



ODMR/DD provides residential services for 1600 individuals who are deemed the hardest to serve in the state. They reside in 10 state-operated Developmental Centers located in Gallipolis, Cambridge, Mount Vernon, Youngstown, Warrensville, Toledo, Tiffin, Huber Heights, Batavia, and Columbus.

OCSEA represents 2,600 ODMR/DD employees, the majority of which are direct care providers, also known as Therapeutic Program Workers. The union also represents ODMR/DD central office staff, food service workers, custodial staff, clerical staff, licensed practical nurses, trades people and activity specialists. OCSEA represents the vast majority of employees in this agency.

### ● **MR/DD residential services**

Since the 1970s, nearly 9,000 individuals have been deinstitutionalized from the state system, resulting in the state's current census of only 1,600 individuals living in DCs. Most of these former state residents ended up, not in community settings, but in private facilities now known as Intermediate Care Facilities for the Mentally Retarded (ICF/MRs). Approximately 6,000 residents live in private ICF/MRs. Over 11,000 individuals live on community-based waivers. A waiver means that the individual who has been guaranteed an ICF/MR level of service has chosen to "waive" that entitlement in favor of a waiver.

### ● **Budget overview**

Although funding for MR/DD services has increased 45% since FY 1994, that increase has come from federal and local sources, not from state GRF. The state share of the budget for MR/DD services has in fact declined. From 1994 to 2003, for example, state expenditures for MR/DD services decreased 7.5%. Reasons for the decrease include decreases in funding for the Developmental Centers, specifically the closure of two facilities, the elimination of 300 beds, downsizing of the state workforce, the elimination of programs like Special Olympics, some physical therapy, occupational therapy, aquatic programs, dental and other services.

### ● **DCs as Regional Resource Centers**

A comprehensive analysis conducted a little over a year ago and commissioned by ODMR/DD found widespread support throughout the system for DCs to take on the role of Regional Resource Centers, supporting both county boards and private providers with services like short-term crisis, residential treatment, case consultation/evaluation and staff training. Other services the DCs could provide include, but are not limited to, MR offender unit programs and other units for special populations such as for individuals with autism; day programming and sheltered employment; MUI review and technical assistance for the MUI reporting process; use of DC space for regional conferences and training; Medicaid training in the survey process or licensure surveys and accreditation reviews; respite care; and health care/clinical services.

Regional planning has already begun regarding how Developmental Centers can take on these new responsibilities and help support county boards and private providers in their regions.

Making DCs real centers of MR/DD services and supports could help overburdened county boards of MR/DD, many of who have had long waiting lists for services. Offering these supports could also help regions where services such as dental, psychiatric evaluations and stabilization services, are in short supply.

In addition, the state's investment in these centers could help assure Medicaid that there is a statewide system of services, not one that is rich in some counties and poor in others.

Funding for Regional Resource Center services could come from a variety of sources, depending on who is utilizing the service. Some services could be paid for by counties or private providers using negotiated rates.

Statewide stakeholders, including OCSEA, have been meeting for over a year on this topic. OCSEA supports these efforts and would like to see this work continue.