Current State Assessment - Advocate Input

Planning	Strengths	Challenges	External Factors	Data Sources	Comments
State Level Planning	State is getting better at including all stakeholders. State administrators doing better. State has strategic work plan and meets with EFTF. Sherlock Center work on person-centered thinking.	**Funding limits opportunities.** Funding and staffing,	Improved technology would help track individuals. **Difficult to get hard data.** Provider surveys skew results. Difficult to fix so many problems. Limited funding.		General Assembly is out of touch re: actual costs of supporting people with IDD. New regs, licensing procedures, increased communication with families, more DDD staff – good trends.
Community Level Planning	More people understanding the need to work as a community. Person-Centered Thinking efforts are strong.	Many providers – could save money resources if providers worked together more. Little real planning exists – services are internal, not from the community. **Need to involve families more.** **Funding and staffing,**			Staff are strict about keeping agency clients separate – makes socialization difficult. Planning focused on providers.
Provider Level Planning		Providers are stretched financially and staffing – leaves little time for creative thinking. Need to involve families more. Funding and staffing,	**Limited options** for day activity within the budget. Limited funding.		

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Programming	Strengths	Challenges	External Factors	Data Sources	Comments
Residential Services	Shared living is good, but not for all. Current system puts weight on individuals staying in family home with paid supports.	**Can't access until there is a crisis – need early planning** to avoid crises. Need **more options.** Options offered to families (shared living is most common) are limited due to funding. **More aging families**.	Work more closely with RI Housing, HUD, etc.		Very limited. **Need more options focused on individual.** **DSPs are grossly underpaid.** No real way to address issues of quality, abuse or safety. No expertise to address **communication needs** of people with limited communication.
Shared Living Self-Directed	Individuals are more involved in the community. More flexibility. Self-direction allows families to hire own staff for better fit, flexibility of schedule, etc. – less administrative costs.	**Not all families have capacity to self-direct.** **Limited funds for support coordination** at lower tiers. Families are on their own to find staff, job coaches, etc. – not permitted to ay benefits.			Shared living is nice idea, but individuals have limited say re: where they live. **Need more stable, long term living arrangements.** Shared living and self-directed are NOT the same – most who self-direct live with families.
Day/Community Supports	Providers are more inclusive.	**Still group focused**, not person-centered or individualized – limited budgets.			DSPs are grossly undepaid.

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	Person-Centered Thinking is changing approach to community.	Providers have **limited funding to cover cost of community activities**. Providers should not decide – person should decide, providers should assist with scheduling, supporting personal choices.			
Employment Supports	System **finding employment for individuals with less challenges.** Providers have built employment teams and other supports.	**Limited use of customized employment** – individuals with more significant needs NOT finding jobs. Overreliance on negative assessment, not personal capacities.	**Business community needs more info** re: customized employment, job carving, job sharing, roles of job coaches, etc. – **reach out to SBA,** others to provide info.		
Service Coordination	Well done by service providers.	Need **conflict free case management.** Self-directed needs funding for service coordination. Process doesn't represent a "whole life model".	CMS requires conflict fee case management – RI does not yet have a system. **No plan** for how to fund conflict free case management.		**True person-centered planning requires increased funding/time to prepare individual, do community mapping, etc.** Virtually non-existent.
Transportation		**Timely transportation** is difficult. Limited accountability from transportation providers.			Why not reimburse transportation mileage at same rate as state employees. **Individualized transportation rates.**

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		Current model built on two rides per day – one to get to the center, one to get home. **Limits community access.**			

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Funding	Strengths	Challenges	External Factors	Data Sources	Comments
Structure Funding Model	Current model is based on need.	Designed for a billing department, not for individuals. Need accounting system that providers can manage. **More complicated than it needs to be.** Current funding ratios cannot be maintained and limit community options.			Funding should be **more person based.** **Return to individual budgets.** **Budgets should be built on (a) level of need, (b) menu of services and supports, (c) actual cost of service** Current billing structure is too labor intensive. Less administrative expenses would leave more resources for programming. Level funding is a travesty. **Third Party should conduct SIS interviews** Pay for **outcomes, not hours**.
Individual and/or Global Expenditures					
Historical Expenditures					

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Individual/Family Experience	Strengths	Challenges	External Factors	Data Sources	Comments
Eligibility/Assessment	Covers wide range. **Eligibility at 17 is good – SIS should be completed earlier (not one year beforehand) to allow for adequate planning.**	Deficit focused. **SIS not always administered fairly** – interviewers sometimes challenge responses. SIS should not be administered by BHDDH staff. **SIS funding algorithm should be public.** **SIS was not designed to be a funding tool.** **Limited time post SIS** to develop a person-centered plan, find staff, develop a schedule, etc.	Eligibility decisions are subjective.		**Information to families is very limited.** BHDDH website is not user- friendly. **Transition from high school is a "nightmare".** **Fund person-centered planning and case management from 18.** **Find alternatives to SIS** or make SIS a part of a larger system.
Availability		**Not enough providers** – individuals have funding, but providers have waiting lists. Lack of outlets for families to share information re: navigating complex systems. **Difficult finding providers for people**			

		with physical or sensory needs or who need nursing or other complex needs. Limited provider availability is forcing people to **choose self-direction as only option.** Limited supports to navigate the system.			
Accessibility	**Some documents available in other languages.**	Agencies like DCYF have limited capacity to support people with disabilities. **Not all documents available in other languages.** **No bilingual DDD staff.** **Many families do not have access to computers – need to develop other modalities.**			