

**MICHENER CENTRE
TRANSITION PLANNING FRAMEWORK
AND WORK PLAN**

March 21, 2013

Introduction

This document presents a planning framework and recommended strategies to support the planned transition of Michener Centre residents from institutional to appropriate supported living settings in the community.

The framework and work plan were developed in consultation with PDD Provincial and Central leadership, Alberta Health Services, Alberta Infrastructure and Alberta Human Services, and was partially informed by a comprehensive review of Michener Centre planning documents and meetings with the PDD Central Executive Team.

In addition, the implementation plans and experiences of several organizations across Canada and the United States that have closed institutions for people with developmental disabilities and transitioned them to community supported living options was drawn upon to help establish the key elements of the framework and recommended supporting strategies.

The document includes information on the following:

Background

- Project Purpose, Scope and Objectives
- The Case for Change
- Current Situation
- Project Governance and Organization

Planning Framework and Work Plan

- Project Parameters and Establish Guiding Principles
- Quality Individualized Services - Individual Transition Planning
- Resident and Family Engagement
- Community Accommodation Plan/Capacity Building
- Human Resources Strategy and Supports
- Cost-effective Operations/Business Management

The proposed planning framework and supporting strategies are provided as an overall process guide for the Steering Committee and Transition Team. It is anticipated that the work plan and strategies will evolve in response to emerging issues and requirements during the implementation process.

Project Purpose, Scope and Objectives

The Province of Alberta has decided to transition clients currently living in the Michener Centre's North and South site facilities into supported community homes. The purpose of the project is to develop a detailed strategy and supporting implementation plan designed to accelerate the planned evolution of Michener Centre from institutional to appropriate settings in the community. The strategy and implementation plan should include provisions to ensure:

- Individuals continue to have access to high quality residential, health and support services they need;
- Individuals continue to receive quality care and services consistent with their individual needs during the transition and after. This should include provisions to monitor and evaluate transition plan implementation results.
- Individuals, families and staff and other stakeholders are kept informed about the plan and are engaged in the process.
- The required human resource supports and services are in place for staff affected by the transition.
- Appropriate residential options, health services and supports are in place to successfully transition and sustain residents in community settings.
- Programs and services continue to operate in a cost effective and efficient manner during and after the transition, including management of human and fiscal resources, space and physical plant management, movement of clients, records management, and myriad other operational issues.

The planned changes will have a minimal impact on individuals currently being supported by Michener group homes. The decision will necessitate finding appropriate placements for approximately 125 individuals.

The Case for Change

There is compelling evidence that persons with developmental disabilities achieve better outcomes and higher quality of life when they reside in appropriately supported independent living homes in the community. These living arrangements generally produce better outcomes in terms of choice, social networks, access to mainstream facilities, participation in community life, opportunities to acquire new skills, and satisfaction with living arrangements.

Best practice evidence and growing understanding and awareness of this group of clients has motivated governments across Canada and the United States to transition the care of persons with developmental disabilities from institutional to community settings. For example:

- The Province of British Columbia closed its last institution in 1996, moving entirely away from the institutional model in favour of supported community living.
- The Province of Ontario initiated their deinstitutionalization process in 1977. Ontario had a total of 19 facilities in operation, all of which have been closed as of March 2009.
- Manitoba has legislation that prohibits any long-term admission of persons with developmental disabilities into institution-like settings and is currently planning to re-develop the Portage facility.
- In February 2012, the province of Saskatchewan initiated plans to transition residents from the Valley View facility in Moose Jaw for persons with developmental disabilities to alternate supported living arrangements in the community.

Similar trends have been noted across North America, for example, the closure of AGNEWS Developmental Centre in California in 2005 and Arlington Developmental Centre in Tennessee in 2007. This approach is consistently supported in the literature and research as the preferred service delivery model for persons with developmental disabilities.

Critical to successful and sustainable placements in the community is the ability to appropriately match the health services and support needs of each individual to the residential option. High priority must also be placed on ensuring the security and safety of residents, staff and the community at large.

Current Situation – Michener Centre

Michener Centre, located in Red Deer, is a facility that accommodates and supports adults with developmental disabilities. Individuals occupy several of the large, highly institutionalized buildings constructed in the 1950s and 1960s. These buildings are located across the North and South sites, on an area comprising approximately 300 acres in total. There are substantial challenges with the current facilities including:

- Many of the buildings are no longer functionally adequate for program requirements;
- Building design does not promote the desired home atmosphere and these constraints negatively impact quality of life for individuals;
- There are access issues for individuals with mobility challenges;
- There are substantial costs to operate and maintain underutilized buildings; and
- The majority of the buildings have been decommissioned and are sitting empty occupying prime land real estate.

At its peak, the Michener Centre accommodated over 2200 residents. Changes in accommodation models and service philosophy have resulted in a continuing decline in the number of individuals living on the North and South sites.

As of March 1, 2013 Michener Centre provides services to 228 individuals; 49 of the individuals served by Michener are 65 years or older, 40 are between 60-64 years of age, 141 are 41 – 59 years of age, and 4 are under 40. Of the 228 individuals supported by Michener, 125 live in facilities on Michener’s North and South sites; and 103 live in group homes. In the 23 group homes, there are 30 beds that are fully wheelchair accessible, with the remaining 74 not accessible. 50 individuals are fully independent on the level and stairs. Over 120 are either wholly dependent on the level or use a wheelchair. The remaining individuals have some degree of independence on the level (e.g. use a walker) but are not independent on the stairs.

An assessment of the health services and support needs of the residents currently living in the North and South sites reveals individuals with similar health service and support needs profiles are being effectively accommodated in supported community-living options across the province and the country.

In response to the above noted trends and challenges, Michener Centre has been actively engaged in planning for the transition of its residents to appropriately supported community-living options. This work has been ongoing since 2003.

Project Parameters and Transition Planning Principles

Establish the parameters and transition planning principles that are to guide the transition planning process.

It is critical to define at the onset of the project parameters, scope and policy decisions that have already been made by government. These have significant implications for the overall approach, messaging and the transition strategy. In addition, it is necessary to articulate the fundamental principles that should guide the transition planning process.

Supporting Strategies: Supporting strategies include:

1. Transition Project Scope and Parameters: Confirm/establish the project scope, parameters and timelines.

The province of Alberta is committed to ensuring that individuals with developmental disabilities have a healthy, secure, and meaningful life surrounded by friends and family members. Consistent with this mission, the Province has decided to transition residents living in institutional settings in the Michener Centre to alternative community-based settings with appropriate health services and community supports. Specifically, the project will focus on effectively implementing the following policy decisions:

- Individuals living in institutional settings in the North and South Michener sites will be transitioned to alternative community based settings;
 - The transition process will begin in September 2013 and be completed by April 2014.
2. Transition Planning Principles: The following fundamental principles will be used to inform the transition planning and implementation process:
 - The rights and preferences of individuals and families will be fundamental considerations in making placement decisions.
 - Future services will be planned and in place before individual moves are initiated.
 - Individuals and families, where possible, will be actively engaged in the planning process.
 - Michener Centre staff will be included in all stages of planning and with individual moves.
 - Strategies and actions will be aligned with Provincial PDD policy, strategic direction and best practices.

Transition Project Organization and Governance

Project Sponsor - Assistant Deputy Minister, Disability Services

Project Steering Committee

A project steering committee chaired by the project sponsor will provide overall direction and oversight to the project. This will include working with the external consultant to finalize the transition plan, supporting and monitoring the work of the implementation team, and addressing emerging issues and challenges.

The steering committee will consist of the Assistant Deputy Minister and representatives of the PDD program, PDD Central Region, Human Resources, Alberta Health Services, and the Office of the Public Guardian.

Additional contributors will be invited to attend meetings and support the work of the steering committee as required.

Michener Transition Team

The transition team, consisting of the PDD Central region CEO and several other staff members, will be charged with responsibility for managing the transition process. The transition team will be engaged in the design of the transition plan and have operational responsibility for ongoing refinement and implementation the plan.

Responsibility for specific elements of the work plan will need to be delegated to specific transition team members and/or task groups; e.g., human resources, communications, identification of community housing options, quality monitoring, etc.

Quality Individualized Services - Individual Transition Planning

Develop and implement individual transition plans for affected residents that address accommodation, health services and community support requirements.

Individual service plans (ISP) are required for each affected resident. The ISP should include a statement of goals and objectives to meet the individual's needs and maximize opportunity for participation in community life in the areas of housing, work, post-secondary education and leisure.

Each individual's strengths, needs, preferences and life choices should be taken into consideration in developing the plan. The ISP should include the health services and supports required to implement the plan and potential options available to access the required services.

In particular, the plans must address the significant mobility issues and challenges that many of the impacted residents currently face.

It will also be important to engage individuals, staff and families in the planning process and to make sure that the required time is taken to do things right - ensuring the placements are appropriate and sustainable. Innovative approaches that are supported by evidence-based practice should be explored and evaluated as part of the planning process.

Michener Centre has up-to-date information on the physical, mental and social condition of each resident and the services they are currently accessing. These will be updated. All residents have been assessed using the Supports Intensity Scale (SIS) Assessment.

Supporting Strategies:

1. *Individual Assessments and Plans:* Review/update the Individual Service Plans. This will include reviewing the Supports Intensity Scale (SIS) assessment for each individual, identifying any chronic medical conditions that have implications for health and/or support services, and assessing mobility issues and challenges. These needs, combined with the choices of each supported person and their families, will be used to determine individual options, range and intensity of future services.
2. *Profile of the Service Population:* Consolidate the individual assessments to create an overall profile for the individuals affected by the transition. This will help inform the range of residential housing options, health care services and community supports required to implement the ISPs.
3. *Inventory of Existing Resources:* Complete an inventory of existing supportive living options, health services and community supports currently available that could be effectively utilized to provide appropriate sustainable community based options.
4. *Community Capacity Development Priorities:* Identify gaps and develop specific plans to increase capacity as required. (See community capacity building section for details.)
5. *Transition to Alberta Health Services (AHS) Facilities:* Collaborate with AHS to establish criteria for transitioning individuals to AHS facilities; e.g., high health care needs, age, etc. Apply the criteria to identify which individuals should be placed in AHS facilities, develop a transition plan for each person in consultation with AHS, Michener staff and the individual and family, and implement the move.
6. *Community Placements:* Develop a transition plan for each individual to be accommodated in supported community living arrangements. The process should engage Michener staff, PDD staff, AHS staff, and the individual and family.

7. Phased Implementation: Based upon assessed needs and the availability of AHS placements and required supported community living options, develop a phased approach to implementation.
8. Service Quality Assurance: Develop and implement a process to ensure that each individual continues to receive services that are consistent with their needs during and after the transition. This should include identifying outcome indicators for those aspects of resident care identified as central to their ISP, collecting and evaluating data relative to these indicators, and taking any action required to mitigate emerging service quality issues and concerns.

Individual and Family Engagement

Develop and implement an individual and family engagement plan.

Following the announcement in March, it is anticipated that some families will experience some initial angst and understandable concern. It will be important to ensure that affected individuals and their families are provided timely and accurate information regarding the planned transition process. Central to the messaging must be the following:

- The background, context and reasons for the planned transition to community settings;
- The focus will be on ensuring that the residential and care option selected are matched appropriately to the needs of the individual;
- Appropriate community based residential and care options will be available before any individuals are relocated;
- Where possible, individuals and their families will be involved in planning the transition to new settings; and
- Mechanisms will be in place for individuals and their families to address concerns throughout and following the transition process.

Supporting Strategies:

1. Individual Family/Guardian Contacts: All families and guardians of affected residents will be contacted by staff assigned to the transition planning team. The purpose of the contact will be to provide basic information about the initiative, determine the family's willingness and ability to participate in the transition of their family member, and to capture preliminary information regarding preferences they may have regarding a future geographic location.

2. Society of Parents and Friends of Michener: Engage and work in partnership with the “Society of Parents and Friends of Michener.” The Society has been actively involved with Michener for many years and is a valuable resource and advocate for persons with developmental disabilities.
3. Individual Service Plans: Develop in consultation with individuals and their families or guardians accommodation, health care and community support plans for each individual transitioning into a community setting. Ensure the plans are designed to meet the specific needs of the individual, and that individuals and families are actively engaged in the planning process where possible. (See details in Quality Individualized Services section.)
4. Dispute Resolution/ Opportunities: Establish a dispute resolution process that provides individuals and their families a way to address issues and concerns. Access to dispute resolution supports will help families better understand the decisions, build trust in the process, and inform any required modifications to the transition planning and implementation process.
5. Legal Process: Establish clear processes to deal with any legal challenges that may arise.
6. Monitoring and Follow-up: Ensure effective post-transition monitoring and follow up processes are in place to engage families and guardians with required adjustments or changes in response to emerging needs; i.e. ongoing effective case management.

Community Accommodation Plan/Capacity Building

Develop appropriate residential options, health services and supports to effectively transition individuals to community settings.

Of the 125 individuals that will be affected by the change, it is estimated that 50 individuals will require long-term care. These individuals can be accommodated by AHS. The remaining 75 will require accommodation in either an existing government operated group home or support homes/group homes operated by contracted agencies.

Supporting Strategies:

1. AHS Placements: Work closely with AHS to plan and implement the transition of individuals that require long-term care placements. This could include placement of a small number of individuals currently living in group homes who require higher levels of care.

2. Existing Community Agency Placements: While it will be necessary to engage community service providers in the process before placements can be planned and confirmed, initial research suggests that:
 - Current PDD organizations in the Central Region could accommodate some of the residents.
 - Larger organizations elsewhere in the province could likely accommodate a significant number of individuals if they and their families are accepting of a placement outside of the Red Deer area. A number of the residents have families in other parts of Alberta who may wish to have their family member live closer to them.
3. Develop New Housing Capacity: Increase capacity by funding the development of new supportive living homes in the Central Region. Opportunities exist for established agencies and vendors to develop and operate new infrastructure using the capital funds.
4. Community Capacity Building: Develop and implement a community capacity building plan. This plan would be developed in partnership with the Alberta Council of Disability Services (ACDS), the Alberta Association for Community Living (AACL), and AHS and include training and support for service providers who work with individuals with developmental disabilities and capital for developing appropriate housing. The potential to develop and utilize innovative supportive living options identified during the recent PDD Symposium should be explored as part of this process.
5. PDD Direct Operations: Commit to maintaining PDD Central's current directly operated group homes for the foreseeable future to help ensure capacity and stability.

Human Resources Strategy and Supports

Develop and implement a comprehensive human resources management and support strategy.

Currently Michener has 641 employees. It will be important to retain and effectively re-deploy employees who have the required skill sets and interest in working with individuals in their new residential environments. This will require timely and effective communications with employees, and opportunities for employees to discuss concerns. It will also likely require some investments in staff training and development.

Required transition supports and processes must be in place for staff. This will include supports and resources needed by employees to assist them in the development of personal plans for retirement or future employment as well as financial resources to settle contracts and severance payouts for employees who will no longer be employed.

Supporting Strategies:

1. Legal Review: Conduct a legal review of all contracts and collective agreements to ensure complete understanding of risks and liabilities associated with the proposed transition plan.
2. Identify Affected Staff: Establish which specific employees will be impacted by the closure of the North and South Michener sites.
3. Staff Redeployment: Determine which staff can be re-deployed to other areas of the Ministry.
4. Staff Forums: Plan and hold meetings with staff at regular intervals to inform and discuss issues of importance. Representatives of the transition planning team will be available at the forums to keep staff updated and respond to questions.
5. Staff Connections: Michener currently has an Employee Management Advisory Committee (EMAC) and a Joint Consultation Committee (JCC) that meet regularly to discuss employee related issues. These committees would be able to take on the role of connecting with staff regarding the transition. The group could meet regularly with representatives from the transition team to get current information about the transition, as well as bring questions, concerns, and inquiries forward. They would also assist with disseminating information to the staff.
6. Other Staff Communications Vehicles: Develop and utilize other communications vehicles to inform and get feedback from staff as appropriate – newsletters, website, email, staff hotline, etc.
7. Employment and Financial Supports Division Resources: Engage the staff resources of the Employment and Financial Supports Division to assist with the proactive identification and management of human resources issues and the provision of required staff supports.
8. Engage AUPE: Engage AUPE in the identification and development of creative options to manage and mitigate staff-related issues and challenges.
9. Timelines: Develop a clear timeframe for major human resource transition decisions.
10. Public and Stakeholder Communication: develop communications tools to provide timely and relevant information to public and media.

Cost-effective Operations/Business Management

The focus of this component of the plan should be on ensuring the operation of the Michener Centre remains cost-effective during the transition and to identify and manage operational issues that need to be considered in the transition and subsequent closure of the Centre. This will include such areas as: space utilization, managing human and fiscal resources, facility operations, record storage and management, business continuity planning, material management, etc.

Supporting Strategies: Supporting strategies include:

1. *Records Management:* A records storage and management plan to ensure the integrity of client and business records and information during and after the transition.
2. *Material Management:* A material management plan to ensure purchases of equipment and supplies are aligned with evolving needs.
3. *Facility De-commissioning:* A facility de-commissioning plan to ensure the safe and effective shut down of facilities.
4. *Individuals' Personal Possessions:* A plan to manage the transfer of individuals' possessions to their new locations.
5. *Contract Management:* A contract management plan to deal with new or expanded service contracts.
6. *Specialty Services:* Plans to determine the future of current specialty services being provided that may be impacted by the transition; e.g., pharmacy services, dentistry services, dietitians, etc.
7. *AISH Support:* A strategy to ensure client access to AISH.