MINUTES

MONTANA HOUSE OF REPRESENTATIVES
51st LEGISLATURE - REGULAR SESSION

SUBCOMMITTEE ON INSTITUTIONS

Call to Order: By Rep. William Menahan, on January 27, 1989, at 8:00 a.m.

ROLL CALL

Members Present: All

Members Excused: None

Members Absent: None

Staff Present: Taryn Purdy, Associate Fiscal Analyst

Announcements/Discussion: **JOINT MEETING - HUMAN SERVICES AND INSTITUTIONS:** Hearing - Montana Developmental Center

Cris Volinkaty, lobbyist for the developmentally disabled in the state of Montana, both providers and consumers, addressed the committee regarding their proposal to deinstitutionalize 148 residents of the Montana Developmental Center. The Montana Association of Independent Services have had this idea for a long time. They also represent a group of 1100 parents across the state in an organization called Parents Lets Unite for Kids. These people talked about what kinds of alternatives they wanted to see for DD people in this biennium, and had an overwhelming response to the fact that deinstitutionalization was a must in order to save the state's budget and provide the most effective treatment option. There has been a great deal of legislative interest and from that this proposal began. In addition to that, they faced a grave situation when Boulder began its process of decertification.

The community based programs are well known for their effectiveness on active treatment. This proposal has been studied and this legislature has spent sums of money developing plans that would better serve the developmentally disabled. She stated now is the time to do something different - we cannot keep throwing money on an outdated treatment facility. Her group proposes to deinstitutionalize 75% of the people at Montana Development

Center. Some of her group proposed that they deinstitutionalize all of them and would like to see an institution operated by the state of 60 beds in another community that could tap into medical and professional services on a consulting basis.

Tape 1A 69

She explained the alternative services and compared her proposal with the Montana Developmental Center services. From studies they reached a conclusion that a large percentage of the individuals residing at MDC could be more appropriately served, at a somewhat lower cost, in specialized community-based services.

This proposal allows the State of Montana to tap into two new sources of Federal money: The Medicaid waiver, and supplemental security income. They feel they can fully implement this plan in three years.

The Medicaid money currently collected at MDC will continue into the system through the Medicaid waiver if they say they will provide more appropriate treatment in the community.

Current staff people will have preference at the community-based services and will be paid at their current salary. The community based homes' employees receive, 46% lower pay than employees at MDC. The money they would save would equalize salaries.

Ms. Volinkaty stated they can do it better and in a less expensive manner in the community than at MDC. They would like to set up a service model for the future that incorporates new trends in the disability field. She included in her proposal an option for those people in Jefferson County who are presently working at Montana Developmental Center. She stated their plan saves money, equalizes the system and provides for a better treatment model.

John Filz, Legislative Action Committee Chairman, referred to the handout, Exhibit 1 from Dennis Taylor, Administrator of Developmental Disabilities Division, and stated that at the current time the operational budget at Montana Developmental Center is slightly less than $12

million. That does not include the long term capital money that is in front of the long range planning committee. What they propose to do is have a 40 bed ICFMR at Boulder, costing approximately $2.1 million. They propose to serve 100 persons in two non-profit corporations called specialized service and support organizations in two distinct communities in the state of Montana costing $4.8 million. Forty-eight persons would go into slightly less expensive services than the SSSOs. The total cost would be approximately $9 million. The remainder of the difference between this proposal and the cost of MDC could be used to equalize direct care salaries.

Ann Mary Dussault, representing herself, testified. She suggested that the proposal should be given consideration.

Tape 1A 276

Tom Seekins, currently a Research Director at the Rehabilitation Research Center at the University of Montana and a faculty member of the Department of Psychology there, testified in support of the community-based service. He passed out Exhibit 2, evidence in support of community vs. institutional treatment. He attached to his testimony six studies dealing with treatment evaluations of persons with severe handicaps. He stated that profoundly retarded people now living at Boulder can be successfully treated in community settings.

Shirley Raimmer from Great Falls testified in support of the plan as a parent of two people who are in community based services in Great Falls.

Tape 1A513

David Kirsch, former Mayor of Boulder, testified in support of Montana Developmental Center and the employees. He claimed the clients deserve the best care they can get for their money and that is at the Boulder proven care facility.

Wayne Phillips, Governor Stephen's legislative liaison, addressed five points. The administration stands in direct opposition to the bill. They want more clarification. Until the committee has time to elaborate on it they would have to oppose it. They have concerns they are rushing once again with a new proposal with very little analysis of it, pell mell into a potential solution that has a devastating impact on not only clients, but communities and individuals where there are workers or the communities

in which group homes may be placed. They would like the committee to analyze the cost effectiveness of the proposal. The administration wants an opportunity to make the Developmental Center work for the clients who are there, to work for the employees, and to determine the best long term care and treatment necessary for those clients. They are committed to meet Medicaid standards and no matter what solution the committee comes up with those standards will have to be met. The Director of the Dept., Curt Chisholm, has been appointed by this administration and they ask that the committee listen and give serious consideration to his testimony and comments.

Tape 1A 690

Julie Dahlen, an employee at Boulder, believes they do provide the best care. She listed several services along with discipline and love that are given to the clients at Montana Developmental Center. Some of the clients have already been placed in the community only to be returned. Continuity is extremely important in these peoples' lives. She testified in support of the program at Boulder.

Wanda Stout testified as a personal representative for the support of the facility at Boulder. She is an employee of SRS and prior to that was a social worker for Jefferson County. She is also a personal representative for residents at MDC. She spoke of the placement and how hard it is to get a client in one of the group homes. She stated that with the facilities the community-based services wish to start, the buildings could be filled without going to any of the MDC clients right now. She spoke of the hard to place clients and the care they need.

Deborah Gabse, teacher at Montana Developmental Center, testified in support of that facility. She stated she is also representing Montana Federation of Teachers and they do support the Montana Developmental Center. Lack of professional staff has nothing to do with the geography but with pay standards.

Tape 1B 103

Sen. Sam Hofman, from Senate Dist. 38 addressed the community of Boulder and the type of care that is administered in the hospital. He mentioned the love for the clients by the staff is obvious as you tour the hospital. The people are well accepted in Boulder and he cited one group home in Bozeman that is not accepted in that community.

Rep. Bob Marks, from Dist. 75 which includes Boulder, testified in support of the Developmental Center. He noted that there is a real acceptance for the clients in the community. He stated the people at the Institution are profoundly handicapped and cannot go out in workshops. He does support group homes after visiting them but compared sheltered programs and wondered about the busing problem. He talked about the economy and how Boulder would suffer if this institution was closed. Eighty percent of the people in Boulder work at the hospital. If they were to move to another community how would they sell their homes. He mentioned efficiencies that could cut the cost of operating the hospital by $1,000,000 a year.

Tape 1B 296

Jim McCauley, a county commissioner from Jefferson County, testified in support of the Montana Developmental Center. He mentioned the community support in Boulder for the hospital.

Several people identified themselves who were in support of the MDC. Bill Schulz, Ernie Roeber, Colette Brown, Dave Anderson, Jefferson County Commissioner; Margaret Hollow, and Rick Lowe, Superintendent of Public Schools in Boulder.

Tape 1B 407

Sen. Fred Van Valkenburg expressed several concerns and stated he had several follow-up questions. As a result, a joint hearing of the Institutions and Cultural Education and Human Services Subcommittees was scheduled for 7:00 p.m. Thursday, February 2, 1989 in the old Supreme Court Chambers.

Mr. Chisholm stated he did not bring testimony but would like to tell them what his concerns are. He has witnessed the problem from a distance and finds that it has never been resolved. These issues need to be resolved. Everyone needs to work together to deal with these issues.

Tape 2A 26

Rep. Menahan asked if they could get an actual count of how many people in the communities are now being served. He wondered if they should have the courage to go out and

provide service for people who do not have any service.

ADJOURNMENT

Adjournment At: 9:40 a.m.

Rep. Wm Menahan

REP. WILLIAM MENAHAN, Chairman

WM/MS

2324.min

1-27-89

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

STAN STEPHENS, GOVERNOR

P.O. BOX 4210

STATE OF MONTANA

HELENA, MONTANA 59604-4210

January 10, 1989

Senator Ethel Harding
State Capitol
Helena, MT 59260

Dear Senator Harding:

Ben Johns, Interim Director of SRS, asked that I respond to your request for information regarding possible alternative community-based services for the residents of the Montana Developmental Center(MDC). As I understand it, your request has four parts. They are:

1. What types of alternative services could be developed?

2. What would these new services cost?

3. What possible funding sources are available to finance the construction and operation of services?

4. How long would it take to implement a plan to develop the alternative services?

PREVIOUS STUDIES

Since 1981 there have been three serious studies of services to persons with developmental disabilities in Montana. Each study has addressed the issue of the role of Montana Developmental Center in the developmental disabilities service system. In addition, the Governor's Council on Management, a blue ribbon panel of representatives from private industry established to review the management of state agencies, made recommendations to Governor Schwinden regarding MDC. In chronological order, the studies are:

1. A 1982 study by the Governor's Council on Management entitled:

   "Governor's Council on Management - Final Report."

2. A 1982 joint Department of Institutions (D of I) and SRS study titled:

   "Report of the Potential Use of the Medicaid Home and Community-Based Waiver for the Populations of Boulder River School and Hospital, Eastmont Training Center, and the Community Waiting List."

3. The House Bill 909 Committee report in 1984 entitled:

   "A Report To Governor Ted Schwinden From The House Bill 909 Advisory Council Established Pursuant To Section 2-15-122 Montana Code Annotated."

4. A 1986 Developmental Disabilities Planning and Advisory Council sponsored study entitled:

   "Final Report Developmental Task Force."

Each of these studies reached a similar conclusion: that a large percentage of the individuals residing at MDC could be more appropriately served, at a somewhat lower cost, in specialized community-based services. Only the study by the Governor's Council on Management called for the complete closure of MDC. It should be mentioned that while the Management Council's recommendation was fairly specific, it was not based on a thorough evaluation of each resident's needs.

Of the more comprehensive studies, the HB 909 Council's report envisioned the greatest reduction in the institution's population and mission. It was their recommendation that only developmentally disabled persons with severe behavior management problems, or those requiring "emergency and transitional services", be placed at MDC. In his 1985 Executive Budget, Governor Schwinden proposed that the HB 909 Council's recommendation regarding MDC be adopted. The plan presented to the 49th Legislature called for the majority of the residents of MDC to be placed into newly developed community-based services which were to be provided by private not-for-profit corporations. The institution would then have become a 60 bed state facility serving persons with behavior problems and, in addition, provide emergency and transitional services to the community-based system.

It is my assumption that any plan to develop alternative services for MDC residents would be similar to the one outlined above. The presence of a small state owned and operated service component, required to meet the needs of the most difficult to serve individuals, is a prudent and

necessary back up system to an array of community services. While the HB 909 Council believed that such a service would best be provided by MDC, it is feasible that these services could be developed elsewhere in the state should the decision to close MDC be made.

What follows are our best estimates regarding the characteristics, costs, and options for funding, of alternative services to persons who reside at MDC. While I believe the figures are valid for system planning purposes, should the decision be made to proceed with any of these service options, I recommend that a work group made up of SRS and D of I staff be assigned to confirm the numbers.

ALTERNATIVE SERVICES

1. MONTANA DEVELOPMENTAL CENTER SERVICES

Currently, approximately 190 people reside at MDC. While no comprehensive review of this population for the purpose of developing alternative services has occurred since 1986, it is unlikely that there have been dramatic changes in the needs of the group as a whole in the last several years.

In the 1986 review, 45 residents, or about 25% of the MDC population, were identified as having some sort of behavior problem. Of these individuals, 10 were considered to have problems so serious it was not considered possible to serve them in the community at that time. Over the past several years, admissions to MDC have been predominately people with behavior problems, so the number of individuals who display serious problems can be expected to have increased somewhat.

A proposal to convert MDC into a 60 bed facility to serve the group of people with the most serious behavior problems was developed by D of I in response to the HB 909 recommendations. Such a plan still appears to be appropriate. If developed, such a service could meet the needs of the 40 current institution residents with the most significant behavior problems. In addition, there would be sufficient remaining beds to act as a back-up to community services.

Again, should the intent be to close MDC completely, the services described above could be developed elsewhere in the state.

2. **COMMUNITY-BASED SERVICES**

The remaining 150 individuals who now reside at MDC, could be served in the community-based system in two ways:

a. **Develop two community-based Specialized Service and Support Organizations(SSSO) to serve a total of 100 current MDC residents.**

The SSSO is the latest in a series of similar service models that have been proposed over the last ten years to provide specialized group home services in the community for developmentally disabled persons who are institutionalized. In many ways the services offered by an SSSO are similar to those provided in the current community system. Additional resources would be available, however, to meet the needs of these difficult to serve people. A more detailed description of the SSSO is attached to this letter.

b. **Expand existing community-based intensive group homes and day services to serve approximately 50 additional individuals from MDC.**

Currently, community-based non-profit organizations provide intensive services to persons with needs similar to those of some of the people now living at MDC. By adding eight group homes(6 persons per home) and accompanying day services to the existing system, an additional 48-50 people from MDC could be served.

COST ESTIMATES AND FUNDING SOURCES

The estimates of costs and funding that follow are based on the best information that is available at this time:

1. **MDC CONVERSION**

The D of I should be contacted regarding the exact cost of making MDC into a facility serving 60 persons. In 1984, D of I staff estimated the total annualized cost of operations for such a facility to be $2,860,014 per year. Assuming MDC could remain licensed as an Intermediate Care Facility for the Mentally Retarded(ICF/MR), a good portion of those costs would be eligible for Medicaid funding(70% federal/30% state).

2. **SSSO DEVELOPMENT AND OPERATION**

The annualized cost of operating two Specialized Service and Support Organizations serving 100 people is projected to be $4,811,914. The majority the project would be eligible for funding either under the federal Medicaid Waiver or the ICF/MR program. Costs detailed here assume Medicaid Waiver funding; the cost of licensing the homes as small ICF's/MR would be slightly higher. Of the total cost, $1,697,978 would be state general fund, the remaining $3,113,936 would be federal Medicaid. These estimates include the cost of case management services, but do not include the cost of the additional administration that would be incurred if there was such a dramatic increase in the community-based Medicaid Waiver program. Any construction, or other capital costs, incurred under this plan would be eligible for low interest financing under the Montana Health Facility Authority (MHFA) bond program.

3. **EXPANDED INTENSIVE SERVICES**

The annualized cost of adding eight intensive group homes and accompanying day services to the existing community-based system in order to serve 48 additional people is projected to be $1,857,010. These services could also be funded through the Medicaid Waiver. Of the total cost, $687,094 would be state general fund, the remaining $1,169,916 would be federal Medicaid. **These costs do not include case management or administration.** Again, construction or other capital costs could be financed through the sale of MHFA bonds.

TIMELINES

Obviously, a major undertaking such as the one described here could not be done overnight. The use of Medicaid funding would require that there be federal involvement in the process. Recent federal legislation has made it easier to move people out of an institutional setting when the institution in question is threatened with decertification, as is the case with MDC. States have the option to develop a plan to place people into the community and make the institution smaller in order to comply with Medicaid ICF/MR licensing requirements.

Securing funding, assessing individuals, selecting contractors, awarding contracts, constructing group homes, and hiring and training staff, all require time.

Given sufficient resources, a minimum of three years would be required to plan, fund, construct, and operate the services called for in this plan.

I hope this information meets your needs. Please understand that this information is provided in response to your request and should not be considered as a formal proposal from the Department of Social and Rehabilitation Services. Again, I encourage you to contact the Department of Institutions regarding both the future role of MDC in the disabilities service system and the costs of services at MDC should the institution's mission be redefined. If you decide to proceed, my staff and I will cooperate in any way we can. In the meantime, if you have any questions about any of the material in this letter, please don't hesitate to contact me.

Sincerely,

Dennis M. Taylor
Administrator
Developmental Disabilities Division

Attachment

cc: Ben Johns
Curt Chisolm
Ray Shackleford

TABLE 2

COMPARISON OF THE NUMBER OF ELIGIBILITY TECHNICIANS, CASELOAD AND CASES PER ET IN ASSUMED AND NONASSUMED COUNTIES

Caseload and FTE	FY84	FY85	FY86	FY87	FY88	FY89	FY90	FY91
State-assumed counties								
Caseload	26,020	27,740	31,512	33,417	33,518	34,591	35,698	36,840
Total ET's	91.4	93.25	105.35	106.25	108.25	108.25	119.25	119.25
Cases per ET	285	297	299	315	310	320	299	309
Nonassumed counties								
Caseload	20,687	22,276	22,034	24,740	24,571	24,399	24,228	24,058
ET's	84.55	82.20	89.8	98.35	96.05	96.05	96.05	96.05
Cases per ET	245	271	245	252	256	254	252	250

3. Specialized support services organization.
Add 3.0 FTE--1.0 training and contract monitor, grade 14 step 2 and 2.0 FTE case managers, grade 13 step 2. Add $11,661 in operating costs and $1,737,075 in benefits. Reason: More intensive care community-based services are needed. An SSSO would serve 52 clients. The annualized cost of one SSSO is $848,989 general fund and $1,556,968 federal funds for a total cost of $2,405,957.

	FY90	FY91
FTE		3.0
General fund	$ 0	$ 685,285
Federal funds	0	1,051,790
Total funds	$ 0	$1,737,075

4. Replace worker's compensation funds in vocational rehabilitation.
In the 1989 biennium worker's compensation funds provide the majority of the state match for federal section 110 funds to finance vocational rehabilitation. The number of referrals from worker's compensation are expected to drop causing a reduction in the amount of funds that can be used to generate the federal match for rehabilitation of other clients. In order to maintain the FY89 benefit level for vocational rehabilitation, $119,441 in general fund is needed in FY90 and $237,541 in FY91. This estimate also assumes that worker's compensation funds pay 26 percent of the program administration costs based on the FY89 budgeted amount.

Language should be included in the appropriations act to direct the department to spend worker's compensation funds first and general fund benefit appropriated amounts second. It is not intended that the general

GENERALIZED NARRATIVE

AGENCY NUMBER 6901
PROGRAM NUMBER 14
CONTROL VARIABLE 92004
FISCAL YEAR FY91

AGENCY NAME Social and Rehabilitation Services
PROGRAM NAME Developmental Disabilities Division
CONTROL VARIABLE NAME SSSO

Identify areas of impact of primary concerns:
A single narrative statement may impact accounting entity, agency, FTE, vacancy savings, program and revenues.

[ ] Accounting Entity [ ] Agency [ ] FTE
[ ] Vacancy Savings [X] Program [ ] Revenue

Specialized Service and Support Organization (SSSO)

This modification request would provide group home and day services for 52 persons with severe developmental disabilities who, in the absence of these services, would require institutionalization.

Increasing the community-based intensive service capacity remains the number one priority for program expansion. All existing intensive group homes and intensive day services are full. Turnover is rare. Waiting lists are long and growing. People who need intensive services are being placed in Montana Developmental Center (MDC) simply because there are no vacancies in community-based intensive services. Nearly half of the residents currently being served by MDC and Eastmont Human Services Center could benefit from community-based services if the current intensive services capacity were increased.

The SSSO would be a blend of the best aspects of the State's current community and institutional service systems. Among the key features of this new service would be:

- To reduce costs and improve service coordination, both the day program and residential components would be administered by a single private non-profit organization.

- Seven specially constructed group homes would be eligible for federal funding. These homes would be disbursed throughout the community in which the SSSO is located.

- A higher staff to client ratio would be used to address the intensive needs of the individuals served.

- Special professional services, generally unavailable in the current community system, would be provided. In turn, training by these professionals will be made available to other community-based service providers on a consultation and outreach basis.

- Clients served in the SSSO would be medicaid waiver eligible in almost all cases.

The proposed SSSO would be operational in November of FY91.

114/JD

OFFICE OF BUDGET & PROGRAM PLANNING
EXECUTIVE BUDGET SYSTEM
BUDGET WORKSHEET -- IMPORT SKELETON

6901 DEPT SOCIAL & REHAB SERVICES — Import E1492004.INP — RUN DATE ==> 08/2
14 DEVELOPMENTAL DISAB PROGRAM — Export E1492004.PRN — RUN TIME ==> 09:5
92004 SSSO STAFF — Worksheet W1492004.WK1

AGCY	P 6 CNTL	ACT ENT	OBJ EXP	ACTUAL FY 88	BASE FY 90	BASE FY 91	FACTOR C FY 90 I	FACTOR C FY 91 I	BUDGET FY 90	BUDGET FY 91	EBS UP DATE	BUD LEV	ENTITY/OBJECT DESCRIPTI
Summary Table													
6901	1	92004	00000	0000	0	0	300			0	300		
6901	1	92004	00000	1100	0	0	60,449			0	60,449		
6901	1	92004	00000	1400	0	0	9,144			0	9,144		
6901	1	92004	00000	1500	0	0	4,140			0	4,140		
6901	1	92004	00000	1600	0	0	(1,680)			0	(1,680)		
			1st Level	1---	0	0	72,053			0	72,053		
6901	1	92004	00000	2399	0	0	861			0	861		
6901	1	92004	00000	2499	0	0	6,000			0	6,000		
6901	1	92004	00000	2599	0	0	4,800			0	4,800		
			1st Level	2---	0	0	11,661			0	11,661		
6901	1	92004	00000	7103	0	0	1,653,361			0	1,653,361		
6901	1	92004	01100	0000	0	0	685,285			0	685,285		
6901	1	92004	03039	0000	0	0	1,051,790			0	1,051,790		
			Total Funds		0	0	1,737,075			0	1,737,075		
			Total Program		0	0	1,737,075			0	1,737,075		
			Differences		0	0	0			0	0		

OFFICE OF BUDGET & PROGRAM PLANNING
EXECUTIVE BUDGET SYSTEM
BUDGET WORKSHEET -- IMPORT SKELETON

6901 DEPT SOCIAL & REHAB SERVICES — Import E1492004.IMP — RUN DATE ==> 08/25/
13 DEVELOPMENTAL DISAB PROGRAM — Export E1492004.PRN — RUN TIME ==> 09:53 A
92004 SSSO STAFF — Worksheet M1492004.WK1

AGCY	P G	CNTL	ACT ENT	OBJ EXP	ACTUAL FY 88	BASE FY 90	BASE FY 91	FACTOR FY 90	C I	FACTOR FY 91	C I	BUDGET FY 90	BUDGET FY 91	EBS UP DATE	BUD LEV	ENTITY/OBJECT DESCRIPTIO
6901	1	492004	00000	0000	0	0	300	1.0000	0	1.0000	0	0	300	88/07/29	ML	FULL TIME EQUIVALENT
6901	1	492004	00000	1100	0	0	60,449	1.0000	0	1.0000	0	0	60,449	88/07/29	ML	SALARIES
6901	1	492004	00000	1400	0	0	9,144	1.0000	0	1.0000	0	0	9,144	88/07/29	ML	EMPLOYEE BENEFITS
6901	1	492004	00000	1500	0	0	4,140	1.0000	0	1.0000	0	0	4,140	88/07/29	ML	HEALTH INSURANCE
6901	1	492004	00000	1600	0	0	(1,680)	1.0000	0	1.0000	0	0	(1,680)	88/07/29	ML	VACANCY SAVINGS
6901	1	492004	00000	2295	0	0	861	1.0000	0	1.0000	0	0	861	99/99/99	ML	COMMUNICATIONS
6901	1	492004	00000	2499	0	0	6,000	1.0000	0	1.0000	0	0	6,000	99/99/99	ML	TRAVEL
6901	1	492004	00000	2559	0	0	4,800	1.0000	0	1.0000	0	0	4,800	99/99/99	ML	RENT
6901	1	492004	00000	7103	0	0	1,653,361	1.0000	0	1.0000	0	0	1,653,361	99/99/99	ML	BENEFITS
6901	1	492004	01100	0000	0	0	685,285	1.0000	0	1.0000	0	0	685,285	99/99/99	ML	GENERAL FUND
6901	1	492004	03039	0000	0	0	1,051,790	1.0000	0	1.0000	0	0	1,051,790	99/99/99	ML	FEDERAL FUNDS
	Total Funds			0000	0	0	1,737,075					0	1,737,075			

GRANTS, BENEFITS AND LOCAL ASSISTANCE

AGENCY NUMBER 6901 — AGENCY NAME Department of Social and Rehabilitation Services
PROGRAM NUMBER 14 — PROGRAM NAME Developmental Disabilities Division
CONTROL VARIABLE 92004 — CONTROL VARIABLE NAME SSSO
EXPENDITURE CATEGORY 7103 — EXPENDITURE CATEGORY NAME Benefits

CATALOG OF FED DOMESTIC ASSIST. NO.*	STATE STATUTE NUMBER	BRIEF DESCRIPTION	ACCT. ENTITY	1988 ACTUAL	1989 AUTHORIZED	REQUESTED 1991 BIENNIUM 1990	1991
			01100				643,428
		SSSO	03039				1,009,933
			TOTALS:				1,653,361
			TOTALS:				
			TOTALS:				
			TOTALS:				
			TOTALS:				
SUMMARY -	General Fund		Fund 01				643,428
	Earmarked Special Revenue		Fund 02				1,009,933
	Federal/Private Revenue		Fund 03				
	Proprietary Fund 06						
			Totals:				1,653,361

* If a catalog reference is not available, enter the public law number (P.L.XXX).

SPECIALIZED SERVICE AND SUPPORT ORGANIZATION

Beginning with a 1982 joint study by the Departments of Institutions and Social and Rehabilitative Services, followed by the House Bill 909 Advisory Committee recommendations and concluding with the recent work of the Developmental Disabilities Planning Task Force, the critical need for cost effective community-based services for Montana's citizens with severe developmental disabilities has been identified. The proposal to create a Specialized Service and Support Organization (S.S.S.O.) as outlined in the Governor's budget is intended to fill the gap repeatedly identified by groups charged with the task of examining the condition of the State's system of services to persons with developmental disabilities.

As proposed, the S.S.S.O. would provide a capability currently lacking in Montana - the ability to deliver comprehensive services to the most severely developmentally disabled adults while they remain in a community setting.

QUESTION: What exactly is a Specialized Service and Support Organization?

ANSWER: The Specialized Service and Support Organization has the capability of serving 52 severely disabled individuals in seven specially constructed handicapped accessible group homes dispersed throughout the community. In addition, each S.S.S.O. has one centrally located day program, located in a structure which doubles as the administrative office and training center. The staff of the S.S.S.O. are specially trained to meet the needs of this difficult to serve population.

QUESTION: Isn't this just another institution?

ANSWER: Not at all! The homes will be built in neighborhoods dispersed throughout the community in which the S.S.S.O. is located, much like other group homes are today. During the day people will travel to the day program to receive the specialized training they require. Every attempt will be made to ensure that the environment is as home-like and normal as possible.

QUESTION: Who will live there?

ANSWER: Those severely disabled folks who we know are often unable to be served appropriately in the community system as it now exists. Some of them may currently be institutionalized, but many are living at home receiving special education services. Montana has been remarkably successful in encouraging families to keep their kids at home at a significant cost savings to the state. Unfortunately, as these children become adults, the specialized services they require are not available. Parents who have made substantial sacrifices to keep their kids at home to avoid placement in an institution will find they may be faced with few appropriate options.

QUESTION: Who will run the program and how will it be funded?

ANSWER: Services will be provided through a contract with a private not for profit corporation. At least some of the individuals to be served will be eligible for funding under the Medicaid Waiver program - with the federal government picking up approximately 70% of the costs. Cost of construction of the homes will be financed through the Montana Health Facility Authority Program, Farmers Home (FHA), HUD or other long term functioning

QUESTION: Just what's so special about these services?

ANSWER: While many aspects of the S.S.S.O. are similar to present services, there are some key differences. Currently, the typical person in the community system receives a solid menu of basic services. Should he or she require specialized treatment such as physical therapy, speech therapy or nursing, nutrition services, psychological they may find such services difficult to obtain. Even when available many therapists lack the unique skills required to meet the needs of the severely disabled. The S.S.S.O. would employ directly or through contract the full range of specialists necessary to provide quality service. These experts would also be available on a consultation basis to assist not only the 52 individuals served by the S.S.S.O. but would also be able to assist other community-based programs in meeting the needs of difficult to serve individuals.

3/LEGIS

SPECIALIZED SERVICE AND SUPPORT ORGANIZATION FACT SHEET

The Executive Budget contains a proposal for a new service delivery model that can meet the unique needs of Montana's citizens with severe developmental disabilities. The Specialized Service and Support Organization, or S.S.S.O., is a blend of the best aspects of the State's current community and institutional service systems.

The S.S.S.O. would provide specialized group home and day program services to a total of 52 severely disabled adults. Among the key features of this new service are:

Single Administrative Organization - In order to reduce costs and improve service coordination both the day program and residential components will be administered by a single private non-profit organization.

Specially Constructed Group Homes - The S.S.S.O. will consist of a total of 7 specially constructed group homes designed specifically to be handicapped accessible, eligible for federal funding and adaptable to other uses should needs change in the future.

Staffing and Training - The group homes and day program will have more staff than the typical community program. The capability to deliver specialized pre-service and in-service training will be an integral part of the program.

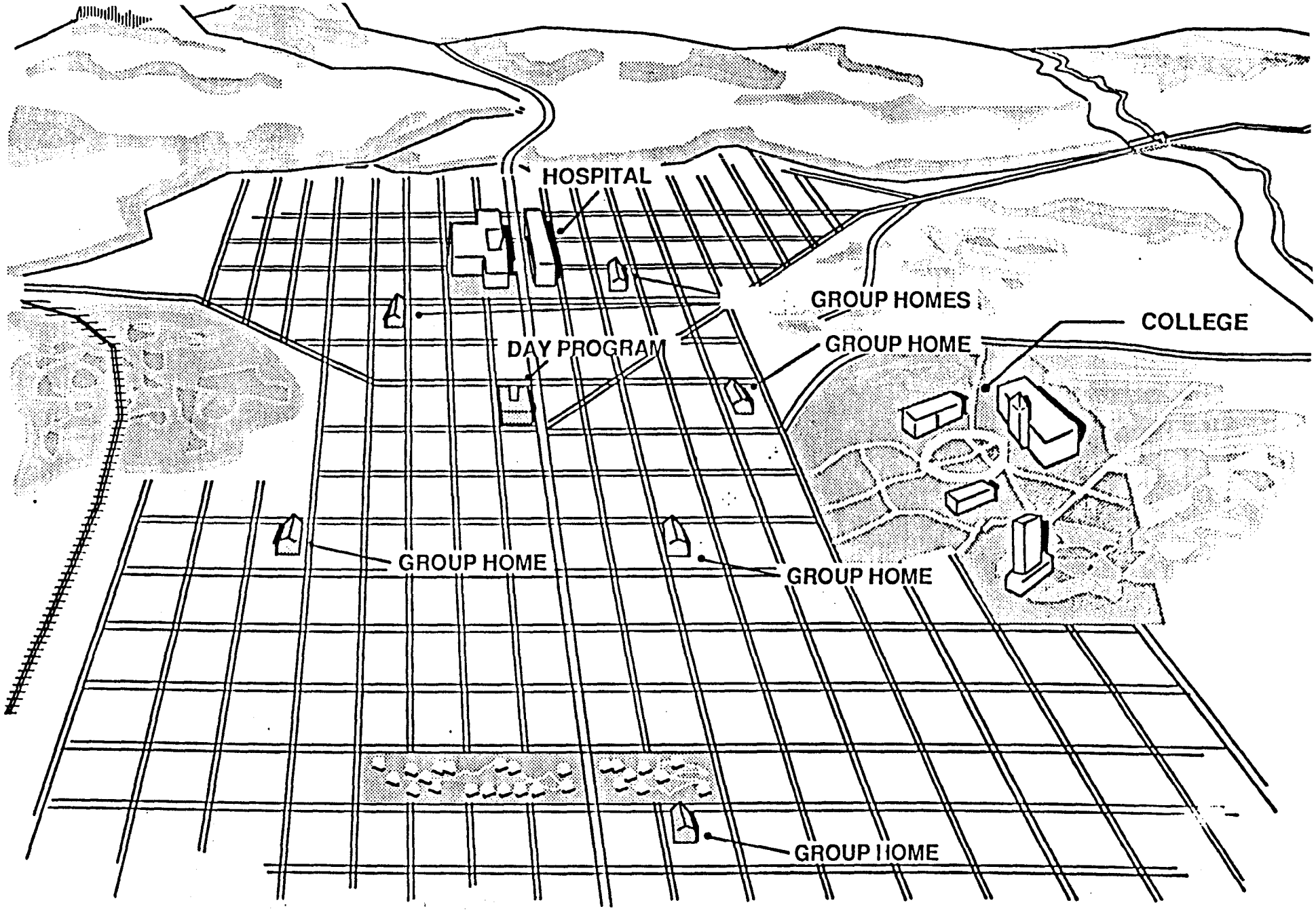
Professional Services - Specialized professional services, generally unavailable in the current community system, including physical therapy, occupational therapy, speech therapy, nutritional services and nursing services will be provided.

Community Integration - The homes will be built in neighborhoods dispersed throughout the community in which the S.S.S.O. is located, much like other group homes are today. During the day people will travel to the day program to receive the specialized training they require. Every attempt will be made to ensure as normal a routine and living environment as possible.

Community Resource - The unique capabilities of the S.S.S.O. to train staff and provide professional services such as physical therapy will be made available to other community-based service providers on a consultation and outreach basis, addressing a critical need in the community system.

Federal Funding - Due to the nature of the disabilities of the individuals served and the barrier free characteristics of the group homes, at least a portion of the cost of operation will be eligible for federal funding.

Institutional Alternative - The S.S.S.O. represents an appropriate community-based alternative for many persons currently institutionalized. The capacity to provide comprehensive services to the severly disabled will also help prevent unnecessary institutionalization in the future.



SPECIALIZED SERVICE AND SUPPORT ORGANIZATION

Exhibit 2

Testimony on the evidence in support of community vs. institutional treatment

Submitted to the Subcommittees on Institutions and Human Services by Tom Seekins, Ph.D. 401 Ben Hogan, Missoula, Montana.

I deeply appreciate the opportunity to speak with you. Also, I respect the difficult choices you are considering.

I hope to contribute information from a scientific perspective concerning the treatment of individuals with developmental disabilities by addressing three questions:

1. What is the evidence that profoundly retarded, multiply handicapped individuals can be treated successfully in community settings?

2. What do we know about the effects of deinstitutionalization on residents of an institution?

3. What do we know about the reaction of the families of individuals who are placed out of an institution?

Two assumptions will run through my comments. First, I assume that the current residents of the Montana Developmental Center are your primary concern. I recognize that any decision made about the operation of the program at Boulder will have an impact on their families and the employees of the institution. The focus of concern is, however, the current resident at Boulder.

Second, I assume that the primary concern of the state is to provide for the care and treatment of the individuals now residing at the Montana Developmental Center. In particular, the question is, where should treatment for the current residents be provided?

1. What is the evidence that profoundly retarded, multiply handicapped individuals can be treated successfully in community settings?

The preponderance of scientific evidence concerning human development has led to the conclusion that the environment in which one is reared and lives significantly determines ones developmental outcome (e.g., Horowitz, in press). Further, over 20 years of research in behavioral psychology has demonstrated that skills are best taught and acquired in the settings in which they are to be used (e.g., Neitupski et al., 1986; Stokes & Baer, 1976).

Much of the research on behavior and development has involved profoundly retarded, multiply handicapped individuals of all ages (e.g., Anderson & Greer, 1976). There are currently entire scientific journals dedicated to reporting studies dealing

with the development of educational, self-care skills, motor development, leisure skills,language development, decision making, and social and emotional behavior of profoundly retarded and multiply handicapped individuals. I have attached a brief list of six studies taken from just one year of one journal. Over that year, 27% of all articles and 77% of all articles reporting treatment evaluations addressed issues of treating profoundly retarded, multiply handicapped individuals in community settings.

The conclusion, supported overwhelmingly in the research literature, is that profoundly retarded/multiply handicapped individuals like many of those now living at Boulder can be successfully treated in community settings.

2. What do we know about the effects of deinstitutionalization on residents of an institution?

Four major studies have directly addressed the effects of deinstitutionalization, including one conducted in Montana by Jim and Roberta Walsh. Three addressed the effects on the clients. Two addressed family issues. These studies are complex and difficult to summarize but are available and referenced below.

In general, the Walsh's found that their sample improved in 17 of 18 behavioral domains measured by the Behavioral Development Survey after one year, including, self-care, preverbal expression, following complex instructions, attention span, performing complex tasks, household tasks, preparing simple foods and complete meals, and social interactions. In addition, they found declines in maladaptive behavior, including stereotypic behavior, aggression, and stealing.

Willer and Intagliata (1984) report similar findings in the acquisition of skills by institutional residents placed back in their natural homes, foster homes, and group homes. But they are more cautious in their conclusion because their larger sample included a wider range in level of disability. In addition, they found different (yet positive) effects depending on the type of placement.

In evaluating the impact of deinstitutionalization on residents of Oregon's Fairview Training Center, Horner and his Colleagues (1987) found that the general levels of clients activities were similar between the institution and the community. Importantly, however, they found that the variety of activities in which the clients engaged "skyrocketed" following placement in the community. This finding makes intuitive sense, since a natural community setting has so much more to offer than an institutional one. It is also important to note that the variety and frequency of opportunities to engage one's environment is pivotal to development; the more the better.

The more experience we have in treating profoundly retarded/multiply handicapped individuals in community settings, the more the original questions changes to become, what evidence supports the need to provide treatment in institutions?

3. What do we know about the reaction of families of individuals who are placed out of an institution?

Studies conducted by Conroy and Bradley (1985) in Pennsylvania and by Willer and Intagliata (1984) in New York also addressed family issues. In general, they found that " Those experienced with relocation were generally more positive about its benefits than those left to anticipate it." And, " Once the retarded family member was place in the community and given time to adjust, the majority of guardians (74%) had become satisfied with the care and treatment of their relative." Still, about 30% were dissatisfied about the placement.

An important issue to families in judging placement appears to involve (understandably) change, stability, and security. If a family concludes that a community placement provides stability, they generally come to prefer it over institutional placement.

In conclusion, I would like to use an analogy to agriculture to summarize the scientific evidence in support of community services. Where a farmer chooses to plant his seeds and how he treats his crops greatly affects yield. If he chooses a place with rich soil, plenty of water and sunlight, and gives good care, even the less hardy plants will yield fruit.

References

Conroy, J.W. & Bradley, V.J. (1985). Pennhurst longitudinal study: A report of 5-years of research and analysis. Philadelphia: Temple University Developmental Disability Center.

Horner, R.H., Stoner, S.K., & Ferguson, D.L. (1987). An activity based analysis of deinstitutionalization: The effects of community reentry on the lives of residents leaving Oregon's Fairview Training Center. Eugene: Special Training Program, University of Oregon.

Stokes, T. F. & Baer, D.M. (1977). An implicit technology of generalization. Journal of Applied Behavior Analysis, 10, 349-369.

Walsh, J.A. & Walsh, R.A. (1982). Behavioral evaluation of a state program of deinstitutionalization of the developmentally disabled. Evaluation and Program Planning, 5, 59-67.

Willer, B. & Intagliata, J. (1984). Promises and realities for mentally retarded citizens: Life in the community. Baltimore: University Park Press.

SUMMARY OF SELECTED STUDIES REPORTED IN THE JOURNAL OF THE ASSOCIATION FOR PERSONS WITH SEVERE HANDICAPS 1985-1986

Behavior	Setting	Age	Diagnosis
1. Street crossing	Work	53	Profound Retardation
2. Hand Washing	School	17	Profound Retardation
"	"	18	"
"		16	"
3. Eating	School	16	Profound Retardation
4. Meal Preparation	School	11	Autism/Profound
"	"	7	Autism/Severe
"	"	8	Autism/Severe
"	"	11	Autism/Severe
5. Adaptive Miniature Golf	Miniature Golf Course	16 20 15	Severe Retardation and Spastic Qaudra-plegia Cerebral Palsy
6. Communication	Day Program	23	Autism/Profound

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CAPITOL STATION

STATE OF MONTANA

(406) 444-3955

HELENA, MONTANA 59620

1-27-89

Mr. Chairman - members of the Committee

My name is Virginia Kenyon - as a member of the Board of Visitors I have been sitting in on the hearings for these Institutions for which we have responsibility.

Today I speak mostly as a private citizen. I am a has-been R.N. My last job was with the Dept. of Health - the last 14 years as the Director of Nursing.

I have visited Boulder - Mt. S. & C. in one capacity or another for the past 50 years - I've seen it change from a custodial care facility with a population near 2000 to the quality of care facility it is today.

There was a time when I felt Boulder should be closed. About 16 yrs ago Dr. Pallister asked for help in staffing the Hospital. I don't remember the reason for the nurse shortage but Health Department Nurses did cover several shifts. At this time I was incensed by the kinds and numbers of surgeries being done there. Shortly after that they ceased doing surgery —

Since then I have spent many days over a period of years observing what goes on at Boulder - especially in the Non Ambulatory Wards and I have completely changed my mind about there being any alternative to the care provided there <u>at this time</u>!

The quality of care for these residents must be carefully Considered. Yesterday we heard about the thousands of pounds of lifting required in the care of one resident in one day -

I have observed the condition of the skin as diapers were Changed - It has been a very long time since I have seen broken skin - pressure sores because diapers or positions have not been Changed often enough.

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Testimony of Virginia Keegan p. 2.

I strongly believe for this group especially - as well as for those whose behavior can not be tolerated in Community placement, we need Montana Developmental Center - even if placement for these resident could be found elsewhere.

1-27-89

I work at MDC and believe we can and do provide the very best of care. The clients receive many services - educational, speech, OT, PT, audiology, recreation vocational, dental and medical. These services along with structured discipline and love are essential to the developmentally disabled.

Last night I listened to parents and independent providers describe lack of funding and long waiting lists in trying to provide these very services. I can not believe it would be in the best intrest of those who live at MDC to be dropped into the middle of those conditions. Overburdening the existing community programs even more can only result in neglect of our entire DD population.

Some of the clients at MDC have already been placed in the community, only to be returned to MDC. Those who are medically fragile enjoy good health only because of the intense monitoring they recieve at MDC. ~~still attend~~

Those residents who are capable of some understanding are traumatized at the thought of closing MDC. They want to know "What will happen to me? Where

will I go?"
Continuity is essential in these peoples lives. I ask you to be extreemly careful and deliberate in considering this issue, there lives depend on you.

Julie Dahlen
Box 128
Boulder, MT 59632
225-4331

COSTS TO PROVIDE COMMUNITY BASED ALTERNATIVES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES WHO CURRENTLY RESIDE AT MONTANA DEVELOPMENTAL CENTER

1. The current average cost per resident at Montana Developmental Center is approximately $64,000

2. The community based service delivery system can provide high quality services to those individuals currently residing at Montana Developmental Center. A proposal to serve 148 of those individuals has been presented to Senator Harding. The cost for these services is as follows:

100 clients in two (2) Specialized Service and Support Organizations (SSSO):

General Fund	$1,697,978
Federal Medicaid	$3,113,936
Total:	$4,811,914

The average cost per client is $48,119, of which $16980 is General Fund.

48 clients in Intensive Services:

General Fund	$687,094
Federal Medicaid	$1,116,916
Total	$1,857,010

The average cost per client is $36,688, of which $14,314 is General Fund.

Moving 100 clients into SSSO's would save $1.6 million per year. Moving 48 clients into Intensive Services would save $1.2 million per year. The $3 million per year would fund increases for all the direct service employees in the community based system to a level equal to entry level salaries for comparable positions at Montana Developmental Center.

VISITOR'S REGISTER

_____ SUBCOMMITTEE

AGENCY(S) _____ DATE 1-27-89

DEPARTMENT _____

NAME	REPRESENTING	SUPPORT	OPPOSE
Virginia Kenyon	Bd of Visitors	✓	
Nadiean Jensen	AFSCME		
Julie Dahlen	AFSCME		
Colette Brown	AFSCME		
Bill Schulz	Visitor -		
[illegible]	[illegible]		
[illegible]	[illegible]		
Ben Davidson	Self		
K Nemmers	Self		
Dave Peden	Self.		
Gerry Myhre	Self.		
DAVE Anderson	Jefferson Co Commissioner		
Margaret C Hallisey	Ronald		
E Wayne Phillips	Gov's Office		✓
Shirley Rammer	Advocate	✓	
C Valenkamp	DD Lobbyist	✓	
Doris Brenden	House Comte Secy.		
Sandi Nicholas	SCH	✓	
Connie Koenig	Parent - Sarah Community Based Services	✓	
Sylvia Dorsett	Provider - DD	✓	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT.
IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.

FORM CS-33A
Rev. 1985

VISITOR'S REGISTER

_____ SUBCOMMITTEE

AGENCY(S) _____ DATE 1-27-89

DEPARTMENT _____

NAME	REPRESENTING	SUPPORT	OPPOSE
Jodi Romine	DD Disorder	✓	
Ronald Hull	our developmently disabled daughter, Susie	✓	
Louise Hull		✓	
Robert W. Visscher	LIVINGSTON	✓	
Grayden D Mills	SCC-Ronan	✓	
Margaret Baker	BCA - Harlem	✓	
Alicia Pichette	Self	✓	
Ann Mary Dussault	SELF	✓	
Kathleen Zeeck	Montana Developmental Center		✓
[illegible]	Self (Employee Montana Developmental Center)		

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IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.

FORM CS-33A
Rev. 1985