Current State Assessment - State Input

	Strengths	Challenges	External Factors	Data Sources	Notes/Comments
Planning (objectives, strategic plans, execution)					
State level planning	Collaboration of internal and external stakeholders/partner agencies (RIDE, DHS, DCYF, Medicaid/OHHS) toward common goals; Stakeholders are valued partners in guiding system transformation with establilshed input and engagement opportuntities; Experienced and committed personnel; Added resources for Division personnel has enhanced key priorities; Collaboration/access to other states/DD systems and practices; Regulation reform	Multiple/competing prioirites; Increased communication pathways/modalities are needed to further enhance communications to reach and engage individuals/families	Federal and state regulations/compliance -- HCBS, consent decree, 1115 global waiver; Budget prioirities; advocacy groups, providers	STP; CD/ISA reporting; Performance measures; National survey data/reporting	
Community level planning	Common goals/priorities; Cross system representation; Strengthening consumer/family engagement; Increasing advocacy efforts through formation of new advocacy groups	Collaborative efforts/organizing is building; Community awareness of resources/advocacy is limited; Resources being readily available in multiple langauges and modalities to reach a diverse community; Apprehension due to system change/uncertainy; Demands/mandates of federal requirements	HCBS/CD; Access to transportation; Regulations/policy	Community groups; Contracted partners; National resources	

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	Strengths	Challenges	External Factors	Data Sources	Notes/Comments
Provider level planning	Unified and clear goals/priorities; Committed to partnering on solutions; Vision/mission driven; Open/ongoing communication with Department; Consumer centric; Willing to invest in contemporary systems to increase efficiency/effectiveness; Committed to best practices/training; Responsive and engaged; Open to innovation and embracing change; Longetivity/knowledge of agency leadership/personnel	Transformation of models to comply with changing policy/vision; Implementation of system change and innovation within current funding model; Staffing/resource capacity impacted by retention, recruitment and collective bargaining agreements; Competing priorites and interests; Inconsistencies in data collection/analysis; Use of aligned data to guide, inform and enhance system performance; Physical plant needs; Apprehension of changing landscape of services/supports	Federal and state regulations/policy; MCOs; Availability of physicians/psychiatrists; Transportation	Consumer satifacation surveys; National trends; Sherlock surveys	
Programming (options, accessibility, quality)					
Residential Services	Individualized supports; Focus on specialized homes; Smaller homes supporting HCBS compliance; Strong commitment to social/clinical compatibility	Need for specialized medical/behavioral residential models; Capacity/workforce; Capacity of physicians/psychiatrists/crisis models; Physical plant/maintenance; Viability of homes due to balancing attrition and compatibility; Advance funding liabilities; Vacancies due to hospitalization	Workforce; Access to community services (i.e. medical/clinical); Transportation; Facility maintenance	Billing/claims; Licensing; Census data; SS/Perm Audit; Incident management	

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	Strengths	Challenges	External Factors	Data Sources	Notes/Comments
Shared Living	Agencies have embraced model and expanded SLA service capacity; Dedicated to recruitment and appropriate matching; SLA providers open and committed to a range of needs and supports; Promotes independence, automony and supports rebalancing efforts	Geographical capacity limitations; Limited awareness/apprehension of families to model; Lack of clinical/professional support for complex needs; Physical accessiblity of homes; Availability of traditional day service hours necessary for daytime supervision needs; Access to accessible transportation; Sustaining ongoing overnight support needs; Limited oversight	Availability of host families; Outreach and education; Regulations	Billing/claims; Licensing; Census data; SS/Perm Audit; Incident management	
Day/Community Supports	Transitioning from traditional models to integrated, community based models; Individualized service planning and goals; Increased community connections and involvement	Workforce capacity; Family response to reduced availablity of structured models; Retention and turnover impacting skills and training; Administrative complexity of tracking ratios/setting in FFS strucutre; Oversight and supervision; Transportation/accessible; Availability of activities (especially free activities), available activities geared towards seniors	CD; Staffing; Regulations; Environmental/Weather; Myths and fears regarding integration	Billing/claims; Licensing; Census data; SS/Perm Audit; Incident management	
Employment Services	Increasing employment outcomes above national averages; Personnel dedicated solely to employment; Increased choices for participants, PCSEPP; DLT grants; Project Search; partnership with ORS; accessible information on Supported Employment; Streamlined benefits planning	Fear of benefit impact; Culture/risk averse; DSP/support staff capacity to assist in finding/maintaining employment; transportation	Partnering with businesses; seeing the benefits in hiring individuals with differing abilities	National resources, contracted national TA, billing data, surveys	

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Service Coordination	Know the individual/family; stable workforce	Coordinating individual's services across mulitple agencies; risk averse; funding allocations guiding service plans; use/reliance on natural supports	HCBS		
Transportation	Travel training; RIPTA's ongoing willingness to partner; expansion of ride share options under self-direct	Funding for travel training; Funding for transportation; availability of accessible vehicles; perceived risks; availability of transportation across the state; public transit employees not familiar with DD populations	Cost of ADA paratransit; Availability of transportation in certain towns	Surveys, national transportation data	
Funding					
Structure/Funding Model	Transparent; Accountable; Predictable; Equitable; Component based allowing for discrete service level data and analysis	Funding is allocated across standard/prescribed line items; Administratively complex due to billing based on ratios/rates; Utilization; balancing indivdual control with provider predictability	1115 Waiver/SPA	National TA	
Individual and/or global expenditures	PCSEPP/supported employment funding $6.8m; DSP wage increases FY17 and FY18; Funding for Therap implementation; FY19 caseload adjustment; Increase in personnel resources for quality management, CD/HCBS, technical assistance to promote/maximize braiding of funding				
Historical expenditures		Based on subjective information, not standardized			

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Individual/Family Experience					
Eligibility/Assessment	Eby17 policy; Dedicated personnel to YIT and contracted family support for TA/guidance; Enhanced YIT services and timeline; Division performance metrics; PCP is integrating natural supports, SIS assessment, dignity of risk, independent facilitation; partnerships with RIDE, ORS and DCYF	Integration of assessment and planning/goals; Waiver process; Resource and service differences for transitioning youth vs. adult services; apprehensive of the assessment; SIS tied to funding	Stakeholders/community partnerships to promote outreach and engagement; Awareness/understanding of importance of proactive planning	Performance metrics, data from contracted agencies, surveys	
Availability		Workforce capacity; Housing			
Accessibility	Information on BHDDH webpage available in English and Spanish; Commitment to simple language and reliance on contracted partners to promote this commitment	Housing; Transportation; Communication access (ASL/CART); Community providers/physicians, psychiatrists, rehab services	MCOs, hospitals, stakeholders	Surveys, national data	