



# MDSC

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SENATE PUBLIC HEALTH, WELFARE & SAFETY

EXHIBIT NO. 8

DATE: 2/8/13

BILL NO. SB 254

Mr. Chairman and Members of the Committee:

My name is Francine Sadowski and I am the CEO of Missoula Developmental Service Corporation in Missoula, MT.

MDSC services adults with severe intellectual disabilities. I have been employed with MDSC since its inception in 1990. Our services began in the fall of that year through an appropriation by the legislature with the goal of reducing the populations at two state facilities and to provide opportunities for intensive individuals to live in the community. The initial contract was to serve 52 individuals in 7 group homes. Of the first 52 (30) individuals came to MDSC from MDC or Eastmont. A large proportion of these adults presented significant behavioral challenges, some were very low skilled requiring significant daily activities cares, and others were deemed medically intensive. MDSC was the first organization in Montana to have a 24-hour Medically Intensive Group Home with 24-hour nursing support. This service began in 1994.

MDSC also responded to 2 RFP's from the Developmental Disabilities Program to serve additional people from MT Developmental Center. We were awarded both RFP's.

- In 2003 MDSC built an 8<sup>th</sup> home to serve 6 adults that were deemed medically fragile.
- In 2011 MDSC responded to and was awarded the RFP to serve the MDC 12. We purchased and modified 3 homes and transitioned these gentlemen into MDSC and the Missoula community between September 2011 and January 2012.

I am here to discuss SB 254 regarding the closure of the Montana Developmental Center. I have given this bill a lot of thought and have had many discussions with my colleagues regarding the effects of closing Montana's only institution for individuals with developmental/intellectual disabilities. As the head of a provider agency that was developed specifically to support individuals with intensive needs I know first-hand that these people can be successful in the community. I also believe that I have a great deal of practical experience regarding what additional supports will be needed if MDC is to close. Right now, whether you support or do not support the closure of MDC, it remains the sole place available to Community Based Providers when people go into crisis and are a danger to themselves or others in the community.

SB 254 is a system change for the entire state of Montana and we must proceed cautiously and ensure we have adequate support for the people we currently serve and those who will be for years to come.

Therefore, I believe the following bullets need to be carefully explored and developed before there is full closure of MDC:

- I agree in the creation of a Transitional Planning Committee and this committee has a huge task ahead of them.
- Key areas that must be considered, addressed, and developed include:
  - A rate that truly reflect the cost of doing business
  - A rate that allows for flexibility and is not tied solely to direct care staffing hours. This will hopefully allow a provider to hire support professionals such as Certified Behavior Specialist, Occupational Therapy, Speech Therapist, etc.
  - Rate enhancement to ensure we can hire and retain staff at the level needed for continuity of care
  - Development of a Transitional Placement Center or Crisis Team to assist individuals when they are in crisis and are a danger to themselves and/or others. Are there to be regional centers or just one center? Would this be a private non-for-profit facility or a state run facility? This would require appropriations to develop and fund.
  - Increase collaboration with the medical community, as well as with law enforcement. Presently, MDC is an option when individuals are a threat in the community but when it is gone what would their role be in treating or supporting individuals in the community?
  - This system change cannot be looked upon as a cost saver but as cost shifting. We must ensure there are appropriate dollars in the system to able to support the individual and their needs.
  - Preparing the individuals currently residing at MDC for community placement.
  - The legislature must also appropriate funds for startup costs for expansion that will ultimately occur as the state closes MDC.

Lastly, although I believe in community based services I don't believe that we can accomplish this within the timeframe identified in SB 254. I think it will take 2 years to develop and implement the recommendations of the Transitional Planning Committee and then possibility up to another 4 years for complete closure of MDC.