

Program Management



Service & Support Administration

A study funded by a grant from the Ohio Department of Developmental Disabilities

Deliverables Promoting Best Practice

▶ Deliverables:

- Report on existing training modules that can promote best practice statewide
- Position paper to clarify & distinguish the two roles
- Report on the most important skills & experiences
- Report on needed change to statute, rule or policy

Sites Selected

- ▶ **Clearwater Council of Governments** (Broken Arrow, Christie Lane Industries, Crawford CBDD, Huron CBDD, Marion CBDD, Renaissance House, RHAM,, Wynn-Reeth)
- ▶ **Cuyahoga County** (CBDD, Grand Manner, Koinonia)
- ▶ **Guernsey County** (CBDD, Guernsey Residential)
- ▶ **Hamilton County** (CBDD, Ohio Valley Goodwill, Ohio Valley Residential Services)
- ▶ **Knox County** (CBDD, Creative Foundations, New Hope Industries)
- ▶ **Miami County** (CBDD, Champaign Residential Services, Vision Mentors)

Training Modules

- ▶ Distributed via several methods:
 - OACB sent it directly to SSA directors and Superintendents
 - OPRA sent to member providers and posted it on their website

- ▶ A total of 53 responses received:
 - Council of Government = 1
 - County Boards = 38
 - Providers = 14

Training Survey Responses

▶ SSA Case Load

- ❖ Average was 30 to 35, unless the SSA has children, which is much higher
 - Specialization areas = children, transition from school, offender, dual diagnosed, adults, waivers, nursing homes, congregate living and people living alone,

▶ Program Manager Case Load

- ❖ 8 to 28 residential
- ❖ 21 to 50 day service- great variation depending on type of site, number living together, program type
 - Specialization areas = type of day program, licensed site or funding source

Training Responses

- ▶ Most County Boards require the SSA have a BA/BS degree
 - Fewer use the SSA assistant
- ▶ Program Managers educational requirement vary
 - Most started out as direct care staff and promoted within

Training Survey Responses

- ▶ Methods of Communication between SSA & Program Managers included:
 - Emails, phone calls, provider list serve
 - Team meetings
 - Monthly, bi-monthly or quarterly provider meetings
 - Communication notebooks
 - Through monitoring
 - Home visits
 - Problem solving meetings
 - Provider trainings
 - Provider representatives on key committees and projects
 - Provider relation specialist

Training Responses

- ▶ Responses indicate that additional training is needed
 - OEDI/COEDI, ODDP and AAI, provided regionally – cited frequently
 - Leadership
 - Team facilitation
 - Positive confrontation
 - Communication
 - Negotiation techniques related to provider staffing schedule versus needs

Training Findings

- ▶ Compliance focused
 - SSA training focused on rule requirements for certification and orientation
 - Program Management focused on rule requirements for certification to be a provider
- ▶ No connection was found between the selected areas and the training information that was submitted

Skills and Experiences

Focus groups identified 52 as the same for SSA & Program Management

- ▶ 5 of 7 focus groups voiced most often for SSA:
 - Communication
 - Service Monitoring
 - Facilitation
 - Advocacy
 - Organization

- ▶ 5 of 7 focus groups voiced most often for Program Management:
 - Communication
 - Supervisory
 - Financial
 - Training
 - Creativity
 - Flexibility
 - Advocacy

ADVOCACY was one of the 52

What works? What doesn't?

Barriers to improving relationships?

- ▶ **Paperwork** – exhausting & overwhelming
- ▶ **Funding** – not enough
- ▶ **Crossing system** – pressure felt to serve people who cross systems, like mental health, justice
- ▶ **Streamlining processes:**
 - **Duplication** – not across, but within
 - **Technology** – not integrated
 - **Health & safety** – response to MUI results in longer, less meaningful ISP, with little improvement in outcomes
 - **Training** – limited for PMgmt & SSA is not relevant to skills identified

Take time to clarify roles from team to leadership levels of CBDD & Provider agencies.

Good communication, trust & respect improve outcomes for people.

“This is a *business* for you.”



“It’s
personal
for us!”

Roles – Overarching

- ▶ **SSA** – Managing or Coordinating the entire planning **PROCESS** for those in case load. Includes:

- Assessment
- Plan development
- Facilitating linkage (including provider selection & determining eligibility)
- Monitoring implementation (including communication with individuals, families & providers)
- Service coordination
- Plan review & revision

- ▶ **Program Management** – Implementation of ISP. Includes:

- Training of staff
- Supervision of staff
- Scheduling staff to meet ratios
- Monitoring documentation
- Day to day communication with individuals, family, other providers and SSA

SSA – Managing or Coordinating

Program Management – Implementation

Overarching Role of Both

- ▶ Both are members of a team of persons who have knowledge of and concern for the individual they work together to support.
 - Both work to engage the individual & family members in all parts of the planning process
 - Both partner with one another to see that implementation is effective & positive outcomes, desired by the individual & family are achieved
 - The individual is at the center of the relationships among members of the team

Power of the individual is supported by both roles

- ▶ Existing law & rule intends to create a balance of power that favors the individual.
- ▶ Team concept intends to establish a system of checks & balances to support power to the individual.
- ▶ Power belong to the individual.
- ▶ Team members have as much power as given by the individual.
- ▶ No one “owns” the individual, nor is entitled to hold ALL the power over the individual.

Power of the individual is supported by both roles

- ▶ Non disabled people have power because of the market driven, competitive system with which they use personal earnings and other monies to make choices about their lives.
- ▶ Individuals have little, if any, control of the funds that provide what they want & need.
- ▶ Individuals seldom earn a “living wage” that would enable them to make choices like non-disabled persons do.
- ▶ It is the purpose of the similar activities that sustains this balance of power & leads to positive outcomes for the individual.

Duplication?

- ▶ Activities that fall into both roles are not duplicative when the purpose is consistent with the role of that position.
- ▶ Skills & abilities should be the same – Roles are just different.
- ▶ Some SSA staff report entering the same data about an individual in 2 to 3 data systems
- ▶ Some Program Management staff report ???

Similar practices are not duplicative

Duplication exists within, not across

Areas of Excellence!

It works when.....

- ▶ All know their own role & understand roles of others.
- ▶ Roles are clear.
- ▶ Mutual respect exists.
- ▶ Individuals understand the role of both & know who to go to for what.
- ▶ SSA is recognized as the single point of contact for an individual.

It doesn't work when..

- ▶ Neither understands each other's day to day job.
- ▶ Some providers (who used to do it all) either don't understand the "balance of power" intended by rule & law or don't want to accept the change.
- ▶ Time hasn't been spent clarifying roles.

Areas of Excellence!

- ▶ Collaboration and positive connections witnessed among SSAs, Program Managers, families and individuals include:
 - Clear value of and respect for each of the team members
 - Efforts exist to engage both individuals & families
 - Frequent communication
 - Focus on “making it work” for the individual
 - Strong leadership focusing on outcomes for individuals as the end result
 - Focus on fulfilling job duties as a team, not as individuals – no “silo” focus

Needed Change to Policy, Rule or Statute

- ▶ Basic structure of existing statute, rules & policy support the necessary roles of SSA & Program Management staff and, need to remain as is, to maintain the balance of power that favors the individual.
- ▶ Inconsistencies do exist, which, if revised, could add clarity to the roles & expectations.
- ▶ As our “system” is conditioned to focus on “compliance”, aligning requirements with expectations can help resolve any power struggles that exist.

Needed Change to Policy, Rule or Statute

- ▶ Advocacy is not required as an activity of SSA, nor of Program Management
- ▶ Revise ORC 5126.15 (B) (10) & OAC 5123:2-1-11 (G)(1)(g) & (P).
- ▶ Replace “representation” with “advocacy”.
- ▶ Define “advocacy” to mean “assuring that individuals have power to control their lives & that the system stays focused on their desired outcomes.
- ▶ Replace designation of a specific person with the ISP supporting how the individual currently speaks up for themselves & how the individual can learn to be a better self advocate.

Needed Change to Policy, Rule or Statute

- ▶ Program Management is ambiguous & not clearly defined, like SSA, but spread across several rules.
- ▶ ORC 5126.14 defines it, but is the CBDD section of statute.
- ▶ OAC 5123:2-13-04 (IO), 2-8-10 (Level I)
- ▶ Focus groups expect day to day communication between service providers to be an activity of Program Management.
- ▶ Establish a rule for Program Management.
- ▶ Revise ORC & OAC to be consistent.
- ▶ Re-evaluate training & educational requirements for both.

Needed Change to Policy, Rule or Statute

- ▶ Conflicting requirements for the ISP/Planning process.
- ▶ OAC 5123:2-3-17
- ▶ OAC 5123:2-12-03
- ▶ OAC 5123:2-1-06(G)
- ▶ OAC 5123:2-1-11(J)
- ▶ OAC 5123:2-9-04(C)
- ▶ ORC 5126.055(A)(5)
- ▶ Establish a single ISP planning & process rule.
- ▶ Rescind existing rules & revise sections of rules by referencing new rule.

Needed Change to Policy, Rule or Statute

- ▶ Conflicting requirements for monitoring ISP implementation & quality assurance.
 - ▶ OAC 5123:2-12-01
 - ▶ OAC 5123:2-1-06(G)(11)(e)
 - ▶ OAC 5123:2-3-17(G)
 - ▶ OAC 5123:2-1-11(N)& (O)
 - ▶ OAC 5123:2-9-04(C)(13)(f)
 - ▶ ORC 5126.15(B)(7)
 - ▶ ORC 5126.055(A)(4)
- ▶ Revise all requirements for compliance reviews to be consistent.
- ▶ Start by comparing desired outcomes of individuals to that person's current situation.
- ▶ If aligned, look no further.
- ▶ If not, or there is a health or safety concern, further review of details & planning process should occur.

Needed Change to Policy, Rule or Statute

- ▶ Multiple assessments for funding levels for waiver services that do not cover what is needed or wanted by individuals or may not be the most cost effective way to provide needed support.
- ▶ Waiver reimbursement tools require too much time, money & focus, taking needed time away from individuals & families.
- ▶ Develop single, simple, consistent, statewide process to establish a service planning budget, regardless of funding source – Not limited to waiver services.
- ▶ Assume services will be shared, but do not require it.
- ▶ Detailed assessment, payment authorization & documentation is reserved for more complex & costly supports.

Needed Change to Policy, Rule or Statute

- ▶ Waiver Reimbursement system takes much needed time away from individuals & families.
- ▶ Fundamental system reform to support a focus on people's lives.
- ▶ Combine all funding allocations into one.
- ▶ Promote flexibility & creativity.
- ▶ Simplify the processes.

Needed Change to Policy, Rule or Statute

- ▶ Growing number of individuals who are involved or need support from other systems.
 - Mental health
 - Criminal Justice
 - Autism
 - Etc.
- ▶ State level initiative across departments under new Office of Health Transformation.
- ▶ Include Corrections
- ▶ Statewide policy across systems, implemented at the local level.

Next Steps

- ▶ Goals of the Project included:
 - Greater consistency statewide for SSAs & Program Managers in day and residential settings
 - Role clarification across the two positions
 - Enhanced involvement of individuals and families
- ▶ DODD and the Relationship Committee, representing providers and county boards, continue to discuss future strategies to further address the goals.

▶ Stay tuned.....

Dynamic Pathways, Inc.
and the
Ohio Self Determination Association
extend our thanks to those who participated in
the focus groups and responded to the
training survey

Copies of the Deliverables are available at

www.ohiosda.org