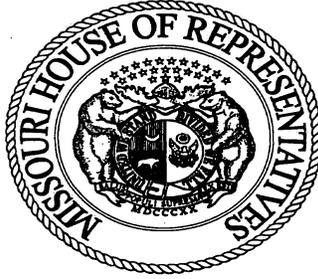


MISSOURI HOUSE OF REPRESENTATIVES



**REPORT OF THE INTERIM COMMITTEE ON
HABILITATION CENTERS**

Representative Bryan Stevenson, Chair

District 128

Representative Carl Bearden

District 16

Representative Wayne Cooper

District 155

Representative Steve Hobbs

District 21

Representative Roy Holand

District 135

Representative James Seigfreid

District 26

Representative Regina Walsh

District 69

Prepared by:

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March 9, 2004

March 9, 2004

The Honorable Catherine Hanaway
Speaker of the House
State Capitol, Room 308
Jefferson City, Missouri 65101

Dear Madam Speaker:

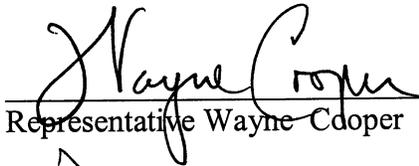
Your Interim Committee on Habilitation Centers, acting pursuant to your request, has met, taken testimony, deliberated, and concluded its study. The undersigned members of the Committee are pleased to submit the attached report.



Representative Bryan Stevenson
Chair



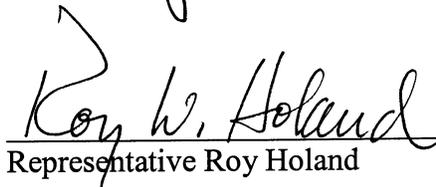
Representative Carl Bearden



Representative Wayne Cooper



Representative Steve Hobbs



Representative Roy Holand

Representative James Seigfreid

Representative Regina Walsh

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INTRODUCTION

The House Committee on Habilitation Centers was formed in 2003 at the authorization of House Speaker Catherine Hanaway. The committee was charged with exploring ways to improve efficiency and performance of the Medicaid funded intermediate care facilities for the mentally retarded (ICF/MR) services provided at the state's six habilitation centers. The habilitation centers provide residential and habilitative services for persons who have mental retardation or a developmental disability. The committee was also interested in the feasibility of providing services in less restrictive, community-based settings, while maintaining a high level of service to this vulnerable group of citizens. Among its specific concerns, the committee was concerned that many direct care workers are required to work over-time for which they receive compensatory time off but are not paid.

The members of the committee included Representatives Bryan Stevenson (Chair); Carl Bearden; Wayne Cooper; Steve Hobbs; Roy Holand; James Seigfreid; and Regina Walsh. The committee held public hearings on September 11, 2003 in Jefferson City and on November 7, 2003 in Joplin. The committee also conducted site visits in St. Louis on October 24, 2003 and in Marshall on October 30, 2003.

BACKGROUND AND CRITICAL ISSUES

The Missouri Department of Mental Health, Division of Mental Retardation and Developmental Disabilities, operates six habilitation centers primarily serving persons who have mental retardation or a developmental disability:

- Bellefontaine Habilitation Center (St. Louis)
- Higginsville Habilitation Center
- Marshall Habilitation Center
- Nevada Habilitation Center
- Southeast Missouri Residential Services (Sikeston and Poplar Bluff); and
- St. Louis Developmental Disabilities Treatment Center (DDTC)

The primary mission of the Habilitation Centers (HCs) is to provide long-term 24-hour residential and specialized services funded through the Medicaid ICF/MR program for people who have been referred by the Regional Centers. The Marshall, Higginsville, Nevada, and Bellefontaine HCs are older facilities with relatively large institutional campuses. The St. Louis DDTC and the Southeast Missouri Residential Services are more dispersed, consisting of clusters of group homes, of 6-8 consumers per home, that provide services in a more integrated community type setting. Some of the larger HCs also operate group homes and individualized supportive living arrangements in the community that are funded by the MRDD Community-Based Medicaid Waiver.

In addition to the HCs, the Division operates Regional Centers, based in eleven principal sites and supported by numerous satellite locations, which serve as the points of entry into the system. Regional Centers provide assessment and case management services, which include coordination of each individual's "person centered plan." A Regional Center may refer an individual to a Habilitation Center. The primary focus of this report is on the Habilitation Centers.

National Trends

There are several factors affecting how the states, including Missouri, care for their citizens with mental retardation and developmental disabilities. One is a general movement toward care in the least restrictive environment possible, which is most often in a home or community-based setting. This movement is, in part, a reaction to the perception that large public facilities are dehumanizing and provide inadequate or even harmful services. Even though such claims of poor-quality service against Missouri's facilities are rare, the fact that large facilities segregate people with disabilities from the wider community is harder to dispute. This movement is also the result of the expansion of the section 1915c Medicaid Waivers that can offer comparable services to consumers in a community setting that protects health and safety. The cost of the services is the same or less than services in the institutional setting. The expansion of community provider networks is better prepared today than in past years to meet the diverse needs of the MRDD consumer population. Additionally, the movement is spurred by changes in social attitudes that encourage community integration of individuals. Finally younger persons being raised in communities today seek community options for tomorrow, not habilitation centers.

An additional and key reason for the push toward community care is the drive for self-determination within the advocacy community. Self-determination is defined as “acting as the primary causal agent in one's life and making choices and decisions regarding one's quality of life free from undue external influence or interference.”¹ This involves empowering individuals with the freedom and authority to determine the substance and texture of their lives, including influencing policy decisions and having control over the resources allocated for personal services and support. This generally translates into a shift in power from experts and the state to consumers and their families, and an emphasis on community rather than institutional placements.

Furthering this trend toward community placement are federal legislation, such as the Home and Community-Based Medicaid Waiver, and court cases, especially *Olmstead v. L.C.*². This U.S. Supreme Court case, decided in 1999, involved two women with mental illness who brought suit against the state of Georgia, challenging their confinement in a segregated environment. This case fell under the public services portion (Title II) of the American with Disabilities Act. The decision clarified that states are required to provide services and treatment in the least restrictive setting that can meet the needs of a person with a disability when the state's treatment professionals determine that such placement is appropriate, affected persons do not oppose such treatment, and placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities. The Supreme Court suggested that states demonstrate that they have a comprehensive, effectively working plan for placing qualified people with disabilities in the least restrictive setting appropriate to their needs; and maintain a waiting list that moves at a reasonable pace which is not controlled by state endeavors to keep its institutions fully populated.

Missouri has taken steps to implement the *Olmstead* Supreme Court decision. Missouri was the first state in the country to establish an “*Olmstead* Commission” when the home and community-based services and consumer-directed care commission was established by Executive Order in April 2000³. This Commission concluded its work in December 2000 with 76 recommendations. The follow-up commission, the Personal Independence Commission (PIC), was established by executive order in April 2001. In October 2000, the Missouri Department of Social Services, Division of Medical Services was awarded a \$50,000 Real Choice Systems Change planning grant and a three-year Systems Change Grant for Community Living of \$2 million by the Centers for Medicare and Medicaid Services. The grant period is from October 2000 to September 2004. The purpose of these grants is to enhance the life of consumers with disabilities and long-term illnesses to live in the most integrated community setting. Through these grants and the PIC an interagency task force is working with community advocates to implement many of the recommendations of the “*Olmstead* Commissions.” The Department of Mental Health, Division of MRDD, participates in the interagency task force and serves as the lead agency in the area of Transition from Institutions.

¹Wehmeyer, M.L., Kelchner, K., & Richards. S. (1996). Essential characteristics of self-determined behaviors of adults with mental retardation and developmental disabilities. *American Journal on Mental Retardation*, 100, 632-642.

² (119 S.Ct. 2176, 144 L.ED 2d 540)

³ Executive Order 00-09

Adding to this momentum toward community-based services is the budgetary environment that most states have faced over the last two years. Although the demand for services is likely to increase with the aging population, available funds are even tighter. Missouri is no exception, and the legislature is seeking ways to decrease costs while maintaining the high quality of service.

TESTIMONY

In order to get a clear picture of the current state of affairs at the state habilitation centers and care for citizens with mental retardation and developmental disabilities more generally, the committee held two public hearings on September 11, 2003 in Jefferson City and on November 7, 2003 in Joplin. The committee also made site visits to the Bellefontaine Habilitation Center and the St. Louis Developmental Disabilities Treatment Center - South County campus (DDTC) on October 24, 2003 and the Marshall Habilitation Center on October 30, 2003. A wide variety of stakeholders testified, including the Division of Mental Retardation and Developmental Disabilities, directors and staff of habilitation centers, non-state service providers, parents of persons with disabilities, and persons with disabilities themselves.

The Division of Mental Retardation and Developmental Disabilities, represented by Director Anne Deaton and Director of Administration Jeff Grovsnor, noted that the HCs serve consumers who are have the most severe end of the mental retardation or developmental disability. The Division provided information about the Habilitation Centers including facility census, budget data, federal collections, and other specific information requested by the Interim Committee. Several areas that need to be addressed include how consumers, families, and guardians are informed of community provider options and how the Division increases provider capacity in the community. There are also a growing number of adolescents with co-occurring developmental disabilities and emotional problems entering the system. An additional problem with forensic consumers is that they do not qualify for ICF/MR reimbursement from the federal government. The HCs generate a great deal of revenue from the federal government (approximately \$80 million in FY 2003) that equals a majority of the funding they receive from the state. In total, the cost to operate the HCs is between \$120 and \$130 million annually.

The Division has made significant efforts to improve efficiency, including plan to the close by fiscal year 2005 the DDTC Midtown facility in St. Louis, which was aged and on multiple floors. The former consumers of Midtown are being relocated to the DDTC South County site, where room was made available by the relocation of those consumers to the community. The question that must be asked is if these consumers could be transitioned into the community, why were they not already there? Further, how many other consumers currently can be successfully be transitioned into the community and why have they not already been transitioned. In December, 2003, the Division announced the closing of several buildings on the campuses of Marshall, Nevada, and Bellefontaine HCs. The buildings were chosen because they were found to not be quality living environments and did not merit continued investment by the state. The current plan is that when it is in the consumer's best interest, the consumer will be identified to move into the community over a two and one-half year period. This extended transition is intended to allow time to focus on each individual's needs, with attention to the impact of the change on consumers, families, employees, and the community. The transition of consumers is a start on the overall transition of consumers from older, less efficient facilities to newer, more efficient home-like facilities, but the current time frame on which they are taking place is too long. The review process and more about the plan is outlined in Appendix I. Annual cost information on buildings no longer used to provide residential services at the Marshall, Bellefontaine, and Higginsville HCs also can be found in Appendix I. These efforts by the Division will help Missouri to continue providing high quality services to consumers in the least restrictive environment possible. Any reform is aimed not at correcting a wrong, but at providing the least restrictive environment possible to consumers.

Advocates of people with mental retardation and developmental disabilities differ on their attitudes toward moving people from HCs into the community. During Fiscal Years 1999-2003, a total of 365 persons were moved out of HCs (for details see Appendix III). Prior to learning about community-based options, parents of HC consumers are generally opposed to any major change. However, once community options are explained, many parents are very happy with the ultimate outcome. Jerry Ford, Executive Director of the Missouri Association of Retarded Citizens opposes major changes to the system, and instead recommends that more direct care staff be hired as part-time employees, that “flex-time” plans be expanded, that outsourcing be reevaluated and maintained only if it is producing a cost savings, and that additional revenue sources be considered to provide for services.

Other advocates, such as People First, The Arc, and the Missouri Planning Council for Developmental Disabilities are in favor of moving consumers out of HCs and into the community. They believe consumers should have the maximum amount of freedom possible and that treatment in the community is cheaper. They argue that “the money should follow the person,” and that HC consumers need to have an informed choice.

What was clear from the outset is that the issue of how to best care for the state’s mentally retarded and developmentally disabled citizens is complex, with a number of different, and often competing, perspectives. There is not a single best way to provide care for all mentally retarded or developmentally disabled consumers. Each individual has unique abilities and needs, and each individual’s needs for services and support change over the course of their lives. The belief that people with mental retardation and developmental disabilities can be served with a “one size fits all” service is a prevalent misconception. The reality is that many of the current habilitation center consumers could be better served in the community where there is better flexibility to more uniquely provide for their individual needs. The committee has done its best to consider the viewpoints of all stakeholders. The committee makes the following recommendations in an effort to balance these various interests. However, we recognize that the welfare of citizens with mental retardation or developmental disabilities is the ultimate priority. The welfare of many of the consumers can best be served by identifying appropriate community support options that meet their individual needs to enhance their quality of life and promote their independence in the community.

RECOMMENDATIONS

1. Sell or transfer unused buildings and real estate.

At most habilitation centers there are examples of obsolete or unused or underused facilities that should be either sold or demolished. In some instances, the HCs may be paying utilities and maintenance on these buildings. The committee recognizes that the feasibility of selling buildings depends on the market and the feasibility of demolishing depends on variable cost factors, such as the presence of asbestos. Several HCs also have tracts of land that could be sold with minimal impact on the quality of service provided to consumers. The committee recommends that the Division work with the Office of Administration to look for creative ways to dispose of these surplus buildings and real estate. The Division has done a very good job of transitioning individuals into the community and dispensing of unused property or outdated facilities. The closing of DDTC Midtown the habilitation center that was located in downtown St. Louis and the accompanying move to a better facility in south St. Louis County is one example of the Division's efforts. Many of these facilities would have required significant renovations in the coming years in order to maintain their usefulness. By moving consumers out of these facilities and selling or transferring the facilities, the Division will avoid the costs of extensive renovations. The Division's efforts to close buildings at the Bellefontaine, Marshall and Nevada HCs, as well as the DDTC in St. Louis are estimated to result in \$6.5 million in cost avoidance. However, these efforts need to be expanded to other areas of the state, and the process should be accelerated.

2. Establish concrete intake criteria for Habilitation Center consumers.

The Division should establish criteria to ensure that the Division and providers are motivated to place consumers in the appropriate environment. There does not seem to currently be any set criteria for admission. It appears that an HC resident is not identified for placement in the community until the regional center makes a referral with a replacement to the HC. The result is that the facility censuses of the HCs have remained constant for a number of years due to maintaining the status quo. One such criterion should be that no other treatment options are available that will adequately serve the consumer. It is the committee's opinion that spaces in the HCs should be reserved for only those consumers who absolutely need their specialized services.

3. Ensure that Habilitation Center consumers are educated about community options.

Habilitation Centers must make an active effort to educate all of their consumers, families, and guardians about the treatment and living options that are available in the community. Consumers, particularly long-term consumers, may be understandably reluctant to make a major change in their lives. To facilitate the relocation of those who are capable of living well outside of HCs, consumers, families, and guardians should be informed of the range of their options. Providers should be encouraged to visit HCs and give presentations to consumers, families, and guardians, and visits should be arranged for consumers to tour residences and facilities in the community. This effort must be active and sensitive to the fears and concerns of the consumers, families, and guardians. In addition to information about community service providers, HC consumers should also be provided with information about work opportunities in

the community and programs like Medicaid for Workers with Disabilities. This program is also known as Ticket-to-Work, and it became law in Missouri in 2001. It allows certain disabled individuals to maintain their Medicaid benefits after they return to or enter the workforce.⁴ The HCs should be required to document the educational programs they provide to consumers about community-based options, and report the outcome of these educational programs. Medicaid currently requires HCs to inform their consumers, families, and guardians annually about options for moving into the community, but to date these efforts have been perfunctory at best. Between Fiscal Years 1999 and 2003, 365 individuals moved out of Missouri's HCs. The Division should be required to publish an annual census report including the number of people admitted and discharged from the habilitation centers.

4. Collaborate with community providers to increase capacity.

The Division has stated that one of the main obstacles in moving HC consumers into the community is that there is not enough provider capacity. Private community providers say that they do have, at least potentially, the capacity to serve more consumers. Community providers need more information about the consumers who are now served at HCs, including data on intake and exit, types of disabilities, and specific needs. Community providers need more information from the Division and HCs in order to design services for consumers. The information that community providers need should be made readily available to them but also must comply with all confidentiality laws and regulations, including HIPAA. Current state regulations prohibit providers from owning more than one six-person facility. 9 CSR 45-4.020. This regulation should be amended to allow providers to own up to six eight-person facilities. This would allow for the transfer of some state-owned facilities to the community and provide for new development of new community-based options within the community setting.

5. Avoid mandatory overtime by implementing voluntary sign-up lists.

Mandatory overtime was repeatedly named as the number one complaint among direct-care workers. Generally speaking, mandatory overtime should be avoided by maintaining appropriate staffing levels. When this is temporarily not possible, HCs should allow employees to volunteer to work overtime for specific days so that they have more control over their schedules and can better plan their time. The workplace improvement plan developed at Marshall Habilitation Center is one such solution to this problem and should be implemented statewide. The Division should also concentrate its efforts on the HCs with high amounts of overtime, and identify individuals who can be moved into the community, thereby reducing the number of consumers and the need for direct care staff to work overtime.

6. Community Providers

State operated Individualized Supported Living (ISL) arrangements that are currently being operated by the HCs were initially designed to facilitate transitions of consumers from the HC into the community. These Mental Health ISLs have evolved into extensions of the HC. The Mental Health ISLs should move back toward their original intent of transitioning as many people into the community as possible. Mental Health ILCs should be turned over to community providers as soon as is feasible. Group homes owned and operated by the HCs in certain areas of the state should also be turned over to community providers as opposed to being state operated

⁴ Section 208.146, RSMo.

facilities. This could be facilitated by the amendment of 9 CSR 45-4.020, which currently limits the number of ICF/MR beds that can be operated by a private provider, to allow providers to own up to six eight-person facilities. This change would allow providers to develop more community residential options in the communities. Some states, such as Ohio and Michigan, used this approach to transition individuals from the HCs into communities. The committee recommends examining existing regulations and statutes to determine if the number of non-certificated beds should be increased or if the certification process under the existing regulation should be revised.

7. Regional Centers

When the Albany Regional Center and Kansas City Regional Centers were consolidated in 2003, they employed only one director. However, the St. Louis Regional Center employs two directors. The committee recommends eliminating one of these director positions. Finally, the Division should examine the Regional Advisory Councils and their staffs to determine their role in the system and whether they are effective, or whether the funds spent on the councils would be better spent on direct services.

HEARINGS AND SITE VISITS

1. First Public Hearing of the Missouri House of Representatives Interim Committee on Habilitation Centers

Jefferson City, Missouri

September 11, 2003

Witnesses:

Dr. Anne Deaton, Director, Division of Mental Retardation and Developmental Disabilities

Jeff Grovsnor, Chief Budget Analyst, Division of Mental Retardation and Developmental Disabilities

2. Site visits to Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Center, South County

Bellefontaine and St. Louis, Missouri

October 24, 2003

3. Site visit to Marshall Habilitation Center

Marshall, Missouri

October 30, 2003

4. Second Public Hearing of the Missouri House of Representatives Interim Committee on Habilitation Centers

Joplin, Missouri
Joplin Area Chamber of Commerce

November 7, 2003

Witnesses:

Bill Edmonds, Superintendent, Nevada Habilitation Center

Gary Stevens, Missouri Planning Council for Developmental Disabilities

Robert M. Story, Higginsville Habilitation Center Parents' Association

Wendy Buehler, Life Skills Foundation and Missouri Association of Rehabilitation Facilities

George Woodward, Chairman, Region V Council for Developmental Disabilities

Rachel Ann Evans, Joplin Area People First

Larry Hebler, The Arc of the Ozarks

Darlene Enfield, Parents Association with Missouri Planning Council for Developmental Disabilities

Cathy Enfield, President, Independence People First

Larry Stevens, Joplin Area People First

Susie Wilson, Joplin Area People First

Marilyn Engelbrecht, Nevada Parents Support Association

Dr. L. & Betty J. Gaskin, Parents

Sam Foursha, Director, Nevada Area Economic Development Commission

Diana Willard, Joplin Area People First

Dolores J. Hampton, Missouri Planning Council for Developmental Disabilities

APPENDIX I

**Division of Mental Retardation and Developmental Disabilities
Habilitation Center - Review of Buildings - Fiscal Year 2004-2006**

12/8/03 (2)

Over the past two years, the Division has worked to ensure that the living arrangements at Missouri's six habilitation centers are safe, wholesome and homelike, and efficient in terms of maintenance and improvement costs. The Division of Mental Retardation and Developmental Disabilities provides this fact sheet to inform you of the process underway to review buildings on the campuses of the four aging habilitation centers of Bellefontaine, Higginsville, Marshall and Nevada.

You may already know of buildings and group homes on some of these campuses that have been vacated because they did not offer a quality living environment (e.g. Donnelly Building on Bellefontaine's campus). These changes have been made carefully, with great focus on each individual's needs, with attention to the impact on our employees, and with consideration of any community impact.

Through this review process, the Division has identified buildings on the campuses of Marshall, Nevada and Bellefontaine that persons will be moved out of over the next two and one-half years and these buildings will be vacated.

These changes are not budget driven and they are NOT a plan to close the habilitation centers.

We provide the answers below to frequently asked questions. If you have any questions, please call Dr. Anne Deaton's office at (573) 751-8676 or e-mail to anne.deaton@dmh.mo.gov. Your calls and e-mails will be returned quickly.

What is the result of the current review process?

In this next phase of improving our service delivery infrastructure, a number of residence halls and group homes on campuses at Nevada, Marshall and Bellefontaine will be vacated. Some residences will be vacated because they fall short of being quality environments and they do not merit continued maintenance, repair, or capital improvements. Some will be vacated because they house residents whose needs will be better supported at other habilitation centers which will become specialty settings for complex care and geriatric residents. This process has already been underway for a year as we have worked to vacate the old Mid-town building in St. Louis and to move its residents to the South County campus.

The two and one-half year time frame, for this phase, allows the Division to proceed in a manner that allows adjustments for the consumer and family, the workforce, and the communities. Some persons living in a building designated for closure will need to remain on campus. The Division will work with other residents and their families when a community-based option, of their choosing, represents an appropriate placement alternative.

Which buildings will be vacated?

The buildings that will be vacated in the next two and one-half years because they fall short of being quality environments and do not merit continued maintenance, repair, or capital improvements, include the following:

1. Marshall Habilitation Center: L-Building and the Mid-campus Building which currently house 55 consumers.
2. Bellefontaine Habilitation Center: 10 group homes which currently house 67 consumers
3. Nevada Habilitation Center: Benton Hall which currently houses 64 consumers.

In addition, as part of the effort to better serve individuals with complex needs, the Elliot Building on the Bellefontaine Campus will be vacated. The Elliot Building currently houses 48 consumers.

What will happen to consumers living in those buildings?

Individuals living in the buildings scheduled to be vacated will be evaluated by their treatment team, working with the Regional Center, to determine if community placement options could effectively provide support. If the treatment team feels the individual could be served in the community, the consumer or legal guardian will be contacted. Information on the community options that are readily available to support the individual will be provided. Meetings will be arranged for the individual or legal guardian to conduct site visits in the community. All necessary information will be provided to the consumer or legal guardian to ensure a successful transition and follow up into the community.

Some individuals, for whom there is not an appropriate support service in the community, will remain on the campus.

In what ways might other consumers be affected by the closures of these buildings?

Some persons living in a building designated for closure will need to remain on campus. It may be determined that other individuals could be served in the community. In that case, the consumer or legal guardian will be contacted to arrange site visits in the community. All necessary information will be provided to the consumer or legal guardian to ensure a successful transition and follow up into the community.

Is the state going to close the habilitation centers?

No. This plan is not about closing habilitation centers. Habilitation centers are part of the full continuum of care for individuals who need a highly structured 24 hour/7 day a week residential setting. The habilitation centers provide a safety net for Missourians who have the most critically challenged developmental disabilities.

What will happen to staff working in these buildings?

The closing of buildings and reduction in bed capacity will cause a reduction in staff at the habilitation centers. The habilitation centers have some of the most dedicated and hard working employees in the state. The Division will do everything possible to continue to employ these staff in similar positions within the facility. Most facilities continue to have vacant positions that they are unable to hire because of a shortage in qualified candidates. The rising number of habilitation center staff eligible for retirement over the next two fiscal years may also provide job opportunities for staff impacted by the buildings closing. The Division is committed to working with other state agencies, community providers and other businesses to help identify job opportunities.

What options will consumers impacted by this decision be provided and how will the determination be made on where they will go?

The treatment team at the habilitation center, in cooperation with the Regional Center, will evaluate each consumer to determine what support services will serve the individual successfully. If the team agrees community placement would be effective in meeting the individual's needs, regional center staff will help identify various community provider options for the consumer and legal guardian to consider. The consumer will choose where they want to live in the community. If 3 or 4 individuals want to continue to live together in the community, the regional center staff will work with the community providers to develop the appropriate services so they can stay together and continue their friendships. Consumers retain the right to reside in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

Does the Division have any previous experience in closing buildings and was it successful?

The Division has been involved in four building closures over the last three fiscal years. Two of the closings -- Higginsville Habilitation Center Aspen Cottage (14 consumers) and a private provider (over 50 medically fragile consumers) -- are complete. Both of these were a success. The consumers and legal guardians, working closely with Regional Center staff, were provided all necessary information to make an informed decision based on the community placement options that were available. The plan to move consumers included the consumer being evaluated by a physician before the move, after the move and at regular intervals in the community placement setting. Consumers and legal guardians at first were very concerned about the move because of the uncertainty of what might occur. However, today they are very satisfied and pleased with their new home.

The other two closings Developmental Disabilities Treatment Center -- Midtown Campus (31 medically fragile consumers) and Marshall Habilitation Center -- Skilled Nursing Unit (16 medically fragile consumers) are still in the process. Both of these buildings will be closed by Fiscal Year 2005. We used the same process to inform consumers and legal guardians of their community placement options. We are confident that these two closings will also be a success.

Was this decision driven by the state budget crisis?

No. These closings will not save the state money in Fiscal Year 2004 or Fiscal Year 2005. The funds used to serve individuals in the habilitation centers will be transferred

from the habilitation center budgets to the Division's Community Program appropriation to purchase services in the community.

The state will save money in future years because habilitation centers will no longer be requesting funds in their Capital Improvement budgets to maintain these buildings that are now closed.

When will this process begin and how will it affect my family member? (added 12/8/03)

Staff at the habilitation center and the Regional Center will work with each family/guardian, based on individual needs. No one will be displaced and this work will not begin until after the holidays.

Where can I get more information on how this may impact me?

Please feel free to contact the Division of MRDD Regional Center Director, Habilitation Center Superintendent or access the Department's web site at <http://www.dmh.mo.gov/> to submit your questions by email. We will continue to post updates on our web site.

**Division of MRDD
 Habilitation Centers
 Cost Information on Buildings No Longer Used to Provide Residential Services**

**Habilitation Center Buildings No Longer Being
 Used to Provide Residential Services**

	Facility	Annual Costs	Costs Include	Building Current Use
Group Home #107	Marshall	4,540	Natural Gas, Electricity, Water/Sewer, Trash and Garbage Service	
Cottage #5	Marshall	17,533	Same as above	Staff offices and consumer programs
Cottage #6	Marshall	17,533	Same as above	Staff offices and consumer programs
J Building	Marshall	26,019	Same as above	Staff offices and consumer programs
K Building	Marshall	26,019	Same as above	Staff offices and consumer programs
South Wing of Donnelly Duplex 1907	Bellefontaine	4,374	Utilities	Vacant
Former Superintendent's Residence 1909	Bellefontaine	1,694	Utilities	Vacant
	Bellefontaine	2,246	Utilities	Vacant
Cottage A	Higginsville	6,437	Electricity, Water/Sewer, Natural Gas	Staff offices and consumer programs
Cottage C	Higginsville	6,437	Same as above	Staff offices and consumer programs
Total		112,833		

APPENDIX II

Division of Mental Retardation and Developmental Disabilities
 Outsourced Services at Habilitation Centers
 1992 - 2003

Function	Facility	Description of Service	Reason for Outsourcing
Pharmacy	Marshall HC	Marshall previously operated its own pharmacy with staff pharmacists and drug inventories.	Closed in FY92 due to core cuts and reserves. The service was contracted out to a local pharmacy in Higginsville. Clinical Pharmacy Services have been contracted out beginning FY'04 based on Title XIX and Skilled Nursing standards.
Physical Therapy	Marshall HC	Marshall previously employed a physical therapist II to perform such services on campus.	Eliminated Physical Therapist II in FY 02 due to withholds and FY 03 CORE reductions. Current contract for physical therapy consulting services is with Fitzgibbon Hospital located in Marshall Missouri.
Cosmetology	Marshall HC	Marshall previously employed a cosmetologist to perform such services on campus.	Eliminated Cosmetologist in FY 02 due to withholds and FY 03 CORE reductions. Current contract for cosmetology services is with Misty Malan, operator of Illusions Beauty Salon, located in Marshall Missouri.
Printing Services	Bellefontaine Habilitation Center	The Print Shop that was on grounds printed forms, newsletters, special projects, etc.	When the two (2) employees that ran the shop retired, the shop was closed. It costs less to outsource rather than replace the employees. Also maintaining the old equipment was expensive. The facility now uses O.A. State Printing for the majority of their needs. If there is a job that they cannot do, the facility gets a waiver and uses a local vendor.
Nurses	Bellefontaine Habilitation Center	Nursing services to care for consumers residing at the habilitation center.	Due to the low starting salary, Bellefontaine Habilitation Center is having a problem hiring R.N.'s and L.P.N.'s. They are using a local contract with Health Facility Staffing.
Shredding	Bellefontaine Habilitation Center	The volume of paper needing to be shredded has increased because of HIPPA and confidentiality.	BHC does not have the equipment to provide a large volume shredding service. They now use the statewide contractor - Shred It.
Miscellaneous Maintenance Projects	Bellefontaine Habilitation Center	Outsourced due to lack of skilled employees or equipment needed. Examples: Roto Rooter - Sewers are getting older and BHC	

		<p>does not have the equipment for the problems they are having.</p> <p>Appliance Repairs – Currently BHC has an employee capable of repairing washer, dryers, etc.; however, recently they did not have an employee, and an outside vendor was used for a while.</p> <p>Equipment repairs, e.g. dietary equipment. Installation, e.g. doors, windows, etc.</p>	
Audiology Services	Bellefontaine Habilitation Center	Screenings, evaluations, recommendations, follow up, reports, etc.	After an employee left BHC, an outside vendor was chosen instead. With only one (1) employee, if that employee is sick or on vacation, then appointments must be postponed or rescheduled. With an outside vendor, if the audiologist is absent, the contractor is required to send a substitute. BHC currently has a local contract with St. Louis Hearing and Speech.
Pastoral Services	Bellefontaine Habilitation Center	Pastoral services for residents at Bellefontaine Habilitation Center.	The pastoral counselor was laid off during the recent past budget cuts. The facility contracts for a pastor to provide non-denominational services on Sunday and Wednesday to residents at BHC.
Dietary Department	Bellefontaine Habilitation Center		Due to a shortage of employees in the Dietary Department, BHC is purchasing more food that has already been processed in some way. Example: buying bagged lettuce instead of a head of lettuce, etc.
Window Cleaning	Bellefontaine Habilitation Center	Cleaning windows at the facility.	Not enough staff to do this job. Only need occasionally.
Dietetic	St. Louis Developmental Disabilities Treatment Center - Midtown & Northwest Campuses	Contract staff is responsible for documenting quarterly review for each consumer, as well as the monitoring of the food textures, diets and weights.	Difficulty in recruiting and retaining staff, due to inadequate pay.
Nursing Staff (R.N. & L.P.N.)	St. Louis Developmental Disabilities Treatment Center - Northwest, St. Charles and South	Provide direct nursing care to the consumers supported at St. Louis Developmental Disability Treatment Centers.	Nursing shortage, due to difficulty in recruiting, (inadequate salary for LPN).

Respiratory Services	County Campuses St. Louis Developmental Disabilities Treatment Center - Midtown Campus	Oxygen administration, ultrasonic nebulizer treatments, therapy and chest physiotherapy	Inadequate staffing to meet the needs of the consumers and contracting was not as costly.
Speech Services	St. Louis Developmental Disabilities Treatment Center - South County & Midtown Campuses	Contract supervision of two-thirds of the speech therapy staff.	A change in the law requires a Speech Pathologist to supervise a speech clinician. More cost effective to contract.
Pharmaceutical	St. Louis Developmental Disabilities Treatment Center - Midtown, Northwest, South County and St. Charles Campuses	Dispensing of medication.	More cost efficient to procure services from outside vendors.

Chaplain	Nevada Habilitation Center	Provide non-denominational services to residents at Nevada Hab Center.	Services are now contracted due to employees that were laid off during the downsizing that occurred in FY'92.
Consulting Psychiatrist	Nevada Habilitation Center	Provide psychiatric consultation services to residents at Nevada Hab Center.	Services are now contracted due to employees that were laid off during the downsizing that occurred in FY'92.
Cosmetology	Nevada Habilitation Center	Provide on-campus cosmetology services to residents at Nevada Hab Center.	Services are now contracted due to employees that were laid off during the downsizing that occurred in FY'92.
Dietary Services	Nevada Habilitation Center	Provide dietary services to residents at Nevada Hab Center.	Services are now contracted with Aramark (Service Master) due employees that were laid off during the downsizing that occurred in FY'92.
EKG Interpretation	Nevada Habilitation Center	Provide EKG interpretation services to residents at Nevada Hab Center.	Services are now contracted due to employees that were laid off during the downsizing that occurred in FY'92.
Laboratory	Nevada Habilitation Center	Provide lab services to residents at Nevada Hab Center.	Services are now contracted with Marcy Hospital due to employees that were laid off during the downsizing that occurred in FY'92.
Laundry	Nevada Habilitation Center	Provide laundry services to residents at Nevada Hab Center.	Due to employees that were laid off during the downsizing that occurred in FY'92, NHC attempted to contract services but this didn't work because services were terrible and expensive service. We bought commercial washers and dryers and developed a work program for the clients and that is how are laundry is done. Although not a contract, we do pay the clients for their work. This has been a win-win situation for everyone—good service and a good active treatment program for the people we serve.
Locksmith	Nevada Habilitation Center	Provide locksmith services for the Nevada Hab Center campus.	Services are now contracted due to employees that were laid off during the downsizing that occurred in FY'92.
Occupational Therapy	Nevada Habilitation Center	Provide occupational therapy services to residents at Nevada Hab Center.	Services are now contracted with Nevada Regional Medical Center due to employees that were laid off during the downsizing that occurred in FY'92.
Optometry	Nevada Habilitation Center	Provide optometry services to residents at Nevada Hab Center.	Services are now contracted due to employees that were laid off during the downsizing that occurred in FY'92.
Pharmacy	Nevada Habilitation Center	Provide pharmacy services to residents at Nevada Hab Center.	Services are now contracted with Managed Health Care due to losing employees over the years.

Physical Therapy	Nevada Habilitation Center	Provide physical therapy services to residents at Nevada Hab Center.	Services are now contracted with Nevada Regional Medical Center due to employees that were laid off during the downsizing that occurred in FY'92.
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Podiatrist	Nevada Habilitation Center	Provide podiatry services to residents at Nevada Hab Center.	Services are now contracted due to employees that were laid off during the downsizing that occurred in FY'92.
Printing	Nevada Habilitation Center	Printing services for the Nevada Hab Center campus.	Services are now purchased from State Printing Center due to employees that were laid off during the downsizing that occurred in FY'92.
Speech Therapy	Nevada Habilitation Center	Provide speech therapy services to residents at Nevada Hab Center.	Services are now contracted with Nevada Regional Medical Center due to losing employees over the years.
X-Ray	Nevada Habilitation Center	Provide x-ray services to residents at Nevada Hab Center.	Services are now contracted with Nevada Regional Medical Center due to employees that were laid off during the downsizing that occurred in FY'92.
Dietician	Southeast Missouri Residential Services – Poplar Bluff & Sikeston campuses	Contracted service with a registered dietician who does nutrition assessments and consults with the Dietary Services Manager on menus and dietary needs of individuals residing at the SEMOR's facilities...	This contract has been in place since the retirement of the Dietician III in 2001. The contracted service meets ICF-MR requirements.
Consulting Psychologist	Southeast Missouri Residential Services – Sikeston campus	Contract to provide counseling to those individuals in the sex offender program and those individuals who have behavior disorders.	While SEMOR's has a psychologist on staff at the Sikeston location, the consultant has an expertise to meet this specific need. This agreement has been in place since August 1999.
Consulting Physician	Southeast Missouri Residential Services – Poplar Bluff campus	Contract to meet medical needs of individuals at the Poplar Bluff location either at the facility or in the office of the physician. The physician also serves as a consultant to the Health Care Services Staff and signs certifications for ICF-MR.	It became necessary to contract for this service when the staff physician died and we were not able to recruit a replacement. The contract has been in place since 1996. Needs at the Sikeston location are met by a staff physician.

APPENDIX III

**Division of MRDD
 Habilitation Centers
 Number of Persons Moved Out of Habilitation Centers
 Fiscal Years 1999 - 2003**

Number of Consumer Placed in the Community	
	Fiscal Years 1999 - 2003
Bellefontaine Habilitation Center	72
Marshall Habilitation Center	119
Higginsville Habilitation Center	41
Southeast MO Residential Services	45
Nevada Habilitation Center	37
Developmental Disabilities Treatment Center	7
Subtotal	321

Number of Consumer Placed in the Community from the Olmstead List	
	Fiscal Years 1999 - 2003
Bellefontaine Habilitation Center	27
Marshall Habilitation Center	5
Higginsville Habilitation Center	6
Southeast MO Residential Services	2
Nevada Habilitation Center	1
Developmental Disabilities Treatment Center	3
Subtotal	44

Total Number of Consumers Placed in the Community	
	Fiscal Years 1999 - 2003
Bellefontaine Habilitation Center	99
Marshall Habilitation Center	124
Higginsville Habilitation Center	47
Southeast MO Residential Services	47
Nevada Habilitation Center	38
Developmental Disabilities Treatment Center	10
Grand Total	365