

Creating a Road Map for The Future:
**A Strategic Plan for Services and Supports for Citizens with
Developmental Disabilities Living in St. Charles County**

Adopted December 19, 2002

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History of the DDRB

The Developmental Disabilities Resource Board (DDRB) was established in 1977 when the taxpayers of St. Charles County voted to tax themselves at the rate of 10¢ per \$100 of assessed property valuation to establish needed services for St. Charles citizens with developmental disabilities. In 1986, the tax rate was increased to 16¢ per \$100 of property evaluation.

The DDRB is governed by a nine-member board appointed by the St. Charles County Executive and contracts with 30 agencies to provide a wide array of programs which enhance the lives of St. Charles County citizens with developmental disabilities.

The 2002 Strategic Planning Process

In August of 2002, a sixteen member Strategic Planning Committee was appointed by the DDRB consisting of representatives from the DDRB, family members of people with developmental disabilities, Department of Mental Health officials and representatives from agencies funded by the DDRB. The Committee was responsible for developing a draft strategic plan to be presented to the DDRB for approval. A list of those who served on the Strategic Planning Committee is shown in Appendix I.

The Strategic Planning Committee met nine times in the fall of 2002. During these meetings, the Committee focused on the following issues:

- Clarify and agree on, purpose and role of Strategic Planning Committee
- Review, and revise if necessary, DDRB vision, mission and values
- Analyze Needs Assessment Study conducted in the Spring of 2002
- Review previous strategic plan developed in 1998
- Identify priority areas for the current strategic plan
- Conduct and analyze information gathered from focus groups
- Develop methods of measuring progress in the strategic plan
- Develop strategies, goals and actions to implement strategic plan

What follows is a summary of the Committee's work in these areas.

Vision, mission, values

The Strategic Planning Committee reviewed and revised the vision, mission and values of the DDRB as follows:

VISION:

People have what they need to live the lives they choose.

MISSION:

Our mission is to ensure that individuals with developmental disabilities have quality opportunities and choices to be fully included in society.

VALUES:

Choice/Self-Determination ♦ People with developmental disabilities and their families must be supported to make informed choices and, if they choose, to direct their own services. This requires education, understanding all options, clear communication and system flexibility.

Creativity ♦ To maximize resources, all stakeholders must find creative and flexible approaches to funding and providing supports.

Diversity ♦ Supports must respect and value an individual's culture, race, ability, age, lifestyle, gender, sexual orientation, religious practice and ethnicity.

Family/Natural Supports ♦ Natural and family supports should be strengthened, not supplanted. A person's needs may be met through creative use of existing natural and community supports.

Inclusion/Accessibility ♦ People with developmental disabilities have the right to live and work with as few restrictions as possible. The goal is to include people in the community by providing education and support.

Health and Safety ♦ People must live and work in environments that meet generally accepted standards of health and safety and that support optimal health.

Individual Rights ♦ All people must be treated with respect and dignity and their rights ensured. Individuals must be supported to understand their rights, to have choices about the exercise of their rights and to self-advocate.

Partnership ♦ Partnership among individuals with developmental disabilities and all entities funding and providing supports, is essential to facilitate results for people with developmental disabilities. These entities include, but are not limited to: the DDRB, state agencies (DMH, DVR, DFS, etc.), provider agencies, communities and families.

Planning ♦ Community and agency strategic planning should involve all relevant stakeholders. Service design should encourage full participation and independence for the people who utilize supports. This comprehensive planning process represents a holistic approach to supports and must include input from people with developmental disabilities, their families and other significant people.

Quality/Effectiveness ♦ People with developmental disabilities are entitled to the highest quality supports as measured by evidence of an agency's: accreditation, on-going assessment of stated outcomes and targets, program evaluation, consumer satisfaction, competitive cost/benefit analysis and other appropriate methods of measurement. All providers are accountable for the quality of supports and the competence of the individual providing supports.

Responsibility ♦ People with developmental disabilities, their families and all stakeholders are responsible to advocate for solutions which meet their needs. The system must support this responsibility.

Community Input: Analysis of Needs Assessment Study

In the spring of 2002, the DDRB contracted with the Institute of Applied Research to conduct a comprehensive needs assessment in St. Charles County. This study provided the DDRB with detailed input from people with developmental disabilities and their families regarding the service needs they now face and anticipate facing in future years. The Strategic Planning Committee analyzed the results of this study in detail as part of the process of developing a strategic plan.

One of the approaches used by the Strategic Planning Committee in analyzing the Needs Assessment Study was to summarize service needs for the various age groups identified. The results of this analysis are contained in Appendix II.

By reviewing the Needs Assessment Study in this manner, certain patterns began to emerge which suggested to the Strategic Planning Committee certain priority areas on which the plan should focus. It was evident, for example, that the issue of planning for the future and obtaining needed information, were issues of concern to a great many of the survey respondents. The Strategic Planning Committee used this summary of the information from the Needs Assessment Study, as well as input from the focus group meetings described in the next section, to identify priority areas for the strategic plan.

Community Input: Focus Groups

Members of the community were invited to provide input on the DDRB's strategic plan at a series of seven focus group meetings conducted in October of 2002. Appendix III contains a summary of the input from the 75 people who attended the focus group meetings.

Overall, some of the key themes expressed in the focus groups were as follows:

Concerns of parents regarding schools

Parents of school age children expressed frustration that their child's IEP was not being implemented, that school administrators seemed reluctant to employ innovative approaches and that teachers did not appear to be adequately trained.

Transportation

Concerns were expressed regarding the transportation difficulties people with developmental disabilities face as they attempt to gain access to employment, recreation and leisure activities, medical and dental appointments and related community resources.

Information

A number of those who attended focus groups were frustrated that they do not have the information they need to make good choices regarding services and supports. At one level, there seems to be a basic problem with people knowing where to go for services, funding and support. At a deeper level, however, it seems that families need access to expert advice on more complex issues such as "can my daughter get Medicaid" or "when am I eligible for funding from MO Division of Vocational Rehabilitation?"

Regional Center

Focus group participants, in general, expressed frustration with the current case management system. Although they usually qualified their remarks by saying they liked their individual case manager, the perception was that the Regional Center is not able to be of much assistance.

Priority Areas, Outcomes, Methods of Measuring Progress and Tactics

Based on the analysis of the Needs Assessment Study and the focus group input, core priority areas were identified by the Committee. Committee members also agreed on an outcome statement for each of the priority areas as well as a “target” or method of measuring progress toward accomplishment of that outcome. In addition, the Committee identified strategies for each of the priority areas.

PRIORITY: PLANNING FOR FUTURE NEEDS & OBTAINING INFORMATION REGARDING AVAILABLE SERVICES

Outcome: Individuals and families have the information they need to access services and prepare for future needs.

Targets:

The number of people with developmental disabilities reporting they have a person centered plan will increase annually. By FY 2007, 100% will report having a person centered plan.

The number of people reporting being satisfied that their person centered plan represents their needs will increase annually.

There will be an annual increase in the number of people who report that they are receiving the information they need and are satisfied with their progress in achieving the goals in their plan.

Measurement Approach:

At least every two years, the DDRB will determine via independent survey whether people with developmental disabilities have person centered plans and if they are satisfied with progress in implementing those plans.

Possible Implementation Strategies

- Establish and market resource center for information regarding services.
- Create database using standardized form which is accessible by all agencies.
- Establish a new planning service to provide PCP support which includes a long range planning component and which incorporates other plans (for example, educational, community, residential, natural, family, recreation, spiritual, etc.).

PRIORITY: SPECIFIC SERVICE NEEDS

Outcome: People get the services they need when they need them.

Target:

Over 75% of agency performance targets, as negotiated annually by DDRB staff and funded agencies, will be achieved.

Measurement Approach:

DDRB staff will annually summarize and report to the DDRB board the percentage of targets achieved.

Target:

All key indicators (measures of program success) will increase annually.

Measurement Approach:

DDRB staff will continue to develop and refine key indicators of programmatic success such as the following:

- Employment: Number of people who obtain jobs that satisfy them.
- Employment: Percent of workers who see their wages increase.
- Residential: Number of people who have moved to more independent living arrangements.
- Preschool: Percent of children who move to inclusive classrooms.
- Respite: Percent of children using respite who remain in their own homes.
- Day care: Number of “new” people who access day care.

Target:

The number of services for which individuals are waiting will be reduced.

Measurement Approach:

DDRB staff will report to the DDRB board on a regular basis, the number of people with DD identified by the Regional Center as waiting for services.

Target:

Satisfaction with services will increase annually.

Measurement Approach:

At least every two years, the DDRB will determine via independent survey whether people with developmental disabilities and their families are satisfied with services received.

Target:

The number of individuals receiving transportation will increase annually.

Measurement Approach:

DDRB staff will report annually to the DDRB Board regarding the number of people receiving transportation services.

PRIORITY: SPECIFIC SERVICE NEEDS (CONT.)

Possible Implementation Strategies

Based on information from the Needs Assessment Study and focus groups, the following chart identifies, by age, the specific services to be continued and those to be expanded:

Age	Continue and Grow Existing Services	Develop/Expand Programs
0-5	Whatever	Respite Day care
6-18	Services DDRB is Currently	Transportation Respite Recreation
Adult	Funding	Transportation Medical/dental Personal Care Att Recreation Community Training

- Needs and priorities for service expansion and continuation are identified annually and take into account community waiting list and Needs Assessment Study projections.
- Annually negotiate performance targets with each funded agency.
- Provide for priority transportation needs, including but not limited to, transportation related to health issues and employment.
- Maximize impact of local revenues through leveraging other public or private funding .

PRIORITY: INNOVATIVE APPROACHES

Outcome: Effectiveness of service delivery is increased through research, evaluation and application of innovative approaches which address identified barriers to people getting what they need.

Target:

The DDRB will approve at least one pilot and/or innovative project annually which addresses barriers to effective service delivery.

Measurement Approach:

The DDRB will invite innovative approaches in particular areas each year and will select those which most effectively address identified barriers to people getting what they want and need.

PRIORITY: INNOVATIVE APPROACHES (CONT.)

Possible Implementation Strategies

- Establish a mechanism for self-direction of services and funding.
- Implement alternative direct support staff recruitment strategies for new populations of workers (Americorp, older workers, apprenticeship, volunteers, Hispanic, etc.).
- Pilot a “Best Practices Conference” which includes action planning and follow up.
- Provide access for Medicaid-funded medical and dental care through partnership with Health care providers.
- Develop affordable housing alternatives through private/public partnership.
- Evaluate viability and need for alternative County-based case management options.

SUGGESTED TIMELINE FOR IMPLEMENTATION OF STRATEGIES

The following chart indicates the current proposed timeline for implementation of the strategies identified in each priority area. This implementation timeline will be reviewed, and revised as needed, by the DDRB at least annually.

	Fiscal Year				
	2004	2005	2006	2007	2008
PRIORITY: Planning and Information					
Establish Resource Ctr for info regarding services	X				
Create database accessible to all agencies		X			
Establish new planning service for PCP support	X				
PRIORITY: Specific Service Needs					
Needs and priorities for service expansion/ continuation are identified	X	X	X	X	X
Annually negotiate performance targets with each funded agency.	X	X	X	X	X
Provide for priority transportation needs	X				
Maximize impact of local revenues (Public)	X				
Maximize impact of local revenues (Private)			X		
PRIORITY: Innovative Approaches					
Establish a mechanism for self-direction of services and funding			X		
Implement alternative staff recruitment strategies		X			
Pilot a "Best Practices Conference"		X			
Provide for Medicaid funded medical and dental		X			
Develop housing alternatives				X	
Evaluate viability for alternative county-based case management	X				

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Appendix I

Members of Strategic Planning Committee

Dave Bazzell
DDRB Board Member

Steve Brennell
Executive Director, Willows Way

Peg Capo
Executive Director, DDRB

Billy Collier
Executive Director, United Services

Dan Dozier
DDRB Board Member

Rev. Bob Farr
DDRB Board Member

Tammy Franklyn
Project Manager, DDRB

Stacey Goodwin
Case Manager, St. Louis Regional Center

Denise Gould
Parent

Barbara Griffith
Executive Director, Community Living

Pamm Hancock
DDRB Board Member

Cindy Mueller
Asst. Director, St. Louis Regional Center

Barbara Piel
Family member

John Thielke
Controller, DDRB

Sandra Titone
Staff member, Family Support Services

Michael Townsend
DDRB Board Member

Bill Welsch
Facilitator

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Welsch Consulting
51 Highgate Rd
St. Louis, MO 63132
314-432-7507

Developmental Disabilities Living in St. Charles County

Appendix II

Summary of Needs by Age

(Based on information from Needs Assessment Study conducted spring, 2002)

Age	Expressed Needs	Critical Needs	"Gaps" **
0-5	Special therapies Planning for future service needs Info about available services Day care Family support groups Respite	Day care Respite Special therapies Finan assist from Govt Agencies Info about available services Planning for future service needs	Planning for future service needs Info about available services Planning for future service needs Family support groups Finan assis. from Govt Agencies Respite
6-18	Special therapies Planning for future service needs Respite Planning for future finan needs Info about available services Recreation/leisure activities	Respite Recreation/leisure activities Finan assist from Govt Agencies Special therapies Planning for the future service needs Planning for future finan needs	Planning for future service needs Planning for future finan needs Info re: employment options Recreation/leisure activities Info about available services Finan assis. from Govt Agencies Info re: out of home living arrang
19-54	Transportation Case management Dental services Finan assist from Govt Agencies Medical services Recreation/leisure activities	Transportation Finan assist from Govt Agencies Medical/dental services Case management Recreation/leisure activities	Planning for future service needs Info re: out of home living arrang Transportation Recreation/leisure activities Info about available services Training for living in commun
55+	Medical Dental Case management Finan assist from Govt Agencies Nursing services Daily in home personal care att	Finan assist from Govt Agencies Medical/dental services Transportation Daily in home personal care att Case management Recreation/leisure activities Adult day programs	Recreation/leisure activities Transportation Daily in home personal care att Finan assist from Govt Agencies Medical/dental services Behavior management services

** "Gap" = difference between service need and services which currently are available