



*FINAL REPORT
AND RECOMMENDATIONS*

OF THE NORTHWEST HABILITATION SERVICES TASK FORCE

Prepared for the
Missouri Mental Health Commission

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Northwest Habilitation Services Task Force
Final Report and Recommendations
July 1, 2014

History and Background of Marshall Habilitation Center and Higginsville
Habilitation Center

Over the past 20 years, services provided by the Missouri Department of Mental Health's Division of Developmental Disabilities (DD) have progressed from care that was once primarily provided on large congregate habilitation center campuses to an array of living options in home and community settings across the state.

During these years, many individuals who previously resided on the campuses of the Marshall Habilitation Center (MHC) and the Higginsville Habilitation Center (HHC) have opted to live in community neighborhoods of Higginsville, Marshall, or surrounding towns while still continuing to receive their services from state employees employed by the habilitation centers.

In September 2013, when this Task Force was established, MHC had a total census of 132 individuals, including 69 residing on the campus and 63 living in homes in and around the Marshall area. HHC had a total census of 122 individuals, including 44 who lived on the campus and 78 who lived in homes in Higginsville and surrounding communities.

Together, the combined number of individuals living on both the MHC and HHC campuses was only 113 individuals, even though those campuses were originally designed for a combined total of over 1,100 individuals. Today, there are many empty or sparsely used buildings between campuses, particularly at MHC, that were once used for residential purposes.

Creation of the Northwest Habilitation Services Task Force

These two habilitation center campuses were originally designed for larger populations and a different purpose. Given that, and in regards to national and state policy regarding how services should be delivered to people with Intellectual and Developmental Disabilities (IDD), the Mental Health Commission recognized the need for a thorough review of how services are delivered at MHC and HHC. As a result, the Commission asserted it was time to redesign services in these communities, consistent with current circumstances and service philosophies.

The Commission believed that such a redesign should be guided by the people and communities most affected and that, if at all possible, all redirected resources should be used directly for the betterment of the DD services in those communities as opposed to addressing budget cuts or meeting unrelated needs across the state.

Furthermore, the redesign effort should enhance current and future services for individuals with DD served in Northwest Missouri, and must simultaneously assure the continued partnership with community leaders in Marshall, Higginsville and surrounding areas that protect the areas' economic benefits received through these programs. The Commission also envisioned that a redesign effort may ultimately put to rest the perception that funds could be redirected for other purposes not related to improving the quality of DD services in Northwest Missouri.

In that light, in September of 2013, the Commission proposed the creation of a Northwest Habilitation Services Task Force to be comprised of family members/guardians of the individuals now served by MHC/HHC, managers, support staff and direct care staff from the two programs, along with local government representatives of the two communities.

The Task Force was charged to recommend a Northwest Habilitation Services redesign to the Commission and Department of Mental Health (DMH) that would best meet the needs of the individuals served and would optimize the use of all available resources. The recommendations were to include:

- The location and size of on-campus services as determined appropriate for those individuals in need of such services;
- The best configuration and administrative support for individuals on and off campus;
- How existing facilities should be used to achieve the above goals;
- How any freed resources should be used to enhance campus and community-based services in the Northwest area; and
- Recommendations regarding what should happen to state property no longer needed to operate redesigned programs.

The Commission requested the redesign proposal from the Task Force no later than August 2014.

The Northwest Habilitation Services Task Force

The Northwest Habilitation Services Task Force was established with 13 members who represented both MHC and HHC, as well as the communities of Marshall and Higginsville. These members comprised a diverse set of roles such as county and city officials, facility direct care, supervisory and administrative staff, parent, guardian, and Director of State Operated Programs. In addition to their current roles, many of these members previously held positions that enhanced the diverse experiences contributing to the discussions.

The Task Force held its commencement meeting on October 8, 2013. In attendance were the Task Force members, Senator David Pearce, Representative Dean Dohrman, Representative Glen Kolkmeier, Commissioner Neva Thurston, Greg Thurston and Division of Developmental Disabilities Director Bernard Simons. This meeting served as an introductory meeting in which the mission and goals of the task force were discussed, as well as, developed a process in which to move forward with those goals.

The Task Force members agreed that meetings would be held twice a month. The locations of the meetings would alternate each time between the campus of MHC and the campus of HHC. All meetings were considered public open meetings.

The task force proceeded in four core phases: 1) touring both MHC and HHC campuses and collecting information regarding their demographics, services, operation, needs and Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/IDD) regulations; 2) touring the community homes in both Marshall and Higginsville and collecting information regarding their demographics, services, operation, needs and the Medicaid Waiver guidelines; 3) examining and comparing the information collected, discussing various campus structure possibilities, discussing various service design options and the impact all of these options would have on individuals served, staff, communities and other factors; and 4) preparing the final recommendations.

The Task Force communicated openly, both in public meeting and when contacted with questions, with entities that were interested in the Task Force progress. This included AFSCME, SEIU, Lafayette County Ministerial Alliance and facility staff, as well as, other community members.

The Marshall and Higginsville Habilitation Centers

MHC and HHC are separate facilities approximately 30 miles apart, each managed by its own superintendent and operated by DMH through the Division of DD. Both MHC and HHC not only operate on campus residential programs, but they each also operate an off campus Home and Community Based Waiver Program.

The on campus residential programs are certified through the ICF/IDD program and all costs associated with the facility are included in the daily per diem (housing, food, medical, dental, therapies, direct care/support staff, housekeeping, laundry, maintenance, administration, etc.). All ICF/IDD facilities must meet specific conditions of participation to maintain certification under the program.

The off campus waiver services are reimbursed through the Home and Community Based Medicaid Waiver by a daily residential habilitation rate. This rate is specific as to the number of direct care, nursing and habilitation hours each individual needs, as well as, a percentage of

administration costs. This means the rate for each person will vary because each person's needs may be different.

Under this program, individuals rent a home in the community and receive their supports in their home. Usually three individuals share a home and split the living costs such as rent, utilities, household expenses, food, etc. The individuals and guardians choose their housemates, homes that they will rent, and full time staff. Services are individualized and based upon what each individual needs.

All Home and Community Based Waiver programs must meet licensure and certification guidelines under the Missouri Medicaid Waiver program.

Although the programs and services offered through MHC and HHC are similar, there are a number of differences not only in the programs and services but also in the physical structure of their campus. All of these aspects were taken under consideration in development of the final recommendations.

MHC Campus Information

MHC is a residential living and treatment facility which is located on approximately 235 acres. The campus is comprised of 53 buildings totaling 589,494 square feet, including 34 residential group homes, four dormitory-type residential buildings, a work skills building, a gymnasium and three office space buildings, a former assistant superintendent's home, a home known as the Tudor House which includes a museum of MHC history, a supply building, two maintenance buildings, four storage/maintenance garages and barns, and an administrative building. The property includes a large lake with several shelter houses, two ball fields and a pavilion. The property also includes three cemeteries.

Only approximately 30% of the total square feet of buildings are occupied or in use today. Of the 34 residential group homes, only 14 are currently used for consumer living areas and an additional five are used for consumer programming and recreational areas. Fifteen of the group homes are vacant. As the facility continues to downsize, additional homes will become vacant over time. All of the large buildings, with the exception of Administration and Spainhower, are vacant and either not in use, or used for storage only.

All of the group homes are in need of major external repairs (roofs, siding, windows, soffits, guttering, etc). Many of the homes need new flooring and bathroom remodels. The cost to maintain the large older buildings is high, not only in utility costs, but also because of the inspections and upkeep of sprinkler systems, fire alarm systems, generators, heat and cooling, etc. Several buildings on campus have been completely shut down or are scheduled to be shut down. By doing so, the buildings quickly deteriorate because of lack of maintenance.

At the time of the Task Force inception, there were 69 individuals living on the campus of MHC. If fully utilized, the 34 group homes would accommodate 272 individuals. Each group home has four bedrooms and up to eight individuals can live in each home with two individuals sharing a

bedroom. In addition, there are four dormitory-type buildings where individuals once lived; however, these areas are no longer in use and would need major repairs to be used for either living or office areas.

MHC also provides a number of health care and habilitation services to the individuals it serves. MHC contracts with a physician, who collaborates with two nurse practitioners, to provide 24-hour medical services, both at a campus clinic and by on-call status. On campus nursing (RN and LPN) services are provided 24 hours a day to individuals in their homes. MHC employs a part time dentist and shares his services with HHC. Behavioral and psychology services are provided by licensed behavioral analysts and psychologists. All meals are prepared in the individual group homes; therefore, MHC no longer operates a large dietary department.

MHC employs approximately 310 employees for on campus ICF/IDD services and crisis services. Included in this number is 50 shared administrative and support positions that in addition to oversight of the on campus ICF/IDD and crisis services, also provide services to the Community Waiver Program operated by MHC (such as Superintendent, Assistant Superintendent, Personnel, Quality Assurance, Accounting, etc).

HHC Campus Information

HHC is a residential living and treatment facility which is located on approximately 190 acres. The campus is comprised of 16 buildings totaling 209,236 square feet, including six residential group homes, three dormitory-type residential buildings, a work skills building, a gymnasium and office space building, a dietary and laundry department building, a full natatorium, a maintenance building and two administrative buildings. A canteen is located in one of the buildings and is open throughout breakfast, lunch and supper as another option for individuals residing on the campus, as well as, staff and others who wish to purchase food and snacks.

All of the buildings on HHC campus are in use today. Although most of buildings are in good structural repair, there are updates and modifications that would significantly improve the services to the aging population the campus serves now and in the future. Capital improvements are needed as well to ensure that the facility continues to withstand the test of time. One building on the campus, although in partial use, needs a significant amount of repairs so that it could become fully functional to accommodate needed office or living space.

At the inception of the Task Force, there were 44 individuals living on the campus of HHC. If fully utilized, the six group homes and three dormitory-type buildings would accommodate 128 individuals. Each group home has four bedrooms and up to eight individuals can live in each home with two individuals sharing a bedroom. The three dormitory-type buildings, as a result of remodeling in past years, are designed so that each individual has a private bedroom and can accommodate up to 12-14 individuals living on each side of the building.

HHC provides a number of health care and habilitation services to the individuals it serves. HHC employs a physician, who collaborates with a nurse practitioner, to provide 24 hour medical services, both at a campus clinic and by on-call status. On campus nursing (RN and LPN)

services are provided 24 hours a day to individuals in their homes. HHC employs a licensed physical therapist, physical therapy assistant, occupational therapist, speech therapist, as well as, aides to these therapists. Dental services are provided in an on campus dental office by shared services with a dentist employed by MHC. Behavioral and psychology services are provided by licensed behavioral analysts and psychologists, in addition to behavioral aides in this department. Dietary services are provided by a licensed dietitian and dietary staff. Most meals are prepared in the large dietary department and served in the individuals' homes, with the exception of breakfast in the group homes, which is prepared by the individuals who live in the home and their staff.

HHC employs approximately 274 employees for on campus services. Included in this number is 37 shared administrative positions that in addition to oversight of the on campus services, also provide services to the Community Waiver Program operated by HHC (such as Superintendent, Assistant Superintendent, Personnel, Quality Assurance, Accounting, etc).

MHC Home and Community Based Waiver Information

In 1991, MHC developed its community program by opening nine group homes serving 36 individuals in the Marshall community. These individuals moved into the community from the Marshall Habilitation Center and the staff that supported these individuals on campus were relocated to provide supports in the off campus program. The community program operates separately from the Marshall Habilitation Center but areas such as Administration, Accounting, Personnel, Staff Development, etc. support both programs.

At the inception of the task force, the Marshall Community Unit served 63 individuals under the Medicaid Waiver ISL and Group Home programs. Nine of the homes are three-person ISL's and the other nine homes are four-person group homes. All 18 homes are currently in the town of Marshall. MHC is in the process of expanding the community program as several individuals that currently live on campus would like to move to the community and choose to continue to receive services from MHC through its community program.

In addition to the 50 administrative positions that are shared between the MHC campus and off campus waiver programs, approximately 213 employees work exclusively in the community Waiver Program.

HHC Home and Community Based Waiver Information

In 1991, it was determined by a group of HHC parents and the DMH to offer the choice for individuals to reside off of the HHC campus, by renting homes within their local community. With support from existing HHC staff, the first home in Higginsville opened in December 1991. In 1993, the Community Services Unit became a separate unit of HHC with its own director, staff and identity, supporting people living in Higginsville and Warrensburg. In 1998, the name was changed to its current name, Northwest Community Services (NWCS). Shortly thereafter, it became the supporting agency for more than 50 people. In 2002, NWCS resumed its leadership through HHC; however, it remains a distinct and separate program serving individuals who live in the community rather than on a campus setting.

At the inception of the task force, NWCS served 78 people under the Medicaid Waiver ISL program. There are a total of 30 homes within three different counties (Lafayette, Johnson and Jackson). Nineteen of the homes are located in Higginsville or a rural area close to Higginsville, two homes are located in Corder, two homes are located in Warrensburg, two homes are located in Lexington, and five homes are located in Independence.

In addition to the 37 administrative positions that are shared between the HHC campus and off campus waiver programs, approximately 198 direct care and support staff work exclusively in the community Waiver Program.

Crisis Services at MHC and HHC

Crisis services are provided at both MHC and HHC to individuals recommended to this program through a regional office. This service is designed to be temporary, short term care, for an individual whose behavioral issues have been so significant that they can no longer be safely supported in their community home setting. These services are intended to be provided in a home that is utilized only for individuals receiving crisis services, not among the general population. Referrals for crisis services have risen in recent years. Many of the individuals being referred today are in need of intensive behavioral supports.

Over the last several years, most individuals requesting more intensive behavioral supports through Habilitation Centers have been referred to MHC's Crisis program. Many of these individuals are dually diagnosed with both an IDD and a mental illness diagnosis and are being admitted from either a psychiatric hospital or from jail. These individuals are exhibiting dangerous behaviors or experiencing acute medical issues which can lead to serious behaviors that are exceptional in intensity, duration, or frequency. Community placement is at risk because of the individual's extreme history of property damage, severe injuries to self or others, multiple physical or chemical restraints, hospitalizations, elopement (absent without leave, run away, etc.), frequent law enforcement involvement, etc. DMH has recognized that there is a need to provide specialized supports to these individuals.

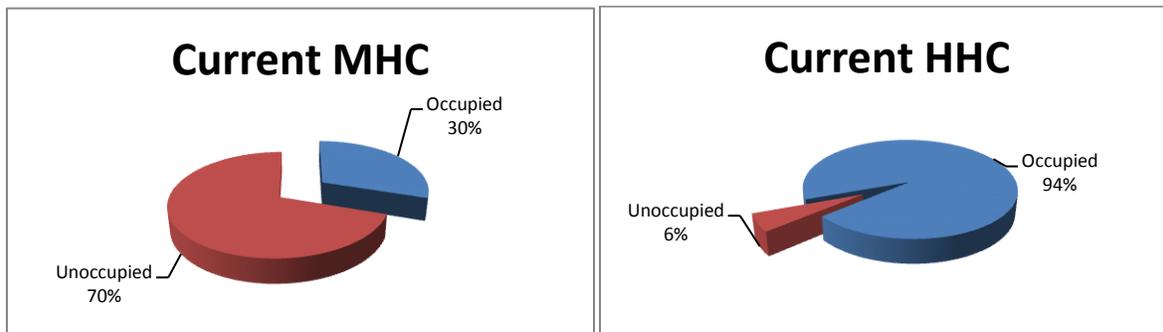
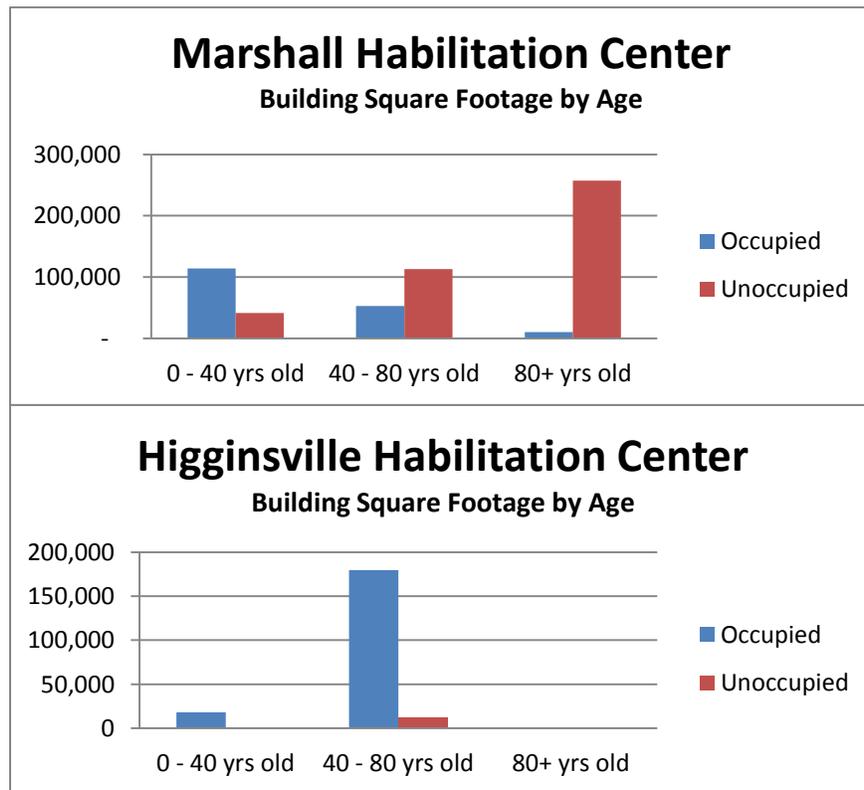
MHC and HHC have experienced professional crisis teams providing both respite and intensive behavioral supports. However, when providing intensive supports, often the facilities can lack the environment to safely and securely provide the services to those individuals in an effective manner. The current facilities were not designed to withstand the intensity of the behaviors for those being admitted for intensive behavioral supports. In addition, these facilities are located along busy roads and highways, near schools, residential neighborhoods and businesses. Because of this, the number of admissions, at any one time, is limited because of the existing environmental concerns.

Since crisis admissions are temporary, it is important that the focus of the treatment teams be on developing and implementing effective strategies that will lead to the return of the individual to their community placement in a successful manner. The environment must not limit the ability of the crisis treatment teams to provide effective services.

Design and Usage of MHC and HHC Campuses

The task force identified several key factors when touring the Marshall and Higginsville programs. The most obvious being the current layout, design, function and use of building space. For example, many of the buildings on the Marshall campus, although no longer in use, are multi-story buildings, and several of these are without elevators. While on the Higginsville campus, all buildings are single level, eliminating accessibility issues. All of the buildings on the Higginsville campus are occupied, to some extent, either with individuals receiving services or with staff. While at Marshall, most of the square footage is unoccupied space, some of which may be used only for storage purposes.

The following graphs depict some of these key physical differences between the two sites:



Each graph is based on the census and use of buildings at the inception of the task force.

Task Force Recommendations

After careful examination of the information collected and presented during the tenure of the task force, and consideration of all options, we submit the following recommendations:

1) There should be one Habilitation Center Campus in the Northwest Region and it should continue to be ICF/IDD certified. We recommend this should be HHC and be operated through the HHC Superintendent.

- The individuals who currently reside on the campus of MHC should continue to have opportunities to choose a private community provider or a state operated waiver home.
- The individuals who reside on the campus of MHC, at the time the recommendations are implemented, should transition to the campus of HHC.
- The individuals residing on the campus are aging and a significant percentage of these individuals have involved medical and physical needs. Services such as dental, physical therapy, occupational therapy, nursing and psychiatry should be enhanced to support the increasing needs of the population, over time.
- The HHC campus should receive the necessary repairs to residential living and office spaces to accommodate the increase in both staff and individuals transitioning from MHC, as well as accommodate for the medical and physical needs of the aging population. This includes the immediate repairs that must be done prior to the move, as well as capital improvement and other projects needed to continue the life of the facility.
- HHC should continue to provide short term respite/crisis services on the HHC campus.
- The MHC campus should not be used for further DMH purposes.
- The MHC campus should be recommended for conveyance through legislation.

2) An eight-person intensive behavior support crisis program should be developed in Marshall.

- The behavioral program should be located off the existing campus of MHC, and ideally on the same physical site as the NWCS offices and satellite day program/works skill program sites. This could be located in an existing building or in a newly constructed building in the Marshall community.
- The physical environment of the intensive behavioral support crisis program should be specifically designed for safety and security and be located in an area that is both safe and secure for the individual receiving service, as well, as for the staff providing the service.
- This program should be funded using general revenue.

- 3) The Marshall off-campus waiver program and the Higginsville off-campus waiver program should become one entity, known as Northwest Community Services, and should be operated through the MHC Superintendent.**
 - Support staff for NWCS, in all locations, should have offices located in their respective community, including satellite offices, and not on a habilitation center campus. These could be located in existing buildings or in newly constructed buildings.

- 4) All individuals should continue to have the opportunity to choose day program and/or work skills programs through NWCS and HHC.**
 - HHC campus should continue to operate their current day program and work skills program.
 - A satellite day program and work skills building should be located in the community of Marshall.

- 5) All redirected resources should be used directly for the betterment of the DD services in the communities of Marshall and Higginsville, as opposed to addressing budget cuts or meeting unrelated needs across the state.**
 - Funds should be appropriated, including redirection of freed fiscal resources as a result of closing the buildings of the entire MHC campus, to assist in funding the development and continued operation of the off campus administrative and support offices in the communities of Marshall and Higginsville, the Crisis Program and satellite day habilitation program in Marshall, as well as necessary renovations on the HHC campus.
 - The equipment owned by DMH on the campus of MHC should be considered for needs at the HHC campus, NWCS offices, crisis program and then other DD facilities, before other reassignment occurs.
 - The equipment owned by Office of Administration on the campus of MHC should be considered for needs at the HHC campus, NWCS offices, crisis program and then other DD facilities, before other reassignment occurs.

- 6) Administrative and Support Services such as Accounting, Personnel, Staff Development, etc., should be shared between sites, as appropriate. Satellite offices should exist at each location under the oversight of one department head, as appropriate.**

- 7) Each employee whose position is affected by the changes should be offered a position to continue employment.**
 - All efforts will be made for employees to remain in their current classification but in some cases it will be necessary to offer them another position for which they qualify, or may become qualified, in accordance with all merit rules and regulations.
 - Approximately 84 MHC positions should be redirected to staff the new eight-person Intensive Behavioral Crisis Program. This includes positions such as direct care, habilitation specialists, nursing, behavioral, unit manager and clerical. The program

should be supported administratively by the NWCS Administration Staff since both programs are waived programs.

- As individuals transition from the ICF/IDD Marshall campus to Higginsville campus, approximately 180 positions should be redirected from Marshall to Higginsville to support the individuals as they move. These positions include direct care, unit manager, unit program supervisors, habilitation specialists, nursing, behavioral, clerical, etc. Also, additional administrative positions that are not tied to the waiver or crisis program should be redirected to HHC as well.

8) Other Recommendations

- Allow an adequate timeframe for the transition of the individuals from the MHC campus to the HHC campus that allows planning, staff training and for the individuals to make visits to and become more acclimated to their new home prior to their transition.
- Work in close partnership with parents and guardians, community members, DMH personnel, AFSCME, SEIU, staff of MHC and HHC, and other stakeholders, to ensure the best outcomes for staff involved in the redesigned services.
- It will be necessary to plan for, as well as, implement portions of each step simultaneously.
- After the individuals living on the MHC campus have transitioned to the HHC campus, it may be necessary for continued need of limited space on the MHC campus. This would be necessary if off-campus administration and support staff office space, day program and work skills space, as well as an intensive behavioral unit have not been established. It is anticipated this would include Spainhower Building and three to five group homes.
- As MHC buildings are vacated, minimal maintenance care should occur so the buildings are sustained for conveyance.
- Ensure that HHC, NWCS and their programs continue to be operated by DD state services and are not privatized.
- Ensure a plan is developed for the perpetual care of the historical items contained in the museum that is currently on the campus of MHC in the Tudor House.
- Ensure a plan is developed for the perpetual care of the three cemeteries affiliated with MHC.

Closing

As members of the Northwest Habilitation Services Task Force, we would like to thank the Mental Health Commission for the opportunity to serve with the purpose of redesigning the Higginsville and Marshall Habilitation Centers' campuses and services throughout the Northwest Region. Over the past nine months, we have diligently worked to assess the two Habilitation Centers, their programs, and the communities in which they reside. We have gathered and thoroughly examined the information necessary to make these

recommendations, and through a collaborative process, we believe we have fulfilled the task given to us by the Commission.

First and foremost, we believe our recommendations meet the current and the future needs of the individuals served, as well as optimize the use of all available resources and best preserve the economic well-being of both communities. We appreciate the Commission’s foresight in proposing the creation of this Task Force and are grateful for the opportunity to have participated in making recommendations to enhance and improve the quality of services.

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