

Priority Work for Fiscal Years 2010-2011 Progress Report

Priority 1: Streamline and enrich process for assuring the quality of services.

- Develop and implement a standard method of reviewing service delivery and outcomes.
- Focus resources on new providers and providers who are struggling.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
A. Standardize review tools and processes across providers, residential facilities, and county boards.	A. A new standard review tool was developed and is being field-tested. Results of reviews simultaneously conducted with the new standard review tool and existing tools will be analyzed.	A. Revisions have been made to the standard review tool based on initial results of field testing. The Office of Provider Standards and Review is developing a plan to roll out the review tool and new process to the field by July 1, 2010.	A. The standard review tool was rolled out and is in use for providers, licensed residential facilities, and county boards. The Office of Provider Standards and Review is continuing to evaluate the tool's effectiveness and will refine the tool as indicated as it is put into practice.
B. Install software to schedule, track, and report provider review results.	B. The Department received Controlling Board approval to acquire CMO Compliance software to support the provider review process.	B. Initial discussions are underway with CMO Compliance developers to discuss the desired format/look of the tool, to develop a reporting format, and to identify the work flow and business rules. This work is in the very early stages due to the need to first develop a provider database that will be used with CMO Compliance. Substantial work has occurred on the database.	B. The provider database is nearly complete. Work on installation of CMO Compliance software will begin in August 2010.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
C. Encourage use of self-evaluation tool.			C. Complete. Providers, licensed residential facilities, and county boards receive the standardized review tool when informed of the date of their survey. All are encouraged to complete the tool prior to the survey. If a deficiency is found and corrected prior to the survey, and it does not relate to health and safety, no citation will be issued.
D. Implement tiered Major Unusual Incident (MUI) review of county boards and developmental centers.	D. Complete. The tiered MUI review of county boards and developmental centers was implemented September 1, 2009. In the tiered system, the frequency of onsite reviews ranges from one to three years, based on the board's/ center's performance in investigations and fulfilling key requirements in the MUI rule.	D. Complete.	D. Complete.
E. Determine unique purpose of quality assurance function of county boards and implement changes in collaboration with stakeholders.			E. The Department is evaluating the existing quality assurance methods and relationship to other quality/monitoring tools.
F. Implement onsite review within first year for newly certified providers.	F. A process for the Office of Provider Standards and Review to be notified of newly certified providers is being developed.	F. Providers certified during the first and second quarters of fiscal year 2010 that have submitted claims for reimbursement have been identified. A total of 77 new providers have been added to the schedule for provider compliance reviews.	F. Ongoing. The Office of Provider Standards and Review will evaluate the results of this first-year review process by December 31, 2010.
G. Enhance Office of Provider Standards and Review webpage.			G. Materials and information related to the work of the Office of Provider Standards and Review will be incorporated into the design of the new portal being built at the Department's website for individuals and families, providers, and county boards.

Priority 2: Upgrade and integrate information systems infrastructure.

- Strategy to be determined based on independent analysis.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
A. Assess/analyze the "as is" and desired state of information infrastructure.	A. The Department engaged Healthcare Perspective to perform a comprehensive information systems assessment. The final report will be completed in January 2010.	A. Healthcare Perspective completed its assessment and recommended that the Department acquire components of Pennsylvania's Home and Community Services Information System (HCSIS) for integration into Ohio's environment. The Department will soon be evaluating the HCSIS online individual service plan, assessments, and other integration points.	A. The Department will be evaluating the HCSIS online individual service plan, assessments, and other integration points within the next three months. In preparation for this review, the Department, in partnership with the County Collaborative Project, is developing a HCSIS review and evaluation plan that will be activated as soon as the system is available.
B. Implement the Individual Data System.	B. Complete. The Individual Data System went live in November 2009.	B. Complete.	B. Complete.
C. Implement the Cost Projection Tool.		C. The Cost Projection Tool is being performance-tuned. The production pilot is being scheduled. New reports, including utilization, are being built.	C. The Cost Projection Tool performance tuning has been completed. Technical changes were identified and implemented to improve the overall operating speed of the system. A pilot site has been identified to use the new system before full implementation, which is planned for October 2010.
D. Develop the online individual service plan which includes a summary page.		D. System user needs for the online individual service plan have been documented and will be used to evaluate the HCSIS service planning component.	D. The Department is near completion of finalizing business and system requirements for the review and evaluation of the HCSIS system. The individual service plan summary page will be part of the Cost Projection Tool; implementation of the Cost Projection Tool is slated to begin in October 2010.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>E. Modify/replace the Provider Certification System database to support new provider certification rule.</p> <p>F. Expand capacity for monitoring provider performance and outcome data.</p> <p>G. Redevelop a provider search tool that includes a provider "report card."</p>		<p>E., F., & G.</p> <p>A new provider database has been designed and built. Detailed technical design documents are being completed for system interfaces and current provider data conversion. Existing compliance processes, including certification, licensure, and county board accreditation, have been mapped; a user group was formed to examine and streamline the related processes. A new provider certification system is being built. A vendor has been identified for online payment of certification application fees. Vendor proposals for building a new provider portal are being evaluated.</p>	<p>E., F., & G.</p> <p>Detailed technical design documents have been completed for system interfaces and current provider data conversion. Development of a new provider certification system is ongoing. A vendor has been selected to build a new provider portal and work is underway. Work on installation of CMO Compliance software, which will track and report provider reviews, will begin in August 2010.</p>

Priority 3: Plan for fiscal sustainability of Ohio's developmental disabilities services delivery system.

- Provide relief for financially distressed county boards.
- Utilize state dollars based on logical formulas.
- Plan for the 2012/ 2013 biennium with assumption that enhanced Federal Medical Assistance Percentage or "FMAP" (the share of the Medicaid program paid by the federal government) will have expired.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>A. As required by statute, promulgate rule based on budget language for financially distressed county boards.</p> <p>B. Determine if additional federal funds are available (this includes increasing rate for Targeted Case Management).</p>	<p>A. A fiscal sustainability workgroup was convened and met twice. The group agreed to parameters for the financially distressed county board rule.</p>	<p>A. A draft administrative rule regarding assistance for financially distressed county boards was disseminated for stakeholder review on March 18. The Department plans to file the rule in May 2010.</p>	<p>A. The Department filed proposed new administrative rule 5123:1-5-02 (<i>Assistance to Enable a County Board to Pay the Nonfederal Share of Medicaid Expenditures for Home and Community-Based Services</i>) in June and anticipates an effective date of September 1, 2010.</p> <p>B. Department staff are compiling information from county board cost reports regarding Targeted Case Management to present to the Ohio Department of Job and Family Services.</p>

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>C. Develop models for state funds for the 2012/2013 budget submission.</p> <p>D. Develop plans for how to allocate new state money if the Department should receive any.</p>	<p>C. The fiscal sustainability workgroup is reviewing models for tax equity.</p>	<p>C. The fiscal sustainability workgroup agreed to a formula for tax equity and will begin looking at models for the county board subsidy.</p>	<p>C. The fiscal sustainability workgroup is reviewing information related to the county board subsidy.</p> <p>The Ohio Association of County Boards Serving People with Developmental Disabilities is pursuing budget language for the tax equity formula.</p> <p>D. Based on guidance received for the 2012/2013 budget, the Department does not anticipate additional state funding.</p>

Priority 4: By December 31, 2009, develop a plan (as required by Section 337.30.40 of the Ohio Revised Code) to simplify and contain costs of Department-administered Home and Community-Based Services (HCBS) waivers.

- Make waiver system less complex and less costly.
- FY10: The number of people enrolled on HCBS waivers will be increased by 1,000.
- FY10: At least 100 children will be enrolled on the New Futures waiver.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>A. Convene workgroup to serve as consultants for development of the plan to simplify and contain costs of HCBS waivers.</p>	<p>A. Complete. Director Martin convened a waiver sustainability workgroup for development of the plan. The resulting <i>Fiscal Plan for Home and Community-Based Waiver Services</i> was submitted to the Director of the Ohio Department of Job and Family Services (ODJFS) on December 30, 2009. The waiver sustainability workgroup will continue to play an active role in the oversight of Medicaid priorities.</p>	<p>A. Complete.</p>	<p>A. Complete.</p>

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
B. Obtain administrative flexibility to approve "pilot recommendations" from regions across the state for simplified and efficient alternatives to existing reimbursement models and processes.	B. Department staff continue to explore ways to pilot-test recommendations.	B. Department staff are working in consultation with ODJFS and stakeholders on pilot recommendations which could be implemented in the event of a fiscal crisis.	B. The Department inserted a paragraph in the Individual Options waiver amendment to create a mechanism for pilot-testing recommendations. Further discussion with ODJFS may be required.
C. Maximize Level One waiver enrollment and limit the expansion of the Individual Options waiver through the existing waiver period.	C. Enrollment on the Level One waiver increased more than 5%, from 6,752 on September 1, 2009 to 7,101 on December 1, 2009. Enrollment on the Individual Options waiver increased 1% during the same period, from 15,254 to 15,406.	C. Enrollment on the Level One waiver increased from 7,101 to 7,719. Enrollment on the Individual Options waiver increased from 15,406 to 15,610.	C. Enrollment on the Level One waiver increased more than 6%, from 7,719 to 8,253. Enrollment on the Individual Options waiver increased approximately 1%, from 15,610 to 15,770.
D. Update analysis and supporting rate structure and examine direct care rate component.	D. Addressed in <i>Fiscal Plan for Home and Community-Based Waiver Services</i> . Work with stakeholders about approach is ongoing.	D. Work with stakeholders is ongoing.	D. Work with stakeholders is ongoing.
E. Implement new Individual Options waiver services: Adult Family Living, Out-of-Home Respite, Emergency Response Systems, and Remote Monitoring.	E. Department staff continue to work with stakeholders to develop new services under the Individual Options waiver with a target implementation date of July 2010.	E. Draft rules for new waiver services are being developed and will be vetted with stakeholders; the waiver amendment is scheduled to be submitted to ODJFS in April 2010.	E. The Individual Options waiver amendment and draft rules for the new services (Adult Family Living, Emergency Response Systems, Remote Monitoring, and Community Respite) were submitted to ODJFS in early June with anticipated submission to the Centers for Medicare and Medicaid Services (CMS) in August 2010.
F. Implement integrated Cost Projection Tool (CPT) and Daily Rate Application/ Payment Authorization for Waiver Services enhancements.	F. An informational memo regarding CPT was disseminated to county boards and providers in December 2009. Proposed revisions to rules 5123:2-9-06 and 5123:2-13-07 necessary to implement CPT are under development. CPT is slated to "go live" in April 2010.	F. The CPT go-live was delayed due to performance problems. It is now scheduled to be phased-in beginning in July 2010.	F. The Cost Projection Tool performance tuning has been completed. Technical changes were identified and implemented to improve the overall operating speed of the system. A pilot site has been identified to use the new system before full implementation, which is planned for October 2010.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
G. Establish approach and/or system to accommodate an online individual service plan.	G. An approach and tentative timeline to enhance the Individual Data System to include an online individual service plan have been established.	G. The Department intends to kick-off the first phase of the enhanced Individual Data System/online individual service plan project in May 2010. Project teams and a general project plan have been developed.	G. Work with the County Collaborative Project participants and other stakeholders is continuing. The next step is to evaluate the service planning component of Pennsylvania's Home and Community Services Information System.
H. Standardize Prior Authorization review procedures (expedited vs. full) and implement review for services in Ohio Developmental Disabilities Profile (ODDP) funding range 9. Continue to encourage "shared service" opportunities.	H. The <i>Fiscal Plan for Home and Community-Based Waiver Services</i> recommended standardization of the Prior Authorization process and ODDP funding range 9 review.	H. A proposal for the ODDP range 9 review process will be completed in the second quarter of 2010.	H. Development of the proposal for the ODDP range 9 review process is underway.
I. Develop a risk-sharing strategy for individuals whose services annually exceed \$100,000.	I. The <i>Fiscal Plan for Home and Community-Based Waiver Services</i> recommended strategies for reducing costs and sharing risk.		I. The waiver sustainability workgroup discussed development of a risk-sharing strategy for individuals whose services annually exceed \$100,000. At this time, there does not appear to be interest in pursuing this concept.
J. Conduct a review of cost-of-doing-business factors to determine if adjustments are in order.			J. Department staff initiated research on the cost-of-doing-business factors.
K. Streamline provider certification processes and forms and implement requirements of rule 5123:2-2-01.	K. Provider certification forms were updated and made "fillable" to better serve applicants and support implementation of rule 5123:2-2-01 on October 1, 2009. Modifications to the provider certification database required by July 2010 are underway.	K. Work on the new provider portal began and considerable progress has been made. The system is projected to be available in December 2010.	K. Work continues on the provider portal. Online submission of applications for provider certification is projected to be functional in September 2010.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
L. Continue to pursue development of a waiver to support children with intensive behavioral needs.	L. Work with stakeholders to establish terms of new waiver is ongoing with anticipated submission of waiver to ODJFS in March 2010.	L. In conjunction with the work of the fiscal sustainability workgroup, the concept for the New Futures waiver is being rolled into the new Flexible Supports waiver. Considerable work was completed in the first quarter of 2010. Much work remains, however, to achieve the target for submission to ODJFS in the third quarter of 2010.	L. Work on the Flexible Supports waiver design and application continues, with submission to ODJFS planned for September 2010. Initial conversations with CMS indicate support for the general concepts.

Priority 5: Rebalance resources and foster community involvement in Ohio's developmental centers.

- Reduce developmental center resident census.
- Expand access to developmental center technical assistance and expertise.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
A. Work with developmental center and community partners to reduce census by at least 194 people in fiscal years 2010 and 2011.	A. The developmental center census was reduced by 51 during the first six months of fiscal year 2010.	A. The developmental center census was reduced by 19 during this quarter, for a total of 68 since July 1, 2009.	A. The developmental center census was reduced by 20 during this quarter, for a total of 88 since July 1, 2009.
B. Work with county boards to maximize ways to receive federal match for individuals who do not easily qualify for Intermediate Care Facility for the Mentally Retarded (ICFMR) services.	B. Developmental center staff members are working closely with county board representatives to ensure steps are taken for all individuals in this category to qualify, as appropriate.	B. Developmental center staff continue to work closely with county board representatives. The Department is revising the system for "private pay" individuals. Procedures, forms, and contracts are being revised for an anticipated effective date of June 1, 2010.	B. County board representatives are reviewing new procedures, forms, and contracts for "private pay" individuals for an anticipated implementation date of July 1, 2010.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
C. Continue to work with community partners to determine existing service gaps that developmental centers may be able to fill.	C. Developmental centers continue to serve as regional resource centers for county boards within their respective catchment areas.	C. Developmental centers continue to serve as regional resource centers. A regional resource tracking form was developed and specific data collection began January 1, 2010. The centers provided resources in the following areas: short-term stabilization admissions, case consultation, staff training, comprehensive evaluations, psychiatric and psychological consultations, and risk assessments. Plans are underway to determine the best way to collect data from county boards on their regional resource needs.	C. Complete. Developmental centers continue to serve as regional resource centers. For the period of January 1 through May 31, 2010, developmental centers participated in 236 regional resource activities. County board regional resource needs are known; the Department will continue to provide needed services, as requested.
D. Assess need for more crisis stabilization units within developmental centers.	D. Northwest Ohio Developmental Center and Southwest Ohio Developmental Center continued to meet this need. In September 2009, Warrensville Developmental Center initiated a specialized forensic/behavioral unit for the developmentally disabled.	D. Complete. All centers have the ability to provide crisis stabilization services; some have dedicated buildings while others use more integrated models.	D. Complete.

Priority 6: Create a positive culture around delivery of services.

- Embed Positive Culture Initiative (PCI) throughout service delivery system.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
A. Complete development of Department's PCI webpage/ incorporate social media approach.	A. A PCI internet task force was formed to gather and review website content and design ideas. Communications staff members participated in workshops exploring use of social media by state agencies.	A. A website focusing on mental illness/developmental disabilities will feature information about PCI and link to PCI updates and resources. The site is scheduled for launch in May 2010. Department staff are reviewing guidelines recently issued to state agencies regarding use of social media.	A. The mental illness/developmental disabilities website (www.midd.ohio.gov) is live. Next steps revolve around connecting PCI-related materials in other parts of the website so that users can easily and intuitively find information and resources. The Department is developing a policy on the use of social media.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
B. Develop a family-friendly PCI handbook.	B. Work underway in action step A. will inform course for action step B.	B. Resources to be used as a basis for PCI materials and conversations have been gathered and will begin to take shape during May 2010.	<p>B. The Department is planning to procure and disseminate family-friendly primers on <i>Gentle Teaching</i>.</p> <p>The Department is providing support to the Ohio Association of County Boards Serving People with Developmental Disabilities to present information about PCI to individuals and families at venues throughout the state.</p>
C. Share information and materials that promote PCI with legislators.	C. Work underway in action step A. will inform course for action step C.	C. Resources to be used as a basis for PCI materials and conversations have been gathered and will begin to take shape during May 2010.	C. Development of an information packet is underway.
D. Identify ways to engage individuals and families in PCI conversation.	D. Work underway in action step A. will inform course for action step D.	D. Resources to be used as a basis for PCI materials and conversations have been gathered and will begin to take shape during May 2010.	<p>D. The Department is planning a one-day PCI expo, scheduled for August 2010, which is being widely supported and promoted by county boards of developmental disabilities, providers, advocacy groups, and professional organizations.</p> <p>To date, over 6,000 people, including individuals and families who receive services, have participated in training about PCI.</p>
E. Lead statewide efforts to implement Executive Order banning prone restraint.	E. The Department is providing staff support to the Ohio Policy Committee on Restraint and Seclusion.	E. The Department continues to provide support to the Ohio Policy Committee on Restraint and Seclusion. The Committee is in the final stages of vetting a policy detailing the areas of training and tracking. Although the policy is quite general, covering 14 state agencies, it will create a common ground for further discussion.	E. The Ohio Policy Committee on Restraint and Seclusion submitted the draft policy to the Governor's Office for review, with implementation anticipated by December 2010.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
F. Create a positive culture throughout the Department.	F. Small group discussions of PCI are being scheduled with Department employees.	F. Meetings to provide a basic introduction of PCI are being conducted with Department employees. Also, some divisions are hosting a presentation and discussion conducted by members of the Conveners Group (representatives of the developmental disabilities services system who are establishing local networks of resources for communities to support individuals with significant challenges).	F. All Department employees have had an opportunity to learn about PCI. Additional information, support, and training are available and have been widely promoted. Some staff have formed workgroups with the goal of aligning their work with the spirit of PCI.

Priority 7: Implement the County Collaborative Project.

- FY10: A county collaborative network will be established, assessment of resources completed, and a business plan implemented.
- FY11: A second county collaborative network will be established and assessment of resources completed.
- FY11: Funds will be distributed to one county collaborative network.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
A. Develop methods to promote collaboration and share best practices. B. Finalize County Collaborative Project work plan. C. Develop five-year business plan.	A., B., & C. The Department provided funding to support the County Collaborative Project outcomes: <ul style="list-style-type: none"> ▪ Development of a five-year comprehensive business plan. ▪ Engagement of individuals, families, and communities in system stewardship. ▪ Unified practices for effective and efficient service and support administration. ▪ Continuous comprehensive quality management. ▪ Online individual service plan pilot participation. 	A., B., & C. The County Collaborative Project contracted with two external consultants to support their work: <ul style="list-style-type: none"> ▪ The Technical Assistance Collaborative, Inc. (TAC) will assist in developing the five-year plan, increasing collaborative endeavors, building engagement, and improving quality. ▪ Mary Lou Bourne will assist in partnering with the Department in development of the online individual service plan. 	A., B., & C. The County Collaborative Project started work with external contractors in accordance with the work plan. TAC is examining ways to engage individuals, families, and communities in system stewardship. Mary Lou Bourne and three representatives of the County Collaborative Project are actively engaged with the Department's project team for development of the online individual service plan.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>D. Respond to counties seeking to increase their collaborative endeavors.</p> <p>E. Share information and materials that promote the County Collaborative Project with legislators.</p> <p>F. Identify necessary legislative changes, including funding, for budget corrections bill.</p>	<p>D. An additional region has expressed interest in participating as the second county collaborative project.</p>	<p>D. Other collaborative ventures are starting up, including collaboration between county boards of developmental disabilities and providers and a group of county boards examining shared service delivery models (specifically the PLAY Project, a community-based training and early intervention program for young children with autism).</p>	<p>D. The collaborative venture by county boards implementing the PLAY Project is underway. Eleven children are actively participating or in the process of being enrolled.</p> <p>The Department is providing support to three county boards working together to explore sharing administrative functions.</p> <p>E. Department staff discussed the County Collaborative Project with legislators whose districts include participating counties. Development of a standard information packet is underway.</p>

Priority 8: Improve the processes and outcomes of the Service and Support Administration (SSA) function.

- Develop standards of practice for assessments, service planning, and the SSA role.
- Develop online training module for Service and Support Administrators.
- FY10: Two county boards within county collaborative will test online process for assessment and service planning.
- FY11: All county boards within county collaborative will implement online process for assessment and service planning.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>A. Identify processes currently used by county boards.</p>	<p>A. The 18 county boards in the County Collaborative Project are inventorying existing intake, screening, and service planning processes with the goals of developing a single process for intake, screening, and eligibility determination and integrating assessment, service planning, fiscal planning, monitoring, and quality assurance into a single web-based system that results in online availability of individuals' service plans.</p>	<p>A. The County Collaborative Project will provide several members to the Department's core implementation team for the online individual service plan project.</p>	<p>A. Three representatives from the County Collaborative Project are actively engaged with the online individual service plan project team.</p>

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>B. Engage individuals, families, SSAs, provider organizations, and county boards to learn how to improve practices.</p> <p>C. With system partner organizations, develop curriculum and related training modules and a variety of training methods that correlate to quality of SSA services.</p> <p>D. Identify media tools (e.g., video, video conferencing, and social media) to support process and outcome improvement.</p> <p>E. Engage individuals and families to participate in testing of online process for assessment and service planning.</p> <p>F. Identify necessary changes to statutes and rules.</p>	<p>B., C., D., & E.</p> <p>The Department is providing funding to Ohio Superintendents of County Boards of Developmental Disabilities, Ohio Provider Resource Association, and Advocacy and Protective Services, Inc. who are collaborating to examine best practices and training for SSA and program management functions and staff. Through establishment of local advisory councils, individuals and families will be available to provide input and work with the County Collaborative Project. The statewide Family Advisory Council is promoting a survey around current SSA practices.</p> <p>F. Changes to statutes and rules will be identified after completion of actions steps A. through E.</p>	<p>B., C., D., & E.</p> <p>The agreement for funding the project to examine best practices and training for SSA and program management functions and staff is very close to completion. It allows for flexibility and a strong partnership with the Department to support and learn from this endeavor.</p> <p>In conjunction with development of local advisory councils, Department personnel have been engaged in presenting training across the state targeted at increasing awareness of families' needs and family involvement in the planning process and SSA functions.</p> <p>Department staff have been presenting information and resources to SSAs throughout the state to help them work more effectively with families and advocates. These presentations have provided a forum for SSAs to discuss challenges and share best practices.</p>	<p>B., C., D., & E.</p> <p>The agreement among Ohio Superintendents of County Boards of Developmental Disabilities, the Ohio Provider Resource Association, and Advocacy and Protective Services, Inc. is being finalized with work to begin immediately.</p> <p>The Department's family advocate has provided training to SSAs representing approximately 50 counties.</p>

Priority 9: Reduce the lifelong impacts of disability by responding to families' needs sooner rather than relying on waiting lists.

- FY10: Two county boards within county collaborative will test process for annually contacting each individual on waiting list.
- FY11: All county boards within county collaborative will annually contact each individual on waiting list.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>A. Through County Collaborative Project, explore intake and screening processes and timelines to provide help to address an individual's needs as he/she is deemed eligible.</p> <p>B. Develop resources to assist with process.</p> <p>C. Partner with other agencies to share resources.</p>	<p>A. County boards in the County Collaborative Project are inventorying existing intake, screening, and service planning processes with goals of developing a single process for intake, screening, and eligibility determination and integrating assessment, service planning, fiscal planning, monitoring, and quality assurance into a single web-based system that results in online availability of individuals' service plans. This sets the stage for ability to respond more flexibly to families' needs.</p>	<p>A., B., & C.</p> <p>The County Collaborative Project has contracted with two external consultants to support their work:</p> <ul style="list-style-type: none"> ▪ The Technical Assistance Collaborative, Inc. will assist in developing the five-year plan, increasing collaborative endeavors, building engagement, and improving quality. ▪ Mary Lou Bourne will assist in partnering with the Department in development of the online individual service plan. A work plan starting to define work in this area (development of a single process for intake, screening, and eligibility determination and integrating assessment, service planning, fiscal planning, monitoring, and quality assurance into a single web-based system that results in online availability of individuals' service plans) is anticipated to begin in May 2010. 	<p>A., B., & C.</p> <p>The County Collaborative Project started work with their external contractors. TAC started work to engage individuals, families, and communities in system stewardship. Mary Lou Bourne and three representatives of the County Collaborative Project are actively engaged with the Department's project team for development of the online individual service plan.</p> <p>Two counties in the County Collaborative Project are in the process of developing and implementing a questionnaire for eligible individuals with the goal of expediting provision of supports. The questionnaire includes a basic survey of preferences in order to assist the service and support administrator in moving ahead to arrange services. The two counties plan to expand the questionnaire to obtain a deeper understanding of what an individual waiting for a waiver expects to gain through enrollment. With this knowledge, the counties will be in a better position to provide needed services sooner and improve their ability to plan for future needs.</p>

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
<p>D. Enhance methods for responding to families' needs sooner so individuals avoid more costly interventions later in life.</p> <p>E. Establish a process for annual contact with individuals and families on waiting list to identify current needs that could be met.</p> <p>F. Encourage evolution from facility-based to family home-centered early intervention, school-age, and transition-to-work practices.</p>	<p>D. & E. The county boards in the County Collaborative Project are inventorying existing processes and practices and will be testing new strategies for waiting list management with goals of enhancing methods for responding to families' needs sooner and establishing a process for annual contact with individuals and families on waiting lists.</p>	<p>D. Department personnel have been engaged in presenting training across the state targeted at increasing awareness of families' needs and family involvement in the planning process and service and support administration functions.</p> <p>F. The Department is closely involved with other state agencies and external stakeholders regarding the provision of early intervention services. Shared efforts have yielded a recommendation that supports migration from center-based services to services provided in natural settings, geared toward improving families' ability to support their children with, or at risk for, a developmental disability. A group of county boards is examining shared service delivery models (specifically the PLAY Project, a community-based training and early intervention program for young children with autism).</p>	<p>D. & E. Work on the Flexible Supports waiver design and application continues, with submission to ODJFS planned for September 2010. The waiver will provide services to children with intensive behavioral needs.</p> <p>Two counties in the County Collaborative Project are in the process of developing and implementing a questionnaire for eligible individuals with the goal of expediting provision of supports. The questionnaire includes a basic survey of preferences in order to assist the service and support administrator in moving ahead to arrange services. The two counties plan to expand the questionnaire to obtain a deeper understanding of what an individual waiting for a waiver expects to gain through enrollment. With this knowledge, the counties will be in a better position to provide needed services sooner and improve their ability to plan for future needs.</p> <p>F. Through an interagency agreement, the Ohio Department of Health will provide the Department with \$600,000 in Part C stimulus funding to build a training infrastructure, based on input from county boards of developmental disabilities, for trans-disciplinary team-based and evidence-based interventions in natural settings.</p>

Priority 10: Energize local participation of individuals and families in system stewardship.

- FY10: Family Chat and portals to materials that inform and support individuals and families will be operational.
- FY11: At least five local advisory councils comprised of individuals and families who receive services will be established and nurtured.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
A. Aggressively promote the Family Chat discussion listserv (a tool for families to connect with and support one another); explore social media tools.	A. The Family Chat listserv has been promoted to service and support administration directors and at regional meetings with families. Membership grew by 10%.	A. The Family Chat listserv was re-launched and is featured prominently on the homepage of the Department's website. Department staff continued to promote Family Chat to families and service and support administrators around the state. Family Chat membership continues to grow.	A. Based on feedback from Family Chat members, department staff are exploring ways to enhance listserv functioning.
B. Support local advisory councils of individuals and families.	B. Membership in the Family Advisory Council listserv more than doubled in 2009. The listserv provides a vehicle to reach family members who have provided assistance in arranging meetings to talk about local advisory councils. Family members and/or county boards are collaboratively hosting these meetings. A strategy for moving forward in the development of local advisory councils was presented at the Ohio Association of County Boards Serving People with Developmental Disabilities Conference in December 2009.	B. The Department's family advocate continues to meet with individuals and families regarding establishment of local advisory councils. Local councils are being established in several counties. The Department's family advocate is providing support to self-advocates who are interested in developing a statewide advocacy council. The group developed and disseminated a survey to identify and engage self-advocates across the state.	B. The Department's family advocate has met with individuals and families representing approximately 50 counties. Several local advisory councils, some representing multiple counties and some based in a single county, are being established.
C. Work with individuals, families, and system partners to increase participation and advocacy.	C. In November 2009, Carolyn Knight, Executive Director of the Ohio Developmental Disabilities Council (ODDC), convened the Energizing Coalition, a group of representative of advocacy organizations. This group recommended that the Department continue work to foster development of local and regional forums for individual and family involvement. ODDC will continue to play a coordinating role working with stakeholders and the Department.	C. The Department developed a website focusing on serving individuals with dual mental illness/developmental disability diagnosis. The site is scheduled for launch in May 2010. The Interagency Work Group on Autism is developing a new website that will feature information about autism spectrum disorders, emerging state initiatives, public resources to assist individuals with autism spectrum disorders, autism-related legislation, national news highlights, and opportunities for autism-related training and professional development.	C. The website focusing on serving individuals with a dual mental illness/developmental disabilities diagnosis (www.midd.ohio.gov) was launched in May. The Interagency Work Group on Autism is completing work on its new website with launch planned for July 2010. The Energizing Coalition coordinated by ODDC continues to promote information sharing, resource development, and public policy efforts.

Action Steps	Progress as of December 31, 2009	Progress as of March 31, 2010	Progress as of June 30, 2010
D. Create a virtual learning community for local advisory councils to share best practices.	D. Work underway in action step B. will inform course for action step D.	D. Based on input from individuals and families, the Department is developing an information hub at its website to support formation of local advisory councils.	D. Work continues on the information hub to support local advisory councils. Department staff are designing a "how-to" guide for building local advisory/advocacy organizations. This guide and success stories from established local advisory councils will be featured at the new hub, which is scheduled for launch in August 2010.