

ARKANSAS – 2001 Community PASS Grant

Identified Problems with the States' Long-Term Care System

- There is no formal mechanism that encourages consumers and family members to provide and share opinions and collaborate and no single source for information).
- Problems exist with recruitment, training, and retention of qualified direct support staff.
- The ability of consumers to self-direct services is limited by a system that has not kept pace with new paradigms and best practices in the field of developmental disabilities (DD).
- Community providers are limited in their ability to meet the PASS needs of persons with extremely challenging behaviors.
- There is a long waiting periods of up to two years for PASS related services.
- PASS related services are unavailable in many rural areas.
- Individuals apply for services from a variety of agencies but assistance is not coordinated.
- Government and State funds can only be used to pay for Developmental Disability Services (DDS) licensed or certified providers, thereby limiting consumer choice in the type and amount of services received. Consumers have no control over the hiring, pay, training, or termination of direct support staff, and individuals cannot direct the duties of staff across all environments. Hiring of family member is restricted by definition in accordance with State Medicaid regulations.
- Arkansas has historically depended on institutional services (ICF/MR) with slow modification to the system to keep pace with increased preference by consumers for community services.

Perceived Strengths

- The state has had some success with consumer-directed services (Independent Choices), operated by DAAS.
- The state's Olmstead Coalition has been nationally recognized.
- Consumer self-advocacy is increasing, e.g., the Arkansas chapter of People First, a self-advocacy organization for persons with developmental disabilities, is collaborating with DDS on several projects.
- Collaboration exists between Developmental Disability Services, DRC, the University Affiliated Program (UAP), and DDC.
- There has been significant growth in waiver services.
- The state has a strong network of providers, of which two-thirds provide PASS related services through the HCBS waiver.
- UAP has DDC funding to enhance staff recruitment, training, and retention.
- There is an increased awareness and buy-in among legislators of issues facing the DD community.

Primary Focus of Grant Activities

- Increase opportunities for consumer direction.
- Reduce the shortage of qualified direct support staff.
- Develop new consumer-driven service delivery system options.

Goals, Objectives, and Activities

Overall Goal. To actively promote a change in the way services are provided to individuals with Developmental Disabilities by applying concepts of independence, self-determination and consumer control to the design and implementation of a new system.

Goal. To enhance consumer self-advocacy.

Objectives/Activities

- Support change through the hiring of appropriate staff with commitment of resources.
- Develop a DDS Advisory Council, a 16-member council to provide oversight and implementation of self-advocacy networks.
- Create networks for self advocacy (e.g., literacy training, leadership development, and organizational skills).
- Share information through a web site.
- Create and disseminate a handbook for people with developmental disabilities and their families.

Goal. To improve the quality of individuals' lives through alleviation of staffing problems.

Objectives/Activities

- Develop an advertising campaign and materials to be used in recruiting Direct Support Professionals (DSP) to provide community-based services and supports to individuals with disabilities.
- Train trainers for a DSP curriculum.
- Provide pre-service training for direct support professionals.
- Expand the UAP grant.

Goal. To explore new options for service delivery that embrace the concepts of self-determination and consumer choice and control.

Objectives/Activities

- Commission a study to develop a service brokerage system and provide consumers with a "one-stop shopping" model.
- Commission the development of a system of fiscal intermediaries, to include models for community boards and for the support of individual and family initiatives.

Key Activities and Products

- Create an accessible, interactive web site for people with disabilities, direct support professionals, and family members.
- Create and disseminate a handbook (printed version of information available on the web site).
- Develop an advertising campaign and materials for recruiting direct support professionals to provide community-based services.
- Identify and support a statewide faculty trained to provide a 40-hour pre-service curriculum to Direct Support Professionals in 10 sites.
- DDS Advisory Council, in collaboration with partners, will analyze and determine best practices for implementation of a fiscal intermediary system.

Consumer Partners and Consumer Involvement in Planning Activities

- Family members of individuals with disabilities have assisted in the design of the new program.
- DDS solicited and received input from People First, a statewide self-advocacy group. A series of meetings were held in various regions of the state.

Consumer Partners and Consumer Involvement in Implementation Activities

People First has committed members to working together with DDS in the development of each portion of this project, including representation on the DDS Advisory Council.

Public Partners

- DHS, Developmental Disability Services, DDC.
- Governor's Integrated Services Task Force.

Private Partners and Subcontractors

- Arkansas Waiver Association.
- University Affiliated Program.

Public and Private Partnership Development/Involvement in the Planning Phase

Public Partners

- Governor's Integrated Services Task Force collaborated with DDS by providing guidance to the state in the development and implementation of the state's "effectively working" Olmstead plan.

- The state mandated cooperation between the DHS and the Department of Education, Department of Health, Department of Workforce Education, and the Division of Children and Family Services. These agencies provided information regarding needs and system ability to meet needs. For example, the Department of Workforce Education was able to provide information regarding possible workforce that can be developed to provide Personal Assistance and Related Support Services from registered work pool of displaced worker and/or workers that meet TANF criteria.
- DHS and the Division of Mental Health Services, Division of Aging and Adult Services, Division of Medical Services, and the Division of Children and Family Services. These agencies have cooperative agreements in place with the Division of Developmental Disabilities Services to address dual need populations. In preparing this proposal, for example, the Division of Aging and Adult Services and DDS are combining efforts to develop and disseminate information regarding available services and systems changes that effect individuals requiring long-term care supports.

Private Partners

No involvement cited.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

- Mandated collaborative partners include the Division of Developmental Disabilities Services, UAP, Disability Rights Center, and Developmental Disabilities Planning Council. This partnership will provide access to expertise in advocacy, rights, legal protections, and a forum for discussion of best practices.
- The Arkansas Waiver Association and the Arkansas Disability Coalition will participate in the development of the work plans and help communicate information to waiver recipients.

Private Partners

- Partnership with UAP will lead to the development of a comprehensive plan of recruitment, training, and retention of direct support professionals. Specific activities include development of training curriculum, increased public awareness campaign to address staff crisis and specific retention strategies.
- Arkansas Waiver Association has committed to improve service models and quality of care.

Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities

The Governor’s Integrated Services Task Force (GIST) will be utilized to assist the DDS in advocating for the system changes at the executive branch level through the Olmstead Plan.

Oversight/Advisory Committee

- A significant role of the Council will be to review and evaluate the success of the program and make recommendations for changes to enhance the program's ability to provide supports.
- A 16-member DDS Advisory Council will be established to oversee the general direction of the project. At least 50 percent of the Advisory Council will be made up of people with developmental disabilities and family members who represent consumers.

Formative Learning and Evaluation Activities

- The DDS Advisory Council will host focus groups annually in five regions of the state to solicit feedback from consumers and providers of personal assistance services and host an annual public forum.
- Collect and share/publish "best practices" on a quarterly basis.
- Insure continuous learning from partnering with other states.
- Develop a survey for state officials, people with disabilities, family members, and direct support professionals.

Evidence of Enduring Change/Sustainability

Creating a strong infrastructure that will support ongoing growth in the number of people with disabilities (and, where appropriate, their families) who self-direct their supports.

Geographic Focus

All activities will be geared towards statewide implementation.