

LCCF09 Bill to Close MDC

Testimony before the Health and Human Services Subcommittee

August 20, 2012, 1:30 PM

State Capitol Room 137

- Mr. Chair, Bob Runkel, Branch Manager for the Economic Securities Branch of the DPHHS
- I am here today to share the department's position on the bill draft for a plan to close MDC.
- The department stands in opposition to this draft bill.
- In the 10 minutes that are reserved for my talk, I will address:
 - the issue of how MDC fits into a continuum of community care,
 - the significant accomplishments in improving the quality of care and treatment at MDC; and
 - A suggestion for moving forward.

Continuum

- Providing quality services in the least restrictive environment to persons with disabilities is fundamental to the purpose and values of the DPHHS.
- The department knows the importance of serving individuals in the least restrictive environment. It is financially efficient, legally and morally correct and it is a core value of the department.
- Individuals have a right to community placement if it is safe, and indeed **98%** of the individuals served in programs funded through the Developmental Disabilities Program are served in Montana's communities in safe environments.
- We also know that to have a least restrictive environment policy requires that we make available a full continuum of placement options when serving persons with disabilities. MDC is a vital part of that continuum.
- On an average day approximately **50 people** are served at MDC. And although the 50 individuals represent only **2%** of the population served by the Division, MDC is one of the most important steps in the continuum of care and the continuum of placement options.

- So why is MDC an important part of the service system?
 - First, when serving people with disabilities, the department needs a setting that must say yes to serve a person whenever the person with disabilities is presenting a serious danger to self and others.
 - Effective services require a setting with a concentration of professionals and other individuals who are highly skilled in serving individuals with significant developmental and behavioral needs. The department needs a setting where treatment is intensive and treatment is coordinated across disciplines.
 - And finally we need a setting where individuals can be safe and secure.
- Having the MDC option in the continuum is also important for our community providers. **Approximately 60%** of the individuals currently at MDC came to MDC from a community placement. **(Approximately 20% came from jail.)** MDC often helps providers when the intensity of an individual's behavior requires the intensive and secure support available at MDC. Knowing MDC is an option, if needed, also allows providers to step forward and offer to serve individuals with more significant behavioral needs knowing that if something goes wrong they and the individual has a safety net to fall back on.
- Does it have to be MDC? Of course not. Given enough time and money we could duplicate the services and facilities now at MDC and rebuild them in another community or even in a number of communities. But I would wonder why we would want to.

Accomplishments

- If things were not changing, if things weren't improving, we would all have good reason to replicate MDC services in another community. Regardless of what some of our critics have been saying; things are improving. The leaders and staff of MDC have been fully engaged in the work of comprehensively transforming MDC into a center of excellence designed to provide intensive, effective, short-term treatment.
- For example in the last 18 months:
 - Gene Haire has been hired as MDC Superintendent.
 - MDC now has a full contingent of dedicated professionals guiding the treatment process. The professional group includes:

- A licensed clinical psychologist who was formerly the Chief of Psychology at Montana State Hospital for 10 years.
 - MDC has expanded psychiatric services and employs a Board-Certified Psychiatrist on a half time basis,
 - MDC also employs six Licensed Registered Nurses, seven Licensed Practical Nurses, two Licensed Clinical Psychologists, one Licensed Clinical Social Worker, one Licensed Clinical Professional Counselor, one Licensed Addiction Counselor, one Licensed Speech-Language Pathologist, one Licensed Physical Therapist, two Certified Therapeutic Recreation Specialists, and one Registered Dietitian.
- MDC contracts with a Licensed Clinical Professional Counselor with extensive experience in CMS compliance standards.
 - And last November, MDC hired a person with over 30 years' experience in the developmental disabilities as the new Director of Quality Management. As Director of Quality Management, Perry Jones is building MDC continuous quality improvement system. He has also been leading the project to strengthen client protection activities including development of a new approach for responding to allegations of abuse.
- MDC direct support staff and first-line supervisors are made up of a combination of MDC veterans who are very committed to and skillful in working with people with disabilities; and young, enthusiastic beginners just starting their careers.
 - Today, MDC is developing, and in some cases already implementing:
 - a new assessment and treatment planning system
 - a new quality management system
 - a new staff education system
 - a new performance appraisal system
 - a new electronic medical record system
 - a new structure for daily treatment activities
 - new policies and procedures
 - These efforts are all focused on transforming MDC into a center of excellence designed to provide intensive, effective, short-term treatment. MDC is

evolving into an intensive short term treatment center. Data is beginning to reflect results of these efforts, and when coupled with the successful transition of 12 individuals into community settings as part of an initiative from the last legislative session, data suggests shorter lengths of stay.

- If today you counted the average length of time a person has been at MDC, the average would be **42** months. By comparison, two years ago, if you looked at the average length of time a person had been at MDC it would have been **86** months. This is one piece of data to suggest that MDC is beginning to achieve success in its effort to move the facility toward more intensive treatment. The data also suggests the success of providers to successfully serve individuals who had previously been long-term residents of the facility.

Suggestion

- Resist this draft bill. In its current form the bill effectively shuts off an important option in our continuum of services and it deflects needed focus on the challenges both MDC and providers have in serving a population of individuals with significant mental health needs who are treatment resistant because of a co-occurring developmental disability.
- The wait list for services is growing, the relative severity of health, behavior, and safety issues experienced by individuals is growing, and the group of aging parents who, for their lifetimes, have cared for their adult children with disabilities is growing. These are the issues we should be examining.
- How we can address these issues by supporting our community providers, and how we can further strengthen the MDC goal to evolve from a long term residential program to a short term intensive treatment program should be our focus. MDC is an important part of the solution. We all share the desire for the people we serve at MDC to receive effective treatment, so let's succeed together.