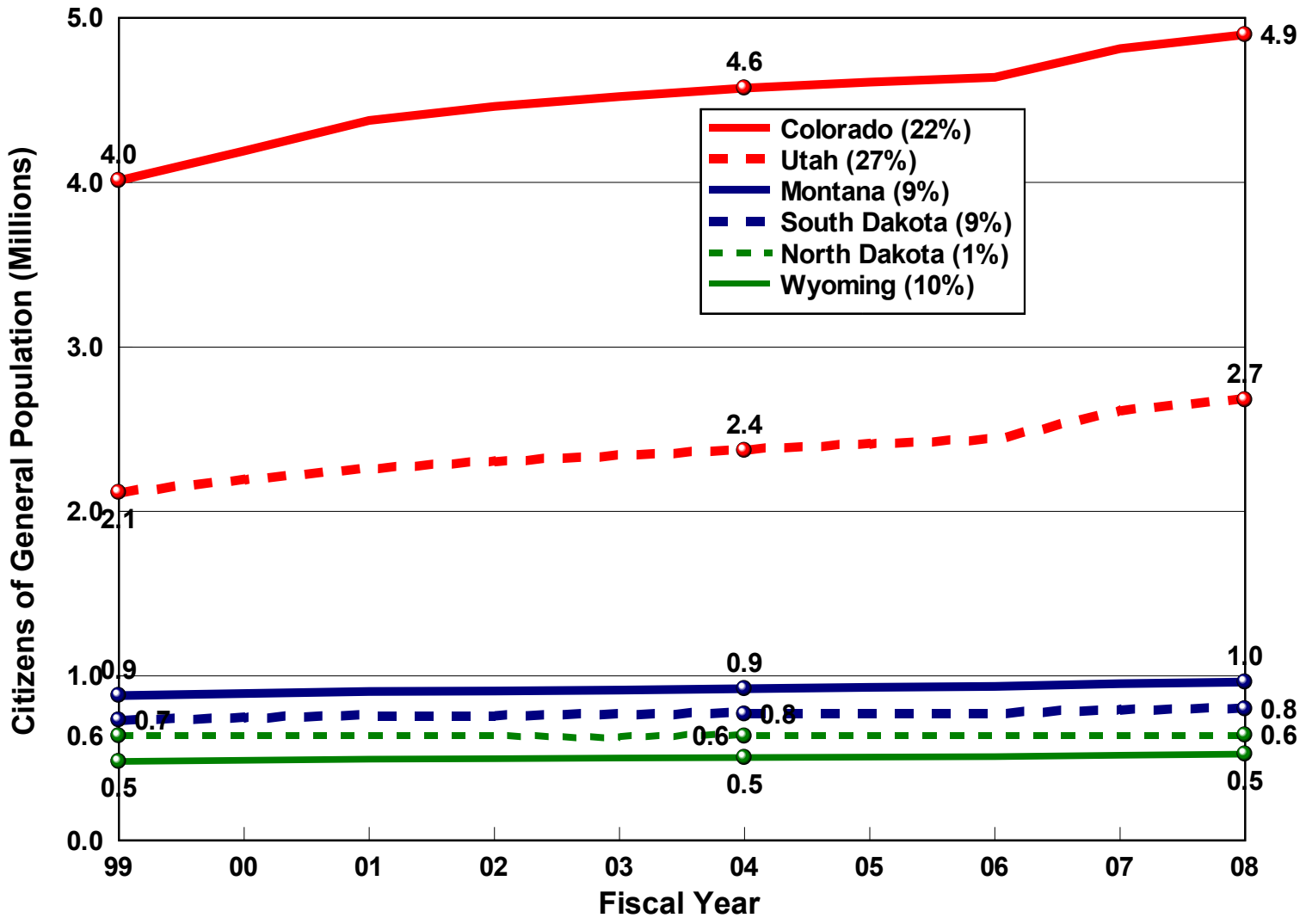
TRENDS IN DEVELOPMENTAL DISABILITIES SERVICES IN CMS REGION 8 AND THE UNITED STATES

David Braddock, Ph.D.
**Associate Vice President, University of Colorado System &
Executive Director, Coleman Institute for Cognitive Disabilities**



Estes Park, Colorado
October 8, 2008

GENERAL POPULATION IN REGION 8 STATES--IN MILLIONS AND LEGEND SHOWING % INCREASE 1999-08



Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

STATES' ECONOMIC MOMENTUM STALLS

Even though buoyed by economic stimulus rebates, state personal income growth was tepid in a number of states. Employment growth stalled altogether, with nearly half the states now recording job losses. More unsettling than the current data is the prospect that recent national developments will likely lead to much worse results in the coming months.

Source: Federal Funds Information for States (September 2008).

ECONOMIC MOMENTUM IN THE STATES

INDEX OF ECONOMIC MOMENTUM¹ BY REGION (JUNE 2008)

1. ROCKY MOUNTAIN (CO, MT, ND, SD, UT & WY)	1.71
2. Southwest (AR, LA, NM, OK, TX)	0.96
3. Pacific (AZ, CA, HI, NV, Pac. Basin)	0.85
4. Northwest (AK, ID, OR, WA)	0.43
5. Great Plains (IA, KS, MO, NE)	0.31
6. Southeast (AL, FL, GA, KY, NC, SC, MS, TN)	0.05
7. Mid-Atlantic (DE, DC, MD, PA, VA, WV)	-0.32
8. Northeast (NJ, NY, PR, VI)	-0.57
9. Great Lakes (IL, IN, MI, MN, OH, & WI)	-0.71
10. New England (CT, ME, MA, NH, RI, VT)	-0.74
UNITED STATES	0.00

¹Index of economic momentum: Weighted average growth in personal income, employment and population (Federal Funds Information for States, 2008)

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

ECONOMIC MOMENTUM IN THE STATES

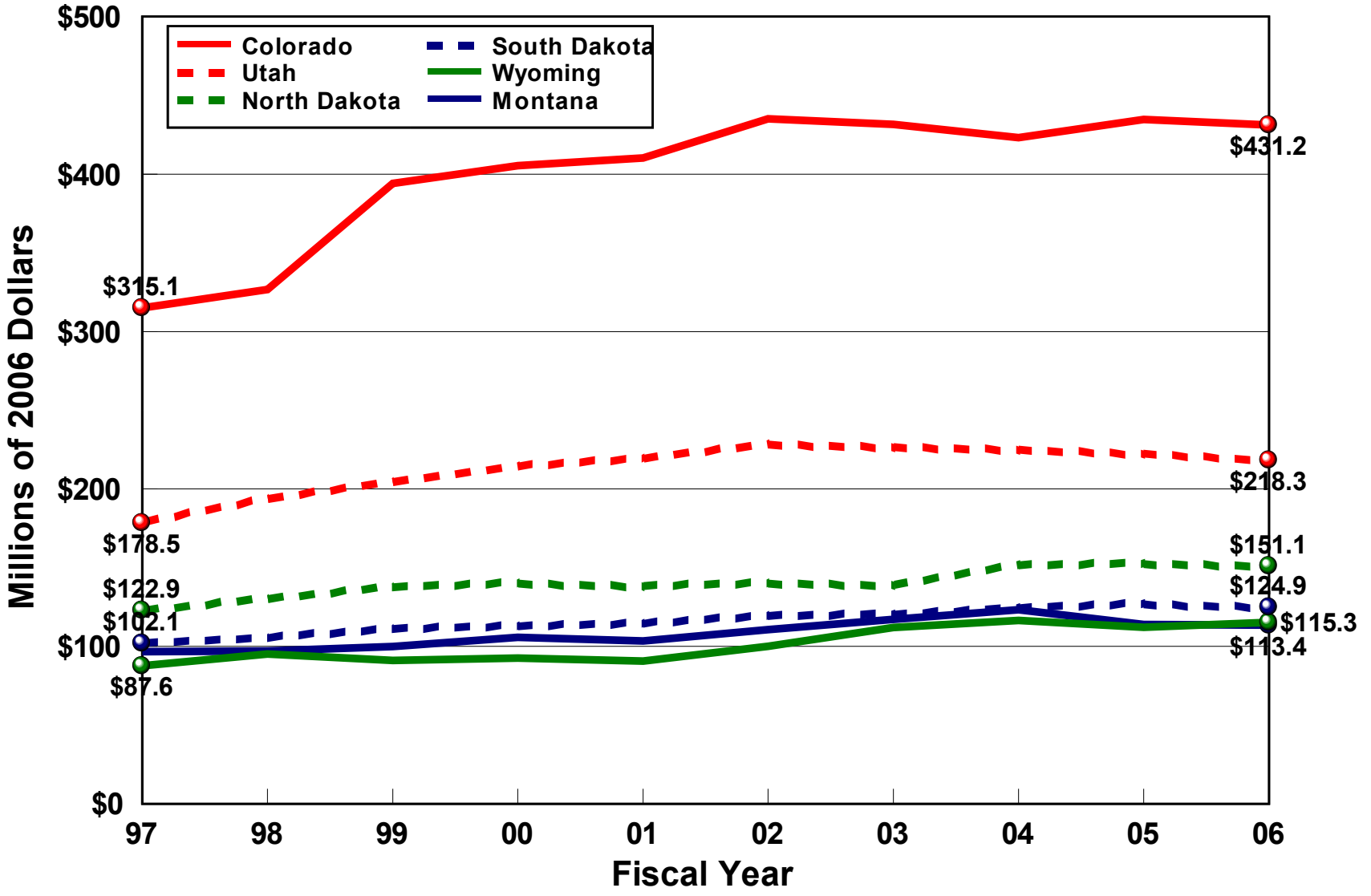
INDEX OF ECONOMIC MOMENTUM¹ IN CMS REGION 8 STATES: September '08

U.S. RANK	STATE	INDEX
1	North Dakota	3.12
3	Wyoming	1.91
4	South Dakota	1.48
7	Colorado	0.95
8	Montana	0.81
14	Utah	0.33
UNITED STATES		0.00

¹Index of economic momentum: Weighted average growth in personal income, employment and population (Federal Funds Information for States, September 2008).

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

ADJUSTED TOTAL I/DD SPENDING INCREASES THEN PLATEAUS IN REGION 8 STATES: 1997-2006



Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

DETERIORATING FISCAL CONDITIONS IN THE STATES IN FY 2008/09

THIRTY STATES AND DC WITH PROJECTED BUDGET GAPS FOR FY 2009: **NO CMS REGION 8 STATES**

State	Budget Gap (\$ Billion)	Percent of 2008 State General Fund	State	Budget Gap (\$ Billion)	Percent of 2008 State General Fund
Alabama	\$0.78	9.5%	Michigan	\$0.47	4.8%
*Arizona	\$2.00	19.9%	Minnesota	\$0.94	5.4%
Arkansas	\$0.11	2.4%	Mississippi	\$0.09	1.8%
California	\$22.20	22.0%	*Nevada	\$1.20	16.0%
*Connecticut	\$0.45	2.6%	*New Hampshire	\$0.20	6.4%
Delaware	\$0.22	6.0%	New Jersey	\$2.50	7.7%
*District of Columbia	\$0.23	3.6%	*New York	\$5.50	9.8%
*Florida	\$5.10	19.9%	*Ohio	\$1.30	4.5%
*Georgia	\$1.80	8.7%	Oklahoma	\$0.11	1.7%
*Hawaii	\$0.16	2.8%	Rhode Island	\$0.43	13.1%
*Illinois	\$1.80	6.3%	*South Carolina	\$0.39	5.7%
Iowa	\$0.35	5.5%	Tennessee	\$0.47	4.1%
Kentucky	\$0.27	2.9%	*Vermont	\$0.83	6.8%
Maine	\$0.12	4.1%	*Virginia	\$1.20	7.1%
*Maryland	\$1.10	7.2%	Wisconsin	\$0.65	4.6%
*Massachusetts	\$1.20	4.3%	TOTAL	\$53.40	10.0%

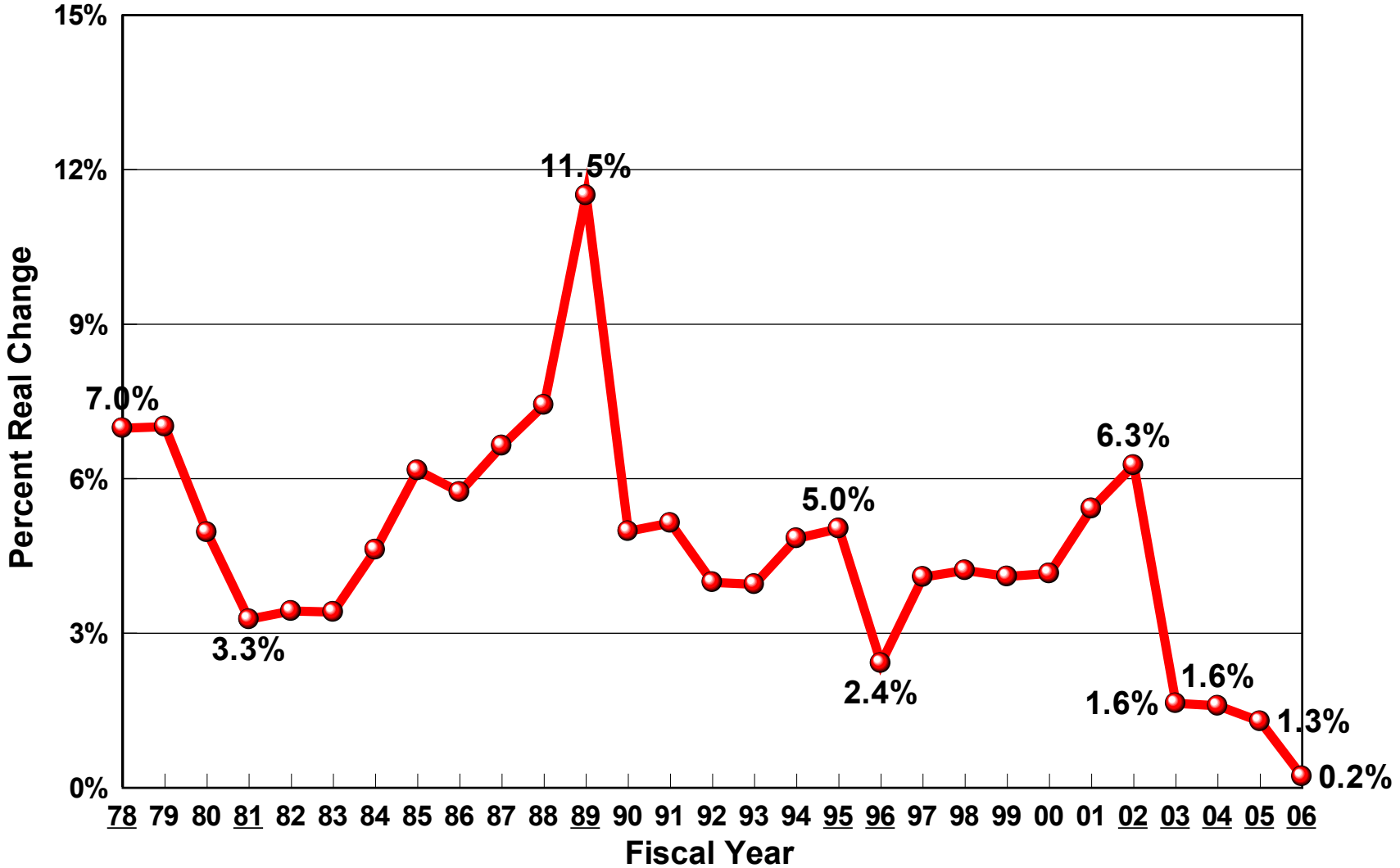
*These 15 States and DC had additional mid-year FY 2009 budget gaps of \$5.9 B (3.1% of their General Fund).

Source: McNichol & Lav (September 26, 2008).

- **Inflation-adjusted I/DD spending grew 5% per year during 1977-2002, but advanced only 1% per year during 2003-06.**

Sources: McNichol & Lav, Center on Budget and Policy Priorities (2008); Burke, George Washington University, National Health Policy Forum (2007); Braddock et al., (2008).

ANNUAL % CHANGE IN INFLATION-ADJUSTED // DD SPENDING IN THE U.S.: 1978-06



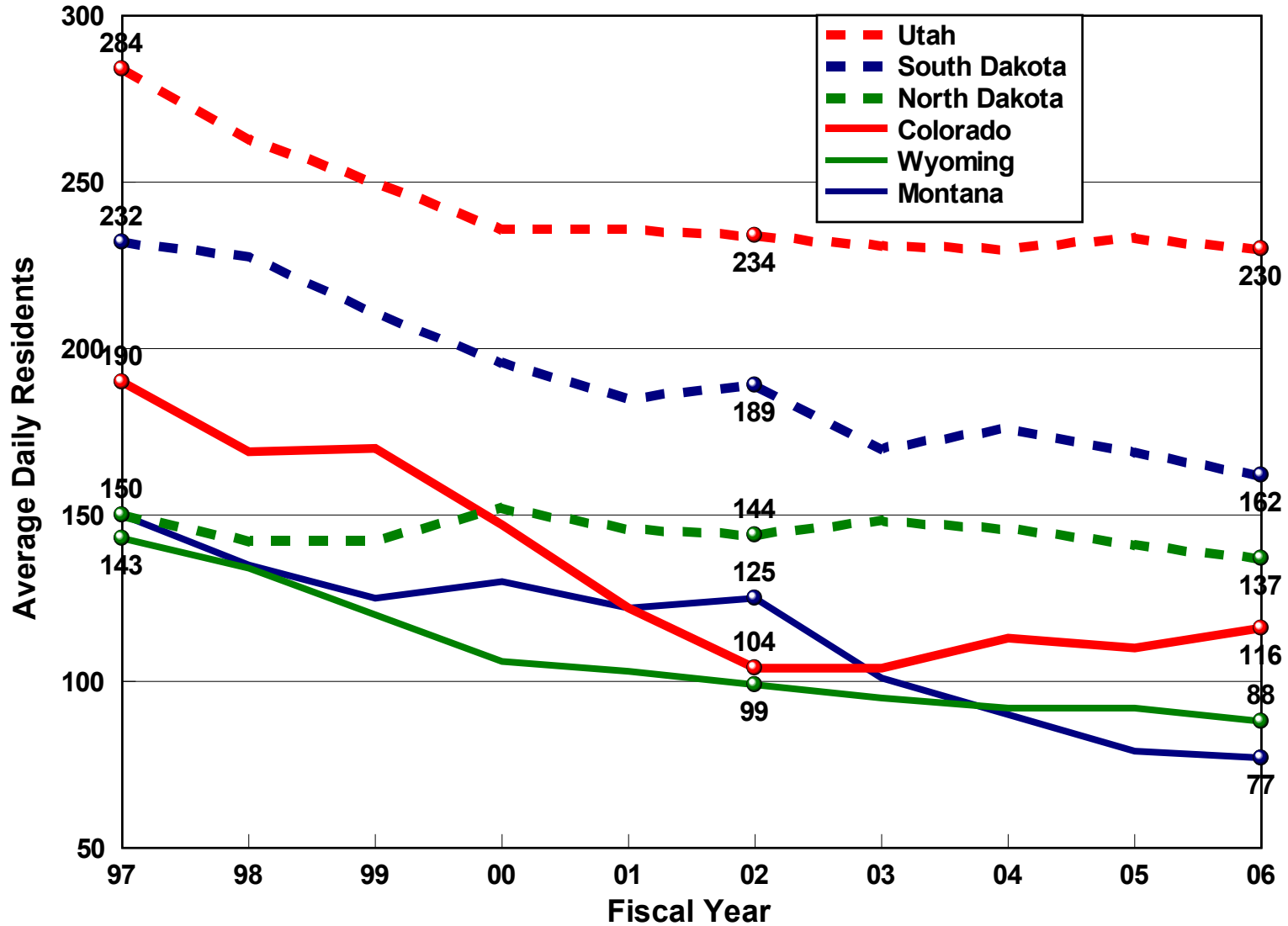
Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

NUMBER OF STATES WITH INFLATION- ADJUSTED CUTS IN I/DD SPENDING: 1978-2006

1979 – 6	1990 – 4	2001 – 10
1980 – 18	1991 – 6	2002 – 5
1981 – 15	1992 – 10	2003 – 13
1982 – 14	1993 – 16	2004 – 18
1983 – 17	1994 – 8	2005 – 21
1984 – 10	1995 – 5	2006 – 24
1985 – 5	1996 – 11	
1986 – 5	1997 – 11	2009 – 30/35?
1987 – 7	1998 – 4	2010 – 35/40?
1988 – 6	1999 – 9	
1989 – 5	2000 – 4	

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

DECLINING USE OF STATE INSTITUTIONS IN CMS REGION 8: COLORADO RISES 2002-06



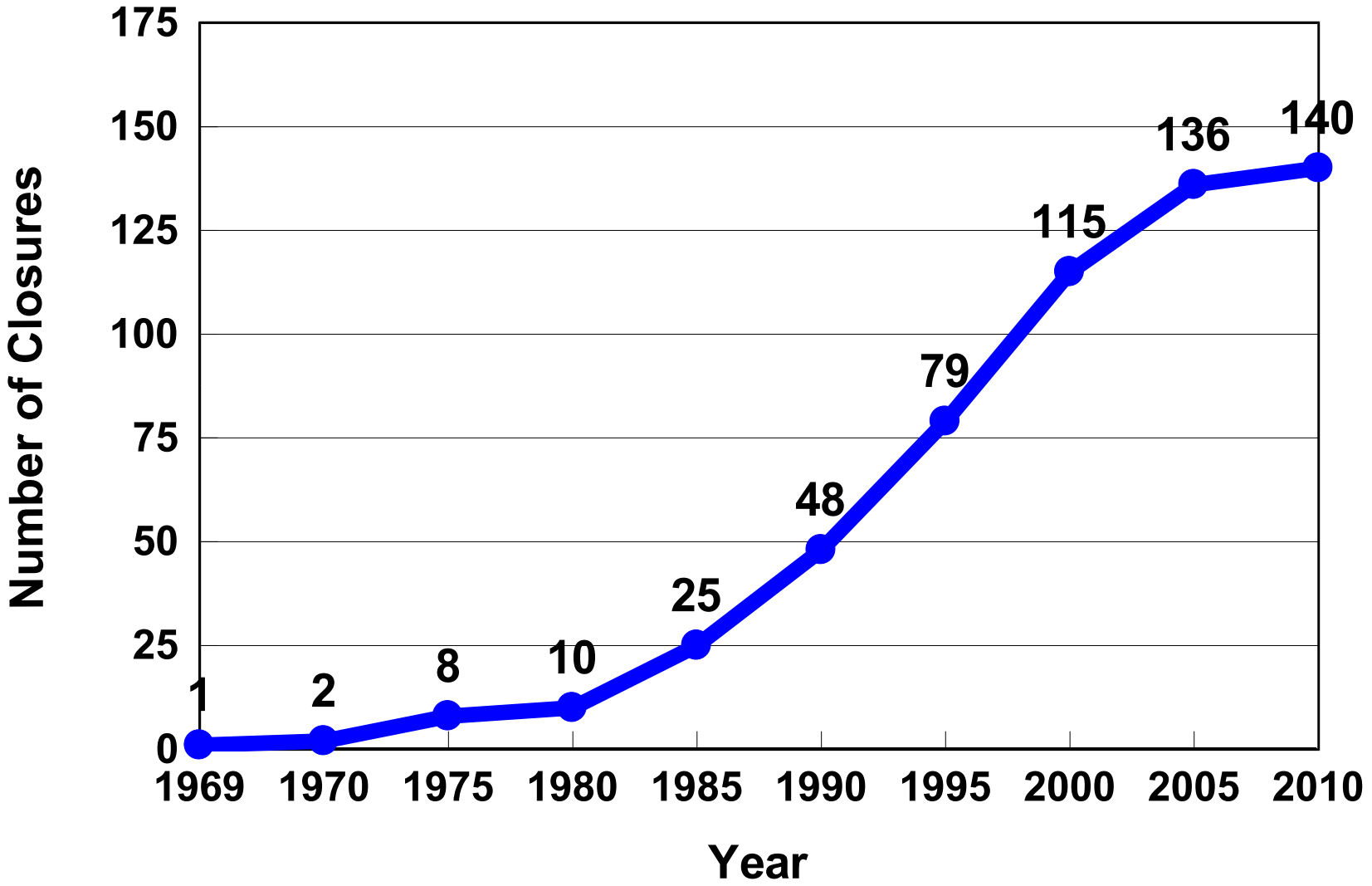
Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

STATES WITHOUT STATE-OPERATED I/DD INSTITUTIONS

- 1. ALASKA**
- 2. DISTRICT OF COLUMBIA**
- 3. HAWAII**
- 4. INDIANA**
- 5. MAINE**
- 6. MINNESOTA**
- 7. NEW HAMPSHIRE**
- 8. NEW MEXICO**
- 9. RHODE ISLAND**
- 10. VERMONT**
- 11. WEST VIRGINIA**

**No Region 8 States are
“institution-free”**

CUMULATIVE NUMBER OF CLOSURES OF STATE-OPERATED 16+ INSTITUTIONS IN THE U.S.: 1960-2010



Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

WHO'S NEXT? ELEVEN STATES BELOW 200

SMALLEST INSTITUTIONAL CENSUS: 2006

1 Oregon	40
2 Montana	77
3 Nevada	79
4 Wyoming	88
5 Idaho	90
6 Delaware	99
7 Colorado	116
8 Michigan	127
9 Arizona	134
10 North Dakota	137
11 South Dakota	162
13 Utah	230

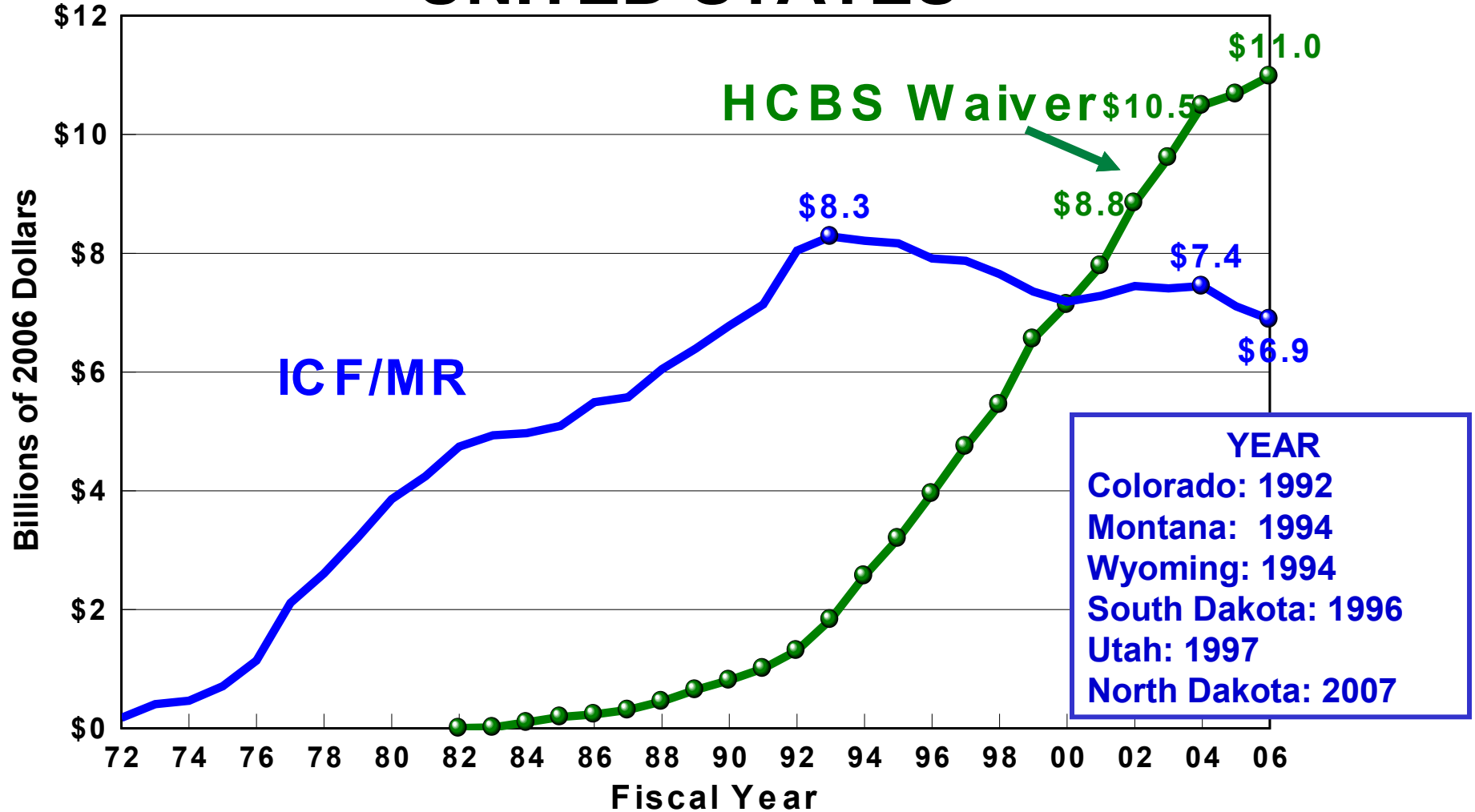
LARGEST INSTITUTIONAL CENSUS: 2006

1 Texas	4,943
2 New Jersey	3,064
3 California	3,025
4 Illinois	2,709
5 Ohio	1,606
6 New York	1,605
7 North Carolina	1,605
8 Virginia	1,452
9 Louisiana	1,419
10 Pennsylvania	1,416
11 Mississippi	1,377

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

FEDERAL HCBS WAIVER SPENDING SURPASSED ICF/MR SPENDING IN 2001

UNITED STATES



Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

FEDERAL-STATE HCBS SPENDING PER CAPITA IN REGION 8 IN 2006: 4 AT OR ABOVE MEDIAN; 2 BELOW*

1 Rhode Island	\$211
2 New York	\$188
3 Minnesota	\$169
4 Maine	\$167
5 Vermont	\$158
6 Wyoming	\$158
7 New Mexico	\$128
8 Connecticut	\$120
9 Alaska	\$113
10 New Hampshire	\$107
11 Pennsylvania	\$103
12 Massachusetts	\$102
13 South Dakota	\$100
14 Oregon	\$99
15 North Dakota	\$93
16 Wisconsin	\$82
17 Iowa	\$81

18 Kansas	\$80
19 Nebraska	\$78
20 Maryland	\$77
21 Delaware	\$76
22 Arizona	\$75
23 West Virginia	\$74
24 Tennessee	\$73
25 Michigan	\$71
26 Montana	\$67
27 Hawaii	\$65
28 Oklahoma	\$65
29 Washington	\$63
30 Colorado	\$62
31 Indiana	\$61
32 Ohio	\$60
33 Missouri	\$55
34 New Jersey	\$50

35 Louisiana	\$50
36 Utah	\$47
37 Alabama	\$46
38 South Carolina	\$45
39 Florida	\$43
40 Virginia	\$41
41 Idaho	\$40
42 Kentucky	\$37
43 California	\$37
44 North Carolina	\$36
45 Arkansas	\$33
46 DC	\$32
47 Illinois	\$32
48 Georgia	\$27
49 Nevada	\$23
50 Texas	\$20
51 Mississippi	\$12

UNITED STATES \$66

*Per capita of the general population

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

- **SUPPORTED LIVING**
- **FAMILY SUPPORT**
- **SUPPORTED EMPLOYMENT**

1. CHOICE

- **Where to live, with whom and which lifestyle**

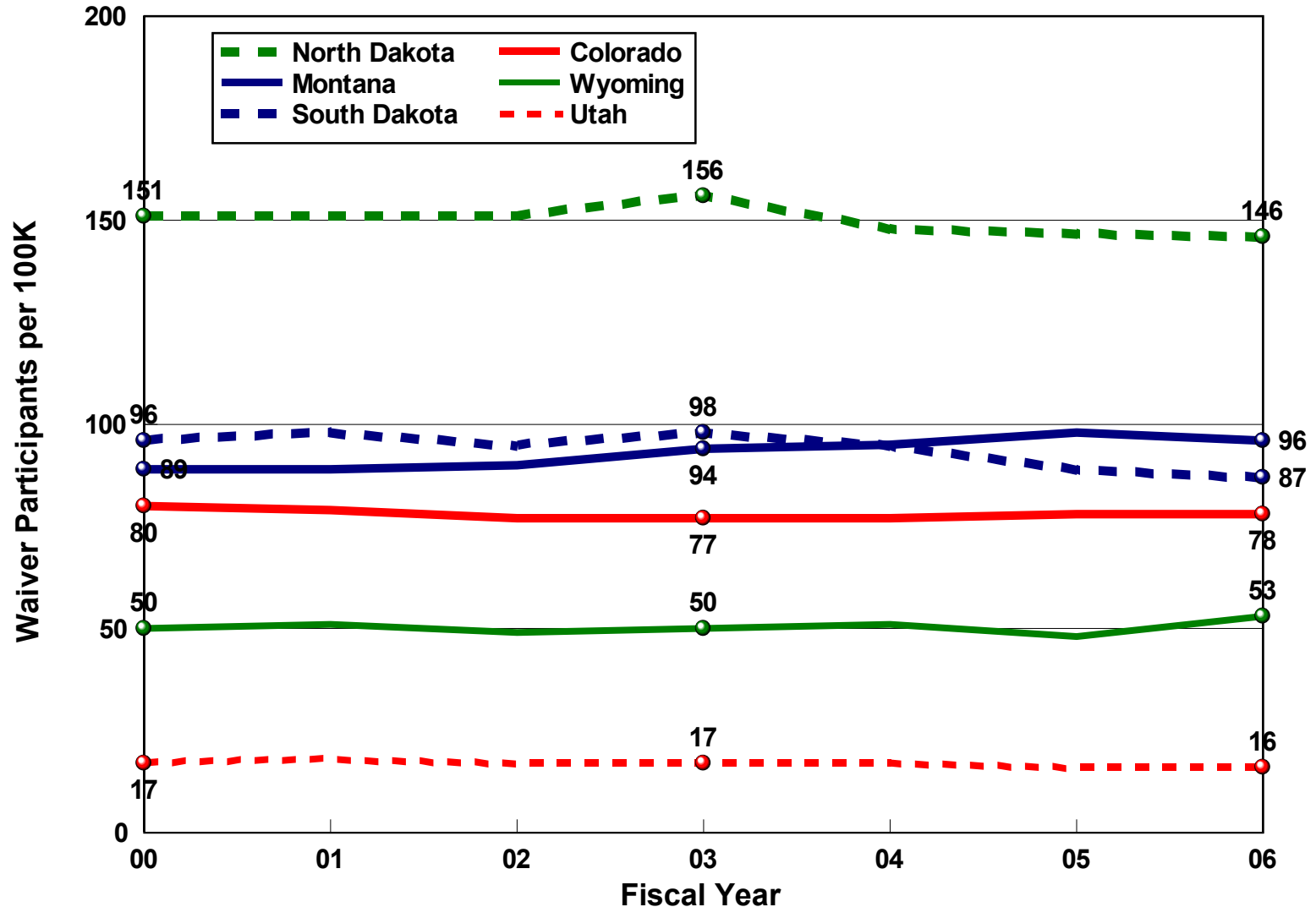
2. OWNERSHIP BY OTHER THAN THE SERVICE PROVIDER

- **Individual owns or rents;**
- **Family owns or holds lease;**
- **Housing cooperative owns**

3. INDIVIDUAL SUPPORT

- **Focus on individual's changing needs over time;**
- **Individualized support plan or support contract**

SUPPORTED LIVING PARTICIPANTS PER 100K IN CMS REGION 8 STATES DECLINE IN ND/SD



Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

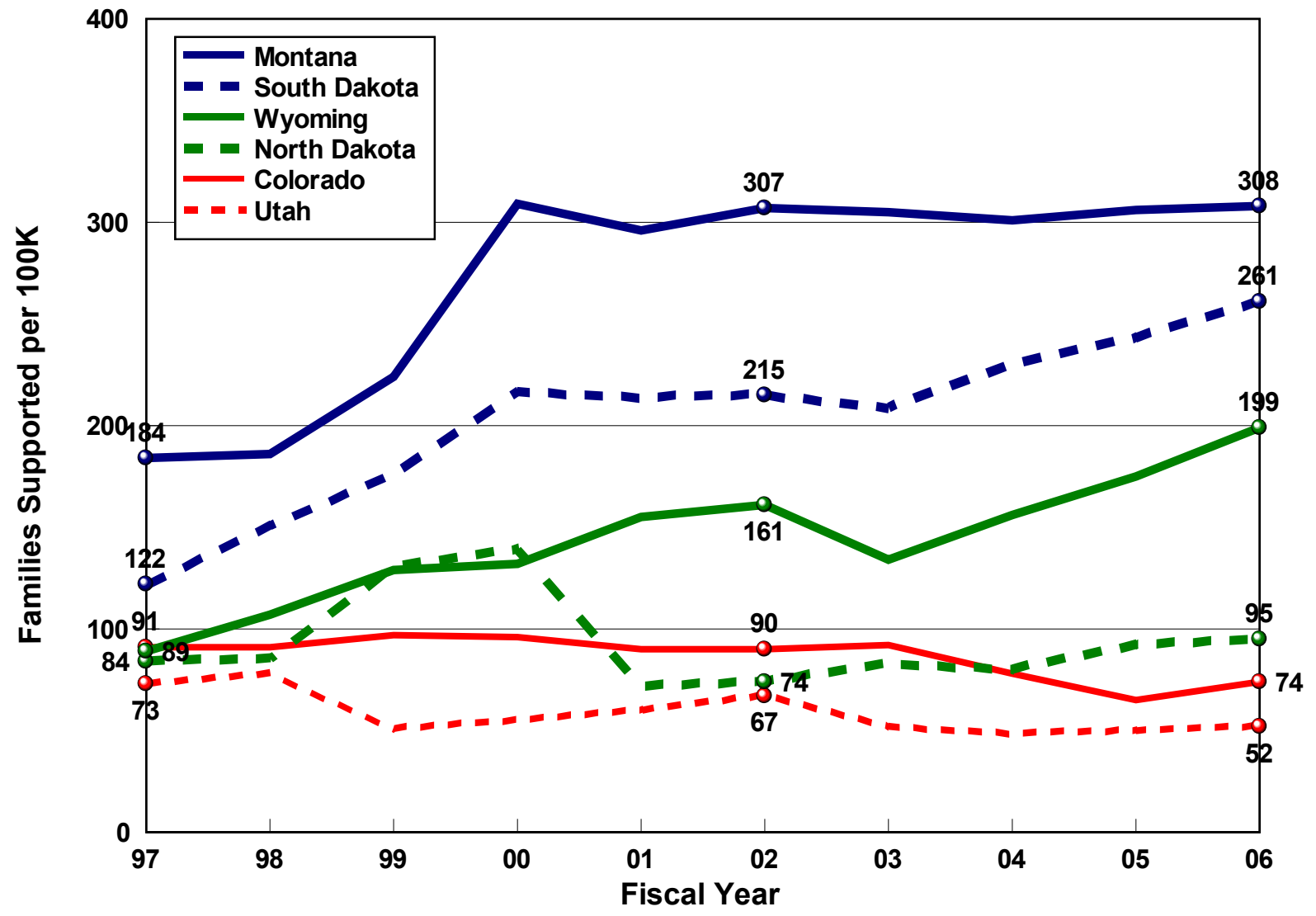
- **FAMILY SUPPORT INCLUDES**
 1. Respite services
 2. Financial support
 3. In-home support, education, and training
 4. Assistive and medical technology
 5. Health and related professional services
 6. Family training/counseling
 7. Transportation
 8. Case management/service coordination
 9. Recreation/leisure
 10. Other family support

- **CASH SUBSIDY FAMILY SUPPORT” INCLUDES:**

**Payments or vouchers directly to families;
families determine what is purchased**

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

FAMILIES SUPPORTED PER 100K INCREASES IN CMS REGION 8 STATES EXCEPT COLORADO/UTAH



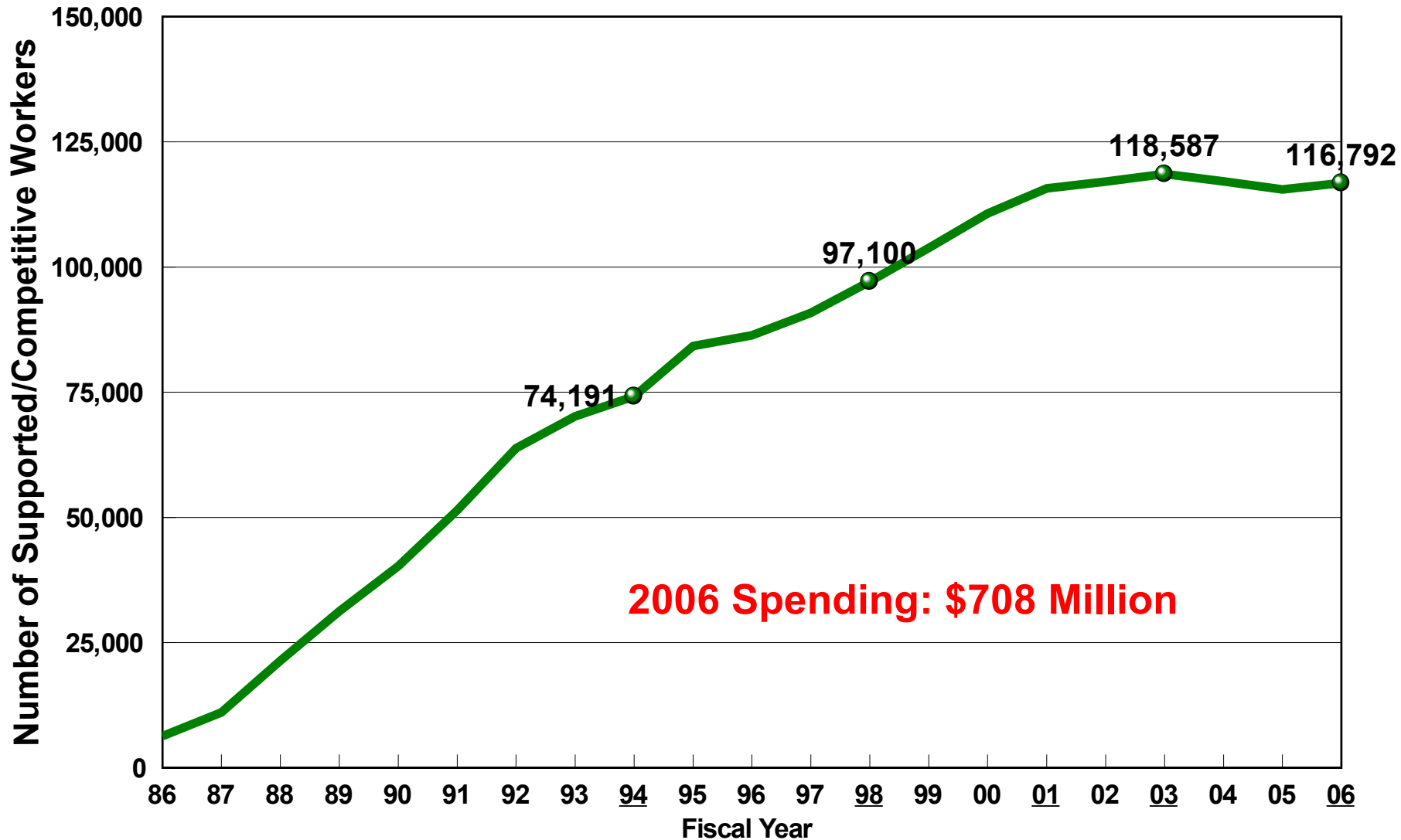
Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

NORTH DAKOTA AND UTAH IN REGION 8 HAVE CASH SUBSIDY FAMILY SUPPORT PROGRAMS

STATE	SPENDING	FAMILIES	SUBSIDY PER FAMILY
Alaska	\$4,548,000	1,516	\$3,000
Arizona	\$1,046,224	573	\$1,826
Arkansas	\$143,052	92	\$1,555
Connecticut	\$3,280,095	3,525	\$931
Delaware	\$233,854	126	\$1,856
Florida	\$473,600	210	\$2,255
Illinois	\$36,071,886	2,611	\$13,815
Iowa	\$1,602,523	378	\$4,239
Kansas	\$3,415,962	1,418	\$2,409
Louisiana	\$4,634,670	1,705	\$2,718
Maine	\$600,000	545	\$1,101
Michigan	\$17,614,656	6,722	\$2,620
Minnesota	\$13,392,880	2,346	\$5,709
Nevada	\$1,877,750	454	\$4,136
New Jersey	\$12,005,157	7,851	\$1,529
New Mexico	\$568,752	164	\$3,468
North Dakota	\$607,599	142	\$4,272
Oklahoma	\$4,972,075	2,077	\$2,394
Rhode Island	\$170,116	50	\$3,402
South Carolina	\$3,233,432	1,151	\$2,809
Tennessee	\$3,897,900	2,018	\$1,932
Texas	\$5,000,000	2,674	\$1,870
Utah	\$15,907	5	\$3,181
Washington	\$5,073,735	2,513	\$2,019
UNITED STATES	\$124,479,825	40,866	\$3,046

Source: Braddock et al. (2008); fiscal year 2006 data.

NUMBER OF SUPPORTED EMPLOYMENT WORKERS IN THE U.S. DECLINES 2003-06

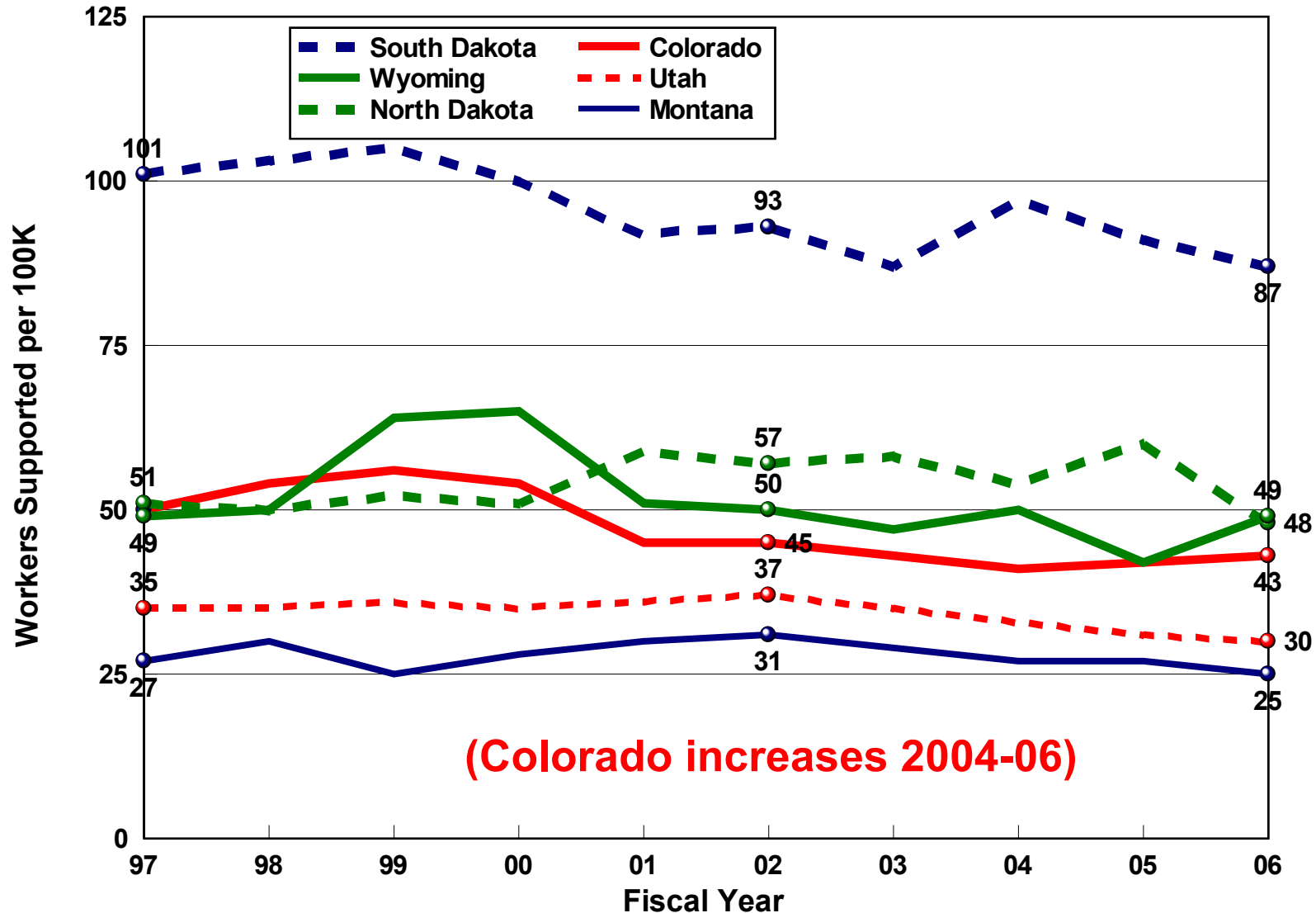


Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

- **“While supported employment has made significant gains since its formal introduction in 1984 (P.L. 98-527), segregated services continue to outpace the growth of supported employment.”**

(Rusch & Braddock, Research and Practice for Persons with Severe Disabilities, 2004)

UNIFORM DOWNWARD TREND IN SUPPORTED EMPLOYMENT WORKERS PER 100K GEN. POPULATION, REGION 8

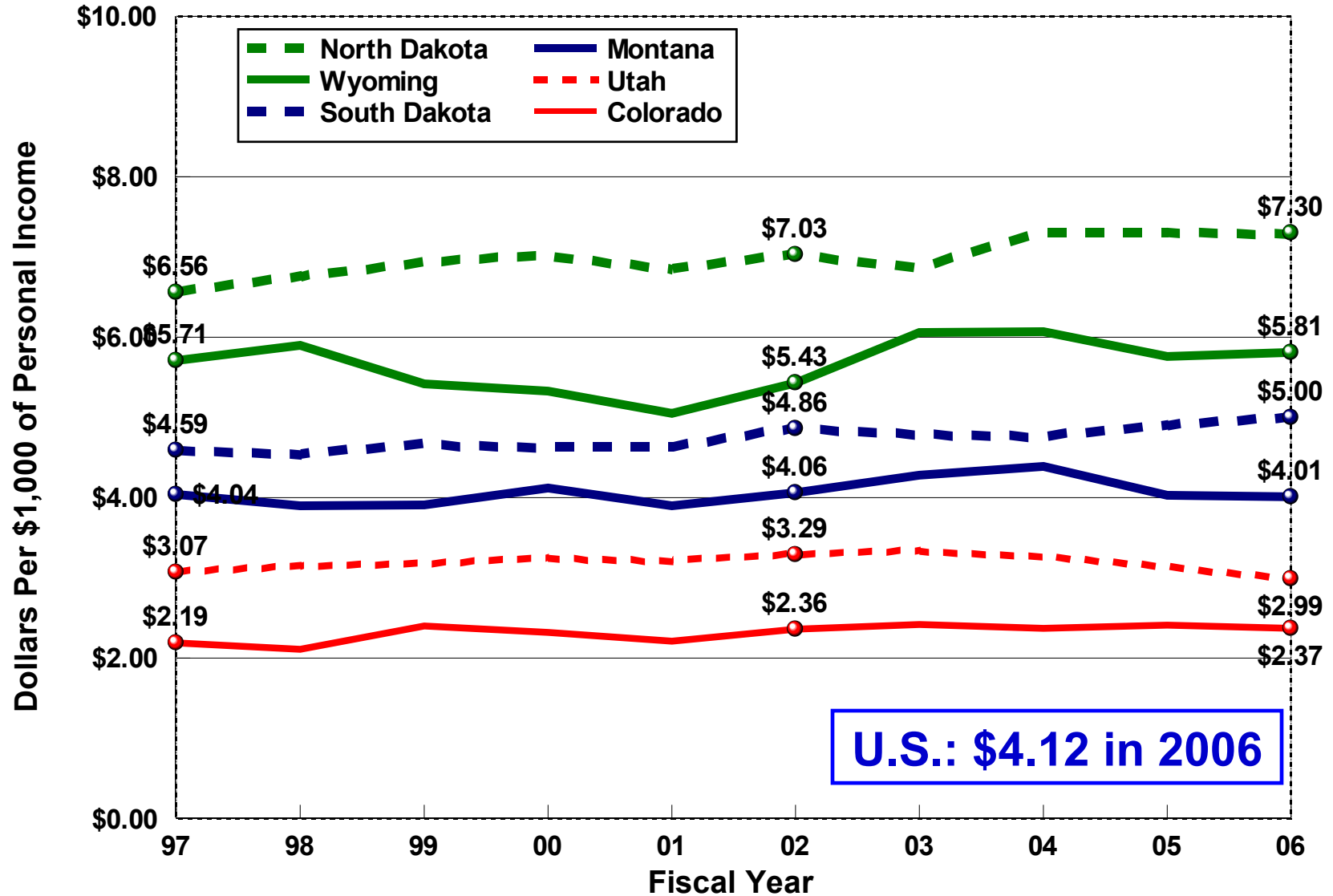


Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

FISCAL EFFORT is a ratio that can be utilized to rank states according to the proportion of their total statewide personal income devoted to the financing of I/DD services.

FISCAL EFFORT is defined as a state's spending for I/DD services per \$1,000 of total statewide personal income.

FISCAL EFFORT FOR I/DD SERVICES IN REGION 8: 2004-06 DECLINE/PLATEAU IN ALL STATES BUT SD



U.S.: \$4.12 in 2006

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

II. FACTORS INFLUENCING PRESENT/FUTURE DEMAND FOR I/DD SERVICES IN REGION 8 AND THE U.S.

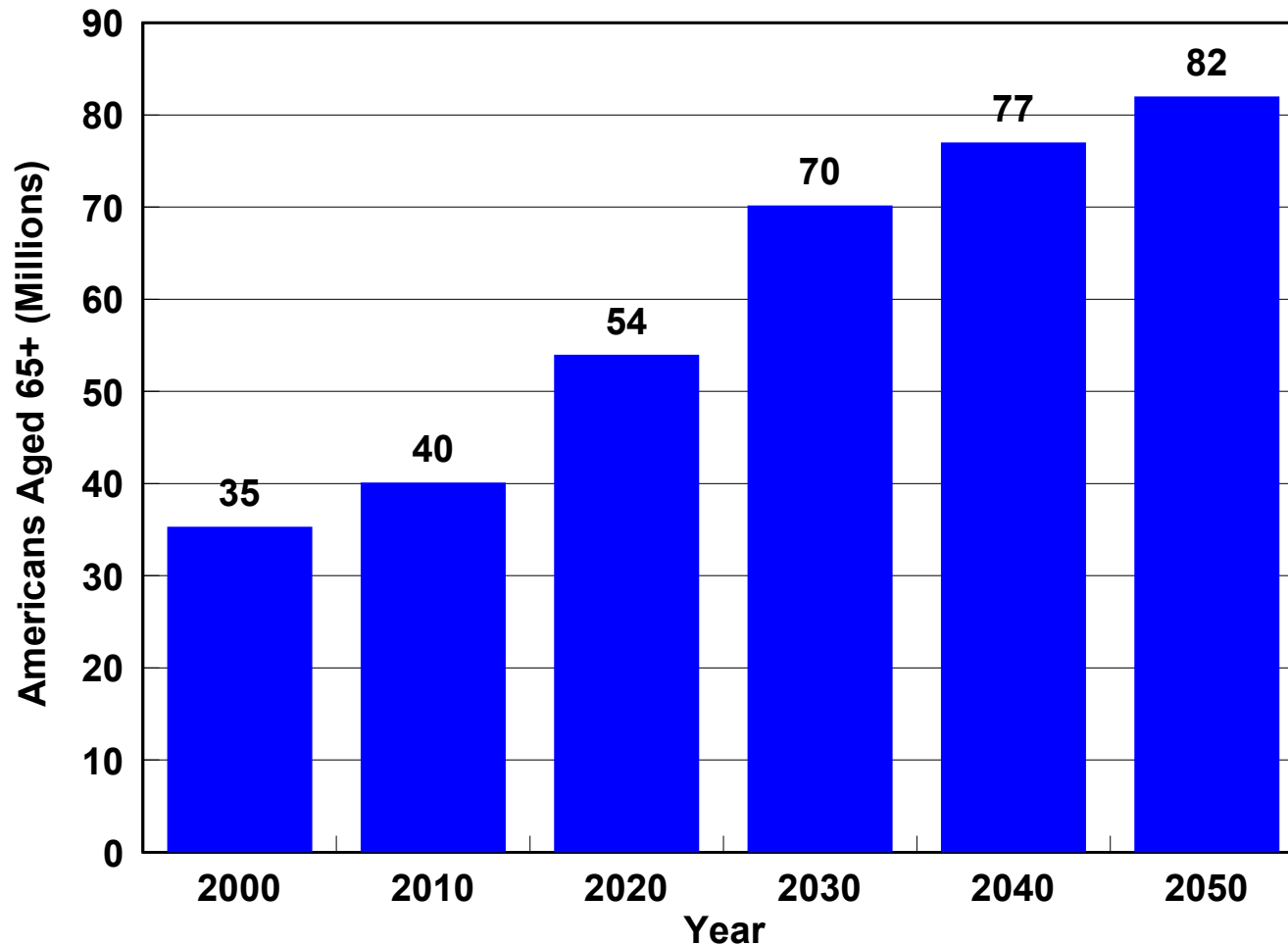
1. AGING CAREGIVERS

2. INCREASED LONGEVITY OF PEOPLE WITH I/DD

3. WAITING LISTS

1. THE IMPACT OF AN AGING POPULATION: U.S.

AGED 65+ YEARS: 2000-2050



Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

STATES WITH GREATEST, LEAST PROPORTION OF RESIDENTS AGED 65+ YEARS, 2006

	State	Percent of Population Aged 65+ Years
1	Florida	16.8%
2	West Virginia	15.3%
3	Pennsylvania	15.2%
4	Iowa	14.6%
5	North Dakota	14.6%
7	South Dakota	14.2%
11	Montana	13.8%
37	Wyoming	12.2%
47	Colorado	10.0%
48	Texas	9.9%
49	Georgia	9.7%
50	Utah	8.8%
51	Alaska	6.8%



OLDER STATES

U.S.: 12.4%

YOUNGER STATES



Source: U.S. Bureau of the Census, 2008

CAREGIVERS AGED 60+ YEARS IN CMS REGION 8

Colorado	9,070
Montana	2,477
North Dakota	1,660
South Dakota	1,918
Utah	4,331
Wyoming	1,177
Rocky Mountain Region	20,632

Source: Braddock, D., Coleman Institute and Department of Psychiatry, University of Colorado, 2008.

2. LONGEVITY IS INCREASING FOR PERSONS WITH ID

- **1970s: 59.1 years**
- **1993: 66.2 years**
- **U.S. General Population: 77.8 years (2005)**
- **In the future “...those without severe impairment can be expected to have a life span equal to that of the general population.”**

Sources: M. Janicki. (1996). Rehabilitation Research and Training Center on Aging and Mental Retardation, University of Illinois at Chicago; National Center for Health Statistics (2008) for U.S. General Population in 2005.

III. SMART HOMES/CARE

Smart Homes/Smart Care can help address the projected increase in demand for long-term care services and supports, and the accompanying need for tens of thousands of additional staff.

“We can alleviate some of the demand for Direct Support Professionals (DSPs) by identifying new service options for people who do not need intensive DSP support.

The Wabash Center developed one such alternative called ‘Rest Assured.’ This is a high tech system that allows two-way communication, and visual and sensor monitoring in a home. The system is tailored to the needs of each person who uses it and has been shown to improve personal independence, as well as alleviating the needs for a DSP where one is not needed.”

**Mitch Daniels, Governor, State of Indiana
The Arc of Indiana, *Meet the Candidates*, Summer 2008**

WHY USE TECHNOLOGY IN I/DD RESIDENTIAL CARE?

- **Emerging residential technologies can address projected demand for long-term care services and reduce somewhat the need for tens of thousands of additional staff;**
- **Technology can monitor and support persons with I/DD in recreational, health promotion, and other activities of daily living;**
- **Staff turnover in community living settings averages 50-70% nationally; and**
- **U.S. demand will grow from 533,000 persons currently in residential services – to nearly 700,000 persons in 10 years.**

Source: D. Braddock, State of the Science Conference, Denver, 2006.

A VISIONARY VIEW IN 2006

“I think we can do a ‘virtual nursing home’ with technology” ...

**Andy Grove
Co-Founder, Intel Corp.
In *USA Today*, 2006**

IF so, we can also provide individualized technology supports in multiple residential settings for people with developmental disabilities.

David Braddock, Ph.D.

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