



DIRECT CONNECTION

Current news from the Missouri Division of Developmental Disabilities to keep you informed

Vol. 2

No. 6

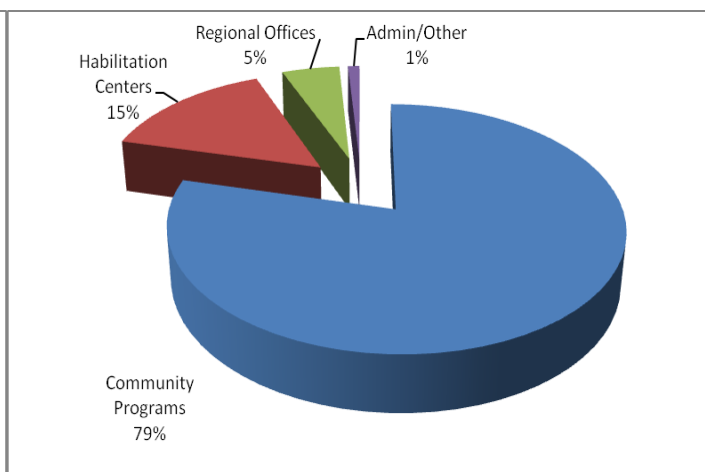
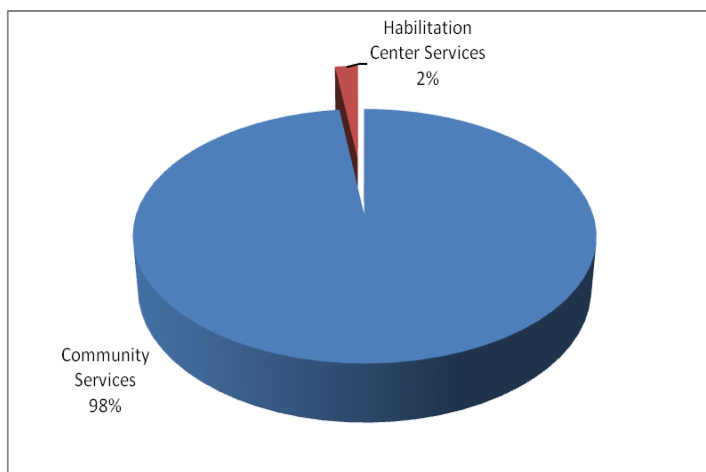
June, 2011

MISSION ACCOMPLISHED

The DMH, Division of Developmental Disabilities (DDD) serves persons with developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. To be eligible for services, persons must have substantial functional limitations in two or more of the following six areas of major life activities: self-care, receptive and expressive language development and use, learning, self-direction, capacity for independent living or economic self-sufficiency, and mobility. DDD's focus is on improving the lives of persons who have developmental disabilities and their families through supports and services intended to enable them to live independently and productively. It directly operates six habilitation centers statewide and supervises approximately 1,600 contracted community services providers for an array of services.

DDD Clients and Services

- DDD was appropriated over \$625 million in SFY 2011 to serve approximately 30,000 individuals.
- Over 79% of the Division's budget is used to purchase services for 28,913 or 98% of the individuals served by the Division living in the community.
- The Division continues to use 15% of its total budget to serve 695 individuals or 2% of the consumers served by the Division living in habilitation centers.
- 11 statewide DDD Regional Offices provide case management, contract management and quality assurance. Local county DD boards also provide case management services in partnership with DDD.



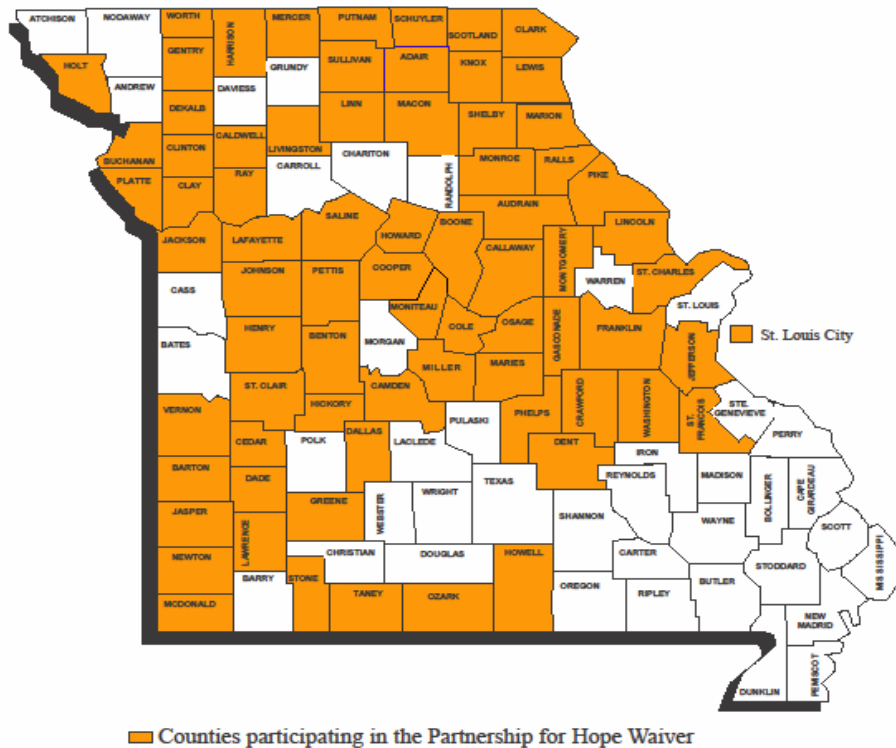
IN FULL SWING

Partnership for Hope Waiver

The Partnership for Hope Waiver continues to have a very positive impact in helping individuals obtain necessary support services before they have a crisis in their life. Centers for Medicare and Medicaid Services (CMS) approved the Partnership for Hope waiver to begin October 1, 2010. This waiver is a unique partnership between the Division and County SB40 Boards to increase the capacity of the state to meet the needs of individuals at risk of institutionalization who require minimal supports to continue living in integrated community setting. The Partnership allows the State and County Boards to share in the operation and funding of waiver services through Intergovernmental Agreements. The waiver allows the implementation of preventive services in a timely manner in order that eligible participants may continue living in the community with their families. The annual cost of waiver services for each individual is capped at \$12,000.

Division and Senate Bill 40 Board partners continue to meet with Senate Bill 40 Boards that have not yet enrolled to encourage them to consider Partnership for Hope. We project at least nine more counties will be added on the next waiver amendment.

Partnership for Hope Waiver Counties



February 2011

The Perfect Storm

It was predicted to be the “perfect storm.” Three simple weather conditions were forming the storm & headed for Joplin. The Weather Channel crew and storm chasers were in the area and prepared for “the coming.” But no one was truly prepared for what occurred. It was as though the Apocalypse that had been predicted for the day before was one day behind!

What was it like after?

The first inclination is to make contact with everyone you know who may have been affected by the disaster. But with phone lines & cell towers downed there was almost no means of communication. The only communication at that point was via radio (DJ’s were giving ongoing reports to the public) and television, both local and national. We learned that with changes in cell towers, you also have to change to compatible SIM cards.

The next morning was fast-paced. Central Command was established at MSSU across the road from JRO. Search & Recovery orientations & transports were setup at Billingsly Center on campus. The main parking lot at MSSU began to fill up with convoys of relief assistance. Also, the church down the road was established as a primary site for relief and resources. Resources access units were setup at MSSU Taylor Auditorium. Shelter was provided at the Leggett & Platt Building on campus. JRO was centrally located to all, which worked out well.

It took a bit of time for FEMA/COADS to schedule & hold planning meetings with the Joplin Chamber of Commerce and community action agencies. Beyond the initial response and medical treatment, the first order of business was to organize resource stations and provide necessary supplies onsite. It was noted with Central Command across town, persons affected did not have the means to get out to resources. Traffic was routed from south of town, traffic became slow and congested.

With St. John’s Hospital totally destroyed, persons with injuries were triaged to the Joplin Memorial Hall. Persons with critical injuries were down the road and up the hill from St. John’s. A Freeman staff described to me that there were so many persons injured medical personnel had no electricity and no water to even cleanse wounds. The hallways were said to be full of blood. Bodies were being pulled from the rubble.

First thing Monday morning, we brought in and made work areas for our agencies that lost their offices. A number of consumers who lost their homes came in at the same time their support agencies were trying to relocate while rentals could be found. By noon agencies were able to access the system, thanks to IT and Maintenance. Our most important task was to find people to ensure safety and to provide supports as best we could. All day we all were calling, contacting consumers and providers, coworkers, families. We communicated and shared constantly! Connections Case Management, who were saved from destruction by only 2 blocks, served the predominance of persons in the area. They made contacts and even searched for persons at their homes and at the hospital. We fielded calls from frantic family members who lived out of the area, letting them know where their persons were and how to contact them. We also fielded calls from out of state trauma centers.

Because property was scarce, we contacted Central Office to ask that funds be made available for immediate need. They assured us that we would have whatever we needed. This was a relief to know that we could move forward without hesitance.

As a result of the COAD meetings we networked with them to receive meeting notes and updated information regarding locations of resources, types of resources available and contact numbers.

The local radio group, Zimmer, kept all of us informed and kept us going through the initial period. Our radios were on at all times. They were and are a great community support.

By the third day, Joplin was inundated with help and resources. Many are now gone but will never be forgotten.

Everyone at JRO wanted to help in every way possible, but it was apparent early on that all of us had a necessary role to fulfill. We needed to stay focused on using our skills where we could be the most effective, and when best, direct persons to the best other resources rather than duplicate efforts.

We learned that even in the rubble, people were able to recover belongings with which to start anew. Within a few days consumers were moving, coworkers were settling in homes, people were moving forward.

The greatest concern verbalized by victims was the need to take all victims' bodies to a temporary morgue rather than release to families for burial. And some persons, live and deceased, were incorrectly documented to be other than where they ended up. A JRO consumer was temporarily lost in transit from the hospital to the mortuary. His parents had to trace his body's transport. We referred the family to the County Coroner for assistance.

Currently, we have consumers whose family homes were destroyed. The local SB40 Board has approximately \$50,000 in relief funds to assist families.

With fund resources pledged by C.O., providers felt more secure to make decisions. We have been able to refer persons for crisis assessment and counseling. Crisis Management classes are being held at JRO. Crisis counseling has been provided to all who wish to have it.

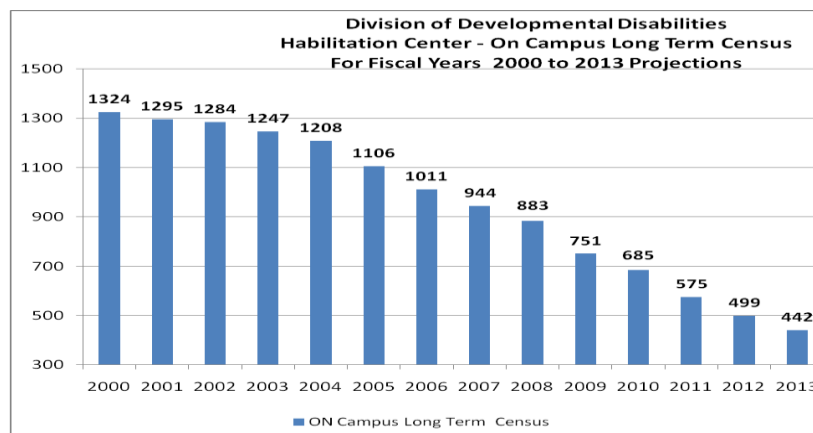
To conclude, it is noted that our contacts within the Division/Department – Bernie, Jeff, Vicki, Mary and Dr. Schafer have been extremely supportive of all of us here in Joplin. Governor Nixon and City Manager Mark Rohr have been outstanding leaders.

Joplin is cleaning up and already starting to rebuild. There are many opportunities ahead as well. And the work goes on.

IN DEVELOPMENT

Habilitation Centers

DDD habilitation center census has declined significantly from over 1,300 individuals in July 2000 to our **current on campus census of 575** as of June, 2011. The Nevada Habilitation Center continues to develop living arrangements in the community and provide individualized supported living services in those settings. At this time, there are 32 individuals remaining on-campus at that Center. The following graph illustrates this progress over time.



Missouri in the News

United Cerebral Palsy recently published *The Case for Inclusion 2011: An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities* and highlighted positive changes for the State of Missouri:

- One of 18 states achieving substantial progress in reducing the number of persons living in large state institutions since 2005, reducing by 27%.
- Positive change in rankings from 2007 to 2011, moving from position 41 to 28, due to:
 - Increased proportion of resources directed to the community, from 50% in 2005 to 81% in 2009
 - Participation in the National Core Indicators project

The entire report can be found at www.ucp.org.

*The Centers for Medicare and Medicaid (CMS) partnered with the National Institute of Mental Health to contract with IMPAQ International (CMS contractor) to conduct a multi-year project to obtain, synthesize and disseminate information about available services to people with Autism Spectrum Disorder (ASD). CMS selected nine states for the study, focusing on evidence-based and best practices: Arizona, California, Connecticut, Indiana, Maine, **Missouri**, New Mexico, Pennsylvania and Wisconsin. Missouri was noted particularly for:*

- Being the 21st state to pass Autism Insurance legislation;
- Being one of only a handful of states with dedicated entities focused on Autism (Office of Autism Services);
- Having a Commission on Autism Spectrum Disorders;
- Being a leader in the establishment of standards, as early as 2003 Missouri Autism Research and Response Agenda (MARRA);
- Missouri Autism Guidelines Initiative-Best Practices for Screening, Diagnosis and Assessment offered as an example of an effective state initiative;
- Navigating Autism Services: A Community Guide for Missouri; and
- Missouri Autism Centers (Thompson Center, Cardinal Glennon Children's Medical Center, Children's Mercy Hospital and Clinics and Southeast Missouri State University Autism Center for Diagnosis and Treatment).

The full report is available on the web at <http://www.cms.gov/apps/files/9-state-report.pdf>.

BRIGHT IDEAS

Targeted Case Management

DDD is reducing its Regional Office role in case management through partnerships with local Senate Bill 40 Boards and not for profit entities for case management services. This provides case management services closer to the consumers' homes, reduces caseload ratios, and allows the case management system to grow as caseloads increase.

- In 2006, there were 17 counties providing local TCM services supporting 4,301 individuals, representing 15% of persons served.
- Currently, there are **77 counties** providing local TCM services supporting **over 13,500 individuals**, representing **over 42%** of persons served.

DIVISION FACTS AT A GLANCE

(updated quarterly)

	2005	2010	June 2011
Number of Persons Served			
Habilitation Centers - On Campus	1,106	695	575
State-Operated Homes	156	147	187
Residential Services	5,277	5,988	6,346
In-home services	7,398	9,497	9,607
Case Management Only	14,698	13,428	14,146
Number of Persons Enrolled in DD Waivers			
Comprehensive Waiver	7,686	7,732	7,698
Community Support Waiver	625	1,180	1,250
Lopez Waiver	200	192	191
Partnership for Hope Waiver	<i>Not Available</i>	<i>Not Available</i>	835
Autism Waiver	<i>Not Available</i>	126	146
Number of Persons Self-Directing	106	361	472
Waiting for Services:			
Residential	515	508	355
In-Home	2,982	4,822	4,129
Number of Counties with local TCM Services	15	50	79
<u>Division Fiscal Year Budget</u>			
General Revenue	\$217,190,991	\$262,849,442	\$258,648,773
Federal Funds	\$205,080,127	\$337,791,117	\$346,271,210
Mental Health Local Tax Match Funds	\$5,852,732	\$12,853,770	\$12,853,770
Other Funds	\$6,594,186	\$8,931,482	\$7,519,033
Total DD Budget	\$434,718,036	\$622,425,811	\$625,292,786
Budgeted FTEs	4,511.20	3,790.55	3,596.00