



# **BUILDING THE COMMUNITY 2020**

## **COMMUNITY INTEGRATION STRATEGIC PLAN**

**June 2020**



The Iowa Department of Human Services (DHS) is re-evaluating existing strategies and identifying new ones to enhance our commitment to ensuring individuals with intellectual and developmental disabilities have access to the least restrictive setting to support high quality of life. The Department will work in partnership with the Iowa Medicaid Managed Care Organizations (MCOs), residents, guardians, community providers and other stakeholders.

The goal of this effort is to take a thoughtful approach to the community integration process, to include all key stakeholders—including families and guardians—in the discussion to ensure we are able to assure meaningful options and choice to individuals and their families.

Iowa has a thoughtful Olmstead Plan that identifies outcome goals and objectives to serving individuals with disabilities in the community. This work plan is intended to augment the Olmstead Plan, focusing specifically on persons with intellectual and developmental disabilities who are currently served by a State Resource Center (SRC) or who could seek admission to a State Resource Center.

## **VISION FOR THE RESOURCE CENTERS**

Iowa has two SRCs in Glenwood and Woodward that provide a full range of active treatment and habilitation services to individuals with severe intellectual and developmental disabilities. Many of these individuals also have co-occurring behavioral health and/or medical needs. DHS envisions the resource centers preparing and supporting individuals to live safe, successful lives in the home and community of their choice.

## **BACKGROUND**

The resource centers have a long history within the Iowa service system. Glenwood Resource Center (GRC) began as the Iowa Civil War Orphan's Home in 1866. In March of 1876, Glenwood became the Iowa Institution for Feeble-Minded Children. In 1941, Glenwood became one of two State Hospital Schools. The title of these facilities changed to resource centers in July of 2000.

This history is pertinent to a discussion of who the resource centers now serve. There are individuals who were admitted more recently and those who have lived at the resource centers for decades, including some for most of their lives. Serving individuals who have lived their entire lives at a resource center, and want to continue to do so, is an important function of both resource centers.

Over time, the service array for supporting individuals with disabilities in the community has improved and increased, so the need for a large institution to serve individuals with disabilities has decreased. In addition to serving the historic population, the resource centers provide important safety net services for individuals in crisis, for individuals with unique

and/or unusually complex needs, and as a training center for teaching skills to individuals and preparing the next generation of support professionals. However, resource center services should be geared toward stabilization of individuals and safe, and thoughtful community transitions, with a space for continuing to serve individuals who wish to remain at the centers.

To operationalize the vision for the SRCs, DHS has taken and will take the following steps to align admission criteria:

## DEFINE THOSE SERVED/DEVELOP ADMISSION POLICY

- ▶ MCOs will be responsible for all referrals for admission. Any calls for admission are directed to an MCO or Iowa Medicaid Enterprise (IME).
- ▶ DHS will refine its admissions criteria:
  - Embed the requirements of the Conner Consent Decree regarding exhaustion of community alternatives
  - Prioritize readmission for legacy clients
- ▶ DHS will define specialty services available:
  - APPLE program for individuals with problematic sexual behavior
  - Court-involved individuals placed for assessment and restoration to competency to stand trial
  - Dialectical Behavior Therapy (DBT) skills interventions for persons with certain personality disorders or extreme emotional and behavioral dysregulation
  - Individuals with high-risk dysphagia who have a need for high-quality physical and nutritional management
  - Individuals who demonstrate highly aggressive behaviors
  - Individuals with complex medical needs
- ▶ DHS will develop its admissions policy by July 1, 2020\*.
- ▶ DHS will share admissions expectations with the MCOs and IME once the policy is revised.
- ▶ DHS will develop a communications plan to inform stakeholders of the revised admissions policy.

## ASSESSING INDIVIDUALS

To fulfill the vision of serving individuals in the community, DHS must assess those currently residing at the SRCs and develop individualized plans to ensure all persons are educated on their options and are supported by programs that will enhance their ability to live where the individual wants to live.

- ▶ DHS created a spreadsheet identifying all individuals residing at the SRCs and noting key information about their demographics, guardian, MCO, and potential barriers for community integration.
- ▶ DHS and MCOs grouped individuals into waves to focus implementation efforts. Each individual currently has an assigned wave (1-11) based on criteria related to their age, request to transition to the community, guardian reluctance, and health and support needs. These waves are intended to identify those who are currently most appropriate for community transition, while also identifying health and support needs that may require more targeted intervention or skill development.
- ▶ The MCOs are committed to ensuring an appropriate standardized assessment, such as the Supports Intensity Scale (SIS) needs assessment, will be completed for each individual. Preliminary reviews as of early-March 2020 revealed that the high majority of SRC residents (approximately 70% at WRC, 90% at GRC) were in need of an updated SIS. The SRCs and MCOs have committed to complete two assessments per plan per facility each week (8 per week total across SRCs) until assessments are complete. The MCOs have agreed that the SRCs may prioritize residents of one MCO in any given week (e.g., complete three assessments for Amerigroup and 1 for ITC) if doing so is in the best interests of transitioning an individual to the community. For WRC, the assessment process for Amerigroup is expected to be completed by September 30, 2020\*, and the assessment process for Iowa Total Care is expected to be completed by June 30, 2020\*.

For GRC, the assessment process for Amerigroup is expected to be completed by January 31, 2021\*, and the assessment process for Iowa Total Care is expected to be completed by December 31, 2020\*.

- ▶ The MCOs will meet with each individual and guardian to discuss the future vision of where the individual wants to live. These meetings will be on-going.
- ▶ Once assessments and initial meetings are complete, DHS will update its strategic plan to identify goals for when each initial wave will be complete, and what an estimated census of each facility will be at the conclusion of each wave.

## **ASSESSING THE COMMUNITY**

DHS and the MCOs, with assistance from various stakeholders, will assess and identify gaps in community services. Initial discussions identified crisis services, behavioral supports, and psychiatric services as the primary needs.

DHS will identify and assess gaps in community supports in the following ways:

- ▶ Collaborating with the Iowa Association of Community Providers in solution-focused meetings.
- ▶ Collaborating with the DHS Mental Health and Disability Services (MHDS) Regions
- ▶ Holding listening sessions around the state.
- ▶ Engaging the parent groups in each SRC to identify services they would look for in the community.
- ▶ Collaborating with the MCOs to identify needs.
- ▶ Tracking and trending issues that arise during the assessments and transition planning for individuals.

DHS will collate these findings in a published report.

## **ACTIVE TRANSITIONS**

Now that waves have been identified, DHS, the MCOs, and other necessary stakeholders will collaborate and actively plan to transition individuals to the setting of their choice, as feasible. The waves will guide transition efforts in an organized yet holistic manner. This process of identifying needs and supports is a collaborative and fluid process that will require active engagement and strategy development from multiple stakeholders.

### **KEY STRATEGIES WILL INCLUDE**

- ▶ Ensuring that our clinical and case management practices at the SRCs are promoting resident skill development and promoting community transitions to fidelity.
- ▶ Partnering with MCOs and community stakeholders to collect information on strong community providers with a track record of successful transitions.
- ▶ Approaching identified providers to assess what they need to successfully serve an individual.
- ▶ Developing transitional or step-down programs.
- ▶ Developing additional state-staffed waiver homes across the state. Current direct support staff would have hiring preference and would bring needed skills and knowledge.
- ▶ Assessing common needs identified in the waves and collaborating with MCOs and community providers to develop new needed supports.



## **EDUCATING INDIVIDUALS AND GUARDIANS**

Community supports are more robust now than in years' past. It is an unfortunate reality that many individuals experienced disruption in community placements, fracturing confidence that the individual can be safely and effectively supported in the community. Although DHS respects individual and guardian choice, in order to assure that the choice is informed by the current status of community supports, DHS will undertake the following activities:

- ▶ Hosting Money Follows the Person (MFP) transition ambassadors at resource centers.
- ▶ Partnering parents of individuals who have transitioned successfully with parents and guardians of individuals living in the SRCs.
- ▶ Facilitating guardian visits of community providers.
- ▶ Hosting joint outings with individuals who live in the community to build peer relationships.
- ▶ Hosting community overnight outings, so individuals can experience life in the community on a temporary or transitional basis to build trust and confidence.
- ▶ Extending the time that SRCs monitor community transitions to one year. The MCOs will continue to monitor individuals after that period.
- ▶ Reinstating a six-month return agreement to reassure and support successful transitions, particularly for long-term SRC residents.
- ▶ DHS will develop its discharge policy, including the extension of time to monitor community transitions and re-instating the six-month return agreement by July 1, 2020\*.

## **ASSESSING THE STABILITY, SAFETY AND QUALITY OF COMMUNITY SUPPORTS**

There are a number of canary indicators, which can signify where the community supports are insufficient. DHS and the MCOs will track data and collect anecdotal examples of signs that community supports are insufficient. These may include:

- ▶ Long hospitalization stays
- ▶ Courts contacting DHS to search for placement
- ▶ Involuntary discharges through MCOs and DIA
- ▶ Children arriving through the child welfare system
- ▶ Mortalities

DHS monitors and evaluates critical incidents reported in the waiver setting to assure the community is responding appropriately to incidents. DHS will include reporting of the canary indicators in the aggregate barriers report.

DHS will engage a consultant to randomly assess support plans for person-centeredness, assuring that an individual's preferences are embedded in their schedule and activities. Following the consultation, DHS will develop or refine the person-centered assessment as part of the on-going quality assurance initiatives. By September 1, 2020, we will also provide person-centered and positive behavior supports training to approximately 20 providers/case managers through a train-the-trainer model, and train approximately 120 more providers/case managers throughout the state.

## **BUILDING THE COMMUNITY**

Both SRCs offer specialty services to address the specific needs of individuals. To develop robust community supports, equivalent services need to be accessible in the community. DHS will expand the expertise of the SRCs to the community, in the following ways:

- ▶ Expanding supported employment initiatives.
- ▶ Developing additional regular or customized employment opportunities in the general workforce.

- ▶ Developing meaningful day activities for persons for whom supported employment is not suitable.
- ▶ Expanding the iTabs program for providing behavioral consultation.
- ▶ Expanding I-Start crisis prevention and intervention services beyond the CSS Region.
- ▶ Exploring consulting relationships for other clinical specialties within the SRCs.
- ▶ Developing faculty positions at the University of Iowa Health Clinic Center of Excellence.
- ▶ Entering into an MOU with the University of Iowa's Center for Excellence in Developmental Disabilities – Center for Disabilities and Developmental (UCCED) to expand the State's access to content experts and specialized services.
- ▶ Creating a training agreement or rotation at Broadlawns Medical Center to train more specialists.
  - Initial conversations have begun.
- ▶ Continue to partner with the American Federation of State, County and Municipal Employees (AFSCME) to understand the needs of direct support workforce.

## TIMELINE

The Department has developed the following benchmarks. \*Please note that these benchmarks and the specific dates noted above may be impacted by the COVID-19 public health emergency.

- ▶ Six Months
  - Individual assessments remain on track
  - Individual meetings ongoing
  - Waves reconciled
  - First wave in active transition
  - Key providers identified
  - Reluctant guardian materials developed
  - Admissions and discharge policies revised
  - Listening sessions completed
  - IACP meetings held
  - AFSCME listening sessions held
  - Quality assurance work plan complete with measurable objectives and deadlines
- ▶ Twelve Months
  - Actively working on member transitions, new waiver homes established
  - All initial meetings complete
  - Report of community gaps completed and distributed
  - Legal structure in place for faculty positions and expansion of the Center of Excellence role in supporting the community either through legislation or memorandum of understanding
  - Project work plan for enhancing each activity identified in “Building the Community” section complete with measurable objectives and deadlines
  - Legislative initiatives identified and drafted for presentation
- ▶ Two Years
  - Robust community specialty supports available

- New supported employment and day activities available
  - Crisis services well-established
  - Canary indicators declining
  - At two years, all individuals and families have been thoroughly educated as to community options. Legacy clients who make the informed choice to remain at a resource center have been well-identified.
  - Resource centers will reassess infrastructure needs at two years, reporting recommendations to the Governor and Legislature
- ▶ Five Years
- The process of transition and community integration will be infused and engrained into the operation of the SRCs
  - SRCs continue to serve individuals consistent with their vision
  - SRCs serve as a hub to support community integration

## COMMUNITY INTEGRATION COMMUNICATIONS PLAN

DHS will deploy a robust communications plan to educate guardians, providers, legislators and all stakeholders on our community integration efforts. DHS will launch this communications plan in June 2020.

**Initial Press Release:** This will publish on June 5, 2020, and will include links to:

- ▶ Letter of commitment to the Governor and Legislature
- ▶ Community Integration Plan
- ▶ Webpage as a central resource for Community Integration

**Outreach:** Engaging with key stakeholders, including families, elected officials and providers will be critical. This direct engagement will include:

- ▶ Ongoing legislative meetings.
- ▶ Monthly town halls with families and loved ones of SRC residents.
- ▶ Stakeholder and provider meetings.

**Resources:** DHS will develop a variety of resources to educate families and providers on our efforts and the need. This will include:

- ▶ Dedicated Webpage: Will include links to all resources and updates as the plan is implemented
- ▶ Community Resource Guide: To help connect families with services and information.
- ▶ Brochure: Will educate families and stakeholders on community options with information on other resources.
- ▶ Metrics: Dashboard will monitor key metrics that shows success of community transitions

**Campaign to Promote Community:** DHS will utilize its website, social media and e-News to promote community integration and success stories. DHS will collaborate with and highlight community providers.