

IOWA -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- System is institutionally biased.
- Shortage of trained, adequately compensated staff.
- Service delivery system is fragmented; no coordination among community services to support individuals who want to live independently.
- Services driven by funding rather than consumer needs and preferences.
- Lack of information about services available to those who want to live independently.
- Gaps in availability of comprehensive community services.

Perceived Strengths

- The state has several programs that enable people with disabilities to pursue supported, competitive employment and remove employment barriers currently faced by people with disabilities. The goals of these programs are to address collaboration between agencies and programs and to make every effort to see that change is sustainable following the completion of demonstration programs under these grants.
- Availability of a network of private community service providers already participating in local and state partnerships.
- Existence of a statewide network of public and private agencies, service providers, and advocacy programs that work on behalf of those with disabilities.
- The state has begun a paradigm shift towards provision of community-based services and supports rather than traditional residential services.
- Consumer-Directed Attendant Care services are available under all six of Iowa's HCBS service waivers to provide assistance with job related skills. Efforts include an offer of training to consumers on a variety of employment-related activities, such as recruiting and managing personal assistance workers.

Primary Focus of Grant Activities

- Increase consumer choice in identifying and securing services and supports.
- Prevent unnecessary institutionalization by developing and implementing a coordinated system of transition services and community supports.

Goals, Objectives, and Activities

Overall Goal. To move the state's disability services system away from the traditional medical model of evaluation and placement of individuals towards a system that is consumer driven.

Goal. To develop and implement a consumer-centered process that will promote greater consumer involvement in identifying and securing services and supports.

Objectives/Activities

- Develop and implement an assessment tool to identify individual strengths, barriers, personal choice, and preferences of people with disabilities.
- Design and disseminate plain-language information materials on services available in integrated settings to individuals with disabilities.
- Develop and implement a curriculum to train service providers, service coordinators, medical professionals, and policy-makers on person-centered service delivery.
- Simplify access to disability-related services and funding through the pursuit of needed policy changes.

Goal. To develop and provide a coordinated transition and community support system.

Objectives/Activities

- Develop a system to identify persons with disabilities who are living in institutions, and persons at risk of entering an institution, who want to transition to, or remain in, the community.
- Identify and train Community Living Specialists to assist consumers with transition activities and to support them in community living.
- Investigate the development of a certification procedure or other form of recognition as an incentive for persons to become trained as Community Living Specialists.
- Establish an information and referral system that increases access to services and supports.
- Develop and implement a statewide coordinated system of crisis prevention and intervention services.

Key Activities and Products

- Develop a system to identify persons with disabilities who are living in institutions, and persons at risk of entering an institution, who want to transition to, or remain in, the community.
- Establish and implement a coordinated system of transition services and community supports
- Identify and train Community Living Specialists to assist consumers with transition activities and support them in community living.
- Establish and implement a coordinated system of crisis prevention and intervention services to prevent unnecessary institutional admissions.

- Develop and implement a person-centered assessment tool and process for use by Community Living Specialists.
- Develop a self-assessment tool to be used by consumers of disability services and their family members or advocates.
- Provide information on available services to individuals with disabilities and long-term illnesses
- Provide information on person-centered services to parents and other family members, guardians, and direct service staff.
- Identify and pursue needed policy changes to simplify access to services
- Establish an information and referral system.

Consumer Partners and Consumer Involvement in Planning Activities

- Originally formed during implementation of Olmstead planning activities in Iowa, the Oversight and Implementation Committee for the Iowa Plan for Community Development has been designated as the Consumer Task Force for this grant. The committee (consisting of seventeen persons with disabilities and four parents of persons with disabilities) was involved in the planning and development of concepts which were used as a basis for the proposal.
- The group, currently known as the Olmstead Real Choices Task Force consists of seven or eight consumers who participated in one or more of the original Olmstead Teamwork meetings held around the state in 2000, and several were on the Steering Committee that wrote the Iowa Plan for Community Development. The task force met with agency staff involved in writing the grant on one or more occasions prior to and during the grant writing process to provide feedback on the proposed grant activities, goals, and objectives.

Consumer Partners and Consumer Involvement in Implementation Activities

The Consumer Task Force will play a major role in the oversight and implementation of the grant. An ad-hoc group, made up of members from the task force and chaired by a consumer, will provide input on day-to-day grant related issues, reviewing procedural issues, adopting rules regarding membership and attendance, and making recommendations on such issues to the larger group. All members of the task force receive e-mail from the Olmstead Coordinator on a regular basis with updates around day to day issues, reports on activities in Iowa and other states, and legislative and other issues.

Public Partners

- Iowa Long-Term Care Ombudsman's Office.
- Iowa Department of Public Health.
- Iowa Department of Elder Affairs.
- Iowa Department of Corrections.
- Iowa Department of Civil Rights.
- Division of Behavioral, Developmental, and Protective Services for Families, Adults, and Children.

- Division of Medical Services (the agency administering the Medicaid program).
- Iowa Commission of Persons with Disabilities.
- Iowa Consortium for Substance Abuse Research and Evaluation.
- University of Iowa, IDEAS Program.

Private Partners and Subcontractors

Private entities representing various disabilities and age groups are members of the Olmstead Real Choices Task Force. They include South Central Iowa Center for Independent Living, the Conner Center Independent Living, Iowa Protection and Advocacy, the Iowa Association for Home Care, the Legal Center for Special Education, and the Iowa Association of Community Providers.

Public and Private Partnership Development/Involvement in the Planning Phase

Public Partners

The grant application was developed through a joint effort by the Division of Mental Health and Developmental Disability and the Division of Medical Services. Staff from both divisions met frequently during the grant writing process with staff writing brief portions of the grant and offering feedback on other sections. Other public partners serve on the Real Choices Task Force.

Private Partners

The private entities listed above all have a representative on the Olmstead Real Choices Task Force. As such they were involved in discussions about the real choice grant goals, activities, and objectives.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

In addition to the public partners on the task force, the Iowa Department of Transportation, the Iowa Housing Authority, and the Iowa Department of Education, are expected to participate in implementation activities when deemed appropriate by the task force and other partners. Their role has not yet been determined.

Private Partners

- The Iowa Consortium for Substance Abuse Research and Evaluation is expected to collaborate with the Iowa Department of Human Services to guide the development of the project's evaluation process.
- Subcontracts will be used for external evaluation, establishment of information and referral system, individualized assessments, data gathering, training activities, development of assessment tools and informational materials, and assistance with transition activities.

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

Existing partnerships with several entities (e.g., the Iowa Department of Human Services, the Department of Corrections, the Iowa Mental Health Planning Council, Iowa Mental Health and Developmental Disabilities Commission, the Governor's DD Council, the Personal Attendant Services Council, and the Iowa Commission of Persons with Disabilities) will provide opportunities for information sharing, networking, and garnering support when needed.

Oversight/Advisory Committee

The Oversight and Implementation Committee for the Iowa Plan for Community Development will be involved in the oversight and implementation activities. Project staff and others involved in implementation activities will be expected to meet with and report regularly to the Iowa Department of Health Services' staff as well as the Task force and its members, as necessary, for maintenance of quality communication, sharing information, management of the grant activities, and soliciting feedback.

Formative Learning and Evaluation Activities

- Quarterly meetings of Oversight and Implementation Committee and Consumer Task Force.
- Subcommittees formed to address issues related to project implementation.
- Conduct surveys, interviews, and other activities to determine goal accomplishment.
- Gather feedback and develop a method for including feedback in the overall evaluation.
- Collaborate with evaluating subcontractor for guidance in the development of evaluation process.

Evidence of Enduring Change/Sustainability

Many of the grant activities will result in products that will be used after the grant ends. These include:

- An assessment tool to identify the individual strengths, barriers, personal choice, and preferences of people with disabilities.
- A curriculum to train service providers, service coordinators, medical professionals, and policy-makers on person-centered service delivery.
- Information materials on services available in integrated settings to individuals with disabilities.
- Web-based consumer accessible information and referral system.

Additionally, the results of grant activities, such as training for Community Living Specialists, and the development of coordinated transition and community support systems, will endure after the grant ends.

Geographic Focus

Interventions will be statewide.