

MCBMRDD OPERATING PLAN 2007 - 2009

ASSUMPTIONS

1. Given the rapidly changing service delivery and regulatory environment in our field and in Ohio we will operate under a three (3) year plan.
2. We will continue to be the major provider of services to individuals and their families.
3. We will be the most efficient, effective and preferred provider in the county.
4. We will have a culture of self-determination within which services and supports meet individual needs and choices.
5. We will actively solicit internal and external feedback on our progress through surveys, focus groups and an open door philosophy.

GOALS & ACHIEVEMENT AREAS

- I. Design and implement a flexible system of services and supports for eligible individuals by responding to their assessed needs and respecting their choices, within service priorities and available funding resources.

A1. Eliminate nonresidential waiting lists.

We will eliminate the waiting lists for early intervention and adult services. Early in development infants and children change rapidly and access to intervention services is critical for early and sustained success. Adults waiting for services often lose social and communication skills critical for vocational and social success and forego opportunities to improve the quality of their lives. We must be more creative in our intake process, assessment scheduling, and service array in order to serve more individuals.

June 27, 2006

2007 –

- a. Evaluate all early intervention children within 30 days of referral date and offer services to all early intervention children within 30 days of becoming eligible.
- b. Offer services to all adults within 270 days of becoming eligible.

2008 – Offer services to all adults within 180 days of becoming eligible.

2009 – Offer services to all adults within 90 days of becoming eligible.

A2. Expand self-determination.

We will become one of the target counties for the Ohio Department of MRDD (ODMRDD) to implement the new Independence Plus self-determination waiver. All individuals we serve, regardless of the type or severity of their challenges, should have the freedom to experience

the same life opportunities as others and be socially connected in their community. We will foster a culture that creates a service delivery system which supports self-determination.

2007 – Will provide self-determination education to 75% of all Adult Services enrollees.

2008 – Facilitate the participation of up to 10 individuals in the Independence Plus Waiver.

2009 – Facilitate the participation of up to 20 individuals in the Independence Plus Waiver.

A3. Improve supports to individuals with severe, challenging behaviors.

We will create a specialized service center of excellence to support adults with intensive needs. Over the past several years we have seen increases in the numbers of individuals who have either severe physical disabilities and/or severe behavioral/emotional challenges. This includes a large influx of individuals who have been diagnosed with Autism which has become the second most frequently diagnosed disability. This center will facilitate the safe, independent functioning of these adults resulting in positive transitions to typical services. This center of excellence will be developed by allocating resources to create environments, services and supports that will increase our effectiveness in assisting individuals to live, learn, work and socialize in the least restrictive environment possible.

2007 – Implement a specialized center of excellence for at least 15 adults with challenging behaviors.

2008 – Evaluate the program effectiveness by measuring changes in behavioral intensity and the number of individuals transitioning to lesser restrictive environments with a goal of transitioning 15% of original enrollees.

2009 – Transition at least 30% of original enrollees to lesser restrictive environments.

A.4 Intensive Needs/Autism Services for Early Childhood and School Age Children

We will design a trans-disciplined, evidenced-based educational approach to meet the needs of children with autism and/or other intensive needs so these children can develop the skills necessary to effectively participate in their school and community. A recent needs survey of public school districts showed that behavior support and working with children with autism are the services they would most like us to provide. We have also had numerous requests from parents to provide specialized services for these children. This best practice approach will provide school districts and parents a functionally effective, specialized, cost effective program.

2007 – Implement an Intensive Needs program for at least 10 children with challenging behaviors.

2008 – Evaluate the effectiveness of the program by measuring changes in behavioral intensity and number of students transitioning to lesser restrictive environments.

2009 – Conduct needs survey with LEAs within fifty miles of Windfall school in order to assess if we are continuing to meet local LEA's needs and expectations and to assess whether to expand this service to other schools both within and outside Medina County.

A5. Create transitional work groups.

We will establish transitional vocational services. Support will be provided for those who lose their jobs. These individuals will maintain a regular schedule and improve their work and social skills.

2007 – We will develop a transitional work group serving a minimum of eight consumers.

2008 – The average length of stay in the Transitional work group will not exceed 120 days.

2009 – The average length of stay in the Transitional work group will not exceed 90 days.

A6. Expand leisure, social and recreational services options for adults.

We will increase our services and supports for recreational and leisure activities. When surveyed, over 70% of our adult services population stated that they would like to increase friendships and social opportunities. We will identify the leisure social/recreational interests individuals have and compare them to what is available in their communities. Following the supported employment model we will develop programs to give individuals the skills they need to successfully access these opportunities.

2007 – Develop a new service array that provides at least six new recreation and/or leisure services that will be incorporated into Adult Services.

2008 – Provide daily recreational services for at least 50 consumers per day.

2009 – Offer recreational opportunities in the community for at least 40 consumers per week.

A7. Increase array of Adult Service vocational options.

We will redesign our service array to one that is an individually driven service system, consisting of a unique assortment of opportunities and experiences. Adult Services will redesign its service array to one that meets the varied needs and interests of our individuals. This array will creatively incorporate an understanding of both the Medicaid funding stream definitions and self-determination principles and philosophy resulting in more individually driven options.

2007 – Create at least three new vocational opportunities including prime products made by individuals served.

2008 – Provide at least two new vocational support options for adults.

2009 – Facilitate at least three new vocational opportunities for adults to integrate within their community and with their peers.

II. Continue to support families through education, training and the coordination of services, within service priorities and available funding resources.

B1. Increase family training and support.

We will provide resources and forums for parents to gain/share information, support, and encouragement. Parents of children with disabilities face unique challenges while attempting to ensure their children's educational, social, and emotional development. Important to meeting these challenges successfully are knowledge, involvement and social support.

2007 – We will create at least two resource sites in Medina County.

2008 – We will have informative workshops and parent support groups scheduled a minimum of four times throughout the year.

2009 – We will hold one regional workshop based on requests from surveys obtained through workshops, parent support group, etc. held through 2008.

III. Coordinate and/or implement services and supports for eligible individuals by pursuing available sources of funding, using natural supports, and allocating resources efficiently, effectively and equitably.

C1. Expand residential services.

We will expand residential options in response to the increasing demand for community based living arrangements. The Residential Waiting list includes over 300 individuals requesting residential support. Some of these individuals have parents who are categorized as “Aging Caregivers” according to the definition within House Bill 94. Soon these parents will not be able to provide a necessary level of care and these individuals will need residential support. We currently administer 230 waivers (Individual Options and Level 1’s) and are in the midst of implementing the new state wide waiver service rates. Until this transition is completed, the Board’s financial liability for these waivers will be unknown. Due to the high cost of providing residential support, any expansion will only be possible by using additional Medicaid waivers.

2007 – Finalize the waiver transitions by June 30, 2007 and determine the agency’s financial liability for current waivers.

2008 – Increase the number of individuals receiving residential support by 10.

2009 – Increase the number of individuals receiving residential support by an additional 10.

C2. Increase transportation options.

We will pursue current and alternate modes of transportation to support safe, reliable and fiscally responsible travel to meet the needs of consumers. Consumers and families have identified transportation as one of the most important services we provide. Recent surveys, as well as past requests, revealed an interest in increased transportation options and availability.

2007 – Implement one alternative transportation option.

2008 – Implement at least two additional alternative transportation options.

2009 – Implement at least one additional alternative transportation option.

IV. Continue to expand communication/collaboration with all stakeholders in order to develop and enhance relationships and service opportunities for individuals with MRDD in the community.

D1. Improve information sharing and communication regarding Board services and the field of disabilities.

We will establish a recognizable identity. Recent internal and external surveys indicate that there is confusion among our stakeholders as to “who” we are and many times we are mistaken for other County service agencies. It is critical, especially to those not familiar with

our services, that our name and programs be clearly identified, so that issues surrounding the field of MRDD can be addressed and support assured.

2007

- Generate community awareness by publishing a semi-annual newsletter county wide.
- Generate greater awareness among families, providers and individuals by publishing a quarterly newsletter.
- Participate in at least two community events/activities.

2008 – Participate in at least two additional community events/activities.

2009 – Poll in 2009 of community awareness will demonstrate a 10% increase in community awareness when compared to the results of the 2004 Akron University poll.

D2. Facilitate additional providers.

We will facilitate the development of other Medicaid/waiver service providers. Since the passage of HB 94 in 2001, county boards have been in the position of being a provider and funder of Medicaid/waiver services. Whenever a Medicaid eligible individual chooses a provider other than the county board, the board is required to provide the financial match (40%) for any/all waiver services identified on an individual's ISP. Additionally, language in HB 94 states that county boards are to "facilitate" the development of other providers of Medicaid/waiver services.

2007 – Identify and coordinate information sharing with independent providers new to the county by including them on a provider listing.

2008 – Confirm the existence of any additional providers and include them within the informational materials.

2009 – Achieve 100% compliance the Freedom of Choice of provider process.

D3. Expand options for Seniors in the community.

We will better integrate our senior population, increase their participation and provide a more expansive array of services and activities. This will help increase community awareness and provide other Senior Citizens the opportunity to see that as we age, we become more alike, whether or not we have a developmental disability.

2007 – Develop three new community activities for Seniors to increase community participation and volunteerism.

2008 – Develop two new options for participation for Seniors to integrate with their peers.

2009 – Develop three new integrated sites for Seniors.

D4. Expand Mental Health Services for individuals.

We will collaborate with community mental health providers in order to expand the availability of mental health services to the MR/DD community in Medina County. Coordinated service delivery between the MH community and the MR/DD community has been shown to have the greatest long-term benefit for those individuals considered to be dually diagnosed. In Medina County, the Mental Health Board does not have a county wide levy. This limited funding restricts the amount of services available locally. Collaboration may involve sharing costs and services.

2007 – In conjunction with the Mental Health Board, determine financial resources, assistance needed to serve up to 10 individuals with MRDD.

2008 – Individuals with MRDD when referred for MH services will receive Mental Health Services within 45-90 days.

2009 – Reduce the number of individuals hospitalized due to Mental Health problems by 50% of the 2006 admissions.

V. Assure standards compliance and effectiveness of the implementation of Goals I – IV.

E1. Create a staff culture of service excellence.

We will set agency and personal standards substantially above minimum state, federal and related accreditation compliance expectations. In today's world, differentiating services is the key to attracting and retaining customers while providing superior services to the individuals and families we serve. This will be accomplished by developing a common vision, service delivery standards for all employees and a value system that is built into the organization's culture. The driving principals will be 1) Service Excellence: Connecting services to organizational values, 2) Leadership Development: Identifying and supporting current and future leaders, and 3) Accountability: Empowering employees with ownership and alignment of the agency's goals.

2007 – Reaffirm present or develop new mission statement, values and a code of conduct at Board request and hold at least one in-service on service excellence.

2008 – Develop a management/leadership Training program within the agency also available to other providers of MRDD services.

2009 – Form a staff committee to develop service delivery standards for all services areas within the agency.

E2. Review, modify if necessary, and implement our Person-Centered planning process.

We will periodically review this planning process in order to assure consistency in our development and implementation of a true person-centered approach. This review will include examining responses to consumer and family surveys, reviewing information contained in Quality Assurance surveys and current training provided within the agency.

2007 – Train all SSA staff on the person-centered planning process using a person centered planning training curriculum.

2008 – Review 10% of our Life Plans for consistency of individuals' preferences and provided services.

2009 – Reach a 95% satisfaction score on an individual/family satisfaction survey that addresses our person-centered planning approach.