IACC Services Workshop: Building a Seamless System of Quality Services & Supports Across the Life Span

THE OHIO JOURNEY

John L. Martin, Director
November 8, 2010
We are a State with many cabinet level agencies

Governor

- Developmental Disabilities
  - Alcohol Drug Addiction
- Mental Health
- Medicaid (Job & Family Services)
- Education
  - Rehab Services Comm
- Health
- Aging
Home Rule State

Home rule state where local boards (88 in DODD, 66 in ODMH/ODADAS) are both taxing authorities and play a service and administrative role.

- Over half of the local money raised in the US is raised in Ohio.
- In the Ohio DD system, the counties raise almost $1 billion while the state portion of DODD is about $280 million.
The Department of Developmental Disabilities has taken three budget cuts over the past two years, and the state faces a multi-billion dollar deficit in July, 2011.
The DODD system touches approximately 80,000 individuals of which approximately 7,800 have autism. Of our 25,000 Medicaid waivers, approximately 2,400 serve individuals with autism.
Ohio Demographic Breakdown

Consumer's Level of MR/ID

- No MR/ID: 6.8% (Ohio), 4.8% (Average of NCI States)
- Mild: 43.4% (Ohio), 35.9% (Average of NCI States)
- Moderate: 26.9% (Ohio), 27.5% (Average of NCI States)
- Severe: 13.0% (Ohio), 14.3% (Average of NCI States)
- Profound: 6.8% (Ohio), 12.7% (Average of NCI States)
Ohio Demographic Breakdown

Other Disabilities Consumer Has

- Autism: Ohio 9.7%, Average of NCI States 9.7%
- Cerebral Palsy: Ohio 17.4%, Average of NCI States 14.0%
- Mental Illness/Psych Dx: Ohio 4.1%, Average of NCI States 3.3%
- Brain Injury: Ohio 26.9%, Average of NCI States 28.3%
- Seizure Disorder/Neurological: Ohio 0.8%, Average of NCI States 0.7%
- Chemical Dependency: Ohio 12.3%, Average of NCI States 11.8%
- Vision/Hearing Impairment: Ohio 36.9%, Average of NCI States 34.7%
Ohio Demographic Breakdown

Other Disabilities Consumer Has

- Physical Disability: 9.7%, 14.3%
- Communication Disorder: 8.7%, 10.2%
- Alzheimer’s/Dementia: 1.0%, 1.5%
- Down Syndrome: 10.8%, 9.6%
- Prader-Willi Syndrome: 1.0%, 0.4%
- No Other Disabilities: 12.8%, 14.0%

Ohio vs. Average of NCI States
Prevalence of children with disabilities in Ohio

13,925 children ages 3-21 with autism spectrum disorders received special education services in 2009-2010 school year.

Children with ASD are 1% of Ohio’s general ed population.
Children with ASD are 5% of Ohio’s children receiving special education.
Implications of Structure and Demographics

• There are many touches by many state agencies throughout the life span.
### Babies & Toddlers 0-2

#### Health
- State lead for Early Intervention (Part C)
- Autism Diagnosis Education Pilot Project
- Bureau for Children with Medical Handicaps
- Woman, Infant and Children Program

#### Developmental Disabilities
- County Board Early Intervention Program
- Family Support Services

#### Mental Health
- Early Childhood Mental Health consultation

#### Education

#### Job and Family Services
- Child Care Licensing and Support
- Medicaid State Plan/EPSDT/HCBS Waivers
- Government Assistance Programs
- Child Protection Services

#### Rehabilitation Services Commission
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**HEALTH**
- Autism Diagnosis Education Pilot Project
- Bureau for Children with Medical Handicaps
- Woman, Infant and Children Program

**DEVELOPMENTAL DISABILITIES**
- County Board Early Childhood Program
- Family Support Services
- HCBS Waivers

**MENTAL HEALTH**
- Early Childhood Mental Health consultation

**EDUCATION**
- Preschool Special Education
- Autism Scholarship Program
- Medicaid Schools Program
- Preschool certification

**JOB and FAMILY SERVICES**
- Child Care Licensing and Support
- Medicaid State Plan/EPSDT/HCBS Waivers
- Government Assistance Programs
- Child Protection Services

**REHABILITATION SERVICES COMMISSION**
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### HEALTH
- Bureau for Children with Medical Handicaps

### DEVELOPMENTAL DISABILITIES
- County Board School Program
- Family Support Services
- HCBS Waivers

### MENTAL HEALTH
- Community Mental Health Services
- Behavioral Health Medicaid Benefits

### EDUCATION
- Special Education / Autism Scholarship Program
- Medicaid Schools Program
- Higher Education Support Service
- Vocational Training

### JOB and FAMILY SERVICES
- Child Care Licensing
- Medicaid State Plan/EPSDT/HCBS Waivers
- Government Assistance Programs
- Child Protection Services

### REHABILITATION SERVICES COMMISSION
- Transition planning
- Vocational Rehabilitation
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<td>REHABILITATION SERVICES COMMISSION</td>
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Multiple touches by multiple agencies can lead to:

- Fumbles as persons pass from agency to agency
- Different philosophical/practice approaches as persons pass from agency to agency
- Service fragmentation
- Lack of accountability/finger pointing
- Confusion/frustration/anger on the part of consumers and families
In 2007, in order to move toward a more cohesive system, Governor Strickland created the Interagency Work Group on Autism. The Ohio Department of Developmental Disabilities was asked to chair the work group.
Interagency Work Group on Autism

• Our work was built on recommendations from stakeholders (Ohio Autism Taskforce)

• Our work is informed by stakeholders (Ohio Autism Coalition)
Interagency Work Group on Autism

• Purpose of Interagency Work Group on Autism (IWGA):
  – Consistent approach
  – Smooth transitions
  – Guiding principles
  – Leverage expertise
  – Reciprocal communications (all directions)
As a partnership of state agencies, the IWGA agrees that Ohio’s policies and practices related to individuals with autism spectrum disorders must be grounded in principles that promote, across the lifespan, an individual’s opportunity for social connectedness and inclusion in everyday life as a valued and contributing citizen in the community. These principles should guide decision-making and serve as a steady measure of the state’s commitment to this end.
Ohio’s IWGA embraces a shared mission to build the necessary infrastructure to equip Ohio’s multiple systems of services and supports with tools to be responsive to Ohioans with autism spectrum disorders (ASD) and their families across the lifespan.
As refined in our Guiding Principles

• Collective decision-making and problem-solving related to the state’s response to ASD should be grounded in the best available evidence to support positive outcomes.

• The broad and unique range of service and support needs that the autism spectrum presents requires a continuum of solutions and an adequately trained workforce.

• The state’s approach to serving Ohioans with ASD should be broad-based and consider the developmental, education, intellectual, physical, social and emotional aspects of an individual.

• Good stewardship of state resources is essential.

• Collaboration builds trusted partnerships and will drive success.

• Information sharing and open communication build collective wisdom.

• Policy development should encompass a lifespan perspective.
As implemented in our strategic framework

Goal 1

Develop a policy framework to guide state agencies in development, improvement, and integration of programs serving individuals with autism spectrum disorders.

Objective

A policy audit will be conducted, across IWGA state agency partners, to determine alignment with the IWGA’s Guiding Principles.
Work product example for Goal 1
As implemented in our strategic framework

Goal 2

Increase the availability of high quality professional development opportunities for those who care for or serve persons with autism spectrum disorders.

Objective

The information, training, and professional development needs of individuals caring for or serving infants, toddlers and preschoolers with autism spectrum disorders and their families will be determined.
Work product example for Goal 2

- **State investment in relationship-based early intervention...**
  Assisting families to support their child’s development within everyday routines and activities, building on play-based and child-directed approaches that promote communication and social connectedness.

- **Promotion of a Positive Culture Initiative ...**
  Changing the way we think about people with disabilities and each other, striving to bring together community leaders around a vision of creating a positive culture that drives decisions being made about services and supports, more than 7,000 persons have received training.
Goal 3

Improve an individual’s experience during critical lifespan transition points to move successfully across systems and settings.

Objective

Autism-specific information will be infused into existing materials, training, and practices used to transition young children to school AND school-age youth to employment and/or post secondary education.
Comprehensive Autism Program Planning (CAPS) is:

– a unique method of developing and implementing a meaningful program for a person with ASD.

– takes into account all activities in which a person participates and ensures that supports are integrated throughout the day in a smooth and systematic manner.

– permits a variety of methodologies or just one methodology to be present throughout the individual’s day.

– universal... it can be used across ages and settings... facilitating smoother lifespan transitions.

- Helps with handoffs
- Prepares families/individuals for self direction
- Holistic approach – the entire day
- Provides a history of service delivery

Myles, B.S. & Henry, S.A. 2007
Goal 4

Identify measures to determine improvement in service delivery, individual quality of life and family satisfaction.

Objective

A profile to summarize baseline information related to prevalence, demographics, and statewide population distribution of individuals with autism spectrum disorder will be created across agency data sources.
• **National Core Indicators**
  Enable DODD to track system performance and outcomes from year to year on a consistent basis and measure the agency against performance of other states.

• **Family Survey**
  Determine family use of, and satisfaction with, various intervention approaches used throughout the state.

• **IWGA Agency Inventory**
  Identify key autism-specific data points, and corresponding IWGA member agency data sources for ongoing reporting and trends.
What we have learned

• It’s not just about autism
• Life span approaches
• Training/Training/Training
• Importance of communication
How CMS can help

Partner with states to:

1. Incentivize training

2. Incentivize flexibility (single waiver meeting multiple needs throughout the life span, an ability to respond to the unique individual characteristics with flexibility)

3. Incentivize inclusion (services in natural environments)

4. Incentivize long-term relationships (the more complex the individual, the more important the relationship)