

## Monitor Report in Response to February 3, 2020 Order

## Table of Contents

## Monitor Report in Response to February 3, 2020 Order

A. Anthony Antosh, Ed. D.

August 31, 2020

### Introduction:

The February 3, 2020 order directed the Monitor to “...conduct a comprehensive review of the consent decree with information gathered from all parties and stakeholders.” and “...to (a) propose the structural components to be included in a plan for reaching substantial compliance by 2024; (b) define criteria for measuring substantial compliance; (c) identify obstacles and barriers and service gaps which might impede achieving substantial compliance, (d) propose potential remedies for addressing those barriers and service gaps; and (e) identify policy revisions or additions, programmatic activities and funding needed to achieve substantial compliance by 2024.” This report is intended to specifically respond to that order.

### Executive Summary:

The answer to the charge stated above is not found in a narrow analysis of the benchmarks of the Consent Decree, but is rooted in defining the structural changes that need to occur in order that the goals of the Consent Decree can be achieved. As a prelude to the detail in this report, this section will provide an executive summary of the needed structural changes.

**First**, stakeholders and parties have identified **fiscal and administrative barriers that impede implementation of the Consent Decree**. These sixteen items are listed in Appendix A and were the subject of a July 31, 2020 Court Order. Resolution of these issues will facilitate consumer access to services and supports and will increase the efficiency of the system in meeting the targets in the Consent Decree. By August 30, 2020 the State Parties will describe (a) the process or strategy through which each of the issues listed above will be addressed to the Court, (b) the timeline for addressing each issue and (c) the state agency(ies) with primary responsibility for resolving each issue. Five working groups with representation from stakeholders have been established to address these administrative barriers.

**Second**, several reports (including the recent NESCO report) have documented that **the Developmental Disability system is underfunded and that most provider organizations are “fragile and profoundly undercapitalized”**. Thus, the sufficiency of funding needed to achieve the Consent Decree benchmarks needs to be determined. Judge McConnell has directed the Monitor to complete an analysis of current funding and to make recommendations. Primarily using data from the State’s NESCO report, this analysis has begun and will be complete soon.

**Third**, there is need for **systemic restructuring of programmatic services and supports**. The current model of adult services and supports is essentially based on group activities that occur in a blend of facility and community settings. These services are hindered by difficulty in recruiting, employing and retaining quality staff – this impacts both provider organizations and individuals who self-direct. The COVID 19 crisis has further complicated this and has reinforced the diminishing value of facility-based group services. What is needed is a new

model for providing supports that is more individualized, community-based and uses funds and supports from an increased variety of sources.

Services and supports for transition-aged students have increased in depth and breadth since the beginning of the Consent Decree. However, transition as the prelude to adult life, can become even more cohesive and increase the fluency of transition from school life to adult life.

Based on analysis of the pertinent systems and on input from consumers, families, staff and leadership, this report identified six programmatic outcome areas.

1. Each Person will have a self-determined, self-directed life based in activities of their choosing in integrated community settings. *See* CD II.A.8, 15 (definition of person-centered planning; explanation that trial work experiences will be selected based on person-centered planning; V.B (“Supported Employment Services shall be individualized and flexible, and shall be available as needed and desired by the individual”), XV(1) (the target populations will have “ongoing allocation from available funding/budgets that is dedicated to supports for gaining, maintaining, or improving employment outcomes and for integrated day services”).
2. Every adult will have the opportunity to be employed in an integrated setting. Every adult will choose the type of position he/she desires. *See* CD V, XIV, XV(1).
3. Each person will participate in a variety of community-based activities of their choosing. *See* CD VI, XIV, XV(1).
4. All transition-aged youth who have an intellectual/developmental disability (I/DD) will exit school with (a) sufficient work experience to make choices about jobs and careers; (b) sufficient community experiences and connections to make choices about community participation; (c) a clear plan to either self-direct or to receive services from one or more provider organizations of their choosing; and (d) application and eligibility for all adult supports complete. *See* CD VIII.
5. There will be sufficient Provider Capacity to meet the support needs of all persons who receive services through the Division of Developmental Disabilities. *See* CD XI, XIV, XV.
6. Every adolescent and adult who has I/DD and their families will have the information and guidance they need to effectively support their family member and navigate a simpler, more efficient system. *See* CD IX, X, XIII, XV.

The following sections of this report will (a) summarize the input and ideas from consumers, families, staff and leadership that document the need for these program outcomes; and (b) an analysis of each section of the Consent Decree with brief description of current status, a list of structural programmatic components and practices that the Monitor believes need to be implemented to achieve substantial compliance with the benchmarks defined in Consent Decree and the criteria and process to be used in monitoring compliance.

This report will be organized in three sections:

1. A summary of the responses gathered from various stakeholders;
2. An analysis of each major section of the Consent Decree that outlines current status, a summary of the structural components necessary to achieve substantial compliance with

the benchmarks defined in the Consent Decree and criteria for assessing substantial compliance.

3. Specific recommendations for implementing the structural program components.

## Section 1 – Responses Gathered from Stakeholders

### *(a) Family Perspectives about Employment*

200 families responded to surveys. Surveys asked questions about family expectations about employment and integrated community activity, about what practices were needed to achieve the goals of the Consent Decree and what were the barriers to implementation.

Re: integrated employment, family expectations were higher among families of transition-aged youth than they were among families of adults. Many of the “no” responses from families of adults were because of age and degree of support needed by their family member. The majority of families of adults knew the term “employment first” and expressed having at least some information. The majority of families of transition-aged youth were not familiar with the term and needed more information – this was partially due to the younger age of their family member. To align with the benchmarks of section X of the Consent Decree, there is a continued need for comprehensive family outreach with particular emphasis on (a) families that are hesitant or resistant to employment and (b) families that are culturally and linguistically diverse.

		Families of Transition Students	Families of Adults Who Self Direct	Families of Adults Agency Supported
Respondents		29	41	130
Do you believe your family member should have a job?	Yes	66%	46%	49%
	I’ve thought about it, but am not sure.	10%	7%	9%
	I’ve thought about it, but there are challenges in my family member’s life that need to be resolved before we can talk about employment.	21%	17%	15%
	No	3%	30%	27%

Are you familiar with the term “employment first”?	Yes, I understand what it means	21%	66%	55%
	I have heard something about it, but want to know more	21%	17%	9%
	I have heard the term, but don’t know what it means	24%	3%	8%
	No, I am not familiar with the term.	34%	14%	28%

Have you received information about opportunities and resources that would assist your family member to be employed?	Yes, I have all the information I need.	24%	56%	47%
	I received some information, but need more.	34%	7%	26%
	I have received very little information.	14%	10%	12%
	I have received no information.	28%	26%	15%

### *(b) Family Perspectives about Integrated Community Activities*

Re: integrated community activities, family expectations were somewhat higher than for employment. Many families require additional information. Families of transition-aged youth

have received most information about educational opportunities, leisure activities and volunteer opportunities. Families of adults indicate having received information about a variety of these domains. The reality is that few families have received enough information about the possible breadth of community opportunities. This reinforces the need for more extensive community mapping to identify opportunities as part of the person-centered planning process and the need for continued family outreach to build expectations for both employment and community activity.

		Families of Transition Students	Families of Adults Who Self Direct	Families of Adults Supported by an Agency
Do you believe your family member could participate in more community activities?	Yes	62%	46%	64%
	I've thought about it, but am not sure.	28%	15%	18%
	I've thought about it, but there are challenges in my family member's life that need to be resolved before we can talk about employment.	10%	10%	8%
	No	0%	29%	10%

Have you received information about opportunities and resources that would assist your family member to participate in community activities?	Yes, I have all the information I need.	24%	51%	50%
	I received some information, but need more.	21%	10%	22%
	I have received very little information.	28%	19%	14%
	I have received no information.	28%	20%	14%

Check all the topics about which you have received information.	Community-based cultural activities.	17%	29%	38%
	Community-based recreational or leisure activities.	38%	56%	65%
	Community-based organizations or clubs in which your family member could become a member.	21%	41%	38%
	Community-based educational opportunities.	55%	32%	27%
	Community-based opportunities for volunteering.	31%	37%	46%

### ***(c) Family Awareness of Technology***

Technology (both hardware and apps) have been proven to be highly effective as a component of a comprehensive system of supports. The majority of families do not report receiving sufficient information about technology. Again, information both about technology acquisition and the role of technology in supporting individual lives, needs to be embedded in comprehensive outreach and education to families.

		Families of Transition Students	Families of Adults Who Self Direct	Families of Adults Supported by an Agency
Have you received information about technology that could help your family member be employed or participate in community activities?	Yes, I have all the information I need.	21%	39%	41%
	I received some information, but need more.	14%	13%	15%
	I have received very little information.	27%	7%	12%
	I have received no information.	38%	41%	32%

***(d) Family Perspectives about Self-Determination and Choice-making***

Self-determination, goal setting and choice-making are the foundations of person-centered planning. More families of adults than families of transition-aged youth report that their family member has received instruction re: self-determination and choice-making. Responses about which life domains their family member will be able to make decisions document that families have higher expectations of personal decision-making in areas of daily life and leisure, but significantly lower expectations for other major life domains. Again, this documents the continuing need for education and outreach to families about the importance of teaching and practicing self-determination and the importance of applying self-determination skills to all domains of life.

		Families of Transition Students	Families of Adults Who Self Direct	Families of Adults Supported by an Agency
Has your family member ever received any instruction about how to make choices or to be more self-determined.	Yes	45%	61%	65%
	I'm not sure	38%	19%	22%
	I don't think so	17%	20%	13%

Do you believe your family member could make decisions about some life activities? Check the activities about which your family member could make decisions.	Daily Functions - what to wear, eat	76%	73%	57%
	Leisure and recreation	55%	66%	62%
	Employment, type of job	35%	54%	29%
	Who they select to be their support staff	38%	51%	32%
	Daily fiscal decisions – small purchases	24%	46%	38%
	Big fiscal decisions – big purchases	7%	5%	4%
	Daily health functions	52%	37%	27%
	Big health decisions	10%	10%	7%
	Relationships	14%	27%	29%

*(e) Perspectives on Transition Planning and Services*

Families of transition-aged youth and staff who support transition-aged youth were asked what other practices needed to be implemented in order to achieve the goals of the Consent Decree and what were the barriers. Family responses were limited, but touched on meeting the unique needs of each youth, on increasing opportunities for community exploration and contact, making the system simpler, and the need for increased funding.

58 school staff responded to the survey. The most frequent suggestions for improving transition planning included:

- Earlier introduction to transition services for students and families;
- Including self-determination in transition planning;
- Cross-training of administrators, staff and families in methodology for developing comprehensive transition plans;
- Increased presence of state agencies during the planning process;
- Increased access to internships and trial work experiences;
- Combining the IEP and Career Development Plans into one document.

The most frequent obstacles/barriers identified by transition staff included:

- Limited employer and community outreach and limited opportunities for youth to be in the community;
- Shortage of qualified staff - (a) need for more staff with transition as their primary responsibility, (b) need for more paraprofessionals to provide community supports;
- Limited funding for community activities;
- Limited transportation options;
- School schedules make it difficult to be in job or community sites;
- Low family expectations;
- Limited opportunities for youth with significant needs.

6 hours of discussions were held with public school administrators of special education. Several administrators provided written information as well. Overall, administrators were very positive about the impact the Consent Decree has had on transition planning. Administrators stated that (a) there was an increased focus on developing student interests for both employment and other community activities; (b) expectations for students, particularly students with significant support needs, were higher; (c) there was an increased focus on developing communication systems as a means for increasing student expression; (d) there was an increase in the availability and overall quality of transition services and supports; (e) some districts leveraged the Consent Decree to increase funding and staff targeted to transition; and (f) there was increased collaboration with state agencies.

Although describing several quality services and deepening relationships with state agencies, school administrators stated that there was a need to focus on “how it comes together”,



particularly in the last two years before school exit. In discussing the last two years before exit, they focused on the need for more funding for discovery (both for employment and community activities), the need for state agencies and DD providers in schools to have an earlier presence in schools, the need to clarify the services and supports each state agency provides, and the need to give families a consistent point of contact – “one person to call who actually knows the answer”.

They identified two other challenges – (a) insufficient business partners which results in inconsistencies in trial work experiences and (b) family misinformation about how the adult system works and family expectations about employment and community-based activity.

***(f) Perspectives of Families of Adults and Staff who Support Adults***

Families of adults (171 respondents) and staff who support adults (141 respondents) were asked (a) what would improve person-centered career development and community planning, (b) what would improve employment services and supports, and (c) what would improve community-based services and supports. There were several hundred responses and ideas. The following tables summarize the most frequent topics. They also document the parallel focus of families and staff.

<b>Comprehensive Person-Centered Planning – Needs</b>	
Family Responses (in order of frequency)	Staff Responses (in order of frequency)
<p>More quality staff;</p> <p>New systems for delivering services;</p> <p>Additional Funding to allow for changes in comprehensive planning model;</p> <p>Outreach and identification of community opportunities, access to community supports;</p> <p>Increased employer outreach and access to employment services;</p> <p>Improved staff wages to increase staff stability;</p> <p><i>There were several comments from families about the positive impact of services and supports as they were pre-COVID and a belief that those services should continue in some form.</i></p>	<p>Development of new models for providing individual supports in community settings;</p> <p>Additional funding to support new models for delivering services and supports;</p> <p>Removal of administrative barriers (quarterly authorizations, billing procedures, etc.);</p> <p>Increased identification of community opportunities, access to community resources and supports;</p> <p>Increased outreach to employers, employer incentives and supports;</p> <p>Increase in staff wages to increase staff retention;</p> <p>Training for staff re: how to provide community supports;</p> <p>Increased access to technology, using technology as part of a comprehensive system of supports.</p>

<b>Comprehensive Person-Centered Planning – Obstacles/Barriers</b>	
Family Responses (in order of frequency)	Staff Responses (in order of frequency)

<p>Fears and concerns about the ability of their family member to participate in employment and community activities; concerns about whether the system could meet the unique needs of their family member (<i>one third of comments expressed this concern</i>);</p> <p>Insufficient Staff shortages, staff wages, staff training;</p> <p>Insufficient funding;</p> <p>Administrative barriers and obstacles that limit access to services, overall complexity of the system;</p> <p>Limited outreach to broader employment community; limited identification and access to a broader range of community activities;</p> <p>Limited transportation options – funding and service options.</p>	<p>Staff shortages, staff compensation, staff training;</p> <p>Administrative barriers that hindered provision of quality services and created inefficiencies in the system;</p> <p>Limited community outreach due to systems issues and lack of focus on identifying community opportunities that match individual interests;</p> <p>Family concerns;</p> <p>Insufficient funding;</p> <p>Limited transportation options;</p> <p>Limited access to and use of technology as a support.</p>
--	---

<b>Employment Services Supports – Needs</b>	
Family Responses (in order of frequency)	Staff Responses (in order of frequency)
<p>More quality staff who are trained to provide supports to adults with unique needs;</p> <p>Need to develop different models of support – “one size does not fit all”;</p> <p>Improved employer outreach, education and support;</p> <p>Removal of systemic and administrative barriers – staff schedules, transportation schedules, lack of focus, complexity of system;</p> <p>Increased access to discovery and pre-employment services.</p>	<p>New models of delivering individual services and supports in community settings, new models for developing jobs that match individual interests;</p> <p>Increased “effective” employer outreach and support;</p> <p>Increased focus on self-determination and “real” person-centered planning as part of discovery and career development;</p> <p>Removal of administrative barriers that make the system too complex;</p> <p>Additional funding;</p> <p>More transportation options.</p>

<b>Employment Services and Supports – Obstacles/Barriers</b>	
Family Responses (in order of frequency)	Staff Responses (in order of frequency)
<p>Limited employer outreach;</p>	<p>Limited employer outreach and support;</p> <p>Staff shortages, staff compensation, staff training;</p>

<p>Lack of quality staff who are prepared to provide employment services and supports and who are fairly compensated;</p> <p>Concerns about the ability of their family member to be employed</p> <p>Administrative barriers, lack of state leadership and legislative support, insufficient funding;</p> <p>Limited transportation options;</p>	<p>Lack of job training for job seekers;</p> <p>Administrative barriers;</p> <p>Insufficient funding;</p> <p>Limited transportation options;</p> <p>Limited access to technology.</p>
--	---

<b>Community-Based Activities and Supports – Needs</b>	
Family Responses (in order of frequency)	Staff Responses (in order of frequency)
<p>Identification of community opportunities, access to community activities;</p> <p>Additional staff trained to provide community supports;</p> <p>Increased funding for community activities.</p>	<p>Changes in service delivery models – movement from group supports to individual supports, movement from facility-based to community-based;</p> <p>Increased time committed to identifying and developing community opportunities, increased community access, increased community advocacy;</p> <p>Additional staff;</p> <p>Removal of administrative barriers that make the system complex and difficult to navigate;</p> <p>Additional funding;</p> <p>More transportation options;</p> <p>Increased access to and use of technology.</p>

<b>Community-Based Activities and Supports – Obstacles/Barriers</b>	
Family Responses (in order of frequency)	Staff Responses (in order of frequency)
<p>Concerns about the ability of their family member to participate in community-based activities;</p> <p>Insufficient funding for community activities;</p> <p>Lack of sufficient number of staff who are trained to provide community supports and who are fairly compensated;</p> <p>Insufficient outreach to community organizations;</p> <p>Limited transportation options.</p>	<p>Limited employer and community outreach;</p> <p>Staff shortages, staff wages;</p> <p>Family hesitations;</p> <p>Difficulty in supporting individuals with complex needs;</p> <p>Limited funding;</p> <p>Administrative barriers;</p>

	<p>Limited access to technology;</p> <p>Limited transportation options.</p>
--	---

Taken collectively, the needs and obstacles/barriers described by both families and staff are very parallel. The core areas are:

- The need to develop new models for delivering employment and other community-based services and supports that are individualized and occur in integrated community settings;
- The need to address the critical systemic issues of staff shortages and staff compensation;
- The need to ensure sufficient quantity and quality of staff who are trained to provide community-based services and supports under the new models;
- The need to increase the quantity and breadth of employment opportunities through state leadership, extensive outreach to a broader array of employers, providing supports and incentives to encourage hiring of people with I/DD;
- The need to identify opportunities (through community mapping and other strategies) for community participation and for developing personal networks;
- The need to remove administrative barriers that make the system inefficient and difficult to navigate; and
- The need for increased funding to stabilize the system and to allow for the development of new models for providing services and supports.
- The need for increased acquisition and use of technology as a component of personalized support;
- The need for increased transportation options and funding.

***(g) Perspectives of Provider Agency Leadership***

8 hours of discussions were held with leadership of adult provider organizations. These discussions were substantive and focused on several topics, including the following.

- The question of provider capacity is directly tied to being able to “recruit, employ and retain” quality staff. This issue/need was also identified by families and staff. The crisis in recruiting and retaining staff is at the root of virtually every other issue.
- Recognizing the expectations of the Consent Decree and the evolution of thinking re: community-based person-centered supports, there is a need to develop new models (including new staffing models) for providing services and supports. There are several examples that already exist in Rhode Island. Providers are requesting the flexibility to develop new models and the funding needed to implement them. Again, this issue/need was also identified by families and staff.
- There are several administrative barriers that are inefficient and hinder provision of services and supports. There is need for greater flexibility throughout the system. Again,

this issue/need was also identified by families and staff and was addressed in the July 31 order.

- The need to be creative in addressing the need for “conflict free case management.” It is important to recognize three different roles and responsibilities – (a) independent facilitation and plan writing, (b) planning logistics (typically the role of the case manager) and (c) preparing staff and natural supports to be “community connectors”. Several strategies were discussed for addressing this. Each of these roles needs to be adequately funded. This issue was also identified by families.
- The need to develop new transportation options.
- The need to increase acquisition and use of technology – both by adults receiving support and staff providing support.
- The need to develop “effective and efficient” strategies for measuring progress and assessing quality. Providers stated that each organization needs to develop internal methodologies for quality improvement.....and should be provided with technical assistance to do so.
- The system, as documented in several reports, continues to be underfunded.

#### ***(h) Perspectives of Adults***

Advocates-in-Action conducted a “Good Day Satisfaction Survey” in 2019 to which 132 adult consumers responded. There are several important points made in this survey that reinforce the issues raised.

- Although 91% of activities reported by those responding occurred “in” the community, the majority of these activities were not integrated or inclusive. 46% of the activities occurred with 1-1 supports and were not directly related to the community setting. 43% occurred in groups of others with developmental disabilities. Only 11% had some engagement with community members. The most frequent activities reported were bowling and shopping, followed by other generic group activities such as going to the mall, going to the park, going for a walk. Simply being in a community setting does not guarantee “integrated day activities”. Thus, this is documentation of the need for new models for individualized planning, for identifying and accessing a broader array of community activities and for preparing support staff to assist individuals to develop community relationships and networks.
- Consumers rely on paid staff to the exclusion of other supports.....thus, the DSP crisis is of concern to all who responded to the survey. Once again, this reinforces the need to systemically resolve the staff crisis, but also the need to look beyond just staff to the creation of personal networks and a more comprehensive system of supports.
- Although many consumers report an overall satisfaction with their (pre-COVID) services, many expressed the need for more staff hours and more support.
- Consumers who have significant support needs report that community opportunities are less available and less accessible than to others with less significant needs.

Anecdotally, the Monitor has spoken with several individual adults about their lives. Those with active community lives described a diverse array of community-based activities that were supported by a network of people (family, friends, staff, other community members). These networks took “years to develop”. Employment was a part of their lives. Responses to the “Good Day Satisfaction Survey” cited above suggest that, although some individuals prefer more hours, many of those who responded to the survey prefer to work about eight hours per week.<sup>1</sup> This, again, reinforces the need to look at the blending of employment and community activity to address the Consent Decree requirement that time not working to be spent in integrated community activity. Those adults with less active community lives were primarily dependent on staff for community activity. The network of family, friends and community described by the others was non-existent in their lives.

The impact of COVID on people’s lives is significant. Most of the people referenced above report that COVID caused both the loss of staff and the loss of community. An email I received from a mother stated that all her staff left for COVID-related reasons and all activities stopped...

*“Activities are also ALL GONE.  
country line dancing on Mondays? Gone.  
art class? Closed.  
water aerobics Tuesday? Gym went out of business.  
dog groomer helper on Wednesday? can't social distance in there, so gone.  
dog biscuits maker volunteer? can't social distance there either, so gone.”*

The post-COVID world is different. The staff crisis is magnified.....employment opportunities are more limited.....and much of the community is “gone”.

#### ***(i) Priorities of the Employment First Task Force***

The strategic plan of the Employment First Task Force (defined in the Consent Decree) includes the following goals:

- Advance Access to a Sustainable System of High Quality Services;
- Use Data-Driven Improvement Strategies to Inform Policy and Practice;
- Promote Communication with and Outreach to People with IDD and their Families;
- Advance System-Wide Whole Person Planning.

The first goal focuses on promoting employment first initiatives, increased access to employment services provided by credentialed employment specialists, revision of the state funding structure to promote community-based lives, livable wages to foster staff stability and promote quality assurance efforts.

In addition to promoting the use of universal, credible, reliable data, the second goal focuses on involving individuals with IDD and their families and other stakeholders in developing outcomes

---

<sup>1</sup> Individuals with disabilities and their families may fear that working more hours will cause loss of Social Security and other benefits, making benefits counseling an important resource required by the Consent Decree.

measures, including self-determination and inclusion in all policy development, promoting cross-agency capacity for data collection.

The third goal emphasizes the importance of consistent comprehensive communication with all consumers and their families.

The fourth goal promotes whole person planning, access to benefits counseling and other work incentives information, timely communication that promotes seamless transition, and expansion of the person-centered facilitator/advisor training.

The goals of the Employment First Task Force align with the issues raised by all the stakeholder groups cited throughout this action. Further discussion with the EFTF members emphasized three ideas – (a) the importance of involving stakeholders in decision-making; (b) the need for whole-life person-centered planning, facilitated by someone chosen by the person and/or by an independent facilitator; and (c) the need to address the staff crisis comprehensively – redefinition of responsibilities to reflect community-based supports, recruitment, compensation and retention.

***(j) Project Sustainability Legislative Commission***

During 2018-2019 the “Project Sustainability Commission” met multiple times to review the impact of Project Sustainability and to make recommendations for systemic change. Among several others, the recommendations made by the Commission included:

- (1) Increase conflict-free case management:
  - Life planning is driven by the individual (with assistance when requested) and by the independent facilitator (aligned by HCBS rules), not by the Funder (i.e., the State) or the provider of service.
  - (a) Simple definition of “independent facilitator” – facilitator does not provide direct service; (b) define criteria to be a facilitator – provide training based on criteria; (c) create an application process; (d) maintain a list.
  - Recognize and support three service options – (a) self-direct with fiscal intermediary; (b) contract with agency to manage services; (c) custom combination of self-directed for some functions and agency managed for others.
- (2) Develop community-based high quality models and practices to support individuals with complex behavioral and health care; thus, minimizing placements in more restrictive settings.
- (3) Ensure a seamless transition from “under 21” services to “over 21 services”.
- (4) Assess the transportation needs of people with DD, assess the capacities of the current system, and make recommendations re: aligning transportation services to effectively meet the needs of people.
- (5) Ensure that systems rate reviews and finance models promote the development of alternatives that promote high quality person-centered community-integrated services. *The details*



*embedded in this recommendation include most of the items referenced in the July 31 order on fiscal issues and administrative barriers.*

- (6) Promote individual “person up” budget development....aligned with the goals of each individual’s life plan.
- (7) Advance self-determination. Ensure that the person is included in all decision-making, both individually and systemically.
- (8) Governor needs to increase...and legislature needs to approve...a developmental disability budget that adequately funds services and supports.
- (9) Create a standardized process for quality improvement which includes data from multiple sources to evaluate service processes, outcomes and performance.
- (10) Reorganize and simplify the system.
- (11) Identify and catalog available technology resources including equipment, devices and software that can afford greater independence....and reduce reliance on staff-intensive supports.

The Commission’s recommendations align (and provide supplemental detail) with the issues raised by the various stakeholder groups referenced in this report.

### ***(k) Conclusions***

The intent of this section is (1) to include the needs and ideas expressed by the 500 plus people who participated in discussion groups or responded to a survey and (2) to document the areas of systemic change highlighted in the executive summary. Providers, staff and the Project Sustainability Commission highlighted the importance of **removing the administrative barriers that make the system difficult to navigate, that hinder efficient provision of services and limit the flexibility** needed to meet the unique circumstances of each person’s life. Every stakeholder group described the need for both **additional funding** and the need to identify new funding sources in order to develop and sustain a person-centered community-based system of services and supports.

From a programmatic standpoint, every stakeholder group discussed the importance of **developing new service models**. Those new service models will focus on supporting **individualized comprehensive person-centered plans** for employment and integrated community activity facilitated by independent plan writers. The Consent Decree employment benchmarks will only be achieved if there is an **increase in employment opportunities** resulting from more intense outreach to and support for a broader array of employers. Similarly, the integrated community benchmarks will only be achieved if there is **adequate time committed to identifying opportunities and resources** through community mapping and to the development of individualized support networks, including the enhanced use of **technology** and increased **transportation** options.



Implementation of new models of support will not occur without **stabilizing and maintaining provider capacity**. Provider capacity is rooted in the recruitment, employment and retention of quality staff who are prepared for increasing community-based responsibilities. And **stabilization of the workforce** is directly tied to the need for **fair compensation and additional funding**.

Although high quality transition planning and supports are available in many school districts, many of the stakeholder groups expressed a need to **enhance the fluency with which all transition services come together**, especially during the two years before school exit. All transition youth in all school districts need to have equal access to these services. **Families need enhanced knowledge and support** both to have high expectations and to be able to plan for and navigate the transition process.

Family expectations and knowledge are predictors of employment and community outcomes. The family responses to the survey questions document the need for **deeper family outreach and support, especially for families that are culturally and linguistically diverse**.

All the stakeholder groups advocate for **enhanced communication** that is consistent and accurate. All stakeholder groups need to have an equal **role in decision-making and in development of the new administrative procedures and the new models** for providing individualized community-based systems of services and supports.

Thus, the needs and ideas discussed by the stakeholder groups are the foundation for the three areas of structural change and the six program outcomes highlighted in the executive summary.

Finally, it is important for the State Parties and all stakeholder groups to understand that **collaboration, joint decision-making and joint responsibility** are essential. Families and providers support the daily lives of people with IDD. As systems move towards giving individuals more control of their own lives, enhanced models for providing services and supports must be developed and implemented by families and providers. Such services and supports need to integrate personal capacity, supports provided by families and friends, increased use of technology and other community supports as well as paid staff. The role of the State is primarily to support those enhanced systems through funding, promoting innovation, technical assistance and shared quality assurance.

## **Section 2 - Consent Decree – Current Status, Structural Components and Practices, Criteria**

The following pages are a review of the separate sections and requirements of the Consent Decree. For each section there is (a) description of current status with (in some instances) commentary and recommendations; (b) a summary of the structural components and practices that will increase the probability of achieving substantial compliance with the goals and benchmarks of the Consent Decree; and (c) monitoring criteria and process.

The structural components and practices listed in this section were derived from a review of State Party materials and prior quarterly reports, the extensive stakeholder input cited earlier, input from external consultants and a review of pertinent professional literature. Note – the structural components and practices listed for each section of the Consent Decree are not requirements per se. The intent is to describe the practices that need to be implemented. Section 3 will make specific recommendations for the State to develop workgroups and communities of practice to be charged with (a) developing strategies for addressing the referenced components, (b) determining the specific logistics for implementing the structural practices, (c) developing a statewide implementation plan and a timeline for implementation so that these components and practices are in place for all Consent Decree population members by April, 2024. The Monitor will directly participate in these workgroups.

The general impression of the Monitor is that the Consent Decree has produced change in the services and supports provided to adolescents and adults who have I/DD. There is an increased focus on transition, on employment, on person-centered planning and on developing community lives since 2014. All parties (State, Providers, others) should be commended for their efforts. However, progress has been hindered by insufficient funding and by administrative processes that have made the system(s) difficult to navigate for families and inefficient for providers; thus, hindering the provision of services and limiting the potential impact. One stakeholder described the situation this way: “The foundation has been laid. Now it is time to improve the system and develop effective models of service delivery that can be implemented with everybody”. The three structural changes referenced in the Executive Summary – removal of administrative barriers, sufficient funding and development of new models for supporting individual lives in community settings – are targeted towards that end.

### ***Consent Decree Section IV – Outcomes***

Section IV (1-5, 7) have been met. The State is 100% in compliance with Career Development Planning (IV, 1-3) for the Youth Exit Population(s) and the Youth Transition Population. Career Development Planning will be further discussed in Section VII. Notably, all sheltered workshops (implied in IV, 4) have been closed. Pre-COVID the State’s January, 2020 quarterly report documents that the State has met the 12/2019 “placement” benchmark for the integrated day population. The State report also documents that the number of individuals in the sheltered workshop population has decreased due to deaths and other factors.

Section IV (6) pertains to benefits counselling. Multi-agency approaches to benefits counselling have been implemented. There are three levels – (a) in person counselling, (b) group sessions, and (c) information dissemination.

Effectively evaluating compliance with the benchmarks in IV (8-9) is extraordinarily difficult in the era of COVID. There are pre-COVID numbers and post-COVID numbers that require somewhat different interpretations.

### ***Pre-COVID***

Per Section IV (8-9) by January 1, 2020 all youth exit population members were to have had “supported employment placements” (aka, a job); 300 members of the sheltered workshop population were to have had jobs; and 225 members of the day population were to have had jobs. The State’s last quarterly report (data ending December 31, 2019) documents the number of Consent Decree population members who have had job placements

	Total Consent Decree Population	Consent Decree Benchmarks for Job Placements by 12/31/2019	Number Who Have Had Job Placements
Youth Exit Population	432	432	277
Sheltered Workshop Population	504	300	232
Day Program Population	1051	225	385
Total All Populations	1987	957	894

*Source – State Quarterly Report (1/30/2020)*

The total number of people who have had a job increased by 74 in 2019. These numbers document that benchmarks were exceeded for the Day Program Population, but not met for the others. Data from the *Sherlock Employment and Day Activities Survey* which provides historical data on employment and day activities for the entire RI population of adults supported by the developmental disabilities system indicates that, prior to the COVID state of emergency, there had been progress in achieving the outcomes defined in Section IV. The following tables illustrate the change. Data collected in March, 2019 was the most recent data; the March, 2020 survey was cancelled due to COVID. *(Note – data from the Sherlock Survey is reported in two ways: (a) Statewide Survey that reports on the whole population and (b) Consent Decree Progress Report that reports ONLY on the Consent Decree populations. The footnotes below each table identifies the source for the data in that table).* The table below reports changes in the total statewide population, not just the Consent Decree target populations. Note – although there is some overlap, those who report receiving Supported Employment Services and those who are employed are different populations.

### **Combined Sheltered Workshop and Day Populations**

Service Category	2015 Survey	Percent of Responses	2019 Survey	Percent of Responses
Total Responses	3285			3304
Supported Employment Services***			1030	29.6%

Individual Paid Employment	515*	15.7%	590	16.9%
Self-Employment***			24	.7%
Provider Paid Individual Employment			110	3.2%
Provider Paid Group Employment	176*	5.4%	130	3.7%
Facility Based Employment	426	13%	--	--
Total Employment**	691	21%	806	27%

Source – Sherlock Employment Statewide Survey – RI DD Population<sup>2</sup>

\*2015 Survey did not differentiate between employer paid and provider paid.

\*\* 2015 Survey did not break employment into categories.

\*\*\* Not collected in 2015 Survey

	2015 Survey	2019 Survey
Did you get a new job in the past year?	218	127
Average weekly hours worked (individual employment)	9.89	11.21
Average weekly hours worked (facility-based employment)	9.4	--
Average hourly wage (integrated employment)	\$9.57	\$11.12
Percent below minimum wage (integrated employment)	9.3%	--
Average hourly wage (facility-based employment)	\$5.03	--
Percent below minimum wage (facility-based employment)	53.8%	--

Source – Sherlock Employment Survey – RI DD Population (3/2015 and 3/2019)

This table which compares the 2015 statewide survey data with the 2019 statewide survey data documents (a) an increase in overall employment; (b) a slight increase in individual employment; (c) elimination of facility-based employment (i.e., sheltered workshops); (d) slight decrease in provider paid employment; (e) increases in weekly hours worked and mean hourly wage; and (f) elimination of sub-minimum wage employment.

The following tables further document for the Consent Decree populations (a) significant increase in the use of supported employment services; (b) increase in individual paid employment across all three populations; and (c) a slight decrease in provider paid employment. Additionally, there have been increases in weekly hours worked and hourly wage. Rate of job retention remains stable. There were some variations in provider paid employment. Note – as stated earlier, although there is some overlap, those who report receiving Supported Employment Services and those who are employed are different populations.

	Youth Exit		Sheltered Workshop		Day Program	
	2016	2019	2016	2019	2016	2019
Supported Employment Services	25	205	114	194	236	333
Individual Paid Employment	12	103	74	104	151	173
Self-Employment	1	1	19	7	28	10
Provider Paid Individual Employment	--	6	37	40	77	53

<sup>2</sup> Note that the “RI DD Population” is a broader population of individuals with IDD in Rhode Island than the Consent Decree Target Population.

Provider Paid Group Employment	4	2	40	36	75	54
Facility Based Employment	--	--	54	--	110	--
Total Employment	17	112	170	187	331	290

*Source – Sherlock Survey Consent Decree Progress Reports (3/30/2016 and 3/30/2019)*

	Weekly Hours		Hourly Rate		Tenure > 1 year	
	2016	2019	2016	2019	2016	2019
Individual Employment	8.03	10.35	\$9.83	\$11.11	177 (75%)	297 (78%)
Provider Paid Individual	6.19	5.11	\$9.59	\$10.50	62 (54%)	74 (80%)
Provider Paid Group	11.97	9.02	\$7.83	\$14.42	110 (91%)	82 (83%)

*Source – Sherlock Survey Consent Decree Progress Reports (3/30/2016 and 3/30/2019)*

### ***Post-COVID***

Then COVID happened. The table below documents the impact of COVID. As of June, only 31% people with individual jobs and 51% people with group jobs continued to work. 17% chose not to work. 10% were permanently terminated and 40% were furloughed. In July Rhode Island's overall unemployment rate was 12.4%.....and local media continues to report on the number of small businesses that have not yet re-opened, re-opened with a smaller staff or permanently closed. The employment landscape in Rhode Island is significantly different than it was six months ago.

	Individual Employment	Group Employment
Working as of March 1, 2020	636	180
Working in June, 2020	196 (31%)	92 (51%)
Temporarily Furloughed	278 (44%)	51 (28%)
Terminated	65 (10%)	19 (10%)
Voluntarily Choosing to Not Work	112 (18%)	29 (16%)

*Source – BHDDH Survey (6/2020)*

In addition to the pre-COVID jobs that were lost and the benchmarks that had not yet been met for the youth population and the sheltered workshop population, section IV (8-9) calls for an additional 400 jobs for the sheltered workshop population and 725 additional jobs for the day program population by 2024. To achieve substantial compliance with these goals, there needs to be new and intensified approaches to job development. The stakeholder input cited earlier identified the areas that require focus. These are highlighted in the “Structural Components and Practices” in the table below.

Given the connection between Employment (as defined in V D) and Integrated Community Activity (as defined in VI A-B); monitoring of the expected outcomes defined in sections IV-VI will be comprehensive. In addition to past areas of monitoring, which included the number of target population members working in integrated settings, and the number of target population members in integrated day services, the Monitor will be reviewing whether each target population member is receiving an appropriate combination of supported employment and integrated day services, based on individual preferences and needs.<sup>3</sup>

<sup>3</sup> The Consent Decree requires that target population members have access to a combination of integrated employment and integrated day services. The proportion of employment and day services each individual receives

Post-COVID baseline will be established using (a) data from the Fall, 2020 Sherlock Survey (data will be collected in October) and (b) the third quarter report from the State Parties. The expectation is that each subsequent quarter will document an increase in the quantitative measures listed in the table below.

In line with the Consent Decree goal of community integration (as stated in I F-G), the expectation is that by April, 2024 the target populations will have integrated community-based lives that include, at the individual member level, a combination of both integrated employment and integrated community-based activities.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices Needed to Increase Employment	Monitoring Criteria and Process
<p><b>Increase the variety and quantity of employment opportunities</b> by;</p> <ul style="list-style-type: none"> <li>• Embedding adolescents and adults who have I/DD in all workforce initiatives administered through the RI Department of Labor and Training;</li> <li>• Increased outreach to identify potential employers and increased support for employers;</li> <li>• Leadership from Rhode Island’s Executive Branch to be a model employer and to identify and provide employer incentives.</li> </ul> <p>Creating an “<b>Employer Task Force</b>” to promote the employment of adolescents and adults who have I/DD statewide and to advise on statewide initiatives.</p> <p>Insuring that every adult will has the <b>opportunity to experience and discover a variety of job types</b> before placement. Experience is the foundation for self-determined choice.</p>	<p>Monitoring of the expected outcomes defined in sections IV-VI will be informed by (a) the impact of COVID and (b) the connection between Employment (as defined in V D) and Integrated Community Activity (as defined in VI A-B). .</p> <p>Post-COVID baseline will be established using (a) data from the September, 2020 Sherlock Survey and (b) the third quarter report from the State Parties. The expectation is that each subsequent quarter will document an increase in each of quantitative measures listed below.</p> <p>In line with the Consent Decree goal of community integration (as stated in I F-G), the expectation is that by April, 2024 the target populations will have integrated community-based lives that include, at the individual member level, a combination of both integrated employment and integrated community-based activities.</p>

---

should be based on individual preferences and needs, including the option to choose integrated employment but forgo day services, or to choose an integrated day-only placement in lieu of working. See CD V.I; VI.B.8.



<p>Developing <b>additional models for providing employment supports</b>. Providers should be incentivized to experiment with new models.</p> <p>Increased Use of <b>technology</b> as an employment support.</p> <p>Increased funding for <b>transportation</b> and development of new transportation models, including direct stipends to individuals to arrange their own transportation.</p> <p>Continued expectation that <b>employment staff attain ACRE certification</b>.</p> <p><i>Note – A Logic Model has been developed that includes recommendations and ideas for implementing these recommendations that were gathered from target population members, stakeholders and other Sources. This is a separate document available for review.</i></p>	<p>Supported Employment will be monitored through seven metrics:</p> <ul style="list-style-type: none"> <li>• The number of new jobs acquired by target population members each quarter (as currently reported in the State Parties Quarterly Report));</li> <li>• The number of persons currently employed as documented through the semi-annual (March and September) Sherlock Survey, the State Parties Quarterly Report, and the annual National Core Indicators Survey;</li> <li>• The average number of hours employed and the average hourly wage;</li> <li>• Documented increase in job retention and tenure as documented through the semi-annual (March and September) Sherlock Survey;</li> <li>• The percent of individuals with IDD employed in each of the standard occupational groups as documented through the semi-annual (March and September) Sherlock Survey – this is an indicator of the breadth of positions held by individuals with IDD beyond those traditionally held by persons with IDD;</li> <li>• Narrative of the strategies implemented to facilitate career discovery, development, acquisition and retention.</li> <li>• Narrative of the strategies implemented to increase the variety of employment opportunities available to target population members and strategies to increase employer outreach and support.</li> </ul> <p>Beginning in 2021, the Monitor (or monitoring Team member) will visit each provider organization. A small sample of target population members will be selected. The Monitor (or monitoring Team member) will review selected individuals' plans, daily and weekly schedules as indicators of community activity, and documentation of personal growth. Focus will be on determining whether individuals have integrated community-based lives that include, at the individual member level, a combination of both integrated employment and integrated community-based activities. Monitor will develop a quality rubric. Monitor (or monitoring Team member) will meet with staff and families to discuss how individual changes and needs have</p>
---	--

	been addressed in the plan, including whether individuals are receiving appropriate supported employment and integrated day services to achieve community integration.
--	--

### ***Consent Decree Section V – Supported Employment Services and Supports***

The primary purpose of Supported Employment Services and Supports is defined in Consent Decree Section V C. “Supported Employment Services shall be provided in the amount, intensity, and duration necessary to place, maintain, and provide ongoing support, including ongoing professional development, to an individual in a Supported Employment Placement, as set forth below in Sections V(D)-(E).

The Monitor is confident that all of the services and supports described in section V exist in the state. COVID significantly limited the capacity of providers to support most population members in person. During COVID all three state agencies provided guidance re: remote or virtual supports. The Monitor has reviewed these and found them to have quality.

The ongoing challenge is to increase access to the types of supported employment services and supports that, based on relevant research, are most likely to result in members successfully finding and maintaining integrated employment. For example, the tables below illustrate use patterns for select supported employment supports. Many of these are services that have been demonstrated to lead to employment. For example, increasing the number of both short term and long term work experiences as part of the discovery process has been proven to be a predictor of employment. However, few participate in any post-secondary education or technical training and the time devoted to job search is very low.

	2016		2019	
	Participants	Weekly Hours	Participants	Weekly Hours
Post-Secondary Education	127	5.4	68	4.7
Career Planning	220	1.5	348	2.3
Short Term Work Experience	86	3.9	34	3.4
Long Term Work Experience	106	6.3	44	2.2
Job Search with Individual	162	1.8	147	1.5
Job Search for Individual	111	1.6	116	1.5
Total	639	4.0	1030	5.0

*Source – Sherlock Employment Survey – RI DD Population (3/2016 and 3/2019)*

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.



Structural Components and Practices	Monitoring Criteria and Process
<p>The structural components and practices listed for Section IV include practices and strategies needed to achieve the benchmarks listed in Section IV.</p> <p>Particular focus should be placed on <b>self-determination</b> training and on providing short term and long term experiences as part of the <b>discovery and career development</b> process.</p>	<p>The expectation is that the target populations will have integrated community-based lives that include, at the individual member level, a combination of both (a) supported employment services and supports in an integrated employment setting and (b) integrated community-based activities.</p> <p>As described in Section IV, Post-COVID baseline will be established using (a) data from the Fall, 2020 Sherlock Survey and (b) the third quarter report from the State Parties. The expectation is that each subsequent quarter will document an increase in each of quantitative measures listed below.</p> <p>In addition to the metrics listed for Section IV, two additional measures will focus on Supported Employment Services and Supports:</p> <ul style="list-style-type: none"> <li>• The number of target population members (not currently employed) who are receiving supported employment services and supports as documented through the semi-annual (March and September) Sherlock Survey;</li> <li>• The number of target population members participating in each of the Supported Employment Services and Supports listed in the semi-annual (March and September) Sherlock Survey; (<i>Note – several of the components listed in the Sherlock Survey comprise the elements of job or career discovery.</i>)</li> <li>• Narratives of the strategies implemented to increase Supported Employment Services and Supports for those target population members not currently employed and/or not retired.</li> </ul>

### ***Consent Decree Section VI – Community Activities, Integrated Day Services***

Similar to the discussion of employment services and supports, review of integrated community activities needs to differentiate between pre-COVID capacity and post-COVID capacity for at least the next quarter.

#### **Pre-COVID**

Prior to the COVID State of Emergency, there had been consistent progress in the number of target population members participating in integrated day services. The table below documents an increase in the number of adults participating in community activities and the number of hours.....and a decrease in facility-based activities. As cited earlier, the 2019 data is the most recent data (2020 data collection was cancelled due to COVID). The table also documents that art/leisure, health/fitness activities and daily activities are most common. The input received from stakeholders indicated a need to identify a broader array of community opportunities. The limited use of the other community activities reinforces that need.

	2016		2019	
	Number	Weekly Hours	Number	Weekly Hours
Total Community-Based Non Work	1598	7.64	1995	13.17
Total Facility-Based Non Work	1368	16.06	1028	14.65

	2016		2019	
	Number	Weekly Hours	Number	Weekly Hours
Soft Skills	413	3.85	463	3.69
Arts and Leisure	1171	2.83	1693	7.42
Daily Living	590	3.69	855	4.3
Health and Fitness	849	3.13	1117	3.28
Adult Education	173	3.49	221	3.03
Volunteering	287	4.11	439	3.14

*Source – Sherlock Employment Survey – RI Consent Decree Progress Report (3/2016 and 3/2019)*

## Post-COVID

There is significant anecdotal evidence that COVID eliminated (in many cases, permanently) many of the activities in which people participated. Thus, for many individuals, a new array of activities and relationships needs to be developed. The table below further illustrates that. Agencies are attempting to provide employment and community supports, but report significant difficulties in recruiting and retaining staff. Individuals who self-direct report the same challenge. Approximately 64% of people are receiving some community support. Both agencies and families report that the quantity of support are only a portion of what was provided pre-COVID. Another theme throughout the stakeholder input was the direct support staff crisis. COVID has magnified this. The NESCO report on the financial stability of the system projected an increase in direct support staff wages would result in higher rates of staff retention. Once again, the need for increased funding is highlighted as an issue. As stated earlier, a fiscal analysis is under way and will be complete by mid/late September. That analysis will make funding recommendations both for short term survival and long term stability.

Number Receiving In-Person Supports	1026 (51%)
Number Receiving Virtual Supports	261 (13%)
Number Receiving Both	424 (20%)
Number Voluntarily Choosing Not to Participate	306 (15%)
Number for Whom Agency Unable to Support	427 (21%)
Agencies with Initial Plans for Providing Day Supports	19 of 21 (90%)

*Source – Community Provider Network Survey (7/2020)*

Parallel to the stakeholder input cited for employment services, stakeholders focused on:

- The need to increase effort to identify community opportunities;
- The need to develop new models for community supports that focus on providing individual supports (rather than group supports provided according to set ratios);
- The need for sufficient direct support staff who are trained to provide individual community supports;
- The need for comprehensive person-centered planning using the components of the *Rhode Island Person-Centered Thinking Guide*, facilitated by independent plan-writers;
- The need for increased use of technology as a support strategy;
- The need for expanded transportation options.

These are highlighted in the “Structural Components and Practices” in the table below.

Additionally, an increasing number of the Consent Decree population is retiring. Aligned with VI (7) quality integrated retirement options need to be developed.

Given the connection between Employment (as defined in V D) and Integrated Community Activity (as defined in VI A-B); monitoring of the expected outcomes defined in sections IV-VI will be comprehensive. In addition to past areas of monitoring, which included the number of target population members working in integrated settings, and the number of target population members in integrated day services, the Monitor will be reviewing whether each target population member is receiving an appropriate combination of supported employment and integrated day services.

Post-COVID baseline will be established using (a) data from the Fall, 2020 Sherlock Survey (data will be collected in October) and (b) the third quarter report from the State Parties. The expectation is that each subsequent quarter will document an increase in the quantitative measures listed in the table below.

In line with the Consent Decree goal of community integration (as stated in I F-G), the expectation is that by April, 2024 the target populations will have integrated community-based lives that include, at the individual member level, a combination of both integrated employment and integrated community-based activities.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices	Monitoring Criteria and Process
<b>Identifying and increasing opportunities for community involvement</b> for each individual through systematic <b>Community Mapping</b> ;	As indicated in Section IV; monitoring of the expected outcomes defined in sections IV-VI needs to be comprehensive.

<p>Developing <b>comprehensive Person-Centered Plans</b> using the components described in the <i>Rhode Island Person-Centered Thinking Guide</i> (see recommendations for Section VII);</p> <p>Developing and promoting <b>new models for community supports</b>;</p> <p>Increased use of <b>Technology</b> as a community support;</p> <p>Increased funding for <b>transportation</b> and development of new transportation models, including direct stipends to individuals to arrange their own transportation;</p> <p>Developing recommendations for <b>quality programs</b> for target population members who have <b>retired</b>;</p> <p>Redefining the roles and responsibilities of <b>Direct Support Professionals</b>; ensure that DSPs and other staff participate in value-based, competency-based training as defined in Consent Decree Section IX (see recommendations for Section XI) ; ensure that DSPs and other staff receive a competitive wage.</p> <p><i>Note – A Logic Model has been developed that includes recommendations and ideas for implementing these recommendations that were gathered from target population members, stakeholders and other Sources. This is a separate document available for review.</i></p>	<p>Post-COVID baseline will be established using (a) data from the September, 2020 Sherlock Survey and (b) the third quarter report from the State Parties. The expectation is that each subsequent quarter will document an increase in each of quantitative measures listed below.</p> <p>The expectation is that the target populations will have integrated community-based lives that include, at the individual member level, a combination of both (a) supported employment services and supports in an integrated employment setting and (b) integrated community-based activities. Integrated Community Activity will be monitored through five metrics:</p> <ul style="list-style-type: none"> <li>• The number of target population members and the average amount of time spent in community activity as documented through the semi-annual (March and September) Sherlock Survey and the annual National Core Indicators Survey;</li> <li>• The number of target population members and the average amount of time spent in the various types of community activity measured in the semi-annual Sherlock Survey;</li> <li>• The number of target population members who demonstrate growth in one or more domains of high quality components of community life (as described in the <i>Minnesota RRTC model</i>). <i>Questions to assess personal growth across life domains will be included in the Sherlock Survey beginning in March, 2021</i>)</li> <li>• The number of target population members who express personal satisfaction with their lives as assessed in the National Core Indicators interviews;</li> <li>• Narrative of the strategies implemented to facilitate development of community networks and diverse community activities.</li> </ul> <p>Beginning in 2021, the Monitor (or monitoring Team member) will visit each provider organization. A small sample of target population members will be selected. The Monitor (or monitoring Team member) will review selected individuals' plans, daily and weekly schedules as indicators of community activity, and documentation of personal growth. Monitor will</p>
--	--

	develop a quality rubric. Monitor (or monitoring Team member) will meet with staff and families to discuss how individual changes and needs have been addressed in the plan.
--	--

### ***Consent Decree Section VII – Career Development Planning***

The State is in compliance with the requirements for career development planning as defined in VII (1-9). The following tables document the percent of Consent Decree population members that have career development plans.

	Benchmark	Number with Plans	Percent of Benchmark
Youth Exit	1201	1201	100%
Youth Transition	414	414	100%
Sheltered Workshop	659	659	100%
Day Program	1437	1437	100%

*Source – State Parties Quarterly Report (12/31/2019 data)*

Disability Category	Count	Career Development Plan	Compliance
Youth w/ I/DD (14-21)	498	498	100%
Youth w/ Autism and Multi-handicapped (14-21) <i>(who may be eligible)</i>	620	620	100%
Youth w/Other Health Impaired (14-21) <i>(who may be eligible)</i>	89	89	100%

*Source – RI Department of Education Data (6/2020)*

Stakeholder input identified three areas for quality improvement – (a) person-centered plans that are more comprehensive integrating both career development and other community activities; (b) the importance of independent facilitators; and (c) the need for increased translation and interpretation services for individuals and families from culturally and linguistically diverse backgrounds. Several transition and adult staff described the value of using the same planning format for the last two years before school exit as is used in the adult system.

As indicated in the earlier sections, there is a connection between the integrated community activities described in section VI and the supported employment services and supports described in sections IV and V. Thus, person-centered planning needs to be comprehensive and include both elements. In gathering information and ideas for this report, several stakeholders described three “functions” or “roles” needed for effective planning – (1) the independent facilitator who has responsibility to help the person prepare for the planning process, to help the person consider all domains of life and the supports needed within each domain and to facilitate (or co-facilitate with the person) any planning meetings; (2) the case manager who has responsibility to organize and oversee the logistics of each plan; and (3) the community connector who has responsibility

for assisting the person to connect with community opportunities and resources. All staff, family members, friends and others need to learn how to fill the role of community connector.

The follow-up report on the *RI Person-Centered Thinking Guide* and the Person-Centered Thinking Facilitator training (conducted by the Conversion Institute) documented the positive impact on plans and lives of adults. Two factors were identified as having the most significant impact – (a) the relationship between the individual and the facilitator and the amount of time spent in preparation (based on the RI Guide) and (b) the time spent in community mapping as a strategy for identifying opportunities and resources.

Thus, the structural components and practices listed in the table below target the “quality” of plans, not simply whether or not they exist.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices	Monitoring Criteria and Process
<p>Recognizing the connection between employment and developing a personal network of community activities and relations, each member of the target group populations will have a <b>comprehensive person-centered plan</b> which incorporates career development and other integrated community activities.</p> <p>The <b>process and components of the <i>Rhode Island Person-Centered Thinking Guide</i></b> should be used as the basis for planning for plans for youth in transition who are less than two years from exiting school and for all adults in the sheltered workshop and day target populations.</p> <p>Criteria will be developed defining who can be an “<b>independent facilitator</b>”. A registry of independent facilitators will be published. Each person has the right to choose a facilitator either from the registry or from personal preference.</p> <p>There will be <b>sufficient funding for plan preparation, plan development and quarterly review</b>.</p> <p>By June, 2021 a process will be developed for developing an <b>individual budget</b> for each</p>	<p>Planning will be monitored using two strategies:</p> <p>(1) Each member of the sheltered workshop and day target populations will participate in the semi-annual Sherlock Survey. As indicated above, beginning in March, 2021, personal growth in a variety of life domains will be documented through new questions to be included in the Sherlock Survey.</p> <p>(2) The Monitor will develop a tool for evaluating the completeness and quality of individual plans. (a) Semi-annually the Monitor will randomly review a sample of plans and individual budgets (including at least two from every provider organization). This activity will be aligned with the population samples reviewed under Sections IV, V, VI. (b) Each provider organization will provide a narrative of the strategies implemented to (i) provide staff with training in plan development and developing community connections and (ii) ensure fidelity to the components of the <i>Rhode Island Person-Centered Thinking Guide</i>.</p>



<p>sheltered workshop and day target population member <b>that aligns with the goals in each individual's plan.</b></p> <p><i>Note – A Logic Model has been developed that includes recommendations and ideas for implementing these recommendations that were gathered from target population members, stakeholders and other Sources. This is a separate document available for review.</i></p>	
---	--

### ***Consent Decree Section VIII – Transition Planning for Youth***

Transition Planning for Youth has been an area with significant positive activity. The three state agencies named in the Consent Decree have documented extensive collaboration in the area of transition. Achievements include:

- A multi-year interagency transition timeline that defines tasks and responsibilities for each agency;
- A multi-agency (ORS, BHDDH, Regional Transition Council) “Introduction to State Services” available to students and families in middle school;
- A deep curriculum of training and technical assistance from the RI Department of Education for district transition coordinators and for the “Teachers of Life Skills” network;
- An extensive array of options for Pre-Employment Transition Services (Pre-ETS);
- Opportunities for paid internships and work experiences;
- Four successful Project Search sites;
- Presence of Rehabilitation Counselors in every school;
- A series of transition activities offered through the Division of Developmental Disabilities;
- The “Eligibility by 17” policy.
- ORS has a VR counselor assigned to every LEA and that counselor is the point person for families/teachers/LEAs. ORS has expanded Pre-ETS programming with students age 14 – 16.

Discussion with special education administrators stressed the positive impact the Consent Decree has had on transition. Administrators stated that (a) there was an increased focus on developing student interests for both employment and other community activities; (b) expectations for students, particularly students with significant support needs, were higher; (c) there was an increased focus on developing communication systems as a means for increasing student expression; (d) there was an increase in the availability and overall quality of transition services and supports; (e) some districts leveraged the Consent Decree to increase funding and staff targeted to transition; and (f) there was increased collaboration with state agencies.

Stakeholders identified continuing needs for quality improvement in the area of transition planning. First, several school districts designated staff whose sole responsibility is coordinating transition activities, other districts have added Consent Decree related transition responsibilities to the instructional responsibilities of teachers. As with every other aspect of the Consent Decree, the availability of sufficient staff time to qualitatively implement Consent Decree transition tasks is important to achieve full implementation of the Consent Decree. Second, although there are materials available from state agencies and school districts, some families report being confused by the details of transition. Thus, there is continued need to improve family outreach and information, especially to families for whom English is not their primary language or who are economically challenged. Third, although there are many qualitative services, there is need to strengthen the confluence (i.e., how it all comes together) of transition activities, particularly during the last two years before school exit. Fourth, although there are many districts that provide high quality transition services and supports, not every Youth Transition Population member in every district has access to the same quality of service. Thus, there is need to increase technical assistance and oversight to insure quality service in every school district.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices	Monitoring Criteria and Process
<p>Review and refine the <b>fluency and efficiency of transition services, especially during the last two years before school exit</b>. Potential strategies include:</p> <ul style="list-style-type: none"> <li>Increasing state agency presence in secondary schools;</li> <li>Providing funding for comprehensive planning and discovery;</li> <li>Increasing opportunities for paid employment or paid internships during the two years before school exit;</li> <li>Assist each secondary school to braid the services and supports available from all state agencies into a holistic simple-to-understand process.</li> </ul> <p><b>Increase family engagement</b> from an early age. Provide Information to families in plain language and in primary language of the family that describes actions to be taken at each age, services and supports.</p>	<p>Progress will be measured through five metrics:</p> <ul style="list-style-type: none"> <li>Number of Target Population Members with Career Development Plans;</li> <li>Number of population members who have more than one trial work experiences as defined in Section V(D)(1);</li> <li>Number with paid internship or employment Experiences;</li> <li>Number employed or in Post-Secondary Education one year after exit, as documented in the state’s Annual Performance Report (APR);</li> <li>Narrative of the strategies implemented to facilitate cohesive services during the two years before exit.</li> </ul> <p>Beginning in 2021, the Monitor (or monitoring Team member) will visit each school district. A small sample of Youth Transition Population members will be selected. The Monitor (or</p>



<p>Provide adolescents and families with <b>consistent contacts</b>. Explore the possibility of creating networks of family navigators.</p> <p><b>Link transition planning with the planning processes used with adults.</b> Promote the components of the <i>RI Person-Centered Thing Guide</i> as the basis for transition planning during the two years before school exit.</p> <p><b>Simplify the administrative procedures for application to all adult services and supports.</b> This is embedded in the July 31 order re: fiscal and administrative barriers.</p> <p>Increase the availability of <b>travel training and exploration and use of other transportation modalities</b>.</p> <p><i>Note – A Logic Model has been developed that includes recommendations and ideas for implementing these recommendations that were gathered from target population members, stakeholders and other Sources. This is a separate document available for review.</i></p>	<p>monitoring Team member) will review selected individuals’ transition and career development plans and student participation in the Pre-Employment Transition Services (Pre-ETS) and other transition-related activities. Monitor (or monitoring Team member) will meet with staff and families to discuss how individual changes and needs have been addressed in the plan.</p>
--	--

### ***Consent Decree Section IX – Training***

Section IX states that “the State will establish competencies, and will develop and implement a competency-based and value-based training program...” for all staff who support the Consent Decree populations. The State is in substantial compliance with this section. ORS and BHDDH have continually offered a multitude of training opportunities through SELN, WINTAC, the Sherlock Center and other consultants. These trainings include Business Engagement, IRT Employment Model, Customized Employment Model and other topics.

However, it has been six years since the Consent Decree was originally signed and training and technical assistance needs of providers, families and staff have changed. Also, staff turnover issues have made it difficult to assess the impact of training activities. The structural components and practices listed in this section will add to the depth of training and the quality of Consent Decree related services and supports.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and

the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices	Monitoring Criteria and Process
<p>All personnel whose primary responsibility is employment should be expected to attain <b>ACRE certification</b>. Personnel in direct support roles (i.e., job coaching) should complete at a minimum the mini-certificate in Job Coaching and Retention.</p> <p>As described in section XI, in support of the development of new models for providing services and supports, provider organizations should (a) review all <b>staff positions</b>, (b) define core <b>competencies</b> for all staff positions that are based on evolving community-based responsibilities and (c) provide <b>training</b> that addresses for all support staff that address the new responsibilities.</p> <p>Staff competencies should include (a) strategies for developing <b>self-determination</b> in adolescents and adults and (b) strategies for <b>effective communication</b> with individuals who have communication needs and/or limited verbal capacity.</p> <p>As described in Section VII, all independent facilitators and all other interested staff and families should complete the <b>Person-Centered Facilitator Training</b> based on the <i>RI Person-Centered Thinking Guide</i>.</p> <p>To enhance the <b>use of technology</b> as a component of comprehensive supports, the State and the Conversion Institute shall provide training and technical assistance.</p> <p>The Conversion Institute will provide <b>technical assistance</b> to the provider agencies re: plan development and development of staffing responsibilities and training (XI 9). Technical assistance will also be coordinated with the activities of other organizations such as the Supported Employment Leadership Network.</p>	<p>Training outcomes will be measured through three metrics:</p> <ul style="list-style-type: none"> <li>• Description and number of training activities in each of the topics listed;</li> <li>• Number of participants who have completed each training;</li> <li>• Narrative describing initiatives focused on improving staff quality and competence.</li> </ul>

***Consent Decree Section X – Outreach, Education and Support***

Section X (1-2) describes an “outreach, in-reach, and education program that explains the benefits of supported employment, that addresses concerns of families and perceived obstacles to participating in supported employment programs”. State Parties have developed several strategies for family outreach and education including newsletters, on line materials and statewide forums. ORS (and other agencies) utilizes ASL interpreters and language translators as needed. The State should be particularly commended for the quality and quantity of information provided during the COVID State of Emergency.

However, the input from families who responded to the surveys and/or who participated in the various stakeholder discussion groups suggest that not all families have been reached. Of most concern were families who are cultural and linguistically diverse. The structural components and practices listed in this section are focused on outreach to families.

Section X (3) focuses on the role of the Employment First Task Force. The EFTF meets regularly, has developed a strategic plan, provides the monitor with quarterly reports and complies with the core functions defined in the Consent Decree. Of specific note are the plans developed by the EFTF for training and for family outreach. The Monitor will facilitate joint meetings of the EFTF and State Parties to maximize communication and impact and to increase the role of the EFTF in programmatic workgroups listed in Section 3 (Recommendations) of this Monitor Report.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices	Monitoring Criteria and Process
<p>Statewide <b>Plan for Family Engagement and Communication</b>. The most frequent issue raised by family stakeholders is the lack of clear, consistent, timely communication with families.</p> <p>Strategic Plan should include strategies to address the <b>linguistic and cultural needs of minority families</b> including:</p> <ul style="list-style-type: none"> <li>• Availability of state agency staff who speak other languages;</li> <li>• Availability of interpreter services;</li> <li>• Communication, forms, materials, other products available in several languages;</li> <li>• Awareness of cultural issues that impact transition and adult service.</li> </ul>	<p>Monitor will review the plan for community outreach with specific focus on:</p> <ul style="list-style-type: none"> <li>• Identification of families who have not been reached by usual efforts;</li> <li>• Breadth of strategies for providing information to those families and number of families to be reached by each strategy;</li> <li>• Availability of state agency staff who speak other languages;</li> <li>• Availability of interpreter services;</li> <li>• Communication, forms, materials, other products available in several languages.</li> </ul>

<p><b>Review and simplify</b> the application (by individuals) for all pertinent RI services. This includes outreach and communication to families, simplifying language on all forms and directions, shortening timelines for the various stages of application and eligibility, and (when possible) melding the various eligibility processes (e.g., Medicaid eligibility and developmental disability eligibility) into one process.</p> <p>Ensure that <b>persons/families who self-direct</b> have access to all communication and supports and services referenced throughout this document.</p> <p><b>Joint meetings of the Employment First Task Force and State Parties</b> to maximize communication and impact and to increase the role of the EFTF in programmatic workgroups listed in Section 3 (Recommendations) of this Monitor Report</p> <p><i>Note – A Logic Model has been developed that includes recommendations and ideas for implementing these recommendations that were gathered from target population members, stakeholders and other Sources. This is a separate document available for review.</i></p>	<p>This is one of the issues in the July 31 order re: administrative barriers. Monitor will review the proposed remedies.</p> <p>Monitor will review:</p> <ul style="list-style-type: none"> <li>• Participation of EFTF members on the task forces developed to address the fiscal and administrative issues and the work groups addressing the programmatic models;</li> <li>• Quarterly reports of the EFTF.</li> </ul>
--	--

### ***Consent Decree Section XI – Provider Capacity***

There is currently insufficient capacity in the provider system to meet the requirements of the Consent Decree by 2024.

The NESCO Report documents the overall fiscal instability of the provider system. The report examines three indicators of financial health – net income margin, liquidity and solvency. Re: Net Income Margin - In more than half of the 27 fiscal years reviewed, agencies reported losses. Re: Liquidity – Only 2 agencies met the standard of three months available cash as recommended by the Non-Profit Finance Fund, 8 agencies had 1-2 months of available cash and 12 agencies had less than one month of available cash. Re: Solvency – 2 agencies reported liabilities greater than assets, 17 reported assets greater than liabilities. The critical portion of those assets are in non-liquid property and equipment that are part of services and corporation. NESCO’s conclusion is that these agencies are “fragile and profoundly undercapitalized”.

The need for additional funding was a dominant theme in the information gathered from provider leadership and staff. That need was echoed by families.

When provider leadership was asked what was needed to increase and maintain provider capacity, the universal answer was that “capacity is directly connected to their ability to recruit, employ and retain qualified staff”. The issue (particularly with Direct Support Staff) of staff wages and staff turnover are well documented both in the NESCO Report and in other sources. 18 agencies responding to question in the NESCO Provider Survey reported an average vacancy rate of 18% and turnover rates between 18-58% (12 agencies had turnover rates greater than 30%). NESCO concluded that the average hourly rate is “roughly equivalent to those of minimally skilled food preparation workers”. NESCO further concluded that “prevailing wages fell well below the estimated living wage for Rhode Island”. Many workers reported having second jobs. In the Staff Survey conducted by the Monitor for this report, 58% of staff responding reported using other income-based supports to meet their personal and family needs.

The need for increased funding and increased staff wages is documented in the minutes of the Project Sustainability Commission.

Thus, increasing and maintaining provider capacity is one of the critical issues in projecting whether Rhode Island can meet the benchmarks and goals of the Consent Decree by 2024. As documented above, funding is a core issue. Additionally, capacity is also connected to the inefficiency of some administrative processes (addressed in Judge McConnell’s July 31, 2020 order) and the need to develop new models for providing individualized person-centered services and supports in community settings (addressed in the program recommendation referenced for Sections IV, V, VI, VII and in the logic model in Appendix B).

Stated simply, to develop and maintain the level of provider capacity needed to fully implement the Consent Decree, provider organizations need

- (a) increased funding to recruit, employ and retain quality staff;
- (b) removal of administrative barriers that hinder the provision of services and supports and make the system inefficient;
- (c) new models for providing services and supports;
- (d) to develop operational strategies and plans for implementing effective models for providing individualized community-based services and supports.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices	Monitoring Criteria and Process
Determine the amount of <b>funding needed to stabilize and maintain provider capacity</b> ; including provider ability to recruit, employ and retain quality staff.	Judge McConnell directed the Monitor (July 30, 2020 hearing) to review funding and make recommendations re: the funding needed to

<p>Create a <b>wage structure and career ladder for Direct Support Professionals</b>. The responsibility for this task is jointly assigned to the State and to the provider organizations.</p> <p>With direct representation from persons who have I/DD, families, advocates and providers; the State will develop and present for Court Review a <b>budget strategy that will stabilize the current system and account for annual population growth</b>.</p> <p>Resolve <b>Fiscal and Administrative Barriers</b>.</p> <p>Each provider agency will develop an <b>action plan</b> to address the <b>programmatic components</b> defined in this report.</p> <p>Aligned with the development of new models for providing services and supports, provider organizations should (a) review all <b>staff positions</b>, (b) define core <b>competencies</b> for all staff positions that are based on evolving community-based responsibilities and (c) provide <b>training</b> that addresses for all support staff the new responsibilities.</p> <p>The Conversion Institute will provide <b>technical assistance</b> to the provider agencies re: plan development and development of staffing responsibilities and training (XI 9). Technical assistance will also be coordinated with the activities of other organizations such as the Supported Employment Leadership Network.</p> <p>Create <b>mentors for agency executive leadership</b> using other executives or organizations that have developed community-based service models.</p> <p><i>Note – A Logic Model has been developed that includes recommendations and ideas for</i></p>	<p>achieve the goals and benchmarks of the Consent Decree (XI 1,4). This review has begun.</p> <p>Per the July 31, 2020 order, the State is required to describe (a) the process or strategy through which each of the issues listed above will be addressed, (b) the timeline for addressing each issue and (c) the state agency(ies) with primary responsibility for resolving each issue by August 31, 2020 and to report bi-monthly on progress. The Monitor will review the initial plans (and the bi-monthly reports) to determine if they sufficiently address the issues.</p> <p>The Monitor will develop a protocol for reviewing plans and will review all the plans as they are developed.</p> <p>It is assumed that the plans will include these revisions to staffing patterns.</p> <p>The Conversion Institute will provide a quarterly report to the State and to the Monitor documenting changes in agency plans and business models.</p>
---	---

<p><i>implementing these recommendations that were gathered from target population members, stakeholders and other Sources. This is a separate document available for review.</i></p>	
---	--

### ***Consent Decree Section XII – State and Other Agency Actions***

The specific actions listed in section XII have been completed.

### ***Consent Decree Section XIII – Interagency Collaboration***

The State Parties demonstrate deep interagency collaboration. There are multiple examples of this collaboration across every section of the Consent Decree. State Parties should be commended for the level of interagency collaboration and product.

ORS and BHDDH are collaborating with the RI Department of Labor and Training on the Back 2 Work and other initiatives. Recognizing the expertise and knowledge of DLT on workforce issues, the monitor recommends that DLT permanently join the State Consent Decree Team. The role of DLT will be to embed adolescents and adults who have I/DD into all RI statewide workforce initiatives, to facilitate enhanced employer outreach and support and to advise on any and all employment issues....and to develop strategies for expanding recruitment and development of direct support staff.

As needed, other state agencies should join the State Consent Decree Team to address ad hoc issues. These would include the RI Department of Administration to advise on issues of employer incentives, simplifying state procedures for providers and families and other issues; the RI Medicaid Office to advise on increasing flexibility in how funds are used; and the RI Department of Healthy Aging to advise on the development of quality services for members of the Consent Decree population who have or will retire. The breadth of the Executive Branch needs to be informed and engaged in implementing the Consent Decree.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

Structural Components and Practices	Monitoring Criteria and Process
-------------------------------------	---------------------------------



<p>The <b>RI Department of Labor and Training will permanently join the State Consent Decree Team.</b></p> <p>Other state agencies should join the State Consent Decree Team to address ad hoc issues.</p>	<p>State will provide a narrative on the role and participation of DLT and/or other state agencies.</p> <p>State will provide the Monitor with a semi-annual report to the Governor and other executive offices re: implementation of the Consent Decree, including describing issues that need to be resolved and/or require for executive action.</p>
--	---

### ***Consent Decree Section XIV – Funding***

As stated in Section XI, limitations in the State’s capacity to fully comply with the Consent Decree is, at least partially, connected to the underfunding of the Developmental Disability System. The NESCO report documents the fiscal instability of the providers and of the system. Every stakeholder group cited earlier identified additional funding as a need and insufficient funding as a barrier.

During the July 30, 2020 hearing Judge McConnell directed the Monitor to make recommendations re: the funding needed to comply with the Consent Decree and to stabilize provider organizations and the workforce. In collaboration with consultants who participated in the NESCO review and stakeholders, the Monitor has begun this review and is anticipating completion by the end of September.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

<b>Structural Components and Practices</b>	<b>Monitoring Criteria and Process</b>
<p>The State will <b>develop a three year budget strategy for FY 2022, 2023, 2024 that will stabilize the system and provide sufficient funds</b> to implement the Consent Decree.</p> <p>The State will <b>identify every possible source of state of public and private funding that could support the goals of the Consent Decree.</b> The State will develop a document that describes how these funding sources can be <b>braided</b> to support the various functions of the Consent Decree. The State should develop a guide for members of the Consent Decree population that describes these additional sources of funding, their purposes, how</p>	<p>The Monitor will review the BHDDH budget requests as they pertain to the Consent Decree and will report to the Court re: the sufficiency of those funds.</p> <p>The Monitor will review the documents referenced.</p>



they can be accessed and used to support the goals of individual person-centered plans.	
---	--

### ***Consent Decree Section XV – Quality Improvement***

All three State agencies have strategies in place for monitoring adherence to quality standards. BHDDH has developed quality standards for (a) employment services, (b) day activities and (c) person-centered planning. Thus, the State is in compliance with the specific requirements of the Consent Decree.

Stakeholder input from provider staff and provider leadership focused on (a) developing a strategy for measuring outcomes and life changes in the people they support and (b) developing internal strategies for assessing and promoting quality improvement. These are the structural components and practices listed below.

The “Structural Components and Practices” in the following table are programmatic variables which, if implemented, will increase the likelihood of substantial compliance by 2024. These components are rooted in stakeholder input, research and other professional literature, analysis and advice of consultants and the monitor’s knowledge of the Consent Decree populations and the various Rhode Island systems of support. Specific recommendations for developing and implementing these components and practices are included in Section 3.

<b>Structural Components and Practices</b>	<b>Monitoring Criteria and Process</b>
Develop <b>strategies for measuring outcomes and changes in the lives of the people</b> they support.	This was discussed and included in the Monitoring Criteria for Section VI. The number of target population members who demonstrate growth in one or more domains of high quality components of community life (as described in <i>the Minnesota RRTC model</i> ); <i>Questions to assess personal growth across life domains will be included in the Sherlock Survey beginning in March, 2021</i> )
Each agency will receive technical assistance to develop <b>internal strategies for assessing quality improvement</b> .	One of the components to be included in the development of provider agency plans (discussed in the Recommendation Section of this report) is the development of internal strategies for assessing quality improvement. Monitor will review those plans.

### ***Section XVI – Data Collection and Reporting***

Using various sources, the State has reported quarterly on the items listed in Section XVI. The intent of this report was to clarify the structural components and practices that would increase the

probability of substantial compliance with the Consent Decree and to clarify the criteria and process for monitoring the requirements and benchmarks of the Consent Decree. Based on that, the Monitor will develop a revised template for quarterly reports. The State will begin to use this template with the first report due in January, 2021.

### Section 3 Recommendations

- 1) Create a workgroup to address each of the following topics. Following the approach used to address the “fiscal and administrative issues”, each workgroup should consist of state parties and representatives of the Employment First Task Force and other pertinent stakeholder groups. Each group will develop an action plan for addressing the focus topic. The plan will include (a) specific actions steps, (b) delineation of who is responsible for implementation, (c) an implementation timeline that ensures that scale is reached by 2024 and (d) budget and funding recommendations. The Monitor will approve developed plans.
  - Increasing the efficiency and confluence of how all transition services and supports come together during the last two years before school exit. (*Consent Decree Section VIII*)
  - Implementing recommendations for comprehensive person-centered planning in every agency....and promoting the braiding of natural supports and paid services and supports as a component of comprehensive planning. (*Consent Decree Section VII*)
  - Stabilizing the Direct Support Professional Workforce – (a) identifying sources for pipelines (in collaboration with the Department of Labor and Training); (b) redefining the role of all DSPs to provide individual community-based services; (c) defining the competencies needed to be effective; (d) developing and implementing a curriculum based on the roles and competencies; (e) creating a career ladder; (f) revising recruitment strategies; (g) developing incentivized retention strategies; and (h) recommending a salary scale. (*Consent Decree Sections IX, XI*)
  - In collaboration with an “Employer Task Force”, expanding employer outreach and support. (*Consent Decree Section V*)
  - Developing new models for providing services and supports for employment and individual community-based supports. (*Consent Decree Section V and VI*)
  - Enhancing the use of technology as a support strategy. This includes acquisition and use of technology (a) by individuals, (b) by support staff and (c) by agencies. (*Consent Decree Section VI*)
  - Developing transportation alternatives including direct stipends to individuals to arrange their own transportation. (*Consent Decree Section V, VI, VII, VIII*)
  - Developing statewide strategies for family outreach and support, including families who are culturally and linguistically diverse. (*Consent Decree Section X*)
- 2) Beginning immediately, the RI Department of Labor and Training should join the State Consent Decree Team and embed adolescents and adults who have I/DD in all workforce initiatives administered through the RI Department of Labor and Training. (*Consent Decree Section V*)
- 3) By January 1, 2021 the State will create a “Employer Task Force” to promote employment of adolescents and adults who have I/DD, to identify workforce trends that pertain and to advise

the State and provider organizations about employer outreach, support and incentives.  
(*Consent Decree Section V*)

- 4) Each provider organization should redefine the areas of support on which they wish to focus. By April 30, 2021 each provider organization that provides employment supports or support for community activities for Consent Decree populations will develop an action plan that describes (a) specific action steps to address the needs identified in this report, (b) a timeline for implementation of those actions that ensures all the individuals they support receive the benefit, (c) budget projections and needs, and (d) a quality improvement process that measures outcomes and changes in the lives of the people they support. (*Consent Decree Section V, VI, VII, IX, XI, XIV, XV*)
- 5) By April 1, 2021 the State will identify every possible source of state of public and private funding that could support the goals of the Consent Decree. The State will develop a document that describes how these funding sources can be braided to support the various functions of the Consent Decree. The State should develop a guide for members of the Consent Decree population that describes these additional sources of funding, their purposes, how they can be accessed and used to support the goals of individual person-centered plans. (*Consent Decree Section XI, XIV*)
- 6) The State will develop a three year budget strategy for FY 2022, 2023, 2024 that will stabilize the system and provide sufficient funds to implement the Consent Decree. These budget strategies will include sufficient funding for every agency to implement the enhanced models for providing services and supports referenced above with an agreed upon percentage of the adults they serve during each fiscal year. (*Consent Decree Section XI, XIV*)

**Appendix A**  
**Text of Order Re: Fiscal Issues and Administrative Barriers**

- (1) The following Fiscal and Administrative Issues have been identified by individuals, families and service providers as barriers to efficient implementation of the goals of the Consent Decree. State Parties will review and address each of these issues and will develop a strategy for resolving each of the issues.
1. The process for determining the support needs of each individual found eligible for services through the RI Division of Developmental Disabilities.
  2. The process and timeline for developing annual individual budgets.
  3. The need to consolidate the application (by individuals) for all pertinent RI services into one process. This includes outreach and communication to families, simplifying language on all forms and directions, shortening timelines for the various stages of application and eligibility, and melding the various eligibility processes (e.g., Medicaid eligibility and developmental disability eligibility) into one process.
  4. The need for eligible individuals to re-determine eligibility more than once.
  5. The appeals process for individuals as it relates to eligibility, level of need or funding level.
  6. Quarterly authorizations
  7. Ratios.
  8. 15 minute billing units.
  9. The need to develop a clearly defined list of functions and activities for which funding is allowable. Definitions for each function or activity approved for funding and the rates connected to each.
  10. The need to provide a range of funding levels for each function or activity that are responsive to individual support needs.
  11. The need for guidance re: flexibility permitted within each function or activity.
  12. The need for guidance re: the combining of individual budgets, at the request of individuals.
  13. The L9 process for requesting additional funding.
  14. The S109 process for appealing funding decisions.
  15. The process and timeline by which individuals contract with provider organizations.
  16. Provider contractual and billing procedures.

- (2) By August 30, 2020 the State Parties will describe (a) the process or strategy through which each of the issues listed above will be addressed, (b) the timeline for addressing each issue and (c) the state agency(ies) with primary responsibility for resolving each issue.
- (3) The review of each issue and the development of strategies for resolving each issue will be complete by June 30, 2021. The solution developed to address each issue will be approved by the Court.
- (4) The State will collaborate with family organizations and provider organizations in completing this review and in developing solutions.
- (5) Other pertinent Executive Branch offices (Executive Office of Health and Human Services, Medicaid, Administration, Governor's Office, others) will participate (as needed) in this review and in developing solutions.
- (6) The Legislative Branch will be informed of the review and will participate (as needed).
- (7) The State will report the status of these activities to the Court by the end of every second month – August 30, 2020; October 31, 2020; December 31, 2020; February 28, 2021; April 30, 2021; June 30, 2021

