History of BSDC

Founded as the State Institution for the Feeble Minded Youth on March 5, 1885, by act of the Nebraska legislature, the purpose of the Institution was established as follows:

> Besides shelter and protection, the prime object of said institution shall be to provide special means of improvement for that unfortunate portion of the community who were born, or by disease have become, imbecile or feeble-minded, and by a wise and well adapted course of instruction reclaim them from their helpless condition and, through the development of their intellectual faculties, fit them as far as possible for usefulness in society. To this end there shall be furnished them such agricultural and mechanical education as they may be capable of receiving.

Although probably not intended at the time of its origin, by the third decade of the 1900's the services of the facility had become essentially custodial. Most of its able-bodied residents were expected to perform work at the farm, dairy, or on campus in an effort to diminish the cost of their care to the state, and, at least by contemporary standards, little formalized habilitation training was provided to most of the residents. By 1921 the census had steadily grown since the turn of the century to 663, serviced by a total of 57 employees at a per capita cost of $273.09 for the biennium which ended that year. Those trends continued until the late 1960's. Further information regarding the philosophy and services of the facility from 1885 through 1979 is available in a BSDC document titled, Learning for Living: A History of the Beatrice State Developmental Center. Most noteworthy, that historical overview clearly portrays the early loss of focus and success on the habilitation and return of residents to the community--a role which was not reclaimed until the 1970's.

In brief, of greatest historical relevance regarding the purpose, philosophy, and services of BSDC today were the following:

1. By the mid-1960's the Center had reached its peak census of over 2,200. Since it had neither the physical plant nor the staff to provide even minimally adequate custodial care, several hundred of its residents were temporarily transferred to the Norfolk Regional Center and the former Kearney Tuberculosis Hospital. While that effort did little to improve conditions for the majority of the residents who remained, it signified an executive commitment to end an eighty year reliance on the facility as Nebraska's only solely state supported and operated residential/training program exclusively for mentally retarded Nebraskans of all ages.

2. As a result of strong consumer advocacy (by the families of BSDC residents, family members and friends of other mentally retarded persons for whom services were desired in the communities, and by Nebraska mental retardation professionals and administrators) and support within the Governor's office and the legislature, two reports of surveys regarding the needs of Nebraska's mentally retarded citizens were made public in August, 1968. Although both called for the continuation of BSDC as a major mental retardation center, both also recommended:

a. Significant reduction in its census and the upgrading of its physical plant and programmatic activities.

b. Establishment of state supported community based programs throughout Nebraska so as to assure a continuum of care and alternatives to institutionalization.

c. A new administrative structure of the state's mental retardation programs.

The 1969 Legislature responded positively to those recommendations by authorizing the state to provide matching funds to local political subdivisions and community agencies (e.g., the six regional Offices of Mental Retardation through their respective political subdivisions) for the development of state supported community based programs for the mentally retarded; establishing the Office of Mental Retardation within the Department of Public Institutions for their coordination; and expanding BSDC's appropriations to begin the remodeling of its physical plant, improve staffing, and develop comprehensive resident training activities. Although not immediately apparent to BSDC, this combination of legislative activity was to have long-term (if not permanent) effect on its staff and residents. First, the establishment, funding, and gradual development of services at the community level redefined the Center's role as a backup alternative to community-based programs (which were intended as a backup alternative to the local generic services) for those mentally retarded persons for whom the needed services were not available in the communities. Second, as the admission rate and census were substantially diminished in the 1970's, the facility was able to gradually improve the quality of basic care to its residents, re-train staff, and incorporate steadily increasing numbers of residents into the developing living unit and off-living unit training programs. Gradually, the focus of resident care was shifted to a developmental model (away from a medically-oriented custodial model).

3. On September 28, 1972, the class action suit, Horacek et al. v. Exon et al. was filed in Omaha Federal District Court. Supported largely by the Nebraska Association for Retarded Citizens, the suit alleged that the State of Nebraska was in violation of the constitutional rights of the Center's residents by failing to provide adequate education, treatment, and protection from harm, and, later, to provide services consistent with those rights issues in the least restrictive manner commensurate with the growth and development of the residents. Although significant in shaping Nebraska's mental retardation services during the past decade, the suit, which was settled on September 28, 1981 with adoption by the Court of the current five year Plan of Implementation (for FY's 81 through 85), has also been a major source of divisiveness among Nebraska mental retardation service providers and consumer groups.

4. Adoption of Medicaid as a primary funding source of the Center since the early 1970's has been most influential in the shaping of BSDC's services. To avoid losing Medicaid as a funding source, an evolution of changes in staffing, service provision, and capital construction activities were necessary to comply with Medicaid Standards. Most of the major staff

reorganizational efforts during the past decade have been prompted by the need to make progressively better use of the Center's staff resources toward higher levels of compliance with the Medicaid requirements. As evidenced by the Medicaid surveyor reports of each year since 1973, substantial compliance with all but the physical plant requirements was finally accomplished in 1982. Completion of the remodeling of the remainder of the facility's residential and off-living unit training space by the end of the current Medicaid waiver period (April 18, 1985) as specified in the 1982 Amended BSDC Medicaid Plan of Correction will culminate that process.

5. In August, 1981, all services of BSDC became accredited by the Joint Commission on Accreditation of Hospitals. They were reaccredited for three years in October, 1983.

6. Also noteworthy regarding the Center's activities of the past three years have been the efforts of its managers and staff to contain/reduce the cost of its services while concurrently upgrading the quality of those services to its residual population.

Statutory authority for the Beatrice State Developmental Center is as follows:

1. Section 83-218 defines the purpose and authority of BSDC.

2. Sections 83-381 through 83-390 contain a definition of the "mentally retarded person" as it pertains to BSDC.

3. Sections 83-1101 through 83-1139 consist of the Mental Retardation Commitment Act of 1981, which pertains to the evaluation and involuntary commitment of mentally retarded individuals to BSDC.

Description of BSDC's Census and Service Components

BSDC currently services 456 residents. Although most are between 25 and 45 years of age, its census ranges from 5 to 73 years of age, with an average length of stay of 22.5 years. Of the total, 56 (12%) are of school age (21 or under); 194 (43%) are non-ambulatory; 372 (82%) have one or more physically handicapping conditions; and 396 (87%) are profoundly or severely mentally retarded.

The facility provides on-campus residential, habilitation, and medical services to mentally retarded citizens of Nebraska. The system of services available to residents of the Center are delivered and supported through four organizational divisions: Programming, Medical Services, Administrative Support Services, and Professional Support Services (refer to Figure 1). With the exception of the Acute Care Facility, which is licensed as such by the Department of Health, all other services of the Center are licensed as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

1. Programming Division

Residential and programmatic services are provided through six unit structures and the specialized service areas of the Speech/ Language, Recreation, Foster Grandparent, Volunteers, and Contract Procurement departments. Each of the six units is an integrated set of services in which the residential and habilitation needs of the group of residents of that unit are addressed by the mix of professional and para-professional staff assigned to the unit.

The unit staff, as part of the resident's interdisciplinary team, evaluate the needs of each of its residents and develop a comprehensive, integrated plan of services designed to enhance that individual's development across an appropriate spectrum of skill areas (i.e., self-care, social, vocational, cognitive, sensorimotor, and recreational skills). This comprehensive plan, called an Interdisciplinary Program Plan, is then translated into specific training and treatment programs which are delivered to the resident by the unit staff and additional personnel of one or more of the specialized service areas in the Programming or Medical Services Divisions.

Each unit serves 60-112 residents and contains management personnel, a Psychologist, Social Worker, an R.N., an L.P.N., Qualified Mental Retardation Professionals, Psychological Services Assistants, Special Education Teachers (in the units which service school age children), and Developmental Aides.

The services of the units are augmented by centralized, specialized service staffs within the Programming Division. Those organizations are responsible for the development and delivery of speech therapy, language training, aural rehabilitation, structured recreation, individual companionship opportunities, and vocational skill training.

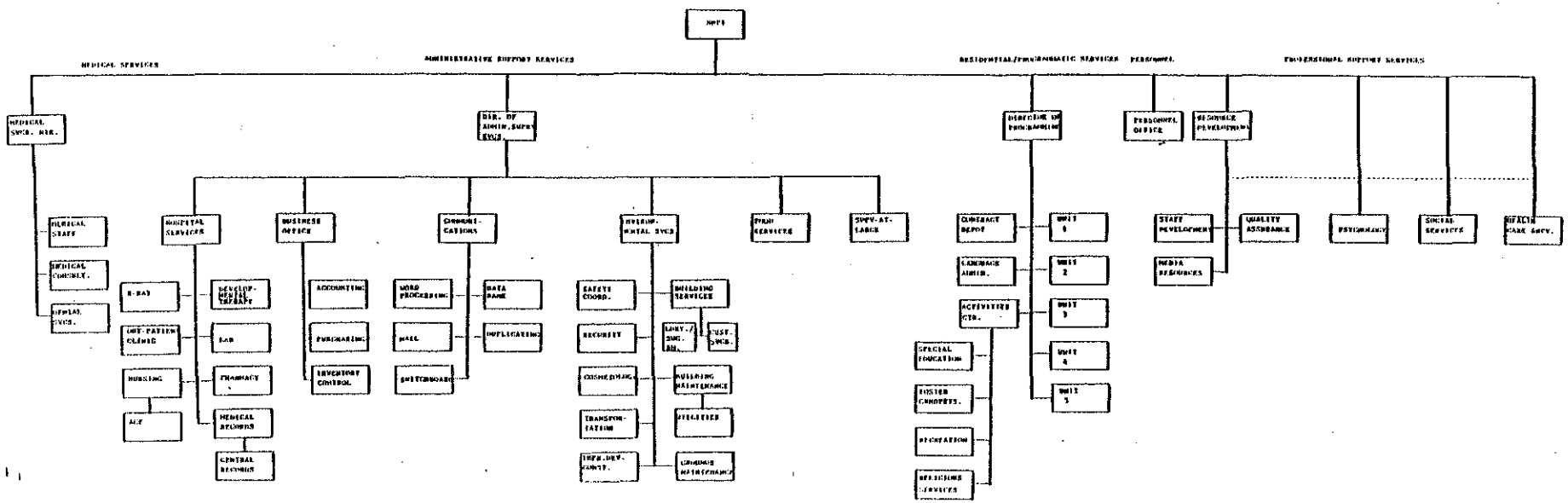

Figure 1.
BSDC Table of Organization

2. Medical Services Division

The principal goal of the Medical Services Division is to prevent and remediate physical illness of the Center's residents. That goal is achieved through a system of outpatient medical, dental, and rehabilitative therapy services, as well as inpatient medical and nursing services.

An Acute Care Facility is located within the hospital complex to service residents requiring extensive medical care. General medical services, complemented by pediatric, neurologic, orthopedic, psychiatric and child development specialists, are provided to all residents across campus, as are hospital and nursing care services, including laboratory, EEG, podiatry, optometry, and radiology.

A complete range of preventive and corrective dental services are provided through the dental clinic. Physical and occupational therapy are delivered through the Developmental Therapies Department.

3. Administrative Support Services Division

Under the Director of DPI Administrative Support Services Manager, this Division is responsible for building maintenance and safety, communication, word processing, security, food and dietary management, the laundry, budget and fiscal support services, grounds maintenance, inventory control, and transportation services.

The primary goal of this set of services is to maintain a functional, efficient physical plant and supportive service staff with which to accomplish the goals of the facility's residential, programmatic, and medical services.

4. Professional Support Services

The fourth set of services, Professional Support Services, is comprised of professional supervisors (of Psychology, Social Service, and Nursing/Health Care), Staff Development/Resource Media, and Quality Assurance personnel. Collectively, they are responsible for conducting independent management audits of the staff of the other divisions; for specialized pre- and in-service training of all Center staff; and for specialized curriculum development, program evaluation, and media support services to the Programming, Medical Services, and Administrative Support Services divisions. Principally, their goal is to assure the development and maintenance of staff competencies necessary to accomplish the Center's resident habilitation goals.

The Beatrice State Developmental Center's primary purpose is to provide twenty-four hour per day on-campus residential, habilitative, and medical services to those mentally retarded Nebraska citizens for whom such comprehensive services are needed but not available in the State's community-based programs. The Center is responsible for providing these services in the least restrictive manner which is consistent with each resident's habilitative objectives and which would best promote the resident's community placement and reintegration with his/her family when feasible.

BSDC currently services 456 residents. Although most are between 25 and 45 years of age, its census ranges from 5 to 73 years of age, with an average length of stay of 22.5 years. Of the total, 56 (12%) are of school age (21 or under); 194 (43%) are non-ambulatory; 372 (82%) have one or more physically handicapping conditions; and 396 (87%) are profoundly or severely mentally retarded. The Department of Social Services MR/MIS currently categorizes 91% (415) of the Center's census as High-Need clients, 5.7% (26) as Moderate-Need, and 3.3% (15) as Low-Need.

Services are delivered and supported through four organizational divisions: Programming, Medical Services, Administrative Support Services, and Professional Support Services. A table of organization and description of each of those sets of services has been provided in the Appendix of this document. With the exception of the Acute Care Facility, which is licensed as such by the Department of Health, all other services of the Center are licensed as an Intermediate Care Facility for the Mentally Retarded (ICF/MR). The Appendix also includes a brief history of the facility.

The following is a summary of the Center's highlights of the past few fiscal years, including census and FTE reductions, cost containment/reduction efforts, and Medicaid related capital construction activities:

1. Census/FTE reductions. Although the facility experienced dramatic reduction in its census and admission rate between FY67 and FY85 [from 2240 to 460 (refer to Table 1)], there was relatively little decrease in its authorized and budgeted FTE level during that period prior to FY81. However, the budget requests and appropriations of FY's 81, 82, and 83 required reduction in the FTE levels (-282 FTE's, or 23.6%) concurrent with reduction in its census (-216 residents, or 31.5%). A portion of the permanent personnel cuts of FY's 82 and 83 were also the result of cutback management efforts initiated by the facility in response to the shortfall in revenue experienced by the State during both years. During FY84 an additional 37 FTE's were permanently deleted in an effort to contain administrative, clerical, and support service costs. Likewise, during FY85 additional clerical, administrative, and support FTE's will be deleted, bringing the total reduction in staff across the five year period to 330 FTE's (-27.6%). Reduction in census over the same period is expected to total 224 (-32.7%). These concurrent reductions have been portrayed in Figure 1.

2. Capital construction. Following release in 1981 from a permanent injunction (by the Omaha Federal District Court) on capital construction, 25 of BSDC's current 29 living units and the ACF have been brought into compliance with the National Life Safety Code and Provision-for-the-

Handicapped requirements. Similar efforts are in progress across 4 living units of L building which should be concluded by mid-January, 1985. In addition, capital construction is soon to begin in D building and the two former Infirmaries (which are to be used as off-living unit training areas), which, following their completion by approximately February, 1986, will bring all portions of the Center's physical plant in use by residents into full compliance with the Medicaid Standards of the federal government. Such compliance within the living units by the end of the current Medicaid waiver period (April 18, 1985) is necessary to avoid Title XIX decertification and the subsequent loss of Medicaid reimbursement. Funds adequate to complete all of these construction projects have been appropriated by the legislature.

3. Admissions. Due to the lack of deinstitutionalization funds during FY84 and FY85, little placement or change in the census has occurred. These factors, plus a maximum bed capacity of 462 in the ICF/MR which will be imposed after the end of the current Medicaid waiver period, will continue to prevent an increase in the current relatively low admission rate of 10-12 per year.

4. JCAH accreditation. In August, 1981, all services of the Center were accredited by the Joint Commission on Accreditation of Hospitals. Three year reaccreditation by JCAH was awarded in October, 1983.

5. Dismissal of Horacek v. Kerrey. Following acceptance of the Governor's Plan of Implementation in 1980 (Thone III), the Federal District Court adopted that five year Plan in 1981 for resolution of the Horacek class action suit which had been filed in September, 1972. Subsequently, and as a consequence of the State's effectiveness in implementation of that Plan, the suit was dismissed in September, 1983.

BSDC expenditures, appropriations, and budget requests for FY84, FY85, and FY86, respectively, have been summarized in Table 2. Mean cost per resident during FY84 was $35,320 ($96.77/day). Assuming an average census of 460, mean costs per resident during FY85 is projected to be $38,008 ($104.13/day). If the FY86 DPI budget request for BSDC is approved, mean cost during FY86, assuming a mean census of 462, would be $39,794 ($109.02/day).

Regarding principal goals and objectives of the coming two fiscal years, subject to revision as necessary to comply with the DPI MR Systems Plan currently in development, the following is projected:

1. Major focus on the timely completion of capital construction efforts in D Building and the Infirmaries.

2. Continuation of current efforts to improve the productivity of direct care and professional staff of the Programming Division's ICF/MR so as to further upgrade the quality and impact of habilitative services on residents.

3. In cooperation with Central Office staff, continued exploration of means of reducing administrative, clerical, and support service personnel costs so as to reduce or at least contain those expenditures in the future.