

Missouri MRDD Systems Transformation

Goal: Enhancement of the Comprehensive Quality Management System

Objective A: Increase the number of consumers, self-advocates and families engaged in the development, implementation and evaluation of the system.

- ⇒ A Quality Advisory Council of self advocates and family members of people with disabilities was established October, 2006, meets quarterly, and provides input and advice to the division on quality assurance.
- ⇒ The Self-Advocates and Families for Excellence program uses volunteers, who have passed a background screen and have been trained, to conduct quality of life surveys with people served by the Division of MR/DD.

Objective B: Increase the number of stakeholders who understand and use the quality management system, by providing information and training.

- ⇒ Self Advocate positions have been created at each Regional Office. Self Advocates will provide training about abuse/neglect, self-determination, and other topics.
- ⇒ People First will conduct training about self-advocacy and the People First movement in St. Louis and in Marshall during October, 2008.

Objective C: Develop and implement state-of-the art data collection, monitoring/analysis and accessible reporting systems.

- ⇒ Quality performance measures for home and community-based services are collected and reported to MO HealthNet on a quarterly basis. Quality performance measures are submitted to the Centers for Medicare and Medicaid Services annually.
- ⇒ The Essential Safeguard System Review was implemented in 2008, and mandates safety reviews be conducted at all day habilitation and residential service provider agencies annually.

Goal: Transformation of Information Technology to Support Systems Change

Objective: Design and build an integrated system on a scalable platform that meets data and system requirements.

- ⇒ The Network of Care, a comprehensive, web-based service directory that includes a library of resources, a personal health folder feature, and legislative tracking, was launched in 2006.
- ⇒ The Customer Information Management, Outcomes and Reporting (CIMOR) system began implementation in 2006. When fully implemented, all DMH billing, service tracking, outcomes and other data will be integrated into this system
- ⇒ A consumer referral process, using the web-based Network of Care, is under development. This process will enable people planning to transition from a facility to the community to share information about their support needs with community providers, then be able to select the provider best able to meet their support needs.

Objective 4B: Increase the number of individuals who utilize a fully-integrated information system.

⇒ Training about the Network of Care is being conducted around the state.

Goal: Creation of a System that more effectively manages the funding for long-term supports that promotes community inclusion.

Objective A: Increase availability and flexibility of funding for service options to support individuals transitioning to the community.

- ⇒ County Boards for Developmental Disabilities are partnering with the state to assume responsibility for service coordination. The transition of service coordination to County Boards will result in more control at the local level, better caseload ratios, and will generate new revenue that can be re-invested in services for people currently on waiting lists.
- ⇒ A not-for-profit organization to provide service coordination for approximately 800 people in 10 counties in southwest Missouri will be selected through competitive proposals.
- ⇒ Self-directed services and support brokerage have been added to the menu of home and community-based services in Missouri. Training is underway in each region about self-directed services and support brokers.

Objective B: Increase the number of individuals and families who choose to transition to life in the community from habilitation centers and increase the number of those who choose to remain in the community.

- ⇒ A protocol to integrate transition planning into person-centered planning for people currently living in state-operated facilities has been implemented.
- ⇒ A fiscal management services contractor was procured to assist in the administration of self-directed services. The contractor, ASI Works, provides optional dental and health care benefits to direct support staff hired directly by people served, provides an automated way to track services, manages payroll, and includes a number of other features to enable more people to direct their own services.

Objective C: Increase availability, timeliness and follow-up of behavioral support resources, counseling services, and crisis management for people living in the community, and their families.

- ⇒ A method to conduct assessments and provide behavioral therapy using video-conferencing, or “Telehealth” equipment was developed, and will be added to the menu of waiver services.
- ⇒ As service coordination transitions to local entities, and habilitation center census decreases, resources and expertise already existing within the system can be redirected to create mobile crisis response teams at habilitation centers and all Regional Offices.

Objective D: Increase the quality of services and support through consistency and variety of training.

- ⇒ Competencies and skills of direct support professionals are being improved, through the College of Direct Support, a web-based learning curriculum.
- ⇒ A Positive Behavior Support training initiative will be implemented in the fall of 2008, using a “train the trainer” model. Trainers will be certified, and will then provide training to direct support staff, family caregivers, and other professionals who support people with challenging behavior, and will also be qualified to certify additional trainers.