

Eight Benchmarks Addressing Infrastructure (AI)

1. Nursing Services are available in all waivers.

- i. Nursing services will be funded by the state. Addition of nursing services will not impact ODDP range or caps on services. Delegation continues to be used. Smooth intersection between personal care and nursing.

AI Benchmark 1 Initiatives

1. Waiver amendment adds nursing services to IO waiver

- a. Effective July 1, 2016
- b. DODD will pay the non-federal share of this service and it will not impact ODDP ranges
- c. An assessment tool was developed with stakeholder input to reflect the continuum of resources available to address the health-related needs of a person accessing services
 - i. This continuum includes personnel with appropriate certification, delegated nursing, state plan services, and waiver nursing
 - 1. Possibly all from the same provider
- d. Agencies that have traditionally provided waiver services to people with DD will also be able to provide IO nursing. This will allow a smooth intersection between personal care and nursing services.
- e. Regional, in-person training will be available for county board staff in April and May
 - i. All sessions are train-the-trainer



2. All Direct Support Professionals (DSPs) have the opportunity to engage in training and development to improve competencies and support career development.

i. DSP's and people served participate in design of curriculum.

AI Benchmark 2 Initiatives

1. Working to offer free, statewide training for Direct Support Providers

a. In-person training currently available

i. 8 hours of initial training, pursuant to OAC 5123:2-2-01

i. To date, OADSP has offered 6 in-person trainings with a total of 79 people attending

ii. 4 hours annual training, pursuant to OAC 5123:2-2-01

i. To date, OADSP has offered 4 in-person trainings with a total of 62 people attending

b. Series of trainings whose topics are developed based on the input and priorities of individuals, families and providers,

i. 5 additional hours of training available per year



2. Online modules for all 8 hours of initial provider training are currently in development

- a. Scheduled for completion September, 2016
- b. Course content will include
 - Roles that make up a Team
 - The Individual Service Plan
 - Person-centered planning
 - Community integration
 - Self-determination
 - Self-advocacy
 - Rights of Individuals
 - Balancing Important To and Important For
- b. Including feedback from providers and people served in curriculum



3. All DSPs earn a livable wage (200% of the poverty level) for all services provided to people with disabilities.

- ii. Will require rate increase for waiver services. Wages should be equitable across service types (waiver/ICF).
Will require increase to funding ranges and caps. Assurance that rate increase goes to DSP.

AI Benchmark 3 Initiatives

1. A 6% wage increase became effective January 1, 2016 for providers of homemaker/personal care, AFL and AFC. Some providers will apply the 6% increase to both IFC and waiver direct care staff.
 - a. All providers will be required to complete the staff stability survey to verify the rate increase was used for DSP wages across the system.
2. Overtime pay for independent providers was made available at the same time.
3. A 2% increase is scheduled to take effect for Direct Support Personnel Payments to ICFs on July 1, 2016.



4. No one is living in Developmental Centers; community supports are adequate and funded.

AI Benchmark 4 Initiatives

1. Youngstown and Montgomery Developmental centers (DCs) are closing and people are being afforded the opportunity to move to other facilities or to enroll in waivers.

- a. As people transition to Home and Community-Based Waiver services, state and federal dollars that support them will follow them to their future homes.
- b. Follow-along services are provided by DC staff at regular intervals for everyone leaving the DC.
 - i. The goal of follow-along is to minimize the number of people who return to institutions by quickly identifying potential areas of risk and linking individuals with appropriate resources.

	Montgomery	Youngstown DC
Population when closure announced 2.20.15	91	85
Current population	54	42
Total decrease	37 / 59%	43 / 49%
Decrease due to		
Death	2	1
Moved to another DC	7	5
Enrolled in waiver	13	9
Moved to an ICF	15	28
Total	37	43



Admissions to Developmental Center between July 1, 2014 to date	
County Board Funded	214
CCJ	19
Civil	15
Comp Restoration	17
Comp Evaluation	4
Total	269

Overall Developmental Center Census Data						
	State Funded Beds	Court Ordered Civil	Court Ordered CCJ	Court Ordered Comp	County Board Funded	Current Census
Census March, 21, 2016	584	21	46	5	114	770
Census July 1, 2014						942

- c. Each person who leaves a DC and moves to a small ICF or into the community receives follow-along services, face-to-face and over the phone, to monitor their health and safety.
- d. July 1, 2014 to date 1,691 unique follow along visits or calls were made to people who moved out of the DC.
- e. People leaving ICFs will receive similar follow along care, checking in with DODD staff 30, 60, 180 and 365 days after they exit,



5. The total number of ICF beds is reduced by 50 percent, to 2800 beds.

- i. Waivers are adequately funded.
- ii. Providers and County Board staff are offered training that builds capacity to serve these individuals.
- iii. Adequate affordable and accessible housing is available to support these people to live in community settings.

6. 1500 people will leave ICF facilities of 16 beds or larger and move to community homes. The average setting size of these community homes is four beds or fewer.

- i. People with disabilities and their families have opportunities to engage in education that leads to improved capacity to offer informed consent.



AI Benchmark 5 and 6 Data and Initiatives

1. Approximately 1,200 fully state-funded waivers are made available for individuals who wish to enroll in waivers in lieu of receiving services in an ICF and for those who wish to leave ICFs. In addition, DODD continues ongoing state-funded waivers for individuals leaving developmental centers and enrolling in waivers through voluntary conversion of ICF beds.
 - a. the overall increase in state funding for the non-federal share of HCBS:
FY15 - \$196,582,699
FY16 - \$236,405,932
FY17 - \$296,621,014
2. The recent budget included funding for DODD to pay the non-federal share of the behavior add-on and nursing services.
 1. Nursing to be added to IO July 1, 2016
 2. To date, DODD has received 28 requests to fund behavior add-ons
 - i. 22 were approved, 2 are under review, and 4 requests were withdrawn



3. To date over 3,500 people across Ohio, including county boards, provider agencies, mental health agencies, schools and others, have been trained in *Trauma-Informed Approaches: Key Assumptions and Principles and Trauma Informed Care*. These in-person trainings are continually enhanced through local, collaborative efforts.
 - a. 445 people have completed Building Understanding, Resiliency and Hope statewide
 - i. These trainings provide an overview of trauma informed care and developing a whole person approach to working with people with co-occurring mental illness and developmental disabilities
 - b. 81 people from 19 counties completed Theory to Practice training
 - i. Designed to help professional staff and clinicians reach higher levels of competency in supporting people with trauma histories
 - ii. Trainings have included attendees from county boards, provider agencies, mental health agencies, schools and others
 - iii. 6 Theory to Practice training sessions occurred in 2015 and 6 more are currently scheduled for 2016
 - c. Additional Trauma Training and Educational Efforts
 - i. Training provided to across the state through the MIDD CCOE that includes Trauma Informed Practices
 - a. Attendees included various county board staff, direct service providers, and psychiatric resident physicians
 - b. Training has been provided to 1,579 people for a total of 3,121 educational hours
 - c. Training content includes topics such as:
 1. Trauma Informed Care and Psychotherapy/Pharmacology
 2. Trauma Informed Care: Making Sure Each Individual Feels Safe and In Control
 3. Trauma Informed Treatment for IDD
 4. Trauma in Special Populations
 5. Intellectual Disability Psychiatry for Second & Third Year Psychiatry Residents at Wright State
 - d. Trauma Informed Care and Telepsychiatry
 - i. In 2015, DODD required all staff working on Ohio's Telepsychiatry Project to be trained in Trauma Informed Care
 - a. In addition, all children & adults who are referred for Telepsychiatry services are screened for Trauma histories
 - b. The project currently serves 473 adults and 145 children across 54 counties



- e. Staff from all 10 DCs have been trained in Trauma Informed Care (TIC) by Raul Almazar from SAMHSA's National Center for Trauma Informed Care.
- f. In 2016, Raul Almazar from SAMHSA's National Center for Trauma Informed Care, trained over 200 central office staff from DODD, MHAS, & AG's office
- g. In 2014, DODD & OMHAS partnered to host the first Trauma Informed Care Summit.
 - i. 76 people from the DD field attended with representation from 16 county boards and 10 provider agencies
 - ii. As a result of the TIC Summit, 6 Regional TIC Collaboratives were formed spanning all regions of Ohio
 - iii. In 2015, the Trauma Informed Care Summit hosted 35 people from the DD field, including representation from 11 county boards

1. Trauma Informed Care Sustainability Efforts

- a. In 2015, 4 regional train-the-trainer events were held to support the collaborative efforts of DODD and OMHAS toward statewide stability for the Trauma-Informed Care Initiative
 - i. 24 attendees represented 17 counties
- b. Building Community Capacity Through Trauma Informed Care Grant
 - i. Aimed at expanding opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for HCBS agencies to become competent in trauma informed practices
 - ii. DODD selected 5 proposals from HCBS residential provider agencies who have adopted and implemented a trauma-informed approach, committed to serving people with complex support needs



5. DODD Grants, including Project: Transformation 1 and 2, ICF Grants, and Integrated Community Support Start-Up Pilots
 - a. DODD currently supports 23 pilot projects with both County Boards and provider agencies
 - i. Grantees receive training and technical assistance to transform services from facility-based to community-based
 - ii. Selected provider agencies participate in organizational assessment, strategic planning, leadership engagement, and training in employer engagement, staff engagement, community engagement, and stakeholder engagement
 - iii. 10 of the 23 pilot projects are targeted to support transformation of the organizational structures and service delivery models from facility-based to community-based service delivery models with a focus on community-based employment and adult day services for individuals with complex needs
 - iv. Outcomes include the expectation that a targeted number of adults with intellectual disabilities and developmental disabilities with complex needs obtain individual community employment and receive wrap around, integrated community day services
 - v. All pilot projects have to provide a detailed strategic plan that details how the following will be achieved
 1. A decrease in the use of facility-based services
 2. An increase in integrated community-based employment and day services
 3. A focus on the achievement of individual integrated services for individuals with complex needs
 4. An increase in the utilization of braided funding supports
 5. An increased use of career discovery processes
 6. An increase in staff competencies and skills related to integrated employment and community services
 - vi. All pilot projects agreed to develop a road map which will be shared statewide, outlining the approaches for strategic planning, strategies used to engage stakeholders, communication plans, strategies utilized for community development and support, staff training plans, fiscal analysis of costs associated with changing business models, and addressing level of care and disability in the community
 - vii. All pilot teams identified the number of individuals who will achieve integrated and community-based services



ICF Grant			
Agency	People Served	FY '16 Funding	FY '17 Funding
CRSI	40	\$120,046	\$234,719
Goodwill Columbus	In development	In development	In development
Horizons	In development	In development	In development
Society for Handicapped Citizens of Medina County	11	\$50,830	\$60,300
Sunshine	20	\$67,080	\$106,926
Total	71	\$237, 956	\$401,945

ICS Start Up Grant			
Integrated Community Supports Pilot	People Served	FY '16 Funding	FY '17 Funding
Abilities In Action	75	52,174	78,098
Ability Works	300	105,418	181,396
Easter Seals Tri-State	300	142,551	129,792
Franklin County Board of DD(ADD)	91	58,818	133,818
Starfire Council of Greater Cincinnati	15	28,355	25,780
Total	781	\$387,316	\$548,884



6. Training and technical assistance to providers and other agencies to help more people transition to integrated employment and day services

- a. DODD contracted with The Ohio State University to target training and technical assistance to providers and other agencies to help more people transition to integrated employment and day services through Web-based and in-person training and technical assistance
- b. Training included guidance on how career discovery, assistive technology, and rehabilitation technology can be an important tools to help individuals with complex needs access employment
 1. 11 contracted webinars with The Ohio State University on assistive and rehabilitation technology.
 - Approximately 1,000 people trained.
 - All webinars and the supporting training materials are available on the Employment First website http://www.ohioemploymentfirst.org/view.php?nav_id=110
 2. 6 in-person training regarding Career Discovery and authentic work experiences.
 - 350 people trained
 - Provider tools and resources related to this training can be found at http://www.ohioemploymentfirst.org/view.php?nav_id=111
 - iii. An additional 549 people received webinar-based training on community-based services and how to support someone in a meaningful day.
 - iv. The Employment First team has provided the following training and technical assistance from FY16.

	FY 16 Q1	FY 16 Q2	Total
Number of trainings	50	26	76
Average per week	3	2	N/A
Training hours	175	58	233
People in attendance	1,687	1,430	3,117



7. Pre-admission counseling – Process through which large ICFs must refer individuals to the county board prior to admitting them to the facility. The purpose is to ensure individuals are aware of community-based options and are making an informed choice to move to the ICF.
 - a. To date, 74 individuals participated in pre-admission counseling, 9 individuals chose to enroll in waivers.
 - b. Approximately 400 state-funded waivers were made available for individuals who prefer to receive HCBS in lieu of moving to an ICF.
8. Options Counseling – Process through which individuals residing in ICFs who are also on the waiver waiting list can receive information about community-based options and enroll in a state-funded waiver.
 - a. Since January 2016, 39 people participated in options counseling with CareStar.
 - i. 36 additional individuals had the opportunity to participate in options counseling and declined to do so
 - b. Approximately 800 state-funded waivers were made available for individuals who wish to leave the ICF.
 - c. Individuals residing in ICFs who are aware of their options and who wish to leave the facility may contact our ICF division directly to request a waiver and will not be required to participate in counseling.
 - d. State-funded waivers have been allocated to 155 people who expressed a desire to leave the ICF.
9. Funding was made available for DODD to purchase ICF beds from providers and to remove them from the system.
 - a. DODD has received notice of interest from providers who are interested in selling ICF beds.
10. Lower flat rate established for people with lowest needs newly admitted to large ICFs.
11. Additional work toward this benchmark continues through multiple efforts, including efforts outlined in Benchmark 2 regarding increasing access to quality, affordable, and accessible housing units.



42 CARESTAR COUNSELING SESSIONS

16 CHOSE WAIVER

12. People have opportunities to engage in education that leads to improved opportunities for informed consent

- a. All ICFs use materials developed by DODD to explain community options to all individuals residing in ICFs at least annually.
- b. All new ICFs will be 6 beds or less. DODD may approve up to 8 beds if the provider submits financial justification for why a small facility is not viable.



7. The Waiting List is addressed by offering 500 new Level One, 600 new SELF and 100 new IO waivers each year

- i. Continue current rate of new waiver development for people not on the waiting list.
- ii. Offer education about the Self Empowered Life Funding (SELF) waiver to families, people with disabilities, providers and County Board staff.

1,000 state-funded SELF Waivers made available through this budget. 128 have already been allocated. 44 individuals are enrolled.

864 IO Waivers with state funding were made available. 157 have been allocated. 69 people are enrolled.

Approximately 1,200 state-funded IO Waivers were made available for people choosing waivers instead of ICFs.

Recently conducted regional training sessions for county boards.

361 attendees of the Brown Bag Webinar on SELF Waiver, August 27, 2015.



8. A comprehensive DD waiver is available

Through this biennium, the number of waivers are being reduced from 4 to 3 through the TDD phase out.

During the next biennium, we may have the opportunity to further reduce the number from 3 - 2 by adding self-directed services to both the IO and Level One Waivers and potentially consolidating Level One and SELF.

