PLAN FOR COMMUNITY DEVELOPMENT
6 MONTH UPDATE

State Hospital-School/County Relationship

GOAL 1: Information Sharing

Goal Statement: Develop and implement a clear and consistent process to share information between the state hospital schools, central point of coordination, DHS workers and Case Managers (both county and DHS) for the purposes of individual planning and services development.

A. Have information releases signed by all current residents by July 1996.
   1. By March 1996, include information release forms in all admissions packets. These forms will allow the exchange of information between the SHSs and the person or entity designated by the county to implement their management plan.

      Status: March: Release forms are now included in admissions packets.

      Advisory Committee Recommendation:
      Action Step Completed

   2. By July 1996, have releases signed by current residents.

      Status: May: All guardians/families have been sent a release form to sign. As signed forms are returned, information is being sent to the CPC. Two more mailings have been sent to those that did not return the signed form the first time. Currently there are 16 releases still to be signed at GSHS and there are 27 still to be signed at WSHS. There have been several who have refused to sign.

      Advisory Committee Recommendation:
      Action Step Completed. Replace with: Seek an opinion from the Attorney General's Office on the ramifications of guardians refusing to sign release forms and develop an action step to relieve this situation.

B. Identify information and information format needed by counties for planning purposes by Sept. 1996.
   1. By May 1, 1996, convene a workgroup of SHS staff, county Central Point of Coordination (CPC) Administrator or designated staff, Case Managers and DHS service coordinators. This workgroup will identify what data, both individual and aggregate, will be useful to the CPCs, in what format

the data needs to be shared and how often. This workgroup should continue to monitor and adjust the process when necessary.

Status: Workgroup convened on April 30, 1996. Workgroup consists of:
Julie Jetter, Buchanan County Community Services
Marty Engle Pratt, Page, Fremont, Taylor, MHS Coordinator
Mary Hodapp, WSHS
Larry Pezley, WSHS
Frank Grim, AFSCME
Deb Schildroth, Story County Case Management
Audrey Dunn, Field Support, DHS
Mark Finkelstein, MH/DD
Diana Hoogestraat, GSHS
Diane Diamond, DHS Case Management
Carol Gutchewsky, Mills County DHS
Janet Shoeman, MH/DD
Pat Braesch, DHS Case Management
Norm Bauer, Parent Association, WSHS
Monica Murray, Pott. County, MHS Coordinator
Carol Keune, Fayette County, Community Services
Laren Bawn, SCAT, MH/DD

September: Committee has develop the communication process. See attached committee report.

Advisory Committee Recommendation:
Action Step Completed. Begin dissemination of information.

2. The SHS data system will be modified to provide the information identified as needed according to the timeline set by the workgroup.

   Status: The current data system is adequate for providing the recommended information, however, see attached committee report for recommendations to better communication.

Advisory Committee Recommendation:
Action Step Completed. Recommendations will be submitted to the Division of MH/DD.

3. By July 1996, the SHS staff will be involved in county planning processes. The workgroup consisting of CPC Administrators (or designee) and SHS staff will work together to identify how best to include the input from the

SHSs. When the SHSs are aware of a county planning meeting, parents/guardian are notified of the meeting.

Status: May: SHS is in contact with SCAT. SCAT will notify SHS of regional meetings. For regional or statewide meetings, CPCs may specifically request SHS staff to come and provide information when needed. See attached report by Communication Committee.

Advisory Committee Recommendation:
Action Step Completed.

C. By Sept. 1996, identify information and information format needed by the SHS to coordinate discharge planning.
   1. By March 1996, the SHSs will have a current list of all CPC Administrators and will be kept updated from then on.

      Status: March: SHS have updated list of all CPC Administrators. The Div. of MH/DD will keep the SHSs updated.

      Advisory Committee Recommendation:
      Action Step Completed.

   2. By May 1996, convene a workgroup of SHS staff and county CPC Administrators (or designee), Case Managers and DHS service coordinators (see above). This workgroup will identify how the SHSs will be included in the county planning processes and division of duties related to discharge planning.

      Status: Workgroup convened (see above)

      Advisory Committee Recommendation:
      Action Step Completed.

   3. The county CPC Administrator or their designee is considered part of the SHSs' Interdisciplinary Team for each person the county is responsible and will be included in the team process as releases are obtained.

      Status: Completed - as signed release forms are returned.

      Advisory Committee Recommendation:
      Action Step Completed.

GOAL 2: Transition Process

Goal Statement: Provide for a smooth transition for individuals who move from the State Hospital Schools to full community life.

A. By January 1997, the SHSs will implement a plan for consumers to be able to visit different living options so a more informed choice can be made when discharge becomes eminent. This would not be the same as visiting specific programs that are possible placements, but would be more generic visits, such as visiting friends who live in an apartment to get an idea of what apartment living is like. This could be part of a life experience type of programming available.

1. By September 1996, a workgroup at each SHS will be formed to develop guidelines and procedures for this type of experience.

   Status: Members are currently being identified, the workgroups will convene this month.

Advisory Committee Recommendation:
Action Step Continued.

2. By January 1997, funding and resource issues will be identified in the plan and submitted to the current SHS groups looking at funding options related to their futures planning

   Status: no action.

Advisory Committee Recommendation:
Action Step Continued.

B. Transition Plan development will be strengthened.
   1. Once a placement has been determined, a specific transition plan is developed based on the person's individual needs. Components of this transition plan may include (this is not meant to be an all inclusive list, but a list of examples):
      - visits to that site, either day visit or overnights.
      - visits to the day program, school, etc.
      - visits by the staff from that program to the SHS to spend time with the person and the direct care staff.
      - video tapes of the program, area, staff, roommates, etc. to help the person build familiarity.

- SHS could go with the resident and stay for a determined amount of time to assist in the transition.
- SHS will be available to the community placement for consultation whenever needed.
- the person may begin a job first (be transported) then move.

By March 1996, the Social Workers and Treatment Program Managers at the SHSs will review transition plan development to be sure all are clear on what could be included in the transition plans.

Status: March: Completed

Advisory Committee Recommendation:
Action Step Completed.

2. As funding and resource issues are identified they will be submitted to the current SHS groups looking at funding options related to their futures planning

   Status: on going.

   A committee comprised of representative for each hospital-school has been looking at how Medicaid funds can be accessed to provide services outside of the ICF/MR rates. This group has presented information to the department.

   Further ideas/problems related to funding issues will be brought to the Leadership Team at WSHS or Research and Development at GSHS.

Advisory Committee Recommendation:
Action Step Replaced: The SHSs will present the information that was completed by the joint SHS committee to the Funding Workgroup. Further information as identified by the SHSs will also be brought to the Funding Workgroup.

3. By July 1996, transition plans will include how the parents/guardians will be "transitioned". This may include information dissemination, site visits, and active involvement by the parents/guardians in the process.

   Status: Completed. Parents are included in the timeline of when activities need to be completed. Parents will be contacted to see if this is adequate or if further information is needed.

Advisory Committee Recommendation:
Action Step Completed.

C. By July 1997, procedures will be recommended which cover resource and funding issues involved in the transition process. The Division of MH/DD will work with the current SHS groups looking at funding options related to their futures planning on the following issues:

- When a person visits a proposed outplacement site and when transitioning to a specific outplacement, who submits the per diem claim? This is a problem when the visit requires significant involvement by staff from both the SHS and the community program. How can the funding be "shared"?
- funding for continued consultation once the person is discharged from the SHS.

Status: Recommend this funding issue will be referred to the funding workgroup. (see Goal 3, E.)
Consultation funding is included in the proposal referred to in Goal 2, B, 2 above.

Advisory Committee Recommendation:
Action Step Rewritten: replacing "The Division of MH/DD will work with the current SHS groups looking at funding options" with "These issues will be referred to the Funding Workgroup".

D. The information and training which are provided to the outplacement site will be strengthened. Currently training is given to the outplacement staff concerning any of the person's program information including OT, PT, any adaptive devices, communication systems, self-help program, behavior programs, etc. At times staff from the SHS travel to the outplacement site, at times the outplacement site staff travel to the SHS.

1. The question of funding for training, especially when it is extensive, will be submitted to the current SHS groups looking at funding options related to their futures planning.

   Status: on going. (same as B2 above)

Advisory Committee Recommendation:
Action Step Rewritten: replacing "be submitted to the current SHS groups looking at funding options" with "These issues will be referred to the Funding Workgroup".

2. By April 1996, when a placement is made, the team will put together a list of SHS contact people and contacts for support within the community and give to the provider.

Status: Completed. This is part of the discharge plan. The SHSs are looking at the possibility of documenting this in a different (bit more user friendly way).

Advisory Committee Recommendation:
Action Step Completed.

Community Development of Services and Supports

GOAL 3: Community Services

Goal Statement: Service, supports and resources shall be developed, as needed, to assist consumers who wish to leave the SHSs to live, learn, work, and socialize in the community of their choice.

A.. By April 1, 1996, the state will provide counties with information on the Conner Decree. The counties will be encouraged to work cooperatively with each other in the development of needed services. Information may be presented at the ISAC Spring School in March 1996.

Status: A copy of the Plan was sent to all CPC Administrators (May 13, 1996). A memo was included requesting input into the process and asking for people interested in serving on committees.

See Communication Committees report for further information dissemination.

Advisory Committee Recommendation:
Action Step Revised: By December 1996, the state will provide information on the Conner Decree at regional CPC meetings.

B. Counties will be involved in the Essential Lifestyle Plan for their people at the SHSs. This will occur as Release of Information forms are signed to allow this information exchange.
   1. By April 1996, county CPC Administrators (or designee) will be considered part of the SHSs' Interdisciplinary Team and will receive notices of planning sessions as releases are signed.

      Status: As information releases are obtained, CPC Administrators are added to the IDT.

Advisory Committee Recommendation:
Action Step Completed.

2. As Information Release Forms are completed, CPC Administrators will receive the information packets on all of their residents who have already gone through the Essential Lifestyle planning.

   Status: Completed

Advisory Committee Recommendation:
Action Step Completed.

3. By April 1996, SHS will begin notifying CPC Administrators of the training times available at the SHSs in the Essential Lifestyle Planning. Basic information on the process and what is included in an Essential Lifestyle Plan will also be given to the CPC.

   Status: Schedule of when ELP classes are occurring has been sent out by WSHS. Information ELP was presented at the open houses for CPCs that the two schools have held (and will continue to hold). Both SHSs have "short course" that they present at the SHSs and will look at presenting at CPC regional meetings and ISAC schools.

Advisory Committee Recommendation:
Action Step Completed.

C. By September 1996, the state will develop and distribute aggregate information on people residing in the SHSs. This information will be particularly useful for the development of services for low incidence populations with specialized needs. In order to plan effectively, counties need to know with whom they need to coordinate.
   1. By May 1996, develop a workgroup of SHS staff and county CPC Administrators (or their designees) (see Goal 1). This workgroup will identify what data in what format the data needs to be shared and how often. This workgroup should continue after Sept. 1996 to monitor and adjust the process when necessary

      Status: Workgroup convened (see above)
      The workgroup recommended not routinely providing aggregate information. The CPC Administrators felt that they could gather that information themselves from the information they have. However, the SHS will work with any county that wishes to have aggregate information. The SHS is also looking at the possibility of using a data system (CAP-R) that may be able to be used at the aggregate level.

Advisory Committee Recommendation:
Action Step Completed.

D. A Crisis Intervention Plan or Network will be designed and implemented. This network could be either a private agency network, a network supported by the SHSs or a combination of the two. This plan should include how to fund the service and how to make it geographically accessible. This plan should include exploring the addition of crisis intervention as a HCB service under the MR waiver.

1. By June 1996, a steering committee will be put together. This committee will design the first steps of the development of the planning process. They will look at who should be involved, how to organize the Network, and whether planning should be on a regional basis.

   Status: Committee formed, first meeting, June 26, 1996. Committee consists of:

   Min Ameniya, parent
   Deb Johnson, DHS/HCBS
   Gary Gesaman, DHS/Medical Services
   Jack Hillyard, CEO
   Frank Grim AFSCME
   John Kuster, ResCare
   Russell Wood, SCAT
   Robert Tilden, Boone CPC
   Mark Finkelstein, DHS/MH/DD
   Angie Crowder, WSHS
   Ann Thorson-Aller, WSHS
   Marilyn Preen, GSHS
   Ken Forney, GSHS
   Audrey Dunn, DHS/ OFS
   Sondra Kaska, P & A
   Bob Bacon, IUAP
   Janet Shoeman, DHS/MH/DD
   Jan Newmann, Allamakee CPC

   Ideal system description developed, timeline for workgroup completed (see committee report)

Advisory Committee Recommendation:
Action Step Completed.

2. By September 1996, an initial timeline for implementation will be developed. Components of the system/network will be implemented as appropriate, not waiting until full program is designed.

   Status: Committee formed, work begun. (see attached)

Advisory Committee Recommendation:
Action Step Completed. Replace with: By May 1997, the Crisis Prevention and Response workgroup will complete a plan for implementation of a Crisis Prevention and Response Network including recommendations for funding. Components of the system/network will be implemented as appropriate, not waiting until full program is designed.

E. Training costs will be made an allowable cost within the service rate under the MR waiver distinct from Administration costs.
   1. By September 1996, the Division will put together a workgroup in cooperation with the Division of Medical Services, SHS staff and county representation to develop this process.

      Status: The State/County Management Committee has a legislative charge to look at funding issues related to the MR/DD service system. There is a workgroup, whose original charge was to look at making changes in the Home and Community Based waiver for people with Mental Retardation. This workgroup's charge has now been expanded to look at the entire MR/DD system and will report to the State County Management Committee. In order not to duplicate initiatives, a subcommittee of the MR/DD System Committee will be formed to research the specific questions presented in the Plan for Community Development. This will also provide an avenue for approval and implementation of recommendations.

Advisory Committee Recommendation:
Action Step Revised: By October 1996, the Division will put together a subcommittee of the MR/DD System Committee to develop specific recommendations to be brought the larger group.

2. Regulation for community providers needs to be consistent with the philosophies presented in this plan. This includes Purchase of Service and Department of Inspections and Appeals regulations as well as standards under the purview of the MH/DD Division.

   Status: In 1994--as part of Iowa Senate File 2311--Iowa impaneled a task force which includes family members of persons with developmental disabilities, community-based providers, advocates, and state agency personnel to study outcome-based performance standards for programs serving persons with mental retardation. These agencies and departments have agreed to work together to develop these standards.

This task force set out to develop standards that provide a more responsive system to consumers and their families/guardians. Standards which are understandable to a lay audience and which foster the development of integrated, easily-accessible services. This system focuses on organizational and consumer outcomes. It provides flexibility to agencies, allowing them to design their programs to achieve consumer-focused outcomes rather than process measures imposed by licensing requirements.

This system also focuses the efforts of state regulatory agencies in a collaborated system that would reduce costly duplication of effort and allow them to share responsibility and expertise. This revised monitoring system would eliminate costly multiple reviews within agencies and replace these with one coordinated visit; reduce costs of multiple applications for licenses by an agency; reduce costs of administrative paperwork and oversight within agencies; and potentially reduce duplication of services within agencies.

The accreditation process used by this focus group was based on the Massachusetts model and was field tested in January 1996 by the staff of the Home and Community Based Waiver. It includes interviews with consumers and other important people in the consumer's life, with both the outcome and the supports necessary to obtain that outcome needing to be present in order for the provider to receive accreditation.

The focus group is now looking at piloting these rules. They were in the process of developing a proposal to submit to the legislature when the RFP for the Self-Determination Project from the Robert Wood Johnson Foundation came out. The focus group decided to become part of this project, integrating the work they have completed on the standards with the other initiatives. The application for the Self-Determination Project was submitted in July 1996.

Advisory Committee Recommendation:
Action Step Continued: need to also look at alternatives to RWJF grant.

3. Outcome based standards and funding by services instead of service packages needs to be instituted. Accrediting by outcomes and by services will promote the type of development needed for community supports. The proposed Outcome-based Standards Pilot Project should assist in this process.

   Status: see above.

   Advisory Committee Recommendation:
   Action Step Continued: need to also look at alternatives to RWJF grant.

Goal 4: Community Housing

Goal Statement: Consumers have safe, affordable homes available in the community of their choice. Housing should not be determined by a service package.

A Information on methods to develop affordable housing will be available to CPC Administrators.

1. Beginning in July 1996 and ongoing, counties will be offered information related to steps of developing affordable housing. This information will focus on organization, planning, development, and management. Counties will be encouraged to facilitate the development of broad based local coalitions that have the common interest of developing affordable housing opportunities.

   Status: June: memo sent to all CPCs from Jim Chesnik, MH/DD Housing Specialist giving basic information of affordable housing and that more information and technical assistance will be available. There has been two articles in the Iowa County magazine on housing issues. (July and August issues).

   The Housing Specialist meet with the North-central CPC group, with Henry, Louisa, Lee, Des Moines counties, NW CPC group and South-Central CPC group will meet in Oct.

   Advisory Committee Recommendation:
   Action Step Continued: Look at possibility of presenting at ISAC Spring School. Meet with the other CPC groups. Have information available through The Clearinghouse.

2. Counties wanting technical assistance will be provided with methods to develop Strategic Housing Development Plans.

   Status: Three counties have asked for assistance or information related to housing

   Advisory Committee Recommendation:
   Action Step Continued. Provide TA to the counties identified by the DD Council in their Customer Designed Services Project.

B. An important part of Housing Development Plans comprises ways that communities can facilitate access to a variety of housing options. In order to accomplish this:

1. By September 1996, the Division will put together a workgroup in cooperation with the Division of Medical Services, SHS staff and county representation. This workgroup will consider the following options and present a plan for implementation by July 1997:
   a The use of family homes, including Family Life Homes, in conjunction with HCBS funding. Explore and recommend how to recruit, train, and provide supports to families.
   b. Other housing funding streams will be explored in order to maximize the number of possibilities to meet housing needs. This may include state appropriations, county appropriations, or other funding to be used as rent subsidies, grants, low or no cost loans, etc.
   c. Increase the funding cap on funding for Home and Vehicle Modification through HCBS/MR which could make it easier for persons to use a variety of housing types.
   d. Add a *Live In Care Giver* option (for people who rent or own their own homes) to the HCBS/MR. This option allows for the rent/house payment and utilities to be split between the live in care giver and the consumer.
   e. Facilitating consumer home ownership.

   Status: The State/County Management Committee has a legislative charge to look at funding issues related to the MR/DD service system. There is also a MR/DD Systems workgroup. In order not to duplicate initiatives, the MR/DD Systems workgroup will report to the S/CMC. A subcommittee of the MR/DD System Committee will be formed to research the specific questions presented in this plan.

Advisory Committee Recommendation:
Action Step Continued: revise by replacing the Division putting together a workgroup with the Division will put together a subcommittee of the MR/DD System Committee. Also recommends that information concerning the new HCBS rent subsidy be disseminated.

Training

GOAL 5: Community Capacity Building

Goal Statement: Community will have the capacity to provide the services and supports needed to assure that people can reside within their own communities and avoid the need for admission into a SHS.

A. A training plan will be developed which will include types of training needed and how the training can be organized, marketed, and funded.

1. By July 1996, the Division of MH/DD will establish a Training Consortium. This Consortium will include representatives of community providers, consumers/families, counties, SHS staff and agencies who conduct statewide training such as the University Affiliated Program. The Consortium will develop a plan including types of training needed and the service delivery system.

   Status: May: The training consortium reconvened on May 15, 1996. Committee consists of:

   Mike Davis, WSHS
   Bob Bacon, IUAP
   Mike Hoenig, IUAP
   Murlean Hall, DD Council
   David Leshtz, IUAP
   Barb Smith, IUAP
   Norm Bauer, parent
   Linda Hinton, IARRF
   Frank Grim, AFSCME
   Sondra Kaska, P & A
   Connie Faneslow, P & A
   Ralph Childers, DVRS
   Gerry Gritzmacher, Dept. of Ed.
   Keith Ruff, Evert Conner Center
   Pat Ellis, On With Life
   Cherie Clark, consumer representative
   Janet Shoeman, DHS/MH/DD
   Lori Kool, Mahaska County
   Holli Noble, SCAT
   Susan Simon, Kirkwood Community College

   See attached report for initial work.

Advisory Committee Recommendation:
Action Step Continued.

2. By September 1996, an initial timeline for implementation will be developed. Components of the training network will be implemented as appropriate, not waiting until the full program is designed.

Status: see attached

Advisory Committee Recommendation:
Action Step Continued.

EFFECTIVE COMMUNICATION: A STATE HOSPITAL SCHOOL/COUNTY PARTNERSHIP

I. Introduction/background

In March 1996, the Department of Human Services completed a Plan for Community Development. This plan was developed in response to the Conner Decree. Within this plan, three main areas were identified. The first deals with the relationship between the counties and the State Hospital Schools (SHSs), the second deals with assisting community development of needed services, and the third deals with the training needs of the community.

This report presents a process for building a more effective relationship between the counties and the SHSs. County governments, through the development of their county management plans, have the responsibility for planning for the development of services for people with mental retardation. With this expectation in place, a clear and consistent process for sharing information between the state hospital schools and the counties is essential. Information on individuals residing at the hospital schools needs to be available to the county's Central Point of Coordination (CPC) in order for them to plan for the individual's future service needs.

In April 1996, a workgroup was convened to assist in organizing this county/SHS relationship. The workgroup consisted of:

Julie Jetter, Buchanan County Community Services
Marty Engle Pratt, Page, Fremont, Taylor, MHS Coordinator
Mary Hodapp, WSHS
Larry Pezley, WSHS
Frank Grim, AFSCME
Deb Schildroth, Story County Case Management
Audrey Dunn, Field Support, DHS
Mark Finkelstein, MH/DD
Diana Hoogestraat, GSHS
Diane Diamond, DHS Case Management
Carol Gutchewsky, Mills County DHS
Janet Shoeman, MH/DD
Pat Braesch, DHS Case Management
Norm Bauer, Parent Association, WSHS
Monica Murray, Pott. County, MHS Coordinator
Carol Keune, Fayette County, Community Services
Loren Bawn, SCAT, MH/DD

Rather than waiting for the report to be completed, some activities related to this information process were implemented when identified by the workgroup. These activities were initiated by the State Hospital School staff and included sending out needed information releases, and, as releases came in, current staffing reports and face sheets.

II. Building Relationships

The first step in setting up a communication system is getting to know each other. Both hospital-schools have hosted open houses for CPC Administrators. Glenwood's first open house was on June 6, 1996. Thirty people attended, consisting of CPCs, Board members, and several area SCAT members. Guests were given an overview of Glenwood's services and given a chance to ask questions. Tours were also offered. Each of the guests were asked to fill out evaluations and the comments were excellent. Another open house is scheduled for September 25, 1996.

The first open house at Woodward was on July 16, 1996. Thirty-six people came representing 17 counties, SCAT members, DHS Des Moines and the House Republican staff. The changes in WSHS services were highlighted and tours were given. Presentations were also given on Time Limited Assessment, Respite Services, Assistive Technology, Autism and Essential Lifestyle Planning. The next open houses are scheduled for October 9th and 23rd.

III. Information Exchange Process

A. Format for Information Exchange on Individuals

The SHS staff and the county staff will work together as a team in dividing and designating duties. The consumer is always the center of this process and the process is flexible to meet the individual needs of the consumer.

There are main contacts designated concerning information exchange. The main contacts are:

WSHS - Mary Hodapp, 515/438-2600
GSHS - Diana Hoogestraat, 712-527-4811
Each County - the designated CPC Administrator (list attached)

The process should start at this main contact level but then may be delegated depending on the needs of the situation. An example would be: Initial contact with the county concerning a specific individual would be between Mary or Diana and the county CPC. The CPC may then designate a specific case manager to a consumer. At that consumer's staffing, the case manager would then begin dealing directly with the SHS social worker also assigned to that consumer.

The involvement of the local Department of Human Services social workers and Targeted Case Management will be determined jointly by the CPC and the SHS staff.

1. CPC Administrator Responsibilities
   - CPC Application: The application forms are the responsibility of the CPC or designee. This could be done at the time of the consumer's annual staffings.

- CPC or designee will be involved in the Essential Lifestyle Planning and IPP process at the SHSs for their consumers.

2. State Hospital-Schools Responsibilities
   - Releases were sent out in March to all consumers/guardians allowing the CPC Administrator to receive information concerning their consumers at the SHSs and to be involved in the consumer's individual planning process. Further mailings have occurred for those that did not respond to the first mailing. Personal contacts have been made to try and get 100% of the releases signed. There are a very small number of guardians who have refused to sign. (see section IV.)
   - Basic information was needed immediately by the CPCs about their consumers at the SHSs. The SHSs each have file face sheets. These face sheets were mailed in June to the CPCs for each of their consumers. A cover letter was included explaining that this information should cover the basic information the CPCs need to set up their data base. This sheet also lets the CPC know what month the staffing will be scheduled and a statement saying that they will be sent the exact date a month prior to the staffing. In re-scheduling staffings, parents/guardians schedules are given first priority, but SHS staff will try to work with CPCs.
   - SHSs are sending copies of current staffing reports to CPCs as releases are signed and routinely there after.
   - SHS will continue to evaluate the use of a reporting form to use with the Essential Life Style Planning information..
   - Guardianship Issues: guardians are included on the face sheet. If a person does not have a guardian, and may need one, SHS staff will share information with the CPC on what has been tried, who has been contacted, etc. This will occur at the annual staffing or upon individual request from the CPC.

3. Individual/and Family Responsibilities
   - Full involvement in staffing and Essential Life Style Plan
   - Sign releases to allow information to be exchanged with CPC

B. Discharge Planning

The CPC and the SHS will work closely together on discharge planning. The counties have the main responsibility to plan for all their consumers including those at the SHSs. They will be involved in the annual staffings at the SHS and therefore they should be aware of when outplacement is being discussed. The CPC should be the center of this process, however, the specific duties may be designated based on the individual needs in each situation. The CPC Administrator may delegate these functions as determined by each county's management plan.

Individual needs identified through this process are the basis for all referral of service providers to visit people residing at the hospital-schools for possible placement. All referrals should have the approval of the CPC.

1. CPC Administrator Responsibilities
   - Communication with family: The CPC or designee should be the coordinator of the discharge planning, working closely with the consumer, their family and the SHS staff.
   - It is the CPC or designee that has initial contact with potential providers when out placement is being discussed.

2. State Hospital-Schools Responsibilities
   - SHS staff will work closely with CPCs on discharge planning. Provide CPC with information on likely providers (ones who could meet the needs/wants of the consumer).
   - All referrals for out placement must go through the CPC.
   - Communication with family: It is the SHSs responsibility to communicate the treatment and daily activities information to the family.
   - Central responsibility for designing transition plan. Once a provider has been established through the county CPC, contact should be direct from SHS to provider to plan and carry out the transition plan.

3. Individual/and Family Responsibilities
   - Fully involved in discharge planning
   - Fully involved in designing transition plans

C. State Cases

Discharge Planning

The SHS staff will have central responsibility for discharge planning for residents who do not have a county of legal settlement. Once the consumer's future residence has been identified, who will assist with future planning will be determined. The SHS staff will approach the county of residence and ask if they would assume this future planning responsibility. If the county of residence chooses not to be responsible for this planning process, DHS service workers in that county will assume that roll. Some counties, though they are not the county of legal settlement, have historical ties and have maintained involvement with a consumer. In this situation, that county may also be approached and asked if they would be responsible for the planning for that consumer. Neither the county of residence nor a county that has historical involvement with a consumer without legal settlement is obligated to take responsibility but may choose to do so.

1. CPC Administrator Responsibilities
   - If they choose to do so, take over planning responsibility for a consumer moving from the SHS into their county. A county with historical involvement with a consumer, though not the county of legal settlement or residence may also choose to take the planning responsibility.

2. State Hospital-Schools Responsibilities
   - Has responsibility of outplacement activities, including contacts with parents/guardians and potential providers.
   - Will contact CPC Administrators in potential counties to ask if they choose to take the planning responsibility for the consumer.

D. Aggregate Information

The workgroup discussed different possibilities for use of aggregate data. The committee did not feel that a regular exchange of aggregate data on the county's consumers at the SHSs would be needed. This information could be obtained by the CPC by reviewing the face sheets and the IPP packages. If a county would like to do an overall planning process using aggregate information, they may work individually with the SHSs. At that time specific questions or concerns would be identified by the county, so SHS could gather the appropriate information to address their needs.

E. Involvement of SHS in County Management Plans

The SHSs can be a great resource for counties in their planning processes. The staff at the SHSs have had many years of experience working in developing needed supports for people with disabilities in the community. The SHSs will not automatically be involved in all county planning processes. However, CPCs should still have a way they can access the SHSs for planning assistance. The CPCs currently have the capacity to set up regional meetings with the assistance of their State/County Assistance Team member. This could be a more workable vehicle for SHS involvement.

1. CPC Administrator Responsibilities
   - Work with SCAT to notify the SHSs of regional (or statewide) meetings and provide agendas if possible. (place SHSs on mailing list)
   - If there are specific questions or assistance needed, notify the SHS to get them on the agenda. If there are areas you will be discussing that you would like their input on, notify them that you would like them to be there.

2. State Hospital-Schools Responsibilities
   - Have staff available to attended regional (or statewide) meetings if requested. Diana and Mary will make presentations. Their first

presentation was September 9, 1996, in the SE area of the state. This was very successful and more will be scheduled for other areas.

- Monitor agendas of regional meetings and attend if there is a topic of interest to the SHS.
- Offer meeting space for CPC regional meetings or other CPC meetings.
- Hold periodic open houses to provide information

F. System Needs for Better Communication

Recommendations:

1. In order to keep open communication, the CPC Administrators, the SHSs and DHS Central Office should have a readily accessible communication system.
   a. Explore the possibility of the CPCs having access to the DHS Office Vision and shared file system through DHS local offices.
   b. Increase the access at the SHSs to the DHS Office Vision and shared file system
   c. Explore the possibility of email communication.

2. State Hospital Schools
   - the SHS computers should have networking ability within the SHS
   - As needed information is identified, modifications may be required in the SHS data system

IV. Other Recommendations/workgroup activities

A. SHS Admissions

The fact that current admissions procedures did not include the CPC in the admissions process was discussed at a workgroup meeting. Several members of this workgroup are also members of the Residential Technical Assistance Team (RTAT), which is the group that reviews SHS admissions. They brought this to the attention of RTAT who rewrote the procedures to include the CPC.

B. Universal Release Form

The department is developing a "universal" release form that could be used by either the department or the counties. This form would allow for the mutual exchange of information needed to assure a coordinated planning process. This workgroup reviewed this form and made comments/suggestions to the department.

C. Unsigned SHS/CPC Release Forms

There are few guardians that have refused to sign a release form for the SHS to provide information to the CPC. The workgroup recommends that a legal opinion on the ramifications of this refusal be obtained and directions/information be shared with guardians and CPCs.

D. State Cases

It was evident during discussions on state cases that there is great confusion on who to contact, about what, and when. The workgroup recommends that this process be solidified by DHS and communicated to the CPCs, Case Managers, and DHS field staff (see section II, C).

E. Other Communication Difficulties

While discussion the communication process with the SHSs, it became apparent that there are other areas where communication has been lacking. The workgroup identified the state case procedures and the changes in the Home and Community Based waiver as two areas of great confusion. The workgroup suggests that information on these areas also be brought to regional meetings (see section IV. Education/information Dissemination)

IV. Education/information Dissemination

A. The workgroup identified that information on the following areas needs to be disseminated:

- the communication procedure outlined in this report
- other aspects of the Conner Decree including
  - ⇒ general overview of decree
  - ⇒ information and feedback for other "Conner's Committees"
- training and information on "state case" procedures
- training and information on changes in the Home and Community Based waiver program

B. Regional Meetings

The workgroup believes that the information on the Conner Decree and the information exchange process needs to get out as soon as possible. The workgroup has designed a format for presenting the information exchange process (see attached). It may be necessary to cover this information first and follow up later with the information on the state case process and waiver changes.

The workgroup members will assist as hosts for the meeting in their area. The workgroup will work closely with the State/County Assistance Team (SCAT) in setting up these sessions. At these regional meetings, it would be decided how the state case and waiver information will be disseminated to all who need the information. It is recognized that providing the training to CPCs, Case Managers and DHS field staff at the same time not only provides consistent information but could also provide an opportunity to work together as a team. If a process of shared information/training could be developed in the regions, many different topics could be dealt with effectively on a continuing basis.

C Informational Letters

An informational letter concerning the Conner Decree and the Information Exchange process will be mailed to all Title 19 Case Management offices and DHS field offices. The information will also be reviewed with the DHS case managers at one of their monthly conference calls. ISAC Case Management will be approached to see if they would like further assistance.

V. Future of Communications Workgroup

The Communications Workgroup will meet again in January 1997 to review the implementation of the communication process. The Workgroup will then meet every six months. The workgroup recognizes that clear communication between, CPC, Case Management, and DHS (both field, central office and SHSs) is vital. This does not just encompass the SHS - CPC communication process, but many other areas as well.

Recommended Duties:

- assist in hosting regional trainings and disseminating the developed information
- identifying process difficulties in the designed procedures and recommend needed changes
- be contact people for others to bring communication issues or problems to that they would like the workgroup to deal with
- be available as a sounding board for issues

FORMAT FOR INFORMATION EXCHANGE ON INDIVIDUALS RESIDING AT A STATE HOSPITAL SCHOOL

The SHS staff and the county staff will work together as a team in dividing and designating duties. The consumer is always the center of this process and the process is flexible to meet the individual needs of the consumer.

MAIN CONTACTS

Counties	Hospital-Schools
CPC Administrator (see attached list)	GSHS - Diana Hoogestraat 712-527-4811 WSHS - Mary Hodapp 515/438-2600

The process should start at this main contact level but then may be delegated depending on the needs of the situation. An example would be: Initial contact with the county concerning a specific individual would be between Mary or Diana and the county CPC. The CPC then may designate a specific case manager to a consumer. At that consumer's staffing, the case manager would then begin dealing directly with the SHS social worker also assigned to that consumer.

The involvement of the local Department of Human Services social workers and Targeted Case Management will be determined jointly by the CPC and the SHS staff.

RESPONSIBILITIES

CPC Administrator (or designee)	Hospital-Schools
CPC Application. Involvement in the Essential Lifestyle Planning and IPP process at the SHSs for their consumers	Have releases signed by consumers/guardians allowing CPC to receive information and be part of the planning process Provide CPC with staffing information

DISCHARGE PLANNING

The CPC and the SHS will work closely together on discharge planning. The counties have the main responsibility to plan for all their consumers including those at the SHSs. They will be involved in the annual staffings at the SHS and therefore they should be aware of when outplacement is being discussed. The CPC should be the center of this process, however, the specific duties may be designated based on the individual needs in each situation. The CPC Administrator may delegate these functions as determined by each county's management plan.

Individual needs identified through this process are the basis for all referral of service providers to visit people residing at the hospital-schools for possible placement. All referrals should have the approval of the CPC.

RESPONSIBILITIES

<u>CPC Administrator (or designee)</u>

Communication with family:
- CPC is the center of the discharge planning

Initial contact with potential providers

Keep SHS informed on all discharge planning activity

<u>Hospital-Schools</u>

Communication with family:
- SHSs communicate the treatment and daily activities information

Provide CPC with information on likely providers

All referrals for outplacement must go through the CPC

Responsible for transition plan - to enable smooth movement from SHS to the community

STATE CASES

The SHS staff will have central responsibility for discharge planning for residents who do not have a county of legal settlement. Once the consumer's future residence has been identified, who will assist with future planning will be determined. The SHS staff will approach the county of residence and ask if they would assume this future planning responsibility. If the county of residence chooses not to be responsible for this planning process, DHS service workers in that county will assume that roll. Some counties, though they are not the county of legal settlement, have historical ties and have maintained involvement with a consumer. In this situation, that county may also be approached and asked if they would be responsible for the planning for that consumer. Neither the county of residence nor a county that has historical involvement with a consumer without legal settlement is obligated to take responsibility but may choose to do so.

RESPONSIBILITIES

CPC Administrator (or designee)

If they choose to do so, take over planning responsibility for a consumer moving into their county, or a consumer they have had historical ties to.

Hospital-Schools

Responsible for discharge planning, including contacts with families and providers

Will contact potential counties to ask if they wish to be involved

Refer to DHS service worker in county of residence if needed

INVOLVEMENT OF SHS IN COUNTY MANAGEMENT PLANS

The SHSs can be a great resource for counties in their planning processes. The staff at the SHSs have had many years of experience working in developing needed supports for people with disabilities in the community. The SHSs will not automatically be involved in all county planning processes. However, CPCs should still have a way they can access the SHSs for planning assistance. The CPCs currently have the capacity to set up regional meetings with the assistance of their State/County Assistance Team member. This could be a more workable vehicle for SHS involvement.

RESPONSIBILITIES

CPC Administrator (or designee)

- Place SHS on mailing list - notify of regional or statewide meetings
- Contact Mary or Diana if there are specific questions or assistance need

Hospital-Schools

- Have staff available to attend if requested
- Monitor agendas of regional or statewide meetings and attend if need/wanted
- Offer meeting space at SHS
- Hold periodic open houses