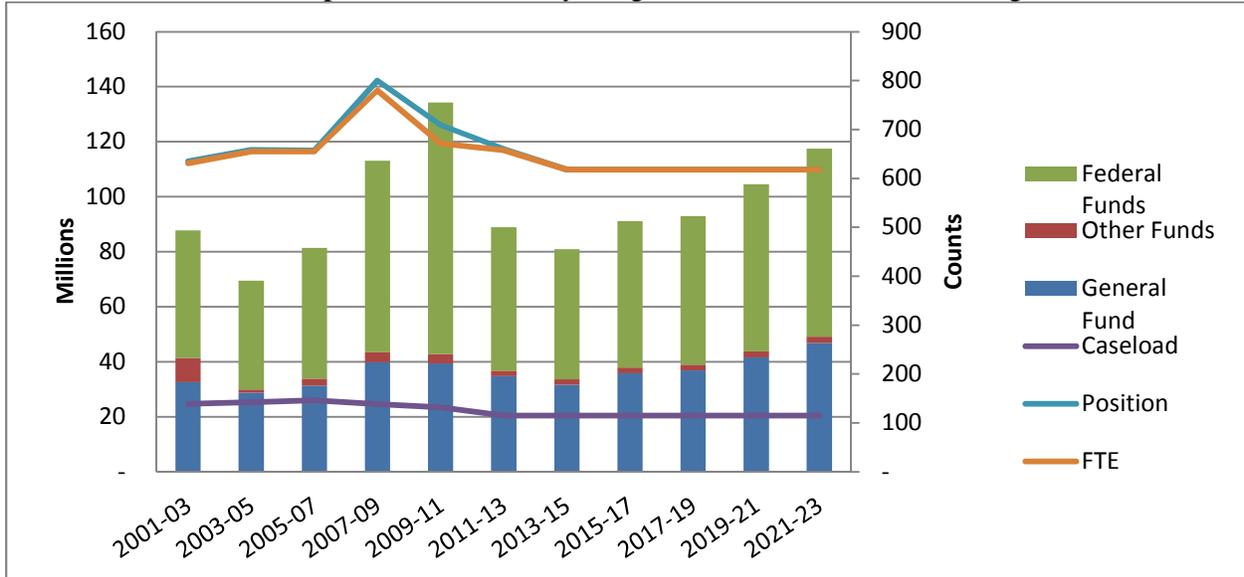


Department of Human Services: State Operated Community Program Developmental Disabilities Program

Primary Outcome Area: Healthy People
 Secondary Outcome Area: Safety
 Program Contact: Bob Clabby, 503-385-7144

State Operated Community Program – Caseloads and Funding



*A 7% overall budget reduction occurred in 2011. As caseloads change and homes are reduced staffing needs have stabilized.

Executive Summary

The State Operated Community Program (SOCP) provides a safety net for Oregon’s most vulnerable, intensive, medically and behaviorally challenged individuals with developmental disabilities. This includes people with developmental disabilities coming out of the Oregon State Hospital, correctional systems, and from crisis situations where counties and private providers cannot meet the needs of the individual to ensure their health and safety. This program is an integral part of the overall developmental disabilities system. SOCP focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible.

Program Funding Request

	State Operated Community Programs					
	GF	OF	FF	TF	Positions	FTE
LAB	34,798,166	1,967,790	52,115,469	88,881,425	671	667.51
ARB	31,592,016	2,029,734	47,332,558	80,954,308	628	626.83
Difference	(3,206,150)	61,944	(4,782,911)	(7,927,117)	(43)	(40.68)
Percent Change	-9.2%	3.1%	-9.2%	-8.9%	-6.4%	-6.1%

Significant Proposed Program Changes from 2011-13

Costs do not increase under this proposal. We are redefining our SOCP model to ensure adequate staffing based on the acuity of clients needing this level of service. This change results in 8.9 percent less staff in the upcoming biennium. SOCP's are 24/7 state-run community homes used when no other community-based programs can serve an individual. Under this new model, we did have house closures in 2011-13 that moved clients into private settings. DHS continues to look for ways to redefine the SOCP programs and, wherever possible, move clients to the lowest cost but appropriate placement which in many cases is with a private provider.

Program Description

SOCP provides 24 hour residential and day supports to individuals with developmental disabilities who have significant medical or behavioral care needs. The services are provided in small group homes located across seven counties.

SOCP started in 1987 when Oregon moved all children living at the state institution for people with developmental disabilities to private providers. There were a small number of individuals with complex medical or behavioral needs who could not be supported by private providers. DHS began to provide 24-hour care to those individuals through community programs. As Fairview Training Center continued to be downsized and eventually closed, the SOCP was used for those adults with high medical (ventilator dependent or high hospitalization use) or intense behaviors (aggression that results in injury to self, others or property or behaviors that put individual or community members at risk) that could not be supported by private providers. Once Oregon stopped using the institution to provide supports, SOCP became the safety net for anyone in the state. The SOCP cannot refuse to serve anyone because their needs are too high.

As clients enter into an SOCP, program staff works with each person to modify behaviors and increase individual skills. Many of the people have frequently and intense behaviors and staff must provide physical interventions (personal holds). Most clients have active behavior programs that call for frequent staff training and require high level of data collection and review.

There is an active referral list of adults and children waiting to enter SOCP. Individuals are first referred to private providers but when they are denied or they have been terminated from a current provider program they move to a SOCP. Over 90 percent of individuals served have co-morbid (co-occurring) disorders of developmental disability and mental illness. Many of these individuals have criminal histories and current or pending legal sanctions. The acuity level of challenging behavior requires intensive 24-hour supervision and behavioral support services to ensure the safety of themselves and the community. Challenging behaviors range from aggression – causing injury, property damage or sexually offensive behavior. SOCP also serves individuals with medically fragile conditions that require 24-hour nursing care and supports.

Many of these clients have histories of multiple arrests and convictions. The convictions range from such crimes as assault, criminal mischief, theft, harassment, public indecency, rape, sex abuse, and homicide. A number have legal sanctions as a result such as parole, probation, Psychiatric Security Review Board (PRSB), civil commitment or are registered sex offenders. The majority of clients referred to SOCP have an identified need for a secured facility due to their risk to leave or offensive behavior. In addition, a large percentage of clients require “hardened” facilities where walls, windows, and fixtures are non-breakable to avoid injury to self and others.

SOCP serves up to 15 individuals in specialized medical facilities due to their fragile medical conditions. There are a number of designated beds for adults who are in need of acute stabilization and crisis services. These individuals have been identified due to extreme behavioral and psychiatric needs that have not been successfully provided elsewhere.

SOCP has 10 beds for children (up to 18 years old) who are in acute crisis and require stabilization. These children come from a variety of settings including the family home, foster care, 24-hour group home care, and institutional care.

In all of the homes, SOCP staff are providing services that assure health and safety needs are met and the person has the ability to participate in the community. Since the goal of the program is to have the person move to services provided by private providers, it is important to make sure the person can be supported in the same type of setting.

All of the individuals in SOCP qualify for Medicaid and are currently using the Oregon Health Plan and will soon transition into Coordinated Care Organizations. Since there is high medical, behavioral and mental health needs, the program treatment plans are critical for client stabilization and will be critical in the coordination of health services.

From the first homes that were opened by SOCP to today, the profile of the individuals served has changed. As private agencies increase their skills to meet challenging needs and agree to provide services, the person who needs a safety net has changed. In 2000, SOCP had six homes serving 30 people that were considered “medical,” which means they serve people with high medical needs. Today there are three homes for 15 people. In the past, the number of people with intensive behaviors were people who had a diagnosis of autism. Today, intensive behaviors are related to co-occurring mental health diagnosis and/or criminal convictions.

To respond to an individual in crisis, the program has always developed exit plans with providers and counties for people ready to leave at the same time new clients are admitted. However, in 2011, the Legislature reduced the SOCP budget. This prompted a comprehensive review of individuals in State care to determine if any could be moved out of SOCP to reduce the overall number of clients. Several individuals were identified and recommended for private care. They are still individuals who are assessed at the highest levels of acuity but have behavioral or medical needs that are predictable and can be supported in a private agency.

The budget reduction has resulted in four homes being closed with another two scheduled for closure in September 2012. It will reduce overall client capacity by 22 percent. However, those individuals that remain in SOCP or will be entering as a new client, continue requiring the highest level of staffing and support. Recently DHS has completed a workforce allocation that identifies the type of home (medical or behavioral), and the direct care and administrative staffing required to operate each home. We continue to improve on our efficiencies and staffing needs to produce the most programmatically sound and cost-effective staffing configurations for each house, each shift and each day in every setting.

Program Justification and Link to 10-Year Outcome

SOCP helps individuals with developmental disabilities be healthy and have the best possible quality of life by helping them live in their communities and to work or attend school to achieve their potential. We provide effective stabilization and training for adults and children who have entered the program in crisis. SOCP helps individuals transition back into community settings with support from their families, friends or private providers.

Individuals enrolled generally have no other alternatives. They are in crisis due to a family breakdown; discharge from a hospital, psychiatric or correctional setting, or discharge from a private provider who can no longer support them due to the intensity of their behavioral or medical needs. SOCP provides a critical alternative to assist the person to return to a healthy and productive life through a high quality residential program, including community-based housing, appropriate nutritional and medical care, and interventions.

Individuals at SOCP receive community-based vocational training and job placement focused on individualized employer-based work.

In addition, the safety net provided by SOCP allows for targeted, community-based support to individuals in crisis or with otherwise unmet intensive needs, individuals receive the services they need for the time they need them, and are then assisted to transition back to families or private providers.

Program Performance

Staff ratios are quite high, many require 1:1 staffing and in some cases where behaviors are intense and frequent, the staffing is higher. The goal is to stabilize behaviors or health issues in a community setting so that transition to a private provider can be done successfully. The average length of stay in the short-term homes is 174 days. Average length of stay for non-crisis individuals needing medical and behavioral supports has ranged from eight to 19 years.

SOCP is focusing on placement of these long-term individuals to private care. These types of individuals, who can now be served by private providers due to improvements in community service skills and capacity, are no longer being accepted into this program.

All homes have maintained a long-term record of licensing success supporting the quality of care provided. Our client, guardian and family data shows a high level of satisfaction with services. SOCP tracks clinical data on client restraints, incidents, medication errors, safety records, and a number of other elements. SOCP is improving its tracking abilities with new software in all locations. By the end of 2012, a system will be in place to centralize, capture, and allow us to analyze clinical and programmatic data.

Enabling Legislation/Program Authorization

Virtually all individuals served by SOCP are funded through Medicaid Home and Community-Based Waivers. The individual would be entitled to nursing home or Intermediate Care Facilities for persons with Mental Retardation (ICF/MR) institutional services. Oregon no longer uses institutional care but the service would be required if we could not meet the need in the community.

Other federal laws or rulings that impact services delivered through the mechanism of the SOCP program are the Americans with Disabilities Act and the Supreme Court Ruling on Olmstead, which generally require individuals to be served in least restrictive, non-institutional settings. Oregon commitment statutes in ORS 427 also require the State to provide care and custody to a person who presents harm to themselves or others, and SOCP's status as the final safety net is integral to accomplishing this.

Additional statutes that guide the delivery and program are found in ORS 412, 430, 409 and 410. The Oregon Administrative Rules (OARs) that govern the operations of SOCP require that

individuals be supported in the community and in pursuit of educational and vocational activities.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling is relevant to the SOCP in that it requires all services allowed in the Waiver, including SOCP, are ones that create inclusion in the community, equitably across the state.

Funding Streams

The services are designed and approved using a Medicaid 1915c Home and Community-Based Waiver which provides a Federal match to the program's General Funds. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds. Based on their income level, some individuals also pay an Other Funds contribution toward their room and board costs.