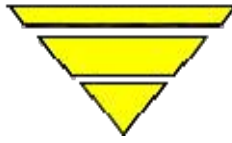


DIVISION OF MENTAL RETARDATION AND

**DEVELOPMENTAL
DISABILITIES**



**REPORT TO LIEUTENANT GOVERNOR PETER D. KINDER,
CHAIR, MISSOURI MENTAL HEALTH
TASK FORCE**

AND

THE MISSOURI MENTAL HEALTH COMMISSION

***FINDINGS
AND
RECOMMENDATIONS***

**Bernard Simons, Director, Division of Mental Retardation and
Developmental Disabilities
Chair**

May 1, 2007

Division of Mental Retardation and Developmental Disabilities

The Division of Mental Retardation and Developmental Disabilities (MRDD), established in 1974, serves persons with developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services from the Division, persons with these disabilities must have substantial functional limitations in two (2) or more of the following six (6) 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.

The Division's focus is on improving the lives of persons with developmental disabilities and their families through programs and services to enable those persons to live independently and productively. The Division, as outlined in 633.010 RSMo, is charged with the responsibility of ensuring that mental retardation and developmental disabilities prevention, evaluation, care, habilitation and rehabilitation services are accessible, wherever possible. Furthermore, the division has the responsibility in supervision of division residential facilities, day programs and other specialized services operated by the department, and oversight over facilities, programs and services funded or licensed by the department. In 1988, the Division began participation in the Medicaid home and community-based waiver program, designed to help expand needed services throughout the state.

The Division operates 17 entities that provide directly or through contracts purchase specialized services. The Division's eleven (11) regional centers provide service coordination and work with individuals, families and contracts with Senate Bill 40 (SB40) Boards which are established under Section 205.968 thru 205.972 RSMo 2000 and passed by individual county voters, Affiliated Community Service Providers (ACSP) as described in 9 C.S.R. 25-2.005-2.105, and with private providers for the provision of a comprehensive array of services in the following areas: Albany, Central Missouri, Hannibal, Joplin, Kansas City, Kirksville, Poplar Bluff, Rolla, Sikeston, Springfield, St. Louis. There are also six state operated habilitation centers - Bellefontaine Habilitation Center, Higginsville Habilitation Center, Marshall Habilitation Center, Nevada Habilitation Center, Southeast Missouri Residential Services, St. Louis DDTTC ; which provide residential care and habilitation services.

The regional centers are the primary points of entry into and exit from the system, and provide assessment and case management services, which include coordination of each individual's person centered plan. The habilitation centers primarily serve individuals who are medically and behaviorally challenged or court committed.

BACKGROUND

In 2006, Governor Matt Blunt appointed the Missouri Mental Health Task Force, chaired by Lt. Governor Peter Kinder, to review best practices, to conduct field hearings for obtaining public input, and to make recommendations for changes to the mental health system that will keep children and adults with disabilities safe from abuse and neglect. The formation of the task force was prompted by reports from the State Auditor in 2005 and the St. Louis Post-Dispatch in June 2006 about serious incidents of abuse and neglect of individuals served in facilities and programs operated or contracted by the Missouri Department of Mental Health (DMH).

The Task Force published a report in November 2006 that included 25 recommendations for improvement. Recommendation number 24 addressed public-private partnerships in the Division of Mental Retardation/Developmental Disabilities (MRDD). The recommendation read in full:

- 24. The Department of Mental Health, Division of Mental Retardation/ Developmental Disabilities (MRDD), shall create a committee of key stakeholders to evaluate the feasibility of public-private partnerships to deliver case management services, determine eligibility, manage local wait lists, and provide and/or contract for a system of programs and services in their local areas.*

This committee should examine proposals to transfer many of the functions provided by the 11 Regional Centers currently operated by the Department of Mental Health to local entities.

Members of the committee, which should be chaired by the Director of MRDD, should include representatives from provider organizations, SB 40 Boards, family members or guardians of a person with a disability, self-advocates, Regional Center employees, Missouri Protection and Advocacy Services, and the Missouri Planning Council. A final report with recommendations should be submitted to the Mental Health Commission and the Lieutenant Governor by May 1, 2007. The feasibility report should include a study of economic impact, timelines, and strategies for implementation if so recommended, along with proposed legislation if needed.

The Missouri Mental Health Task Force recommendation number 24 charged Bernard Simons, Director of the Division of MRDD, to convene a committee of key stakeholders. With respect to the appointment process of the committee, the Division solicited nominations from key stakeholder groups as outlined in the Mental Health Task Force recommendation and had representation from around the State. All meetings were open to the public to ensure transparency. The committee convened for the first time on January 24, 2007.

Recommendation #24 Committee of Stakeholder Members

1. **Bernard Simons**, Director, Division of Mental Retardation and Developmental Disabilities, Missouri Department of Mental Health, Chair
2. **Gene Barnes**, President and CEO, The Arc of the Ozarks, representing the Missouri Chapter of the American Network of Community Options & Resources (MO-ANCOR) member
3. **Mike Hanrahan**, President , Missouri Chapter of the Arc of the U.S., parent
4. **Vim Horn**, Associate Director, Institute for Human Development (UCEDD), University of Missouri, Kansas City, representing the Missouri Planning Council for Developmental Disabilities
5. **Byron Koster**, Senior Advocate, Missouri Protection and Advocacy (MOP&A)
6. **Cindy Mueller**, Director, St Louis Regional Center-South, Division of Mental Retardation and Developmental Disabilities, Missouri Department of Mental Health
7. **Lori Perdieu**, Self-Advocate
8. **Jacqueline Swinnie**, Parent
9. **Les Wagner**, Executive Director, Boone County Family Resources, Boone County Senate Bill-40 Board– Affiliated Community Service Provider
10. **Lois Warren**, Assistant Director, Hannibal Regional Center, Division of Mental Retardation and Developmental Disabilities, Missouri Department of Mental Health
11. **Wendy Witcig**, Executive Director, Triality, Inc. representing the Missouri Association of Rehabilitation Facilities (MARF)
12. **George Woodward**, Director, Lawrence County Board for the Developmentally Disabled, Senate Bill 40 Board– representing Non-Missouri Association of County Developmental Disabilities Services (MACDDS), parent
13. **Jennifer Wooldridge**, Executive Director, Jefferson County Developmental Disabilities Resource Board, Jefferson County Senate Bill 40 Board— representing the Missouri Association of County Developmental Disabilities Services (MACDDS)

The Committee offers this report of its deliberations and recommendations to the Lt. Governor and the Mental Health Commission for further action.

MEETINGS AND PRODUCTS

The MRDD Stakeholders Committee on Recommendation 24 met in Jefferson City on January 24, February 5, February 21, March 7, March 21, and April 4. The meetings were supported by the Division of MRDD staff--Tec Chapman, Jeff Grosvenor, Kay Green, Nancy Schetzler, Paula Fick, Kelly McDonald, and Brenda Gregor; and an independent facilitator, Mahree Skala.

At the first meeting, the Committee heard presentations of three proposals to transfer functions currently provided by the Regional Centers to local entities (see Appendix A). The presentations were made by the Jasper County Sheltered Facilities Board, the Missouri Association of Rehabilitation Facilities, and the Coalition (Missouri Association of County Developmental Disability Services, Missouri chapter of the Association MOANCOR, and the Missouri Association of Rehabilitation Facilities). In order to frame the future restructure of the regional centers, Bernard Simons, Chair of the Committee and Director of the Division of MRDD, presented a conceptual plan for a new Regional Center Structure and Functions (see Appendix B).

At the February 5 meeting, the Committee identified the qualities they desired to see reflected in the statewide system of MRDD services. These became the values that guided subsequent discussions and the recommendations. The Committee concluded that the system should be:

1. Efficient
2. Participant centered/driven
3. Effective
4. Flexible
5. Innovative
6. Accountable, with high quality and mechanisms for continuous improvement
7. Fair and equitable
8. Consistent across the state
9. Effective in partnering with communities
10. Attractive to top quality service providers
11. Respectful and effective in the use of current MRDD staff
12. Supportive of information sharing

Beginning with the February 5 meeting and continuing on February 21, the Committee analyzed and discussed various aspects of the statewide system of services that would need to be addressed in order to expand public-private partnerships. The Division of MRDD provided a review of its statutory responsibilities (see Appendix C). The February 5 and 21 discussions were summarized in a document titled "Responsibilities

of MRDD and Administrative Entities,” which was finalized at the March 7 meeting (see Appendix D). The March 21 meeting was devoted to crafting the recommendations. The draft report was reviewed, revised, and finalized by the Committee at the April 4 meeting.

COMMITTEE RECOMMENDATIONS

The Committee has determined that it is feasible for the Division of MRDD to establish contracts with administrative entities to provide targeted case management and other services now being provided by regional centers. This approach can be effective only if the roles and responsibilities of the regional centers and the administrative entities are designed to avoid duplication leading to high quality, comprehensive supports and services for people with developmental disabilities and their families.

There should be a detailed phase-in plan for each region with timelines and monitoring of continuity of services during and after the phase-in period. The Division of MRDD should work with other key stakeholders, such as regional developmental disability advisory councils, in the development and implementation of such plans.

- 1. The Committee believes the Division of MRDD will continue to need regional centers and recommend that each center have a director. The reorganized regional centers shall have responsibilities related to consumer relations, business administration, resource administration, assuring the availability of clinical services, and quality assurance (see Appendix B). We further recommend the Division of MRDD make a concerted effort to minimize the impact of the recommended changes on current regional center employees, and that a plan be developed to guide and articulate the transition process.**

- 2. The Committee recommends that the number of administrative entities in each region be determined by the Division of MRDD to assure that services are available, economical and effective, and that access to services is equitable across regions, taking into account geographic variations.**

- 3. The Committee recommends that the Division of MRDD develop standards for administrative entities, with assistance from a broad range of existing stakeholders. The following should be considered during standards development:**
 - A. MRDD should clearly identify the capacities required in order for an agency to serve as an administrative entity.

 - B. MRDD should work with existing agencies, including SB 40 Boards,

designate Affiliated Community Service Providers, and not-for-profit organizations to review each entity's charter and expand their capacity to assume the responsibilities of administrative entities (in multiple counties if necessary). If an administrative entity seeks to cover multiple counties, such administrative entity shall develop contractual agreements with SB 40 boards in counties where the administrative entity is to serve.

C. In counties where SB 40 Boards do not exist, are determined not to have the capacity, or choose not to become administrative entities or to do so only in part, MRDD should expand partnerships with not-for-profit organizations that have community boards and are determined to have the capacity to assume the responsibilities of an administrative entity.

D. The criteria for an agency to serve as an administrative entity should require a demonstrated track record, including:

- national accreditation (CARF or Council) or equivalent or certified by MRDD; and
- fiscal stability, and
- high consumer satisfaction as measured through a systematic, ongoing data collection of information from consumers using valid and reliable assessments.

4. The Committee recommends that the Division of MRDD contract with administrative entities to address the following responsibilities and accountability mechanisms. As these roles and responsibilities are contracted for, performance based mechanisms will be included to assure contractual obligations are met. The following roles and responsibilities may be included, but shall not be limited to:

- Case management/service coordination (provided by local service agencies, or by the administrative entity itself)
- Clinical services (provided by local service agencies, or by the administrative entity itself)
- Provider development and outreach
- Provider technical assistance
- Provider monitoring and oversight
- Community outreach
- Intake processes and procedures
- Local waitlist management
- Utilization review
- Consumer transitions from habilitation centers into the community, and from school to adult activities
- In-home supports
- Training and reporting requirements, including reporting of abuse/neglect

- Processes for receiving, addressing, and resolving complaints and grievances against administrative entities and local service providers
- Enforcement of contracts with local service providers (see recommendation number 6)
- Quality Assurance (see following additional consideration)

For more detail, see Appendix D.

Additional consideration:

All administrative entities (SB 40 Boards, Affiliated Community Support Providers, and not-for-profit organizations) should be subject to the same level of safeguards regarding consumer choice (i.e., ensuring Client Choice of Provider Statements are obtained and are maintained in the individual's case record).

5. The Committee recommends the Division of MRDD actively collaborate with the administrative entities to assure high quality, comprehensive services, and to clearly define the roles and responsibilities of MRDD and the administrative entities in relation to quality assurance (Q/A). The Division of MRDD will continue to have a critical role in the Q/A system trending data at the organizational, regional and state level as well as assuring high standards for services. The Committee recommends the Division of MRDD consider the following in setting forth Q/A roles and responsibilities:

- A. The system of quality assurance assures that administrative entities do not have sole responsibility for oversight of their own services.
- B. The division of MRDD will provide feedback information through the MRDD Q/A system, to assure that the administrative entity can take informed and appropriate actions to improve the quality of local and regional services, as well as outcomes.
- C. Self-advocates, families, guardians and advocates have an active role in the Q/A process.
- D. The Q/A system avoids duplicative data collection.
- E. Administrative entities are provided with a workable data system that has adequate security mechanisms to assure appropriate confidentiality of client data.

6. The Committee recommends the Division of MRDD define the roles and responsibilities of the administrative entities with respect to agencies contracted to provide supports and services. The Committee recommends the Division of MRDD consider the following in setting forth roles and responsibilities related to service contracts:

- A. Expand the use of existing mechanisms set forth in statute (such as Affiliated Community Service Providers) to share state and local responsibility for service contracts, to assure informed choices and effective and efficient use of the resources with the minimum amount of duplication, fragmentation, and unnecessary expenditures.
- B. Contracts shall define the roles and responsibilities of the Division MRDD and the administrative entities in contract enforcement to include, but not be limited to the powers, functions and duties of the Division as outlined in Section 633.010.2(4), (7), (8), (9), (11), (12), (13), RSMo 2000.
- C. The Division of MRDD and administrative entities investigate and apply best practices to improve contract enforcement which increases quality of supports and services, and outcomes for consumers.

7. The Committee recommends that the Division of MRDD define the roles and responsibilities of the administrative entities with respect to allegations of abuse or neglect. The Committee recommends the Division of MRDD consider the following in setting forth roles and responsibilities related to abuse and neglect investigations (including but not limited to):

- A. Investigation of allegations of abuse and neglect is a shared responsibility of the Division of MRDD and administrative entities.
- B. Administrative entities receive information from the Division of MRDD about incidents and trends for Q/A purposes.
- C. Education of service providers, individuals and families about abuse/neglect and how/where to report problems is a joint responsibility of the Division of MRDD and the administrative entities.

8. The Committee recommends the Division of MRDD establish mechanisms to address conflicts of interest (or the appearance thereof) in areas where an administrative entity also provides direct service to include the following areas (but not limited to):

- A. Oversight of development and implementation of contracts with service providers.

- B. Assurance of informed consumer choice in selecting the provider of supports and services.
- C. Administrative entity's system of quality assurance and investigations of abuse or neglect.

ECONOMIC IMPACT

The committee's intent is that these recommendations not necessitate significant new general revenue appropriations. Moreover, the committee strongly believes if these recommendations are implemented, the overall resources to serve Missourians with developmental disabilities and their families will be greatly expanded by coordinating local, state, federal resources, and private donations at the community level.

As the Division of MRDD and the regional centers transition to the proposed new regional center structure, roles and responsibilities, as well as administrative entities beginning to assume the functions, roles, and responsibilities that the Committee has recommended, we encourage the Division to work with existing regional center personnel to transition into these new roles and responsibilities as the Division moves forward in future endeavors. The Committee recognizes the transition process to fulfill the recommendations of the Committee will be a multi-year initiative.

APPENDICES

- A. Three proposals and side-by-side comparison
- B. Regional Center Structure and Functions diagram
- C. RSMo Chart Document
- D. Responsibilities of the Division of MRDD and Administrative Entities