

Current State Assessment

| | Strengths | Challenges | External Factors | Data Sources | Notes/Comments |
|---|--|---|---|---|----------------|
| Planning (objectives, strategic plans, execution) | | | | | |
| State level planning | Collaboration of internal and external stakeholders/partner agencies (RIDE, DHS, DCYF, Medicaid/OHHS),toward common goals; Stakeholders are valued partners in guiding system transformation with established input and engagement opportunities; Experienced and committed personnel; Added resources for Division personnel has enhanced key priorities; Collaboration/access to other states/DD systems and practices; Regulations reform | Multiple/competing prioirites; Increased communication pathways/modalities are needed to further enhance communications, reach/engage individuals/families. | Federal and state regulations/compliance -- HCBS; CD; 1115 global waiver; Budget priorities; advocacy groups, providers | STP; CD/ISA reporting; Performance measures; National survey data/reporting | |
| Community level planning | Common goals/priorities; Cross system representation; Strengthening consumer/family engagement; Increasing advocacy efforts through new advocacy groups forming | Collaborative efforts/organizing is building; Community awareness of resources/advocacy is limited; Resources being readily available in multiple langauges and modalities to reach a diverse community; Apprehension due to system change/uncertainty;. Demands/mandates of federal requirements | HCBS/CD; Access to transportation; Regulations/policy; | Community groups, Contracted partners; and National resources. | |

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| Provider level planning | Unified and clear goals/priorities; Committed to partnering on solutions; Vision/mission driven; Open/ongoing communication with Department; Consumer centric; Willing to invest in contemporary systems to increase efficiency/effectiveness; Committed to best practices/training; Responsive and engaged; Open to innovation and embracing change. Longevity/knowledge of agency leadership/personnel | Transformation of models to comply with changing policy/vision; Implementation of system change and innovation within current funding model; Staffing/resource capacity impacted by retention, recruitment and collective bargaining agreements; Competing priorities and interests; Inconsistencies in data collection/analysis; Use of aligned data to guide, inform and enhance system performance; Physical plant needs current and future state; Apprehension of changing landscape of services/supports | Federal and state regulations/policy; MCOs, availability of physicians/psychiatrists; transportation | Consumer satisfaction surveys; National trends; Sherlock surveys; | |
| Programming (options, accessibility, quality) | | | | | |
| Residential Services | Individualized supports; Focus on specialized homes; Smaller homes supporting HCBS compliance; Strong commitment to social/clinical compatibility. | Need for specialized medical/behavioral residential models; Capacity/workforce; Capacity of physicians/psychiatrists/crisis models; Physical plant/maintenance; Viability of homes due to balancing attrition and compatibility; Advance funding liabilities. Vacancy due to hospitalization. | Workforce; Access to community services (i.e., medical/clinical); Transportation; Facility maintenance | Billing/claims; Licensing; Census data; SS/Perm Audit; Incident management; | |

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| Shared Living, | Agencies have embraced model and expanded SLA service capacity; Dedicated to recruitment and appropriate matching; SLA providers open and committed to a range of needs and supports; Promotes independence, autonomy and supports rebalancing efforts | Geographical capacity limitations; Limited awareness/apprehension of families to model; Lack of clinical/professional support for complex needs; Physical accessibility of homes; Availability of traditional day service hours necessary for daytime supervision needs; Access to accessible transportation; Sustaining ongoing overnight support needs. Limited oversight | Availability of host families; Outreach and education; Regulations | Billing/claims; Licensing; Census data; SS/Perm Audit; Incident management; | |
| Day/Community Supports | Transitioning from traditional models to integrated, community based models; Individualized service planning and goals; Increased community connections and involvement; | Workforce capacity; Family response to reduced availability of structured models; Retention and turnover impacting skills and training; Administrative complexity of tracking ratios /setting in FFS structure; Oversight and supervision; Transportation/accessibility; availability of activities, especially free activities, available activities geared towards seniors. | CD; Staffing; Regulations; Environmental/Weather; Myths and fears regarding integration | Billing; Licensing; Census data; Audit; Incident management; | |
| Employment Services | Increasing employment outcomes above national averages; state positions dedicated solely to employment; increased choices for participants, PCS EPP; DLT grants; Project Search; partnership with ORS; accessible information on Supported Employment. Streamlined benefits planning | Fear of benefit impact; Culture/risk averse; DSP/support staff capacity to assist in finding employment/maintaining; transportation; | Partnering with businesses; seeing the benefits in hiring individuals with differing abilities | National resources, contracted national TA, billing data, surveys. | |

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| Service Coordination | Know the individual/family; stable workforce | Coordinating individual's services across multiple agencies; risk averse ; funding allocations guiding service plans; use/reliance on natural supports | HCBS | | |
| Transportation | Travel training; RIPTA's ongoing willingness to partner; expansion to ride share options under self-direct | Funding for travel training; Funding for transportation; availability of accessible vehicles; perceived risks; availability of transportation across the state; public transit employees not familiar with DD populations, | Cost of ADA paratransit; Availability of transportation in certain towns | Surveys, National transportation data | |
| Funding | | | | | |
| Structure / Funding Model | Transparent; Accountable; Predictable; Equitable; Component based allowing for discrete service level data and analysis | Funding is allocated across standard/prescribed line items; Administratively complex due to billing based on ratios/rates; Utilization; balancing individual control with provider predictability | 1115 Waiver/SPA; | National TA. | |
| Individual and/or global expenditures | PCSEPP/Supported employment funding \$6.8; DSP wage increases FY17 and FY18; Funding for Therap implementation; FY19 caseload adjustment; Increase in personnel resources for quality management, CD/HCBS, technical assistance to promote/maximize braiding of funding. | | | | |
| Historical expenditures | | Based on subjective information, not standardized | | | |
| Individual /Family Experience | | | | | |

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| Eligibility/Assessment | Eby17 policy; Dedicated personnel to YIT and contracted family support for TA/guidance; Enhanced youth in transition services and timeline; Division performance metrics; PCP is integrating natural supports, SIS assessment, dignity of risk, independent facilitation; partnerships with RIDE, ORS and DCYF | Integration of assessment and planning/goals; Waiver process; Resource and service differences for transitioning youth vs adult services; apprehensive of the assessment; SIS tied to funding | Stakeholders/community partnerships to promote outreach and engagement; Awareness/understanding of importance of proactive planning | Performance metrics, data from contracted agencies, surveys | |
| Availability | | Workforce capacity; Housing | | | |
| Accesibility | Information on BHDDH webpage available in english and spanish; Commitment to simple language and reliance on contracted partners to promote this commitment | Housing; Transportation; Communication access (ASL/CART); Community providers/ physicians, psychiatrists, rehab services | MCOs, hospitals, stakeholders | surveys, national data | |