

HCS HB 411 & 421 -- TRANSITIONING THE SERVICES OF RESIDENTS OF DEVELOPMENTAL DISABILITIES FACILITIES

SPONSOR: Grisamore (Wyatt)

COMMITTEE ACTION: Voted "do pass" by the Special Standing Committee on Disability Services by a vote of 6 to 3.

This substitute requires the Department of Mental Health to develop a plan for transitioning the services for a resident of a state developmental disabilities facility to the most integrated setting appropriate to his or her needs and a plan identifying mechanisms to serve the persons currently living in state institutions in the least restrictive and most appropriate setting. The plan must contain specific recommendations for each resident based on an assessment of individual needs and preferences identifying the services in the most appropriate community setting of the resident's choice, cost of providing the necessary services in a community setting, barriers to community transition, and a transition timetable. The plan must include best practices for serving persons with development disabilities; research, data, and trends regarding residential settings for these persons; and recommendations for state employees working at the state facilities. The transition plan to de-institutionalize persons with developmental disabilities must identify alternative uses for state facilities; costs, cost savings, and the time frame for the cost savings; potential funding sources; legal obstacles; any needed new or enhanced services; and a proposed implementation schedule transitioning the provision of services to the community for every resident by January 1, 2018.

All long-term admissions to state intermediate care facilities for the mentally retarded must cease upon the effective date of the substitute.

Any plan started after August 28, 2011, to build or renovate a state-owned facility cannot be implemented, entered into a contract to construct, or put out for bid until the completion of the plan.

The department must submit the plan by December 31, 2012, to the Governor; Senate Appropriations Committee; House of Representatives Health, Mental Health, and Social Services appropriations committees; House of Representatives Budget Committee; and the Missouri Advisory Council on Mental Retardation and Developmental Disabilities within the department.

FISCAL NOTE: Estimated Net Effect on General Revenue Fund of a cost of Unknown greater than \$100,000 to an income of Unknown greater than \$100,000 in FY 2012, an income of Unknown greater

than \$100,000 in FY 2013, and an income of Unknown greater than \$100,000 in FY 2014. No impact on Other State Funds in FY 2012, FY 2013, and FY 2014.

PROPOSERS: Supporters say that the bills only require the Department of Mental Health to develop a plan to transition individuals into the community. They do not force anyone to leave a facility. The plan must be approved by the General Assembly. The intent of the bills is not to close habilitation centers. Services and capabilities are available to keep disabled persons in the community and not in a habilitation center because of the medical, technological, social, and cultural advances that have been made over the years in the way disabled individuals are treated and accepted in the community. The average cost is \$481 per day for an individual in a habilitation center and \$220 per day for an individual in the community. Moneys being spent on institutional services would be better used for more community-based services which will also help reduce the number of individuals on the waiting list for services.

Testifying for the bills were Representatives Wyatt and Stream; Stephanie Briscoe, Missouri Planning Council; Angela Gourley, The Arc of Missouri; Missouri Association of Rehabilitation Facilities; Becky Dickey, Congress on Disability Policy; Michelle Krajewski, Missouri Centers for Independent Living; Deanna Noriega, Services for Independent Living; and Wayne Lee.

OPPOSERS: Those who oppose the bills say that closing habilitation centers has devastating results for the residents who are forced into the community. They receive a lesser quality of care that results in more deaths among the disabled population. Individuals in habilitation centers have various needs that cannot all be addressed by a community-based service. The focus should remain on the individual and not the system. Habilitation centers are great places that provide care and services and save taxpayers money. The habilitation centers population is decreasing because the department has frozen beds and is not allowing new admissions. If beds were unfrozen, the habilitation centers would be full. Today's habilitation centers are not like ones from the past, and they generate up to \$50 million in revenue. The cost of care for a disabled person is not much different in a habilitation center than in the community. There are 15,000 disabled persons in the state who are waiting for services.

Testifying against the bills were Dale Felder, Christian Ministries; John Ahlquist; Talithia Weiss; Darlene Stone; Mental Retardation Association of Missouri; Greater St. Louis Parent Association; Bellefontaine Parent Association; and Higginsville

Parent Association.

OTHERS: Others testifying on the bills say that the population in habilitation centers has been reduced by half in the past five years due to transitioning, deaths, and other factors. The cost differential between habilitation centers and the community is \$75 per day. Federal law requires the department to put a disabled individual in the least restrictive environment or the environment that the family chooses. The decision as to whether or not an individual is best served in a habilitation center or in the community is often based on who pays for the housing.

Testifying on the bill were Paraquad, Incorporated; Department of Mental Health; Shawn deLoyola, Missouri Protection and Advocacy Services; and Susan Pritchard-Green, Missouri Planning Council.