

**DDDS FY 2011 Priorities and
Strategic Plan: 2011-2013**

**Public Meeting Feedback
(August 11, 18, and 19, 2010)**

- **Cross training people? (Share the wealth.) To take place of bbers retiring?**
- **JFC legislative priorities – are we just lucky? Or is it because of who we/you serve?**
- **Back To Basics? Please do this. Please do what you say.**
- **Who pushes family birth control? I know we ain't China but. (I digress, I guess.)**
- **Co-occurring conditions – what mean? MR/MH?**
- **Why not invite these parents to join Parent Monitoring Committee? Thanks.**
- **Parent access to Therap.**
- **Good programs are available, but the data does not support the quality of them.**
- **Collaborate with DVR to monitor employment providers to ensure quality services are being provided, staff is adequately trained and best practices are being utilized.**
- **Weaknesses and Challenges – Point 4, Change customers to consumers or people.**
- **Internal Stakeholders – Change customers to consumers or people.**
- **Comment – to ensure \$ continues to be a priority for graduates of Special Education Programs – need more focus on employment and ensure employment providers are qualified and providing the best services.**
- **Improve/maintain strong collaboration with DDDS, DOE, DVR and providers to improve outcomes for students.**
- **Would like to see more planned residential placements and dental care.**
- **Push harder to implement/require The Employment First Statement.**

- **It seems that there's been a dilution of the person-centered nature of the ELP process. Although data related to progress against goals will be tracked in the new data system, how will the commitment to self-determination be ensured and documented?**
- **Why do dental services need to be funded only by State dollars? Can't these be waiver services?**
- **Thank you for ongoing work to include 24-7 reports via Therap.**
- **Communication skills remain a priority need for every disabled person.**
- **Speech/Communication needs to be addressed.**
- **Connecting with faith based organizations to provide services to meet needs and goals of our individuals.**
- **Case Manager chooses date of ELP. Then, does not show up for ELP meeting, two times, two years.**
- **Re: Dignity and Respect: In some instances the severe and profound are not understood by some group home staff because of inexperience or non-intention.**
- **Overlooked Challenge: Contract staff – harder to get a hold of and seem to be less reliable.**
- **Provide inconsistent care – some are good, some are non-responsive.**
- **Push for early applications with outreach to family groups (Down Syndrome Association, Autism DE) to get children applied early to avoid “surprise” graduates.**
- **It was my impression that there was not a priority for new placements into housing that are not emergency. Is that correct?**
- **All homes/agencies should be regularly inspected.**
- **Graduate to adult services – more options needed for adult services, better talking of DOE graduating numbers.**
- **Family Support Services –**

- **Lead fulfilling lives – Family and youth need training and counseling before they leave school.**
- **HCBS – work with family organization to educate families on this waiver.**
- **Priority – make this happen.**
- **Weaknesses – Resources for families – use FZF for resource and training of your staff for consistent information.**
- **Losing staff – use families.**
- **#4 Top Ten Priorities: Family Support Meets Families Needs – My main needs are respite care with less notification time (not 6-8 weeks ahead) and more short-term. i.e. an evening out or overnight. I have problems finding respite care providers – even if I paid myself.**

I find the current state system unworkable.

My son is autistic and I need an occasional break.

- **#8 – Clients need regular dental, vision and psychiatric care (as appropriate to the person) and most families would need access to this**

Also a list of good providers would be helpful.

- **Need to drive presentation to your cstr. Needs. What does this mean for parents, autistic child? I would move priority #10 because you may not be able to meet other needs unless agencies, providers, etc. all work to meet needs of individual. Efficiencies are key to meeting needs – individual needs.**

I suggest lots of communications with all your constituents.

- **Regarding Priority #1...can we add...and happy.**

(1) People are healthy, safe and happy.

- **Regarding the Proposed Vision...what criteria is being used to define “fulfilling lives”?**
- **DHSS Budget Must ... (1) what does that mean for autistic child?**

Limit financial support re: living/working relationships?

- **Helping people live a “healthy and safe life” (protection, advocacy, back to basics) requires people to lead fulfilling lives (how they live, work, socialize, recreation); it is higher priority.**

It also requires access to health care.

- **Would like to see the Strategic Plan address the needs of the employees that will be providing the services and carrying out the priorities and principles of DDDS, specifically the case management staff. It is the CM staff that coordinates, initiate and interface with the consumers, family, providers and community. The CM staff is frequently the first and main point of contact for the above stakeholders. It is the CM staff that represent DDDS and its’ priorities and mission to the community. It is crucial that the case management staff be competent and well trained, in order to effectively carry out the priorities of DDDS. When case managers do their job effectively, fewer problems arise with consumers and families. A highly qualified staff provides a major benefit in terms of efficiency, consumer and provider satisfaction, and cost effectiveness. A good, solid staff contributes to a higher quality of DDDS services, thereby helping to make DDDS a model in state government and indeed, nationally.**
- **Given the importance of Case Management staff, I would like to propose a discussion of the following, to be included in the Strategic Plan:**
 - (1) **Educational and experience standards should be established for all case management staff. A Bachelor’s degree should be the minimum educational requirement.**
 - (2) **Salary increases should be built into the wage scales, to reward employees who obtain relevant advanced degrees, such as Master’s degrees in Social Work, Voc Rehab and Psychology. Another possibility is to establish multi-tier steps within the case management designation, thereby providing enhanced career opportunities for case managers to enhance their skills, keep current on best practices and increase their salary, without moving into management, where the opportunities are very limited (or, when people choose to provide case management services and not go into management).**
 - (3) **Develop tools to maximize the various skills and expertise of case managers. Perhaps restructure the way cases are allocated, to allow case managers to focus on one particular area or need.**
 - (4) **Address the training needs of case managers, by providing on-going training opportunities specific to working with people with intellectual disabilities. Establish a training fund for people to attend workshops, classes and conferences on a state, regional and national level.**

- (5) Staff should be knowledgeable of best practices and should utilize evidence based practices to provide the best services within the current fiscally conservative environment.
- (6) There should be a lot more interface between case managers and the Center for Disability Studies at UD. Despite the presence of a major resource for people with disabilities in our own community, most case managers have no contact with UD nor even know what they do. Despite the possibility of a very valuable collaboration, this resource is very much underutilized on a case management level.
- The time has come for DDDS to begin to address the out-of-home placement needs for children and teenagers with disabilities. Our children and families should not have to use out-of-state facilities to provide care for the children who live in Delaware. Though I realize that given the current economic climate this might not be feasible at this time, I do believe this issue should be included in the Strategic Plan as a topic for further discussion, ideas and development.
 - Thanks for the opportunity for sharing info related to our Division's Strategic Plan. It will be a challenge in this fiscal environment. The back to basics and some renewed focus on safety and health and increased accountability, improved efficiencies and simplifying P & P seem right on target to me. However, we cannot lose in that back to basics what we have learned from the person centered approach...and there is a real danger in that...we have to be more creative toward that end with less resources no doubt.
 - I wanted to take the opportunity to let you know (and the others in our department) feel blessed to be able to continue in our (therapy and related) work with individuals who reside at Stockley, our involvement in the recycling/re-use durable medical equipment and assistive technology center (which I hope can be worked into a partnership somehow for state wide participation with whomever wins the current RFP from U of D for statewide recycling and re-use) and our work as needed with individuals residing in the community and perhaps as part of the effort of expanding Stockley's utilization? Thank you for your ongoing support.
 - As asked at the meeting last evening, I would like a link to the Home and Community Based Waiver (the whole content) as well as the "readers digest condensed version" that simply outlines what services and supports are available and to what degree within the waiver.
 - Thanks so much and please let us know how we can help or give input to the strategic plan at least as it involves therapies and related issues (risk

reduction, assistive technology, accessibility, staff training needs, etc.)...we have a lot of people who have been around now for a long time that know this population pretty well

- **Thanks again for your accessibility, and an effort toward increased transparency!**
- **Increase uses of Stockley Center**
- **Assistive Technology; recycling and re-use**
- **Need therapy services to bridge the gap in community**
- **Increase access for public to know what services and supports are available, ex. HCBW – can't find online**
- **Mission statement Thought: current is person centered; proposed seems to leave the person out.**
- **To involve health and safety data that is most relevant to morbidity/mortality, and preventable medical/therapeutic conditions (Risk Management) like falls, dysphasia - - increase health measures**