

PROGRAM DESCRIPTION

Department: **Mental Health**

HB Section(s): **10.405, 10.525, 10.530, 10.535,
10.540, 10.545, 10.550**

Program Name: **State Operated Services**

Program is found in the following core budget(s): **State Operated Services**

1a. What strategic priority does this program address?

State Operated Programs (SOP) align priorities with providing a continuum of care and habilitation for individuals with developmental disabilities (DD). Habilitation refers to a process aimed at helping people with DD attain, keep or improve skills and functioning for daily living in order to become more independent and self-sufficient.

1b. What does this program do?

SOP provides 24/7 residential long-term care. In conjunction with training in activities of daily living, habilitation services also include: assistance to expand employment opportunities; training in positive behavioral supports and providing crisis services to individuals with extreme violent behaviors; assistance and training with medication/health management, as well as enhancing geriatric care for an aging DD population. These services are provided in a variety of optional settings.

As a part of Missouri's service system for persons with intellectual and developmental disabilities, the Division of Developmental Disabilities (DD) operates three distinct programs: State Owned and Operated ICF/IID Habilitation Centers, State Operated Community Based Waiver Homes, State Owned and Operated Crisis Services.

State-Owned and Operated ICF/IID Habilitation Centers include Bellefontaine, Higginsville, St. Louis Developmental Disabilities Treatment Center in St. Charles and South County, and Southeast Missouri Residential Services in Poplar Bluff and Sikeston. These programs provide residential around-the-clock specialized care, in a structured long-term campus environment, for 248 individuals with intellectual and developmental disabilities. These facilities receive funding under Centers for Medicare and Medicaid Services' (CMS) *Intermediate Care Facilities for Individuals with Intellectual Disabilities* program (ICF/IID). CMS requirements ensure specific health care and safety standards are met; that the specialized developmental needs of each individual are addressed; and that these centers provide quality health care, appropriate oversight and supervision, active treatment, and habilitation. Many individuals currently residing at a habilitation center have made it their home for 25 to 30 years. With the increasing complex medical needs of these aging individuals with developmental disabilities, specialized health care has become of utmost importance at the centers. Many individuals are medically fragile and require 24 hour medical care through nursing and physician oversight. Furthermore, many individuals require specialized behavioral supports. In addition to specialized care, CMS also monitors that the developmental needs of the individuals are being met through active treatment and habilitation. This demands intensive seven-days-a-week close professional supervision in an environment conducive to enhancing each individual's developmental learning in a day habilitation classroom setting at each center, or within the home in which the individual resides. Habilitation includes training in activities of daily living, as well as receiving therapies directly related to the person's individualized habilitation plan. Staff employed at each habilitation center are state employees. Most of the staff employed are the direct support professionals, their supervisors, as well as nursing staff who provide around-the-clock personal, hygiene care and developmental teaching to the individuals who live on the campuses. Other staff employed at habilitation centers include physicians and psychiatrists; occupational, speech and physical therapists; behavioral analysts and psychologists; human resources; dietary and housekeeping; quality programs; fiscal management and business office; clerical and other support staff.

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1b. What does this program do? (Continued)

In 1999, the U. S. Supreme Court ruled in the Olmstead case that the "integration mandate" of the Americans with Disabilities Act requires public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities". This ruling, along with national trends, has led to drastic down-sizing in large habilitation centers across the country. In Missouri's effort towards compliance with the Olmstead Act, individuals residing in habilitation centers, and their guardians, are provided information on options and choice for receiving waiver services in the community, rather than living at a state operated habilitation center. Additionally in 2008, DD halted long-term admissions to state operated habilitation centers and only admits individuals from community placements who are in crisis, on a short-term basis, until they are able to return to the community.

State Operated Community Based Waiver Homes began in 1990 to provide an option for individuals to move off campus, but still be served by state staff. Individualized residential settings in the community were a national trend to replace institutional care and were funded through a Medicaid Waiver program approved by CMS. The State Operated Community Based Waiver Services are operated through Northwest Community Services, Southwest Community Services and Southeast Missouri Waiver program. They provide supports to 182 individuals with intellectual and developmental disabilities who live in typical housing in the communities and neighborhoods of their choice. Like the habilitation centers, the staff that are employed to provide care to the individuals in the State Operated Community Based Waiver Programs, are state employees; however in contrast, the homes that the individuals reside in are private property which are leased by the individuals who live there. In order to maintain federal funding, these Waiver Programs must meet all of the required Comprehensive Waiver standards on a continual basis, as monitored by CMS. The standards ensure that these programs guarantee quality health care, appropriate supervision and oversight, choice of services, and adherence to promoting self-determination, employment, and community membership. Most of the individuals served in these programs previously resided on a habilitation center campus for many years prior to choosing to move to this type of optional program. As a result, many of the individuals receiving services through the State Operated Community Based Waiver Programs are considered medically fragile and aging with complex medical and/or behavioral needs. All individuals receive 24 hour support from state employed direct care, nursing and other professional staff, to ensure health and safety, quality of life, employment, and community integration. Currently, a large emphasis within the State Operated Waiver program is to assist individuals to seek and obtain employment in non-segregated settings within their communities.

State Owned and Operated Crisis Services: Each State-Operated DD program provides time limited crisis services for individuals with developmental disabilities residing in the community who are experiencing significant behavioral challenges, requiring short-term out of home support. With a comprehensive approach to evaluating the individual's support needs, the crisis service seeks to stabilize the individual's behavior while also making recommendations to the larger team for strategies to help the person successfully return to their community home. On average, this service is provided to approximately 21 individuals throughout the state at any given time.

The individuals served in all three of these program types are diagnosed with developmental disabilities ranging from mild to profound, with the majority being in the severe/profound range. To be eligible for services, an individual must meet the Division of DD's definition of having a developmental disability as set forth in Section 630.005 RSMo, and meet Division of DD criteria of requiring placement in a state operated facility or community residential services.

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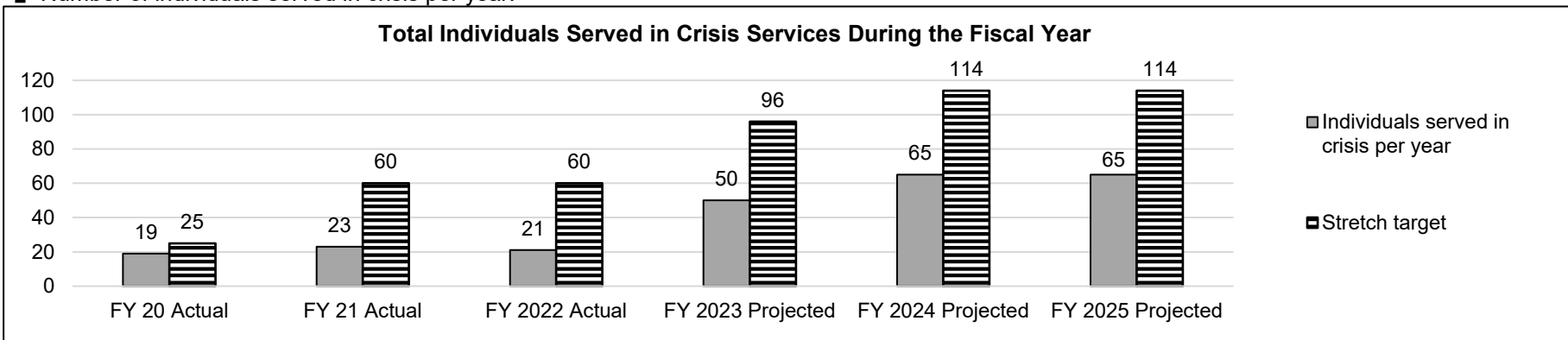
The habilitation center house bill sections includes funding for Habilitation Center campuses, as well as for individuals living in state-operated CMS Comprehensive Waiver Community homes. Core budget includes funding for campus services and their crisis services in the amount of approximately \$65.1 million and Community Waiver Homes in the amount of approximately \$33.3 million. The Division of DD will continue to use the flexibility in habilitation center budgets to purchase appropriate community services for consumers who choose to leave these facilities to live in the community.

2a. Provide an activity measure(s) for the program.

- Average age and length of stay for consumers in state-operated programs:

	Average Current Age	Average Current Length of Stay - In Years
Bellefontaine Habilitation Center	62	39.17
Higginsville Habilitation Center	53	24.60
Northwest Community Services	61	20.02
Southeast Missouri Residential Services	51	22.72
St Louis Developmental Disabilities Treatment Cente	61	27.94
Southwest Community Services	54	27.05

- Number of individuals served in crisis per year.



DD projects an increase in the capacity of available services to better meet the increasing demands of individuals served who require crisis services. Stretch target projection is based on available crisis beds. New performance measures were developed in FY 2020.

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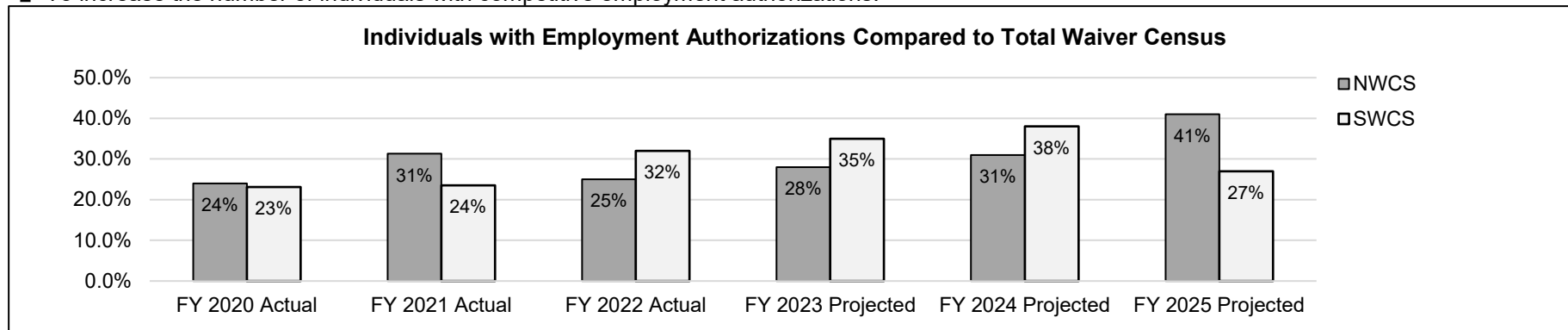
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2a. Provide an activity measure(s) for the program. (Continued)

- To increase the number of individuals with competitive employment authorizations.



Note: Data represents the percent of individuals with employment authorizations compared to the total waiver census at Northwest Community Services and Southwest Community Services, for individuals age 18-64. New performance measure were developed in FY 2020. COVID-19 impacted the ability of individuals to maintain/obtain jobs during FY 2021.

- Habilitation Center current census by program as of 6-30-2022:

	On Campus	Temporary Crisis Beds	Off Campus- Community
Bellefontaine Habilitation Center	87	2	0
Northwest Community Services	0	6	121
Higginsville Habilitation Center	37	7	0
Southwest Community Services	0	0	41
Southeast Missouri Residential Services	51	1	14
St Louis Developmental Disabilities Treatment Center	73	0	0
TOTAL	248	19	185

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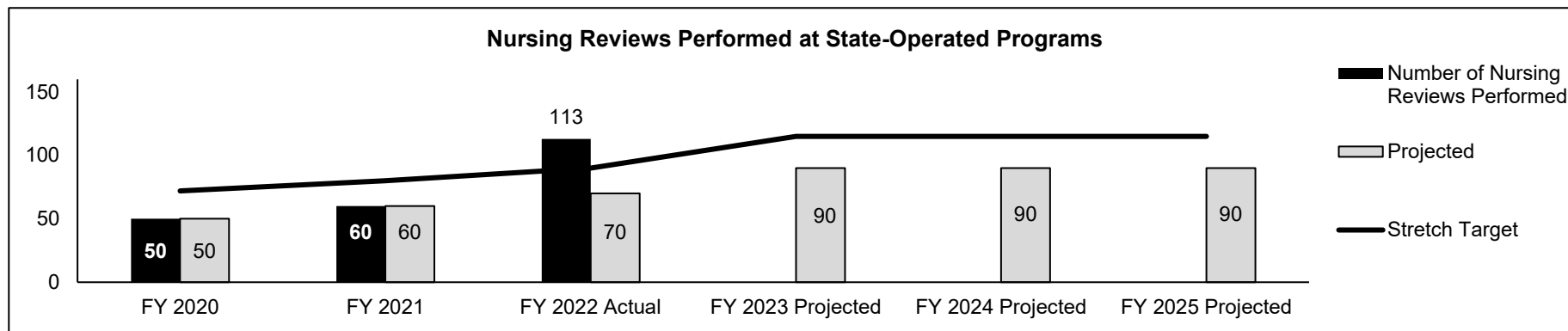
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2b. Provide a measure(s) of the program's quality.

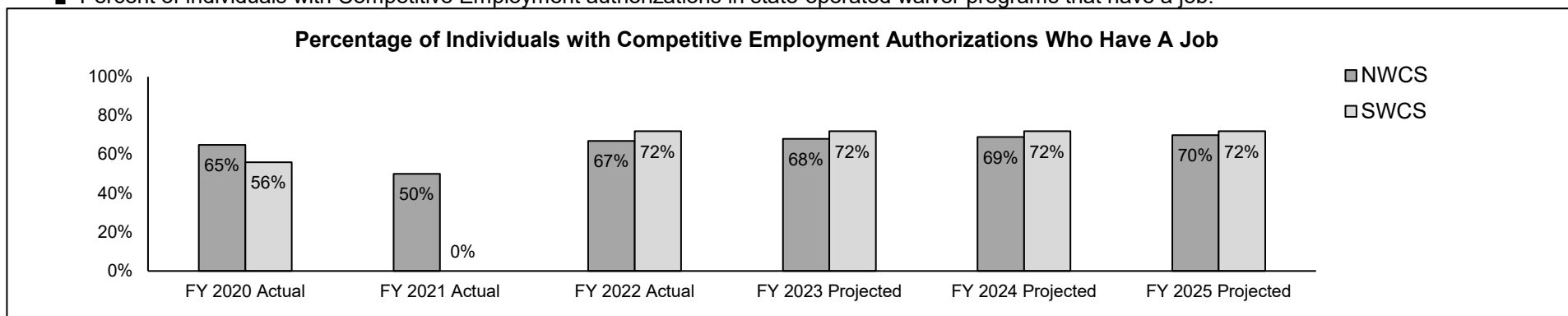
- Perform nursing reviews to ensure quality care is provided.



Note: Periodically consumer records are sampled by RNs for quality checks.

2c. Provide a measure(s) of the program's impact.

- Percent of individuals with Competitive Employment authorizations in state-operated waiver programs that have a job.



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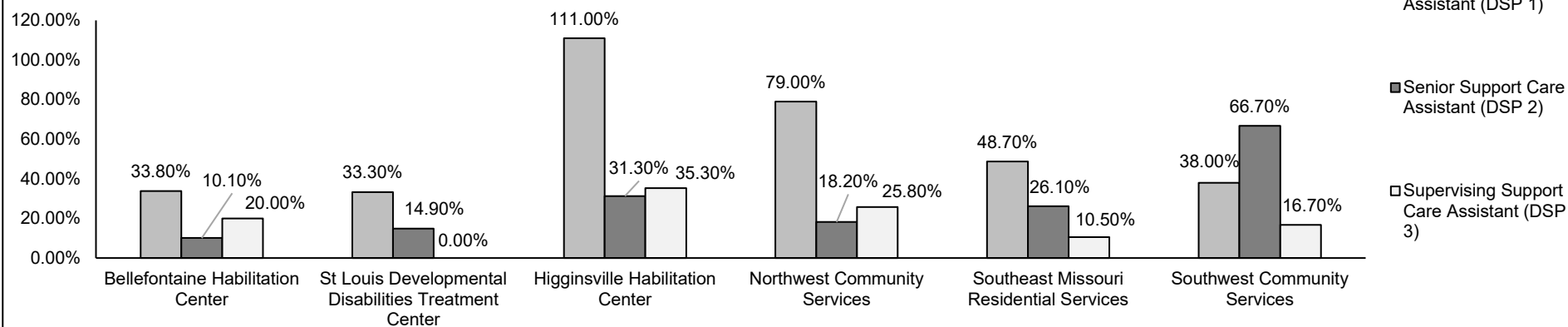
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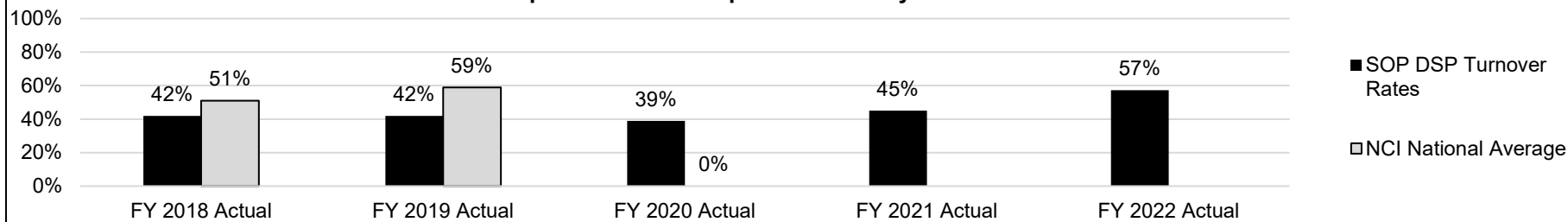
FY2022 DSP Turnover Rate by DD Facility and DSP Level



2d. Provide a measure(s) of the program's efficiency.

■ Direct Care turnover in State Operated Programs.

Comparison of State-Operated Vacancy Rates to NCI Data



The Division of DD is making efforts to help reduce direct care staff, or direct support professionals (DSP) turnover. The Division of DD is working on initiatives targeted specifically at DSP to promote opportunities for more recognition and promotion of their value to the organization. Management is meeting with DSPs, obtaining their opinion through surveys, and working towards a plan to increase the opportunities for additional training/education opportunities that will help them within their job class. A number of new retention and recruitment strategies have been implemented across all programs. This includes a substantial 7% salary increase for all DSPs. National number is based on a sample of consumers reported in National Core Indicators (NCI) Staff Stability Survey. The NCI is a voluntary effort by public developmental disabilities' agencies to measure and track their own performance. FY 2020- FY 2022 NCI data is anticipated to be available in August 2023. The State Operated Programs DSP Turnover Rate is obtained from State of Missouri, Office of Administration, Talent Management Dashboard under classifications for Support Care Assistant, Supervising Care Assistant and Senior Support Care Assistant.

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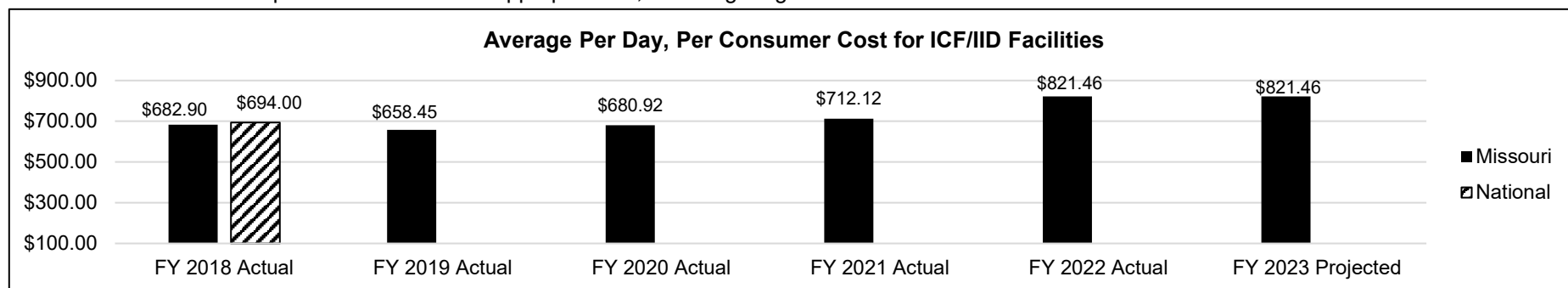
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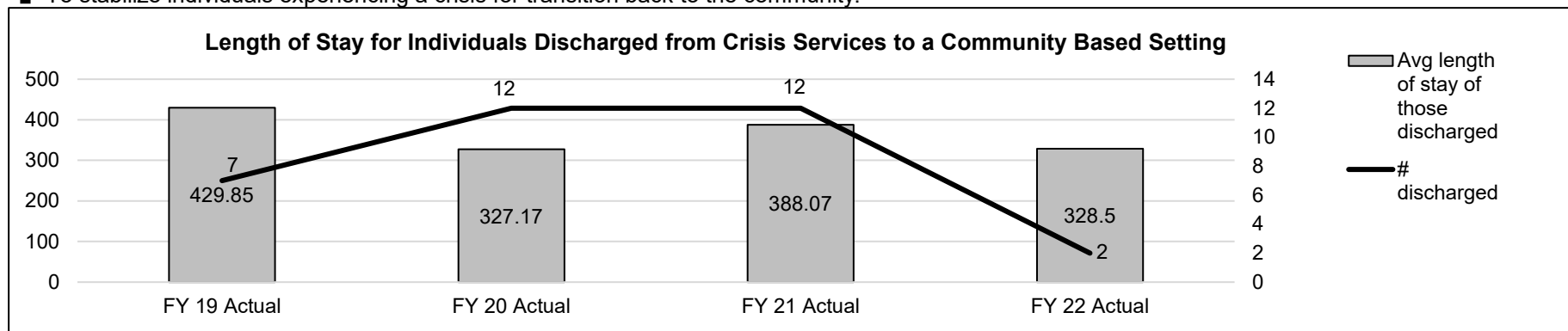
■ Per Diems based on expenditures from DMH appropriations, including fringe:



Note: FY 2018 data for the national average is taken from Residential information Systems Project (RISP) annual survey compiled by University of Minnesota. RISP data for FY 2019-FY 2022 has not yet been released. Average per diems reflected include Bellefontaine, Higginsville, and St. Louis DDTTC which are campus ICF/IID settings.

2d. Provide a measure(s) of the program's efficiency. (Continued)

■ To stabilize individuals experiencing a crisis for transition back to the community.



Note: Goal is for length of crisis admission to not exceed 120 days. While individuals are making significant behavioral progress in the crisis program, the length of stay for FY 2021 was impacted by the COVID-19 Pandemic resulting in the delay of moves back to the community.

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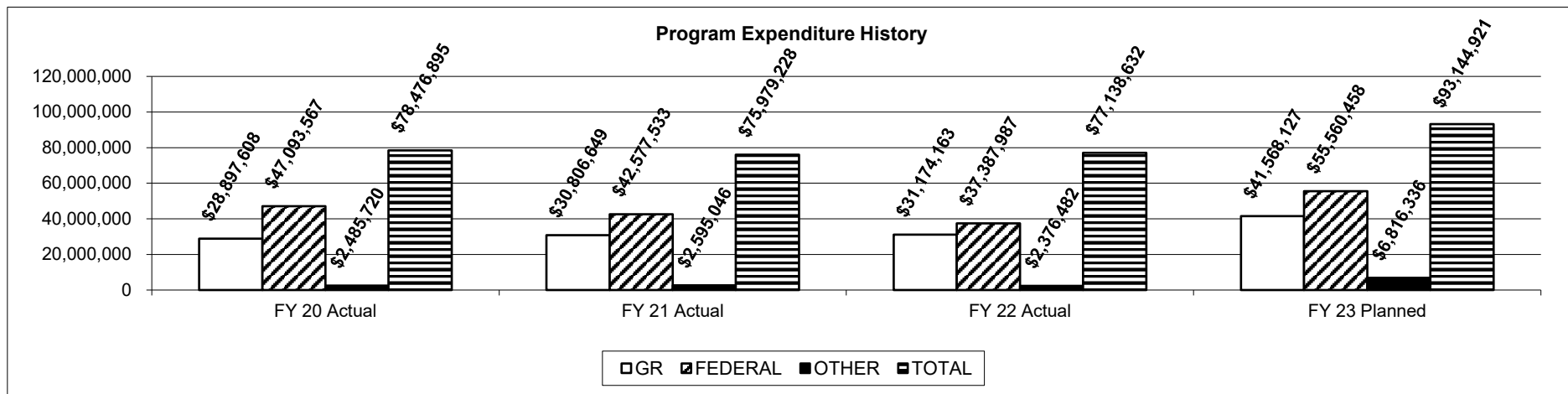
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Note: FY 2023 planned expenditures include FY 2022 enacted pay plan increases for facility Personal Service appropriations and increased EE costs to continue covering expenditures for temporary contract staff. It excludes \$10.0M projected lapse in federal appropriations and \$800,000 projected lapse in Habilitation Center Room and Board funds.

4. What are the sources of the "Other " funds?

Other funds are in fund 0435 - Habilitation Center Room and Board.

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Chapter 633, RSMo.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No. The habilitation center ICF/IID services are a MO HealthNet service that Missouri has included in its MO HealthNet program.