



Summary and Analysis of Strategic Planning Sessions with OPRA Members
Strengths, Weaknesses, Opportunities and Threats (SWOT) Approach
(June – October 2016)

OPRA Board Retreat (including strategic plan deliberations)
November 16 – 17, 2016

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Overview

This document is a summary and analysis of the OPRA strategic planning sessions with OPRA members, C3P(O) students and OPRA staff from June 2016 to October 2016. These sessions were conducted by OPRA staff using the Strengths, Weaknesses, Opportunities and Threats (SWOT) feedback gathering approach.

The process for feedback collection was generally followed at every session except for the survey at the OPRA Annual Meeting, sessions with OPRA staff and students in the C3P(O) pilot.

- Description of the OPRA strategic planning process (2-year, rolling, dynamic, focussed plan approved by the board)
- Review of the strategic plan activity completed by OPRA (progress on focus areas and goals)
- Data collection on strengths, weaknesses, opportunities and threats to our system (focused on their district/committee first, then statewide)
- Validation of data and communication of highest ranked areas with SWOT participants

Following the completion of all of the data gathering and validation, the OPRA staff reviewed, summarized and analyzed the data and additional information presented, for its relevance to board deliberations on the strategic plan. The result is this document, intended to assist the board in evaluating and revising the OPRA strategic plan for 2017 – 2018.

*Please note: To ensure the integrity of the process and that every participant's voice is heard by the board, each and every comment documented and made at these sessions is included in the final section of this document.

Summary and Analysis of Feedback

Below are the most frequently ranked strengths, weaknesses, opportunities, and threats from the 12 complete SWOT analysis and if/how they may fit into OPRA's current strategic plan.

Top Reoccurring Strengths

Workforce Sustainability	Efficiencies and Simplifications	Quality, Accountable, and Sustainable System Reform
–DSPs and other long-term staff are loyal (8x). –Staff have more access to training than ever before (PATHS or other options) (4x). –Genuinely care about the individuals we serve (4x).		–Increased openness and willingness to collaborate with each other and other stakeholders (7x).

It is clear that the majority of our members believe that our single biggest strength is our workforce. Therefore, one can conclude that continuing to support the efforts to maintain and improve the workforce should remain a top priority throughout the next strategic plan. This

conclusion is validated by the fact that during the OPRA all-member meeting held at the OPRA Fall Conference 93 out of 108 voters gave this area the highest priority ranking.

Over half of the committees and districts highly ranked “openness and willingness to collaborate”, one can conclude that this momentum continue to be capitalized on in the next strategic plan. Under the system reform focus area, there is not a specific goal to increase provider and other stakeholder collaboration, but with its high rate of frequency it may be something the board consider highlighting.

The lack of strengths in efficiencies and simplifications seems to indicate that we have experienced increased complexity and have not made a significant enough impact on decreasing the cumbersomeness of the system.

Top Reoccurring Weaknesses

Workforce Sustainability	Efficiencies and Simplifications	Quality, Accountable, and Sustainable System Reform
<ul style="list-style-type: none"> - System and services not adequately funded (3x). - Difficulty attracting and retaining adequately trained and motivated staff (8x) - Low pay for staff (5x). 	<ul style="list-style-type: none"> - Federal and State unfunded mandates that don't add value (3). - Increase in system complexity makes everything too cumbersome (3x). - Misinformation between BON, JFD, ODM, ODH and DODD on rules (3x). 	<ul style="list-style-type: none"> - System and services not adequately funded (3x). - Federal and State unfunded mandates that don't add value (3). - Difficult to carve our employment opportunities for the individuals we serve especially in areas of multiple employment providers and for individuals with significant needs (3x).

The top cited weaknesses all fit within the focus areas of the current strategic plan. Because we have weaknesses in the all of the focus areas, it seems that we need to continue our work in each area. When comparing the top cited strengths and weaknesses, it is clear that workforce heads the lists for both. The SWOT process showed the inadequate funding and unfunded mandates for the system is a significant weakness and poses many barriers to carrying out all three focus areas of the strategic plan. Without proper funding the system will not be able to pay DSPs 200% of the federal poverty level, can't adequately fund the ICF system to carry out responsible downsizing, provide quality community integration in day services, or improve the employment rate of individuals with IDD.

Top Reoccurring Opportunities

Workforce Sustainability	Efficiencies and Simplifications	Quality, Accountable, and Sustainable System Reform
<ul style="list-style-type: none"> - Expanding businesses (vocational, shared living, and technology-based services) (5x). - C3P(O) (4x). 	<ul style="list-style-type: none"> - Intuitive system reform: focus on measureable outcomes instead of paperwork and compliance and eliminate useless requirements (4x) 	<ul style="list-style-type: none"> - Expanding businesses (vocational, shared living, and technology-based services) (5x). - Provider/Community partnerships, provider mergers and acquisitions (5x).

The opportunities mentioned by providers were more diverse than the other areas of the SWOT. There were a few opportunities, however, that crossed SWOT's: the opportunity to expand business to include shared living and technology services; collaboration, mergers and acquisitions; and intuitive system reform of shifting to outcomes. Expanding businesses fits best under collaborate with stakeholders to build provider capacity in system reform. However helping providers expanding business to include new services and to build their up own capacity does not have a defined place in the strategic plan.

Provider and stakeholder collaboration appeared both as an opportunity and as strength, aligning well with the current strategic plan. However, potential provider mergers and acquisitions do not currently have a specific place on the strategic plan. The board may want to consider the strategic role of OPRA in mergers and acquisitions.

Top Reoccurring Threats

Workforce Sustainability	Efficiencies and Simplifications	Quality, Accountable, and Sustainable System Reform
<ul style="list-style-type: none"> – Work force crisis (8x). – Improving economy/ minimum wage increase (5x). 	<ul style="list-style-type: none"> – Regulations too heavy, unreasonable, and often unfunded (7x). 	<ul style="list-style-type: none"> – Regulations too heavy, unreasonable, and often unfunded (7x).

The current strategic plan addresses the three top reoccurring threats. One exception may be the pressure from minimum wage initiatives and what should be OPRA's role and position in these environments. This issue is probably worthy of board discussion.

Members-Only Real Time Survey

The real time survey of our members who attended the OPRA Annual Meeting at the OPRA 2016 Fall Conference validates the focus areas and goals in the current strategic plan. Workforce remains the top priority with 93 "very important" votes, while system reform received 56 "very important" votes and simplification and efficiencies received 51 votes. All but one of the nine goals under the three focus areas received 50 or more votes, indicating that our goals in the strategic plan are on target. "Assist and advise partners in implementation of CMS transition plan and conflict-free case management" received only 35 "very important" votes. Since county boards are getting out of services to in order to comply with conflict-free case management, it may be time for the board to consider removing or modifying this goal. Staff input was to eliminate this goal also (see attached

Additional Comments These comments were made at multiple SWOT meetings but were not made during the actual SWOT analysis and are not specifically mentioned in the current strategic plan. The board may want to consider them while drafting the strategic plan.

- Managed Care and LTSS- there seems to be widespread confusion on what managed care would look like in Ohio's LTSS system. More education will be necessary for providers to fully understand what changes our system would face and what this means for provider's bottom line.
- Shared living- there also seems to be confusion among providers about what exactly shared living is, how to set it up, how to find host families, a provider's role in shared living, and how to educate families on the model. Shared living is not specifically mentioned in the strategic plan, but is considered a part of the effort to collaborate with stakeholders to increase provider capacity.

C3P(O) Students' Comments The students were extremely positive about the program, citing the difference it made in their lives and the lives of people with disabilities. One student cited a weakness of the program as being too lenient on the deadlines for tasks due from students. A weakness cited by several students was the uncertainty in procedures for the program. This was also identified by the schools, OADSP and OPRA early in the program. The advisory group has been working on having standardized procedures.

Top rankings by Committee

Nursing Committee:

Strengths: <ol style="list-style-type: none"> 1. Have dedicated nurses and healthcare teams who have stayed in the field a long time. 2. Nurses understand the complex needs of individuals with IDD better than any other medical profession. 3. DD nurses can get person appropriate health care sooner. 	Weaknesses: <ol style="list-style-type: none"> 1. Little known field for nurses. 2. Disconnect/territorial of roles between nurses and DSPs. 3. Misinformation between BON and DODD on rules.
Opportunities: <ol style="list-style-type: none"> 1. Increased understanding among general populations of IDD field. 2. CERIID. 3. (TIE) Health services coordination and funding changes- nursing in the IO waiver. 	Threats: <ol style="list-style-type: none"> 1. Not enough funding. 2. State plan nursing offers little continuity of care. 3. State plan nursing offers no training on working in waiver specific settings or working with individuals with IDD.

Employment/Day Services Committee:

Strengths: <ol style="list-style-type: none"> 1. Employment is preferred outcome for people. 2. ADS is imperfect but has a less complex and more straightforward reimbursement system. 3. Staff retention is easier in ADS. 	Weaknesses: <ol style="list-style-type: none"> 1. Transportation for community employment. 2. Finding employment opportunities for individuals with significant needs. 3. Collaboration among providers when working with employers.
Opportunities: <ol style="list-style-type: none"> 1. Develop great relations with potential employers. 2. All new people looking for services from the county boards. 3. (TIE) Building an individual's self-esteem and building a more intuitive system toward outcomes. 	Threats: <ol style="list-style-type: none"> 1. Potential decrease in OOD rates. 2. Sheer number of people we're trying to transition to the community. 3. Buy-in from families sometimes lacking.

ICF Committee:

Strengths: <ol style="list-style-type: none"> 1. Comprehensive package of services. 2. Cost effective/cheaper services. 3. Predictable for providers. 	Weaknesses: <ol style="list-style-type: none"> 1. Not adequately funded. 2. Negative publicity and perception. 3. Low pay for staff.
Opportunities: <ol style="list-style-type: none"> 1. Eliminate useless requirements that don't add value to an individual's quality of life (money management, employment, self administration). 2. Modernization of facilities. 3. Demonstrate the value of the ICF model. 	Threats: <ol style="list-style-type: none"> 1. Movement to decrease the number of ICF beds. 2. Workforce. 3. DRO Lawsuit.

HR Committee:

Strengths: <ol style="list-style-type: none"> 1. DSPs. 2. Long-term, committed staff members. 3. (Tie) Strong leadership and OPRA. 	Weaknesses: <ol style="list-style-type: none"> 1. Staffing. 2. Federal and State unfunded mandates. 3. BCII system not working properly.
Opportunities: <ol style="list-style-type: none"> 1. Bridges Out of Poverty. 2. C3P(O) 3. Increase membership in the HR committee. 	Threats: <ol style="list-style-type: none"> 1. Regulations too heavy and unreasonable. 2. Minimum wage without a commensurate rate increase. 3. Improving economy.

Top rankings by OPRA District

District 1:

Strengths: 1. Creative with the money we do have. 2. Gold Standard program in Hamilton County 3. (TIE) Trauma informed care training and Providers are helping to train SSAs.	Weaknesses: 1. Not enough staff and low pay for the staff you do have. 2. Provider capacity; esp. employment services. 3. Geographical challenges.
Opportunities: 1. (TIE) Community Integration and C3P(O) 2. Mergers and Acquisitions 3. Expanding businesses (vocational and shared living)	Threats: 1. Unfunded mandates that don't add value to our clients. 2. Not at apex of workforce crisis. 3. Certification.

District 2:

Strengths: 1. Some staff good and loyal. 2. County Board leadership and Provider leadership has good relationship. 3. Diversity of service options.	Weaknesses: 1. Lack of staff. 2. Rules and regs that don't add value. 3. Transportation options.
Opportunities: 1. Creative options for people service to lead to a more meaningful life. 2. Increase in collaboration to show DSPs as a good job. 3. Growth in partnerships across the field.	Threats: 1. Unfunded mandates. 2. Possible increase in minimum wage with no commensurate increase in the rate. 3. Difference in millennials to other staff.

District 3:

Strengths: 1. Personal relationships with individuals with IDD 2. DSP Staff 3. TIE Knowledge of team players and Shift styles.	Weaknesses: 1. Culture of potential workforce- vocationally disinclined; lack of desire to work. 2. Not well-trained staff. 3. At the wages we can offer, staff are just looking for a job not a career.
Opportunities: 1. Increasing provider capacity. 2. Shared services. 3. C3P(O).	Threats: 1. Local resistance to relationships and change. 2. Quality of staff. 3. CB controlling referrals=vacancies.

District 5:

Strengths: 1. District 5 Offers a comprehensive array of services. 2. (TIE) Providers are willing to try new things and the staff you do have is wonderful. 3. Staff have more access to training than ever before.	Weaknesses: 1. Low wages. 2. Lack of workforce. 3. Day Services- too complex and SSAs have not taken a true Employment First stance.
Opportunities: 1. Expansion of C3P(O) 2. Shared living if done correctly 3. CB getting out of services	Threats: 1. The unknown future of the ICF reimbursement system 2. Confusion around exit waivers 3. An increase in the minimum wage without an increase in rates

District 6:

Strengths: 1. OPRA 2. DSPs 3. (Tie) Director Martin and Networking of Providers (through OPRA and other avenues)	Weaknesses: 1. Inadequately funded 2. Disconnect between DODD/Medicaid/JFS esp. during DC downsizing 3. Overregulation
Opportunities: 1. Increase business methods to become more efficient 2. Freeing up of County Board Dollars to reinvest in the system 3. (Tie) Community Integration leads to more independence and utilization of technology	Threats: 1. Lack of trained workforce 2. Lack of clear big picture for ICFs including the reimbursement model 3. Managed Care

District 7:

Strengths: <ol style="list-style-type: none"> 1. Cuyahoga County Board and other CBs willing to work with providers. 2. Good at keeping the focus on those we serve. 3. DSPs dedicated and loyal to the individuals they serve. 	Weaknesses: <ol style="list-style-type: none"> 1. More work but less staff available. 2. Inadequate funding. 3. Multiple monitoring authorizes.
Opportunities: <ol style="list-style-type: none"> 1. Focus on quality outcomes. 2. (TIE) 40,000 new customer opportunities and opportunities for positive change in the industry. 3. Stay legislatively connected and increase our voice being heard. 	Threats: <ol style="list-style-type: none"> 1. So many rules and regulations and funding systems that are constantly up for debate that makes it almost impossible for providers to plan for the future. 2. Regulatory duplication and complex oversight. 3. Improved economy means low unemployment and decrease in available workforce.

Top Reoccurring STRENGTHS

1. DSPs and other long-term staff are loyal (8x).
2. Increased openness and willingness to collaborate with each other and other stakeholders (7x).
3. Genuinely care about the individuals we serve (4x).
4. Staff have more access to training than ever before (PATHS or other options) (4x).

Top Reoccurring WEAKNESSES

1. Difficulty attracting and retaining adequately trained and motivated staff (8x)
2. Low pay for staff (5x).
3. Misinformation between BON, JFD, ODM, ODH and DODD on rules (3x).
4. System and services not adequately funded (3x).
5. Increase in system complexity makes everything too cumbersome (3x).
6. Difficult to carve out employment opportunities for the individuals we serve especially in areas of multiple employment providers and for individuals with significant needs (3x).
7. Federal and State unfunded mandates that don't add value (3x).

Top Reoccurring OPPORTUNITIES

1. Provider/Community partnerships, provider mergers and acquisitions (5x).
2. Expanding businesses (vocational, shared living, and technology-based services) (5x).
3. C3P(O) (4x).
4. Intuitive system reform: focus on measurable outcomes instead of paperwork and compliance and eliminate useless requirements (4x).

Top Reoccurring THREATS:

1. Work force crisis (8x).
2. Regulations too heavy, unreasonable, and often unfunded (7x).
3. Improving economy/ min. wage increase (5x).

Responses to the OPRA members-only survey done at the OPRA Annual Meeting at the 2016 OPRA Fall Conference

QUESTION				
	"Brown"	"Black"	"Blonde"	"Red"
What is the color of your hair?	60	9	32	10
	"Hazel"	"Blue"	"Green"	
What are the color of your eyes?	33	29	19	
	"Dog"	"Cat"	"Horse"	"Penguin"
What is your favorite animal?	79	18	4	10
	"Pop"	"Blues"	"Pop"	"Classical"
What is your favorite type of music?	62	23	10	12
	"18 – 35"	"35-50"	"50-65"	"over 65"
How old are you?	30	55	25	0
	"Direct support professional"	"CEO/COO/CFO/Program director or mgr/HR director or mgr"	"Nurse/Nurse manager/Dietician"	"other"
What title best describes your position in your agency?	5	79	7	15
	"0-1"	"2-10"	"11-20"	"21+"
How many years have you been in the IDD profession?	7	40	29	34
	"System leadership"	"Advocacy with the legislature"	"Networking with my peers"	"Attending OPRA conferences and trainings"
How do you rate the value of the following benefits of belonging to OPRA?	23	29	18	35
	"Direct care crisis"	"Waiting list"	"Problems with certification"	"Lack of opportunities for people with IDD"
What troubles you the most about our profession?	80	3	3	19

Question	Not Important	Somewhat Important	Important	Very Important
Rate the importance of the Workforce Sustainability focus area.	3	4	8	93
Rate the importance of the Efficiencies and Simplification focus area.	4	22	29	51
Rate the importance of the Quality, Accountable & Sustainable System Reform focus area.	2	9	36	56
Average DSP wage of 200% of the federal poverty level and benefits.	0	0	11	92
Advocate for re-investment of Co Bds/DODD budget savings in wages, waiting list and budgets.	0	1	13	89
Develop & implement strategies to attract, train & retain folks to direct support profession.	0	3	15	84
Assist & advise partners in implementation of CMS transition plan & conflict-free case mgmt.	3	8	55	35
Advocate for simple, quality-focused and innovative reimbursement models.	0	4	25	74
Advocate for regulatory system rational, less cumbersome & results in meaningful outcomes.	0	1	25	75
Advocate for adequate funding for all ICF's.	3	11	18	69
Build provider capacity, eliminate all barriers to community, achieve same employment rate.	1	8	37	54
Identify opportunities better care, better health, lower cost.	1	6	28	62

Raw Data/All Feedback***Nursing Committee******Strengths:***

- Have dedicated nurses, as well as other healthcare team members, who have been in the field a long time.
- Significantly lower turnover rates for nurses than DSPs.
- Customer services ingrained in nurses- taught in nursing school.
- Understand complex medical conditions of people with IDD better than others in medical professions.
- IDD nurses get person appropriate health care sooner.
- Nurses in IDD support more than just the individuals with IDD; support families of the individual, their DSPs.

Top Strengths:

- Have dedicated nurses and healthcare teams who have stayed in the field a long time.
- Nurses understand the complex needs of individuals with IDD better than any other medical profession.
- DD nurses can get person appropriate health care sooner.

Weaknesses:

- Little known field for nurses.
- Prevention and maintenance focused- different focus than other healthcare settings (emergency/fix it now).
 - Can lead to a limited but focused scope of practice and knowledge base.
- Lack of experience in behavioral and medical needs of individuals with IDD; especially with new recruits.
- Lack of nursing support system for other IDD nurses.
 - Some agencies only have one nurse who is in charge of all nursing services.
- Increased rate of burnout.
- Lack of specific knowledge on diagnoses in our field; often come across diagnosis never mentioned in nursing school and need to find alternate methods to understand client's needs.
- Disconnect/territorial; relationship between nurse and DSP (fake management, lack of ownership of issues).
- Misinformation between Ohio Board of Nursing and DODD interpretation of rules.
- System's fear of making a mistake and reliance on strict compliance rules does not value the individuals we serve or add value to their lives.
- Loss of nursing services due to downsizing ICFs and new HB 483

Top Weaknesses:

- Little known field for nurses.
- Disconnect/territorial of roles between nurses and DSPs.
- Misinformation between BON and DODD on rules.

Opportunities:

- Health services coordination.
- Funding changes; additional of nursing in the IO waiver.
- Helping families to figure out what to do if nursing is not available.
- CERIIDD
- Use of technology in nursing.
- Increased understanding among the general population of field of DD.
- Community integration and figuring out the kinds of medical supports necessary.
- Develop training on waiver nursing vs. ICF nursing.

Top Opportunities:

- Increased understanding among general populations of IDD field.
 - CERIIDD.
- (TIE) Health services coordination and funding changes- nursing in the IO waiver.

Threats:

- Not enough funding- have to go through state plan and private duty nursing before you can access waiver nursing.
- Lack of ability to self-promote value and show the value of nursing.
- Lack of training for home health nurses; especially nurses offering waiver services.
- State plan and private duty nurses offer very little continuity of care and lack education on how to work with the population.
 - How to work with individuals with IDD is not taught in nursing school.
- Too many hoops for individuals and nurses to jump through for services to be provided; too many roadblocks and barriers.
- Changes in system spook long-term IDD nurses, which could lead to turnover.
- Looming retirement of IDD nurses who have been in the field for a long time.
- People leaving ICFs with multiple comorbidities and medications will be getting Waiver services but no nursing care coordination. Transitioning itself carries multiple risks that need coordination and oversight.
- HB 483 will eventually lead to less nursing care coordination and oversight in the big ICFs as nurses are replaced with unlicensed med passers.

Top Threats:

- Not enough funding.
 - State plan nursing offers little continuity of care.
- State plan nursing offers no training on working in waiver specific settings or working with individuals with IDD.

Policy Committee***Strengths:***

- Providers care about individuals and their needs.
- Movement towards person centered planning.
- Paradigm shift from the county boards having all of the power to the individual and their providers being in control.
- Plenty of experience and history to draw from.
 - Help inform what works and what hasn't when planning for the future system.
- Increase in cooperation between DODD, OACBDD, and providers.
- Providers are willing to work together to emphasize our strengths and experiences.
- Good relationships and reputations between providers and the field and the legislature and the administration.
- Providers have the intelligence to adjust their business models to make the system work in spite of not having enough money.

Top Strengths:

- Willing to work together to utilize our strengths and experiences.
 - Care about the individuals we serve.
- Providers have the business ability to make the system work despite of being inadequately funded.

Weaknesses:

- Decrease in funding
- Lack of an alignment of money with expectations and outcomes.
- No or inadequate work force.
- System is complicated and cumbersome.
- MUI system is punitive and “gotcha” based.
 - Not focused on outcomes and just want to “nail staff”.
- Difficult to come up with outcomes and quality.
- The field and careers in the field aren't well known to the general public.
- Lack of a plan to reinvest savings from the county boards getting out of services.
- 88 different county boards.
- Lack of adequate transportation that meets the cost of both rural and urban needs.
- Thousands of providers make system inefficient.
- Lack of vision from the administration.
 - No comprehensive, detailed plan for the ICF system.
 - No consensus on what we want for a system between DODD, OACBDD, and providers and how that would look if it were a respectful partnership.
- System directives often based on philosophy instead of data and facts.
- Very little support in implementing downsizing and conversion plans.
- Vision by administration for the system and its outcomes doesn't match up with their funding structure, especially with the IAF.

- Seems that the system pits the consumer's choice vs. department's philosophy.

Top Weaknesses:

- Not adequately funded.
- Negative publicity and perception.
 - Low pay for staff.

Opportunities:

- The landscape has changed which is evident by what was in the last budget.
- Person centered system allows for joy in people's life.
- Opportunity to bond together as providers through organization and shared values.
- Providers are leading changes.
- Ability to create true vocational opportunities for people with and without disabilities.
- Addressing weakness will provide for new opportunities.
- Continual increase in relationship with the legislature.
- The creation of a media plan for the field could help change the perception of service providers and of the field in general.

Top Opportunities:

- Providers are ready to initiate change.
- Media plan to show the general public what the field is.
- Bond together as providers similar in organization and values.

Threats:

- Workforce crisis.
 - No one is alone in the crisis- all employers feeling it.
- Barriers to employment in DD.
- Minimum wage efforts.
- Managed care.
- Increased in incidents of DD.
 - Current funding will not be sufficient.
- Impending loss of current administration.
- Providers who are set in their ways and unwilling to try new approaches.
- Perception of ICFs and ignorance about the services they provide.
- Not meeting downsizing and conversion goals.

Top Threats:

- Work force crisis
- Not enough funding especially with the increase of DD.
 - Various barriers to employment in the field.

ICF Committee***Strengths:***

- Offers a comprehensive packaged of services.
- Concept of an ICF is understandable to the consumer and families.
- Predictable for providers and consumers and their families.
- Program is valued and trusted by families and loved ones.
 - Program has proven track record of providing quality services.
- Managing health outcomes is easier.
 - Bed hold days allow for individuals to go to hospital and not fear that they will lose their spot in the ICF.
- Less focus on documentation- not focused on justifying the type of documentation.
- An increased focus on outcomes.
- Heavy oversight.
- A more stable workplace environment for staff.
 - Have access to multi-disciplinary team including medical.
 - Allows for a safer environment.
 - Increased peer-to-peer supervision and relationships.
 - On-site management allows for DSPs to have quick access to managers.
 - Able to detect staff problems quickly
- An ICF allows a person to have a life-long home and gives providers the opportunity to provide care across the lifespan.
- Logistically easier to manage which increaser community integration and care because of on-site management.
- The Q drives the plan and knows the person better than SSA's know their cases.
 - More intimate, engaging, and individualized.
 - Give platform for person-centered planning.
 - Better case management systems than waiver, which can help improve outcomes.
 - More streamlined and responsive.
- IAF is rated by the provider who knows the individual, not an SSA who may not fully understand the intimate needs of the individuals in the caseload.
- Includes room and board, ancillary services, and transportation.
 - Ensures individual's most basic needs are met.
- Better able to serve more complex medical and behavioral needs compared to in the community.
- More flexible than waivers because of ratio expectations.
- Cost effective and cheaper services.
- People who live here are happy.
- 85 out of the 72 individuals who went through options counseling chose an ICF.

Top Strengths:

- Comprehensive package of services.
- Cost effective/cheaper services.

- Predictable for providers.

Weaknesses:

- Fewer options for day array services.
- Not adequately funded.
- Decrease in direct care ceiling.
- Negative publicity hurts perception.
- Less choice in roommates.
- Providers are stuck with bed size.
 - Little flexibility in the ability to increase an ICF by even one bed.
- Can be viewed as too structured and decreases client choice.
- The state preferred bed size is financially unsustainable.
- By definition and perception ICFs are institutions.
- Low pay rate for staff.

Top Weaknesses:

- Not adequately funded.
- Negative publicity and perception.
 - Low pay for staff.

Opportunities:

- Employment pilots will hopefully increase employment opportunities for individuals in ICFs.
- Modernization of facilities.
- Elimination of requirements tied to a person's acuity that are useless and add no value to an individual's quality of life.
 - Money management, employment, self-medication.
- Lack of housing in waiver system.
- Possible hybrid model of ICF and waiver system.

Top Opportunities:

- Eliminate useless requirements that don't add value to an individual's quality of life (money management, employment, self administration).
 - Modernization of facilities.
- Demonstrate the value of the ICF model.

Threats:

- Department of Justice.
- MBI
- Program constantly under attack through regulations and funding.
- Movement to decrease number of ICF beds.
- DRO lawsuit.
 - Courts making decisions for non-represented populations.

- Possibility of shutting the front door.
- Workforce.
- Conflicting directions.
 - Decrease in funding but increase in downsizing.
- Funding.
- Increase in healthcare costs for staff.
- Unfunded mandates.
- New DODD funding redesign and the lack of clear picture in it's direction.
- Lack of clear picture for ICF system.
- If the infrastructure goes away, what will happen in the future if the new system doesn't work?
- Not sustainable.
- Value is uncertain for beds when trying to build lines of credit.

Top Threats:

- Movement to decrease the number of ICF beds.
 - Workforce.
 - DRO Lawsuit.

Program Directors Committee***Strengths:***

- OPRA.
- Strong self-advocacy groups.
- Warren County Board Grant money.
 - Good Life Training.
- PATHS
- Increased leadership development opportunities.
- Good, innovative programs within agencies.
- Emerging strong relationships with some counties and providers.
- Ethical and moral staff.
- Collaboration with other program/agencies/high schools.
- Communication is the best it has ever been in the field.
- Some providers know what is going on in the field.

Top Strengths:

- Increase in leadership development.
- Collaboration between programs, agencies, and high schools.
 - (Tie) OPRA and PATHS.

Weaknesses:

- Overabundance of waiver providers.
 - Too easy to become a waiver provider and little oversight.
- Staff retention- especially millennials.
- MUI processing.
 - Timeline too long to resolve in an efficient manner.
 - Out of synch between county boards and MUI investigators.
- Medicaid Licensure surveyors.
 - Difference in noticing system and unpredictable timing.
 - Same time spent on surveys regardless of previous good or poor survey.
- Pendulum swinging too far.
- IT systems put into place when they are not working properly.
 - Rapback and RMN.
- Lack of supports for individuals on exit waivers.
 - Little help in finding housing, appropriate roommates, and lack of money resources.
- System's gotcha-based.
 - Doesn't support outcomes.
 - Based on short term problems and the funding system supports this model.

Top Weaknesses:

- Not enough money to pay for staff.
- Medicaid licensure surveys- different, no notice, unpredictable timing.

- Staff retention, especially millennials.

Opportunities:

- Looking at measurable outcome instead of paperwork and compliance.
- Push toward volunteerism and natural supports.
- Technology for services.
 - Operations.
 - Training.
 - Tracking outcomes.
- Letting go of fear and that we have to keep everyone so safe that they cannot live their lives.
- Opportunities to train staff on individual needs.
 - Why are they doing this work?
- Increase in collaboration aligned with the current climate.
- To provider best possible support.

Top Opportunities:

- Looking at measureable outcomes instead of paperwork and compliance.
 - Technology for services.
- Increase in collaboration aligned with current climate.

Threats:

- Workforce.
- Some staff who struggle to obtain basic work skills.
 - Uncommitted and not invested in the work.
- Decrease in pay.
- Staff pool to choose from continues to decrease.
- Balancing work and life.
- Increase in responsibility on staff relative to pay.
- Harsh punishing system.
- Undertrained supervisors who can't handle role.
 - Good DSP doesn't always mean good supervisor.
- More regulations.
- Pendulum swinging.
 - Protecting too much decreases opportunity for residents.
- Philosophy vs. function and practicality.
- Providers who put their head in the sand and are closed off to change.

Top Threats:

- Workforce.
 - Staff pool to choose from continues to decrease.
- (Tie) Increase in responsibility of staff relative to pay and Philosophy vs. function and practicality.

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Employment/Day Services Committees***Strengths:***

- Adult Day Services: imperfect but has a less complex and more straightforward reimbursement system.
- Employment is the preferred outcome for people.
- Nice mix of programs for ADS.
- Connecting and networking with employers now more than ever.
- Staff retention easier in ADS than residential programs.
- Higher pay is possible for staff than in H/PC.
- Better consistency of staff.
- Experienced applicants for staff positions from county boards.
- Starting to become easier to serve in multiple counties.
- Higher wages for people with IDD.

Top Strengths:

- Employment is preferred outcome for people.
- ADS is imperfect but has a less complex and more straightforward reimbursement system.
- Staff retention is easier in ADS.

Weaknesses:

- Transportation for community employment.
- Capacity to take on new customers.
- Funding; especially when serving individuals with significant needs for new direction of services.
- Finding employment for individuals with significant needs.
- Accessing the community for individuals with significant needs.
- Collaboration among providers when working with employers.
- Overcoming an employer's bad experiences with providers they used to work with.
- The message to employers isn't always consistent.
- Individuals living in an ICF might not being able to access Employment First.
- Rely heavily on sheltered work (130 14c's still have ability to pay sub-minimum wages).
- OOD and DODD not working together; especially when writing and discussing regulations.

Top Weaknesses:

- Transportation for community employment.
- Finding employment opportunities for individuals with significant needs.
 - Collaboration among providers when working with employers.

Opportunities:

- All new people coming from county boards looking for services.
- Develop great relationships with employers.

- Increased employment rate for people with IDD.
- Advance the career paths for individuals who are already working.
- Change the individual's perception of themselves; they can contribute to society.
 - Increase an individual's self-esteem.
 - Decrease depression and the use of medication.
- Increased use of Ticket to Work program.
- Build a more intuitive system that moves Employment and ADS toward outcomes.

Top Opportunities:

- Develop great relations with potential employers.
- All new people looking for services from the county boards.
- (TIE) Building an individual's self-esteem and building a more intuitive system toward outcomes.

Threats:

- Potential decrease in OOD rates.
- Sheer number of people we are trying to transition into the community.
- Buy-in of families, sometimes lacking.
- Pace of change and acceleration- can't see full implications of changes.
- Not meeting HCBS rule requirements by 2019.
- How soon to place people in the community and the pace you need to place someone to break even.
- Individuals using services are making the same or more than their support.
- Losing sight of self-determination piece because of system pressure/SSA pressure.
- Stigmas of people with IDD.
- Standard BVR referral is easier and may have higher retention.
- Inertia: wanting to do things like we have always done them and don't want to put in the energy to change.

Top Threats:

- Potential decrease in OOD rates.
- Sheer number of people we're trying to transition to the community.
 - Buy-in from families sometimes lacking.

HR Committee***Strengths:***

- DSPs.
- Strong skill sets.
- Workable as a tool to reach potential new staff members.
- Long-term, committed staff members.
- OPRA Salary survey.
- HR networking.
- DD HR professionals extremely good at what they do.
 - Must manage more than just simple hiring of staff.
- Problem solvers for a variety of problems.
- Long-term relationships with medically fragile.
 - OPRA understands this population's needs well.

Top Strengths:

- DSPs.
- Long-term, committed staff members.
- (Tie) Strong leadership and OPRA.

Weaknesses:

- HR committee connecting to other HR/hiring staff in rural areas.
 - Lack of sophistication and compliance in smaller, hard to reach providers.
- BCII system is not working properly.
 - Not user friendly or timely in delivering results.
- Staffing.
- Constant change to rules, especially in regards to training.
- PCW issues.
- Federal and state unfunded mandates.
 - Homecare and DOL OT.
- General population doesn't understand field.
- Data collection from multiple Departments with little explanation of the data's importance or use.
- Transportation for individuals and staff.
- Need better add-ons for medically fragile or individuals with complex needs.
 - Not enough money to pay for large amounts of training needed to teach staff how to do medical procedures.
 - Staff don't want to work with complex needs- usually earning close to the same amount as other DSP but have more responsibilities.
- When you pay for a lot of training and certification of staff, they sometimes take all training and leave for a different job.
 - Possible non-compete clause in their contract- need to work for at least 18 months till they can leave to go somewhere else.

- Culture of compliance instead of outcomes.
- High potential for workplace violence.

Top Weaknesses:

- Staffing.
- Federal and State unfunded mandates.
- BCII system not working properly.

Opportunities:

- C3P(O).
- Bridges Out of Poverty Program.
- 40,000 new customers entering the system.
- To have voices heard via OPRA.
- Employment First increase employment of people with IDD.
- Many job openings.
- Educating others in the community.
- Increase membership in the HR committee.
- Opportunity to improve the culture of work.
- Find flexibility to take people out into the community to meet their neighbors but not get in trouble.
 - Find ways to ensure that staff do not abuse the community outings.
- Teaching soft skills to DSP and supervisors to improve relationships between each other and with clients.

Top Opportunities:

- Bridges Out of Poverty.
 - C3P(O)
- Increase membership in the HR committee.

Threats:

- Regulations- too heavy and not reasonable.
- Lack of clarity.
- Lack of notice for DODD's request.
 - Lack of courtesy to involve stakeholders in process
 - "Because I said so" mentality.
- Improving economy.
- Minimum wage and no commensurate rate increase.
- Opioid epidemic.
- Delegated nursing.
- High school/GED requirement.
- 1 on 1 rates tend to be paid the least- get better rates when you work with more than one person at a time- hard to get complex needs staffed because rates are so low.

Top Threats:

- Regulations too heavy and unreasonable.
- Minimum wage without a commensurate rate increase.
 - Improving economy.

OPRA District 1***Strengths:***

- Gold Standard in Hamilton County.
 - Five OPRA members that partner with the CB to train SSAs on provider's perspective on the system.
- Trauma informed care-
 - 4 providers collaboration in Hamilton County to bring TIC to providers.
 - Use of TIC state grant- Scioto Residential having some success in introducing TIC to staff and clients.
- Hamilton County is willing to collaborate with providers.
- Providers starting to be included in the training of SSAs.
- The staff we currently have and can keep are great workers.
- Providers are creative and efficient with the money that we do have.
- Think of DSPs first before thinking of management or administrators.
- Excellent problem solvers.

Top Strengths:

- Creative with the money we do have.
- Gold Standard program in Hamilton County
- (TIE) Trauma informed care training and Providers are helping to train SSAs.

Weaknesses:

- Not enough staff.
 - Reimbursement too low to pay staff good wages.
- When the workshops were bid out in Hamilton County, only one local provider made the final round.
 - Other finalists were big, multi-state providers.
- Provider capacity, especially in employment.
- Transportation options are limited.
- Think of DSPs before management staff.
 - Hard to keep management staff.
- Geographical challenges (hills in southern Ohio).
- Old leaders:
 - Who is going to replace current leaders?
 - Burned out with all of the constant change.
 - Ready to retire.
- Lack of strong SW Ohio Legislative champion.
- Burn out of staff.
- Decrease in administrative staff (few staff doing multiple jobs) with an increase in administrative burden.
 - Administrative staff can't focus on being good at one role, they have to be just good enough in many jobs so they can get by.

- Turnover of middle management and upcoming OT rules.
 - Regulatory rules don't always meet an agency's best interest.
 - Turnover even scarier for middle management than turnover of DSPs.
- With new OT rules, DSPs could potentially be making more than our middle management.
 - Increase turnover of middle management- getting paid less for more work.

Top Weaknesses:

- Not enough staff and low pay for the staff you do have.
 - Provider capacity; esp. employment services.
 - Geographical challenges.

Opportunities:

- Community integration.
 - Staff feeling re-energized in their job because they are seeing beneficial changes in the lives of their clients.
 - Grant program with Hamilton CB.
 - Possible return to “old days.”
 - Can take people into the community without fear of being penalized if something isn't in the ISP.
- C3P(O)
- Expand business- vocational, shared living.
- ABLE Accounts.
 - Shift to retail mind set.
 - Could help improve quality because you have to show the consumer up-front why you are the best provider for them.
- Increasing quality of services.
- Possibility of managed care if done correctly.
- Mergers and acquisitions.
- Changes in the billing system so it is more intuitive and less cumbersome.

Top Opportunities:

- (TIE) Community Integration and C3P(O)
 - Mergers and Acquisitions
- Expanding businesses (vocational and shared living)

Threats:

- Unfunded regulations and mandates.
- Mandates that don't add value.
 - Take staff time away from serving clients.
- Change in president, governor, and DODD administration.
- Harder to stay in business, especially if the business is smaller.
- Certification:

- Has direct impact on meeting regulations and billing.
- Possibility of managed care.
- Mergers and acquisitions.
 - Can lose the personal touch you have with a smaller agency as you grow.
- Lack of focus on individual's care.
- Not at the apex of staffing crisis.

Top Threats:

- Unfunded mandates that don't add value to our clients.
 - Not at apex of workforce crisis.
 - Certification.

OPRA District 2***Strengths:***

- A lot of providers in District 2.
- Loyal and good staff.
- County Boards willing to work with providers.
- Longevity of the current leadership; have historical perspective of the state and the services.
- Activities seem to be client driven and there seems to be a significant amount of activities.
- County Boards and provider leadership have strong relationship.
- Good diversity of service options.

Top Strengths:

- Some staff good and loyal.
- County Board leadership and Provider leadership has good relationship.
- Diversity of service options.

Weaknesses:

- Lack of staff.
- Families wanting facility based services and don't want to change.
- SSAs stick with their own services (privatized facilities that were once county owned).
- Hard to convince nonprofit boards to take risks to expand services.
- Nursing services a challenge especially in waiver.
- Rules and regs that don't add value, only cost.
- Lack of clarity on rules and regs.
- Brain drain; loss of historical knowledge as leaders retire.
- Transportation options.

Top Weaknesses:

- Lack of staff.
- Rules and regs that don't add value.
- Transportation options.

Opportunities:

- Growth through partnership.
- Creative options for people served to help them live a more meaningful life.
- Opportunities for upward mobility/internal growth for staff.
- SWOCOG providing data to help with building private provider capacity.
- Educate SSAs on the workforce crisis and employment of individuals with IDD.
- Person-centered planning.
- Providers providing info to families on community integration.
- Increase in collaboration; conversation between providers on showing DSP's as a good job.

Top Opportunities:

- Creative options for people service to lead to a more meaningful life.
 - Increase in collaboration to show DSPs as a good job.
 - Growth in partnerships across the field.

Threats:

- Unfunded mandates.
- External managed care.
- Hard to market to potential clients and to actually show the unique services you offer.
- DSPs and workers less loyal to employers.
- Difference in millennials to other staff.
- Possible increase in minimum wage with no commensurate increase in the rate.
- Lack of preparation for community inclusion with families and lack of preparation of the community for clients to be in the community.
- Families want their loved ones segregated and not in the community.

Top Threats:

- Unfunded mandates.
- Possible increase in minimum wage with no commensurate increase in the rate.
 - Difference in millennials to other staff.

OPRA District 3***Strengths:***

- DSP Staff.
- Longevity of agencies- able to weather the storm and modify their services as necessary.
- Knowledge of the team players.
- Genuinely like each other- collegial relationships that are not competitive.
- Openness among agencies.
- Agencies open to sharing staff and other resources.
- Shift styles; week on, week off; 2 ½ or 3 ½ day shifts.
- Personal relationships with individuals with IDD.
- Everybody knows everybody.
- Staff are fierce advocates.

Top Strengths:

- Personal relationships with individuals with IDD
 - DSP Staff
- TIE Knowledge of team players and Shift styles.

Weaknesses:

- Lack of transportation options for people served.
- Lack of employment opportunities for people with IDD.
- Culture of potential workforce- vocationally disinclined- lack of desire to work.
- High unemployment rate- no one wants to work.
- Ease of obtaining public assistance- generational poverty.
- Alternative activities=unclaimed income (illegal drugs).
- Not well-trained staff.
- Training opportunities limited to geography and pay staff to attend.
- At wages we can afford to pay, staff are just looking for a job not a career.
- DSPs on phones too much.
- Lack of provider capacity (NMT with vehicle cost)(ADS and building space)(new individuals being turned away).
- Level one waivers and sometimes SELF waivers are not practical for H/PC.
- Lack of housing.

Top Weaknesses:

- Culture of potential workforce- vocationally disinclined; lack of desire to work.
 - Not well-trained staff.
- At the wages we can offer, staff are just looking for a job not a career.

Opportunities:

- 40,000 people coming our way.

- Increase provider capacity and the types of services offered.
- Shared services.
- Community employment services.
- Residential services.
- OOD line of business, and becoming and OOD employer.
- Healthcare integration and building relationships with healthcare providers.
- C3P(O) and future staff.

Top Opportunities:

- Increasing provider capacity.
 - Shared services.
 - C3P(O).

Threats:

- Overregulation- MUI, PCW, and OT rule.
- Quality of staff.
- Local County Board resistance to relationships and change.
 - Lack of clarity as to CB role.
 - Pigeonholing families, lack of info to make informed decisions, focus on saving money and not meeting the needs of the individuals they serve.
- CB controlling referrals=vacancies.
- Poor training of CB staff.
- Way too much red tape especially with hiring.
 - Takes away from the clients and their needs.

Top Threats:

- Local resistance to relationships and change.
 - Quality of staff.
- CB controlling referrals=vacancies.

OPRA District 5**Strengths:**

- Providers are willing to try new things.
 - Innovation in some areas of district.
 - Grants have been awarded to providers in area.
- Medina County Board is willing to work together with providers.
 - Some shared training.
- Summit and Stark County also nice to work with.
- District 5 offers a comprehensive array of all services.
 - Excellent access to services, especially with new employment services.
- Overall, the change in CB leadership has been positive.
 - More responsive to ideas; better communication.
- The staff you do have is wonderful.
- Staff have more access to training than ever before.
 - Might not have the formal education, but are more trained than in the past.

Top Strengths:

- District 5 Offers a comprehensive array of services.
- (TIE) Providers are willing to try new things and the staff you do have is wonderful.
 - Staff have more access to training than ever before.

Weaknesses:

- Lack of workforce.
- Day service billing is incredibly complex.
 - Who is supposed to figure out if it is better to bill the daily rate or the 15-minute units? When it gets to the finance department it is often too far removed from the individual to know what is best. Needs to really be discussed in ISP meetings, but is that appropriate?
- Illegal activity is more profitable than working as a DSP.
- Not able to pay wages that are in line with the responsibilities of a DSP.
- The amount of documentation needed in the job takes away from helping individuals achieve their goals.
- Medication administration has become extremely complex.
- Better paying jobs are taking away DSPs and management.
 - Seeing an increase in workers leaving without notice because their new job wants them to start immediately.
- Helping staff overcome barriers to work is difficult.
 - Hard for staff to find quality childcare that is affordable and in the area.
 - To help alleviate this staff may watch each other's children, but if the staff get in a fight with each other the childcare is called off. Fights can get so bad that staff quit to avoid the other person.
 - Nepotism
- SSA's are not using the employment first mentality.

- Even with a job carved out for a specific individual, some SSAs are saying their individuals are not ready for a job.
- “Do you want to leave the good life you have now?”
- “Do you really want to leave your day programs?”
- Sometimes team up with the families to help convince individual they are not ready for a job.
 - Any insight into if these SSAs are trying to get individuals to stay in county run day programs?
- Switching from the CYA mentality for MUIs, and allowing people to live their lives.
 - We need to start treating our individuals like any other person.
 - Allowing individuals to take charge of their own life.

Top Weaknesses:

- Low wages.
- Lack of workforce.
- Day Services- too complex and SSAs have not taken a true Employment First stance.

Opportunities:

- Shared living if done correctly.
- CARF accreditation for deeming and improving quality.
- Increased collaboration with CBs for shared training and funding for innovative programs.
- Expansion of C3P(O).
- Bridges Out of Poverty program.
- CBs getting out of services.
- Developing healthcare integration.
- Finding new and innovative was for thoughtful agency growth.

Top Opportunities:

- Expansion of C3P(O)
- Shared living if done correctly
- CB getting out of services

Threats:

- Funding that doesn't cover the cost of individuals with complex needs.
- The future of the ICF reimbursement is still unknown.
 - What exactly will it look like?
 - Is the sample they collected a truly representative sample?
- Confusion and uncertainty around exit waivers.
 - Some of the individuals chosen are appropriate, but many are not. The cost to serve them in the community will be extremely high.
 - Many of the families and Q's were not involved in the process.
 - CB's not always “in the loop” with which individuals have been chosen for an exit waiver.

- New providers and old providers with new programs threaten the integrity of long-standing quality programs.
 - Seen an increase in other providers offering individuals stuff like iPods to recruit individuals from other providers.
- Independent providers.
- Increase in minimum wage without any increases in the rate.
- MUI system- want to put the individuals we serve in bubble wrap and not give them any dignity of risk.
 - Both CB and providers working under “CYA” mentality and we need to shift this so our clients can actually live a meaningful life.

Top Threats:

- The unknown future of the ICF reimbursement system
 - Confusion around exit waivers
- An increase in the minimum wage without an increase in rates

OPRA District 6***Strengths:***

- Providers are actively trying to figure out how to provide the best services.
- Providers feel they have more of a voice now and are willing to use that voice for the betterment of the field.
- Providers have become engaged at the state and national level through ANCOR and ORPA.
- OPRA makes sure that providers have a seat at the table during important discussions.
- Providers have begun to network with each other.
 - Ohio has a vast provider network of over 2,000 agency providers.
- Our services are always going to be needed.
- Governor Kasich has been a “champion” for the field and individuals with IDD.
- The legislature has been extremely helpful and receptive to our needs so we can best serve individuals with IDD
- Director Martin- he is familiar with the provider world and the family world.
- DSPs and other professionals are extremely committed to providing services in the IDD field.
- As the field continues to move toward conflict free case management, the relationship between county boards and private providers will hopefully strengthen and increase the opportunities for providers and the individuals they serve.
- Emphasis on outcomes.
- Progressive thinking to creatively support people.

Top Strengths:

- OPRA
- DSPs
- (Tie) Director Martin and Networking of Providers (through OPRA and other avenues)

Weaknesses:

- Disconnect between DODD/Medicaid/JFS and lack of communication between the three.
 - Especially during DC downsizing.
- Disconnect between DODD/OOD/JFS in helping people find jobs.
- Unemployment offices didn't allow providers to set up booth even though they had an abundance of job openings.
- DRO and the lawsuit's potential to stop momentum of system reform.
- Field tends to be more punitive than an opportunity for teaching.
 - Make a mistake and you can't work in the field again.
- Inadequate funding.
 - Too many unfunded mandates.
- Confusion with the vision for ICF's and a lack of any statewide planning process.
- Severe administration restrictions for ICFs.
- Overregulation.

- One size fits all regulations.
- Getting paid is difficult because of billing issues.
- Questions on the larger community's readiness for integration.
- Lack of business metrics.
- County boards and private providers not always speaking the same language.
- Low access to services for those who need them.
 - 40K currently on waiting list.
- Lack of supports for individuals with high behavioral challenges especially in rural counties.
- Lack of affordable, accessible, and appropriate housing; esp. with waivers.
- Lack of appropriate and reliable transportation.
- Questions on the portability of IO waivers across counties.
- Person centered planning seems to only be what DODD or APSI wants, not what the individual wants.

Top Weaknesses:

- Inadequately funded
- Disconnect between DODD/Medicaid/JFS esp. during DC downsizing
 - Overregulation

Opportunities:

- Freeing up of County Board dollars with conflict free case management.
 - Opportunities to invest those dollars back into system
- Increased community integration offers increased independence for individuals with IDD.
- Increased understanding of the field and it's needs can lead to new relations with state and federal legislatures to lead to a better future
- Changes to funding means changes to the system and we need to work to make sure it's for the positive.
- Integration of LTSS and healthcare should lead to better savings to focus resources where they are needed.
- Utilization of technology for business and for consumers.
- Increase business methods to be more efficient.

Top Opportunities:

- Increase business methods to become more efficient
- Freeing up of County Board Dollars to reinvest in the system
- (Tie) Community Integration leads to more independence and utilization of technology

Threats:

- Managed care
 - Overregulated
 - Underfunded

- Lack of understanding of the complexity of the field
- DOL
 - Homecare rule
 - Overtime Rule
- DRO
 - Lawsuit and the uncertainty it brings.
 - Philosophically driven instead of practicality.
- ICF Systems
 - Lack of clear picture of direction
 - Confusion around reimbursements
- Managing the health and safety of individuals out in the community.
- Lack of trained workforce.
- Impact on quality of services as demand for services increases.
- Delays in reimbursement as the system changes
- Providers not taking the initiative to be innovative.
- Improving economy means improving job market which means high turnover for the field.

Top Threats:

- Lack of trained workforce
- Lack of clear big picture for ICFs including the reimbursement model
 - Managed Care

District 7***Strengths:***

- Active OPRA district.
- Several well-established and reputable provider agencies in district.
- Members are getting more and more involved to be a part of the solution to our system's problems.
- Increase in diversity in workforce.
- Cuyahoga County Board willing to work with providers.
 - Positive relationship with Cuyahoga and other County Boards in district.
- Increase in collaboration.
- Many providers have strong relationships with business community.
 - Have businesses that are willing to partner with providers and offer job opportunities to clients.
- Many providers have strong relationship with philanthropic community.
- Not terrified of the all of the changes coming.
 - Providers are willing to compromise and work with fellow change agents.
- Very resourceful and solution oriented.
- Good at keeping focus on those we serve.
- DD Provider Consortium.
- Willing to work overtime.
- Compassionate and caring DSPs.
- Overall have more access to DSPs than in rural areas.
- DSPs are dedicated and loyal to the individuals they serve.
- Great tolerance for bureaucratic processes with low pay.
- DSPs want to make serving individuals with IDD a career.

Top Strengths:

- Cuyahoga County Board and other CBs willing to work with providers.
 - Good at keeping the focus on those we serve.
- DSPs dedicated and loyal to the individuals they serve.

Weaknesses:

- Work ethic of millennial staff.
- System not yet based on outcomes.
- At the “mercy” of other entities (i.e. pharmacies, DOL, etc.)
- Cant meet needs of workforce.
- More work but less staff available.
- Lack of resources and information on the transition of services.
- Slow letting go by County Boards- still figuring out how to do it and possibly never letting go of their involvement.
- Multiple monitoring authorities.
- Families' fear of moving to a new provider/into private world from the County Board.
- Families' fear of change and upcoming transitions.

- Can already be confused by current service system and have little access to information on the changes that are coming.
- Have yet to find a way to rebrand private providers as quality service providers and the “go-to” for services instead of the County Boards.
 - Private providers viewed as second best provider.
 - Some County Boards not helping to shift this perspective.
- Most families are only getting their information from County Boards.
 - Only have CB perspective.
- Can't pay former CB staff the same amount of money in private sector.
- Poor staff retention.
- Lack of internal recognition of good staff because of cost.
- Inadequate funding.

Top Weaknesses:

- More work but less staff available.
 - Inadequate funding.
- Multiple monitoring authorizes.

Opportunities:

- 40,000 new customer opportunities.
- NE-OH Regional Employment Network.
- STABLE accounts.
- Opportunities for positive change in our industry.
- Focus on quality outcomes.
 - Develop outcome-based system.
- Increase partnerships with hospital systems, churches, and other community organizations in the area.
- Availability of businesses to grow employment programs.
- Stay legislatively connected and increases the volume our voice is heard at.

Top Opportunities:

- Focus on quality outcomes.
- (TIE) 40,000 new customer opportunities and opportunities for positive change in the industry.
 - Stay legislatively connected and increase our voice being heard.

Threats:

- Improved economy means low unemployment which means decrease in available workforce.
- Political environment.
- Regulatory duplication and complexity of oversight.
- So many rules and regulations that it's almost impossible to prepare for the future.

- So many changes in the future and all dependent on those who are doing the oversight that it is almost impossible to budget for the future.
- Increased number in the amount of people looking to get Medicaid funding.
- Poorly performing new providers.
- Lack of positive media coverage.
- Lack of understanding about what we do.
- DRO.
- Guardianship.

Top Threats:

- So many rules and regulations and funding systems that are constantly up for debate that makes it almost impossible for providers to plan for the future.
 - Regulatory duplication and complex oversight.
- Improved economy means low unemployment and decrease in available workforce.

Staff Input

The OPRA staff held a retreat to discuss input to the strategic plan. The staff feedback is summarized in the revised strategic plan on the next page.

OPRA Strategic Plan 2016 - 2017

Mission Statement		
To support and provide advocacy for community-based service providers to ensure the availability of programs, services, and funding adequate to support and assist individuals with developmental disabilities as they strive to achieve a life of increasing independence, productivity and integration.		
2016-17 Focus Areas & Goals		
Workforce Sustainability	Efficiencies and Simplification	<i>Mission-Driven, Quality and Sustainable System Reform</i>
<ol style="list-style-type: none"> 1. Advocate for average DSP wage of 200% of the federal poverty level, DSP's receiving average benefits package and funding to sustain. 2. <u>Advocate for re-investment in DSP wages, benefits, training and supervision, and waiting list, of County Boards of DD/DODD budget savings accrued from waiver budgets or efficiencies in County Boards and State systems.</u> 3. Develop and implement strategies to attract, train and retain people to the direct support profession. 	<ol style="list-style-type: none"> 1. <u>Advocate for regulatory standards and implementation practices that are only "useful or necessary", so that people with disabilities can achieve outcomes that are meaningful to them.</u> 2. <u>Advocate for simplification of state reviews of providers, including national accreditation for licensure and county board accreditation, streamlining ODH/DODD review process of ICF's and HCBS heightened scrutiny reviews.</u> 3. Advocate for simple, quality-focused and innovative reimbursement models. 4. Assist and advise our partners in the development and implementation of the CMS transition plan/HCBS rule and conflict-free case management. 	<ol style="list-style-type: none"> 1. <u>People with intellectual and developmental disabilities have the same opportunities as all Ohioans.</u> Integrated community employment initiatives achieve the same employment rate as the general Ohio population while transforming day array services to community engagement. 2. Advocate for adequate funding for all ICF's <u>and waiver services</u>, including responsible downsizing of ICF's, setting size changes, individual needs and provider incentives. 3. Identify opportunities to improve people with IDD's health and experience of care, while seeking to reduce the per capita cost of care.

Board adopted and current OPRA Strategic Plan is below.

OPRA Strategic Plan 2016 - 2017

Mission Statement		
To support and provide advocacy for community-based service providers to ensure the availability of programs, services, and funding adequate to support and assist individuals with developmental disabilities as they strive to achieve a life of increasing independence, productivity and integration.		
2016-17 Focus Areas & Goals		
Workforce Sustainability	Efficiencies and Simplification	Quality, Accountable and Sustainable System Reform
<ul style="list-style-type: none"> 4. Advocate for average DSP wage of 200% of the federal poverty level, DSP's receiving average benefits package and funding to sustain. 5. Advocate for re-investment of County Boards of DD/DODD budget savings accrued from waiver budgets or efficiencies in County Boards and State systems in DSP wages, benefits, training and supervision, and waiting list. 6. Develop and implement strategies to attract, train and retain people to the direct support profession. 	<ul style="list-style-type: none"> 5. Assist and advise our partners in the development and implementation of the CMS transition plan/HCBS rule and conflict-free case management. 6. Advocate for simple, quality-focused and innovative reimbursement models. 7. Advocate for a regulatory system that is rational, less cumbersome and results in meaningful outcomes for individuals with IDD. 	<ul style="list-style-type: none"> 4. Advocate for adequate funding for all ICF's, including responsible downsizing of ICF's, setting size changes, individual needs and provider incentives. 5. Collaborate with stakeholders to build provider capacity and eliminate all barriers to community. Integrated community employment initiatives achieve the same employment rate as the general Ohio population while transforming day array services to community engagement. 6. Identify opportunities to improve people with IDD's health and experience of care, while seeking to reduce the per capita cost of care.