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SOCIAL SERVICES COMMITTEE NO. 2

BOARD AGENDA NO.

DATE: February 12, 1991 **RE:** Services to Persons
with Developmental
Disabilities

FROM: Karl Nollenberger
County Administrator

Robert J. Zeleznikar
Social Services Director

There are approximately 800 persons with developmental disabilities that St. Louis County Social Services is serving, either in the community or in other facilities within the State of Minnesota. These services are delivered through a very complex set of regulations and funding mechanisms. Approximately 70 of these persons are current residents of Regional Treatment Centers (State Hospitals) and some are appropriate candidates for release back to the community; others are best served in their current placement. Persons in community setting, in some cases, need other types of services or alternative placements which include placements in the RTC. The latter is opposed by many advocates and parents as the RTC is seen as undesirable under any circumstances.

The array of programs is bewildering for those not versed with their intent. In some respects these purposes seem contradictory. This is the result of the piecemeal and sequential development of programming for the D.D. over many years. (1) Conflicting philosophies, (2) court actions, (*3) over zealous advocates, (4) inadequate overall state planning, (5) limited funding, (6) conflicting priorities, and (7) bad laws and rules have brought the program nearly to its knees! The current fiscal crisis will highlight these past errors by anticipated budget cutbacks to this population.

This results in part out of frustration and a backlash to the constant pressure placed on the policy makers and the fund providers for these programs. Several of the Governor's proposed cuts and freezes are aimed at this area. State Operated Community Services, Semi-Independent Living Skills, Mentally Retarded-Waiver, Training, etc., all have been targeted for reductions to varying degrees.

Regardless of all of this, the clients are still with us and must be served in a dignified way consistent with their needs and abilities. This typically happens at the local level and the demands are focused at this level. This will in all likelihood occur, given the current state of affairs. It has in a limited way begun, e.g. CWDC's fiscal programs, and Lutheran Social Services' subsidizing funding shortfalls, etc.

The following is intended to give a representation of some, though not all, of the issue areas that have developed over time. That time frame started some dozen years ago with the Welsch vs. DHS case and the Federal Court Decree against the State Department of Human Services and its State Hospital system.

Given the serious system flaws, the county will be looked upon to solve these problems. The system has fallen into a muddle.

Solutions will not be easy or occur in a quick-fix manner. Leaders at all levels, ie, professionals, advocates, parents, etc. will need to become involved in the formulation of the solution(s).

Since funding is finite and likely to decrease overall, the focus should be on the following areas:

1. Role back of mandates and more local control;
2. Developing clear goals and objectives for this population;
3. Targeting levels and services to specific groups and types of clients to be given priority for serving. Divide monies accordingly;
4. Clear and consistent funding patterns and rules for providers so they can make better business and program judgments;
5. Many community services are not prepared to accept challenging (difficult) clients. Ancillary services must be developed accordingly. Thus, an overall strategy must be developed with appropriate funding, training, and community education;
6. County case managers, statewide, must be adequately trained and funded to provide required services; and
7. Professionalization of the service delivery system (ie. private sector) with adequate compensation and education/training.

The following are issues which could potentially be serious problem areas that could impact the county's ability to provide services to the D.D. population. Also, there are severe cost implications to the county as the demands for services will likely not diminish. Therefore, some providers, clients, and advocates may approach the Board for increased funding. This has already started at the Departmental level.

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SYNOPSIS OF PROBLEM AREAS:

1. The State Operated Community Services (SOCS) initiative is dead in the water as all development have been frozen by the Governor. DHS has been instructed to cease and desist. They have been rumored to sell all acquired property as soon as possible. Back-ordered goods and equipment are to be canceled, which will negatively impact private vendors and miscellaneous businesses.

The impact to St. Louis County is very serious as this will result in the stoppage of any effort to release selected persons currently living in RTC's back to the community.

Secondly, the mandated closure of Hearthside on the Range will be very problematical with the SOCS/DAC now frozen. Providers who planned on new developments on the Range are now at economic risk.

Thirdly, clients, some of whom now reside at Hearthside, may have no alternative but to be placed in the RTC. This will most likely trigger protests from their parents, guardians, and legal advocates. Legal action may follow against the county and, more appropriately, the state. This Department is currently seeking alternative solutions to this crisis.

2. Local providers are in serious trouble on two levels: 1) economic and 2) programmatic.

Major providers on the Range and in Duluth report losses of over \$550,000 annually. Additionally, they may face paybacks to the State due to complex and ambiguous funding and reimbursement formulas. The provider group ARRM has filed a lawsuit against DHS to challenge these matters. Virtually all providers in the state are in various degrees of trouble. Many in this area are in similar circumstances. The situation is at a critical level. Statewide, providers are reportedly in a payback situation totaling approximately \$30,000,000 due to these rules.

Programmatically, providers generally have not kept up with the field and the knowledge base necessary to care for clients. Ignore for the moment the issue of money. Nonetheless, active

programming and professionalization of these staffs has not occurred. Providers are sincere and have made good faith efforts, but they are fighting difficult odds. They lack adequate funding, experience rapid staff turnover, and face a dearth of adequate training opportunities, etc. There are few, if any, college courses in this discipline. Training and experience is acquired on the job, often at minimum wage.

3. Client needs and characteristics are evolving. Clients are more physically impaired, eg. speech, mobility, hearing, etc. Many are behaviorally involved and some are considered dangerous to themselves and others. Many are on drug management programs which are difficult to manage and the long-term effects are largely unknown but suggest severe negative results in the long term.

Though the aged client's need for active programming diminishes, the rules as written continue to require a high level of programming, thus limited resources are inappropriately expanded. Thus, the concept of individualized programming and cost benefit ratios is lost.

Local medical resources such as dentists and general practitioners are not trained, nor are desirous of providing care for this population. Therefore the community is ill-prepared to provide even basic care.

Though the younger, higher functioning persons who are coming out of the educational system might benefit from a job experience, few openings are available and even those lack supervisory support. Many openings are at a level that provide little meaningful experience. Thus the question arises as to what are we preparing these persons for?

4. MR Waiver funding is set at a finite amount. Programming is thus necessarily set at an average amount per client. The average was slated to increase in July, but current information indicates that the increase may be frozen at current levels. Thus as needs and costs increase, services will necessarily be reduced overall with fewer persons being served. Any expenditures over the average would necessarily come from local funding which of course does not exist. Management of this program has been and will be very difficult. Conflicts with clients and their legal advocates will most likely occur. Average cost formulas are very difficult to manage with any degree of accuracy.
5. Semi-Independent Living Skills (SILS) funding in the future may be reduced based on current information at the time when demands are growing. Clients who reside at home with aging parents will not be prepared for more independent living when those parents

can no longer care for them. The current funding formula has not been very attractive to most counties. Reductions in this area will again pit clients and their advocates against the county for more money and services. Past rulings by DHS suggest they can limit funding while counties cannot. Statewide, this probably should be a priority program as it is cost effective with appropriate clients.

6. Developmental Achievement Centers (DACs) have been a cornerstone of services to the D.D. The role and function of the DAC have evolved over time and most providers have not adjusted their programming to meet contemporary thinking, particularly in the area of supervised employment and services to the more difficult and aggressive client. Providers understandably prefer the less challenging persons who, of course, cost less to manage. Current funding for new ventures is not attractive and risky; thus few are interested in developing a DAC on the Range. This is an area where the agency has looked to the SOCS/DAC development, which is out of the question, at least for now. The traditional D.A.C. needs a rethinking as to its role and function. D.A.C. services should be targeted and not be made a requirement for all. Priorities are sorely lacking.

7. Rule requirements have been a chronic problem due to the lack of adequate staffing and resources. Simply, the system of funding has not kept up with the rule-making which dictates the required services and the manner in which they are delivered. Rules are simply more interested in process and documentation. Results, though acknowledged, come out secondary. That's reality.

The history of this goes back some dozen years and the fault lies with the disparity of demands of the legal system, inadequate planning at the state level, lack of funding at the legislative level, and a variety of conflicting priorities. Poor planning, multiple demands, lack of funding, vague rules and priorities make for a bad combination.

8. Regional Treatment Centers (RTCs): There are approximately 70 persons still residing in these facilities who have been identified by state policy to be relocated in the community. This was the grand plan as prescribed by law through the legislature, court actions, advocacy actions, DHS, etc. On the face of it this appears to be good social and human policy. These concepts have major flaws which degrade the concept.

Absent, or at a minimum the delay of the SOCS development and community resources that are ill-prepared for this highly demanding population, the question may be moot.

RTCs, in anticipation of this diminishing population, have reduced programming and funding. This is at a time when clients

already in the community are, in growing numbers, needing RTC settings. Many are previously released clients who went back to community programs poorly prepared to deal with their needs. This backward flow situation is not confined to just the D.D. population, but also significantly the Mentally Ill (MI) and Chemically Dependent (CD) populations.

What this tells us is that the overall planning and funding for this population has created an impending disaster: clients without adequate services, service providers considering going out of business or reducing programs, case managers facing overload, diminishing resources, frustrated parents, and edgy legal advocates whose monies have also diminished (their legal clout is also lessening). The list goes on...

9. There is a seemingly general negative sentiment toward this population currently developing. There are some who feel that they have received a disproportionate amount of attention and money to the exclusion of other needy persons. To a degree this may be true. Few clear goals and objectives, a too academic philosophy, Court Decrees that dictated programming and social policy, and legal advocates with confusing roles all have contributed. Reasonableness and balance have been grossly lacking. There are too many causative factors to list here. Therefore there is a statewide muddle which may not recover for some time.

The foregoing is offered only as representative and not intended to be all-inclusive. The purpose is only to portray a flavor of what is occurring in one sensitive area. 1