TNFORWARD

TOP TO BOTTOM REVIEW

Chapter 14

INTELLECTUAL & DEVELOPMENTAL DISABILITIES

HIGHLIGHTS

- Become the first accredited state intellectual and developmental disabilities service delivery system in the nation. When accomplished, DIDD will be recognized at a national level as a quality service delivery system. The department's goal is to achieve accreditation within four years.
- Secure employment for persons who have intellectual or development disabilities that are interested in working. Employment is an opportunity to earn competitive wages, develop new skills, enhance self-esteem, increase independence, identify oneself as a contributing member of the community, and improve quality of life.
- Execute a strategic plan for health care that emphasizes health promotion. This includes strengthening partnerships with academic centers to provide additional educational experiences for both students and practitioners in health care disciplines. DIDD will seek input widely so stakeholders have a sense of commitment and ownership of this healthcare strategic plan, which will create a person-centered culture for health and wellness.
- Establish a committee to review all contracts, grants and direct purchase authorities on an annual basis to evaluate performance, need, cost and oversight. Through this process, DIDD reduced existing contract expenditures by over $2,000,000 in the past nine months.

INTRODUCTION

Effective January 15, 2011, the former Division of Intellectual Disabilities Services was established as the Department of Intellectual and Developmental Disabilities (DIDD). The division had previously been under the direction of the Department of Finance and Administration. Today, the department leads the state in developing and maintaining a system of supports and services for persons with intellectual and developmental disabilities. The broader charge of serving persons with developmental disabilities is a new responsibility of the department, and while it is an appropriate charge, it came without additional fiscal allocations which is a challenge facing the department.

Programs coordinated by the department are financed from state appropriations, grants and federal Medicaid monies. For the most part, every one dollar the state spends on services for people with intellectual disabilities

is matched with two federal dollars. With that being said, DIDD is responsible for the oversight of a dynamic statewide system that serves over 8,000 Tennesseans with intellectual disabilities in three Home and Community Based Waivers and over 4,000 people in the Family Support Program. The service system includes over 470 community providers that employ 27,000 Direct Support Professionals in addition to approximately 2,200 state employees between the DIDD central office, developmental centers in Middle and East Tennessee, 17 state-operated community homes, three resource centers, and three regional offices.

The overall mission of DIDD is to provide leadership in the development and maintenance of a system that offers a continuum of services and support for persons with intellectual disabilities. The services and supports provided by DIDD contribute to those persons having healthy, secure, and meaningful lives.

APPROACH/METHODOLOGY

The DIDD Top to Bottom Review examined organizational structure, program responsibilities, fiscal accountability, best practices, and customer service. Strategic discussions were also held related to the budget, infrastructure, technology and other business practices deemed relevant to setting direction and improving performance.

Small group discussions with senior management were conducted to outline the mission, key objectives, and responsibilities of the department. One-on-one interviews were established with staff at various levels of the organization to receive their perspective and expertise on the department's purpose and performance. Managers met with their entire team to ask the questions of "who, what and why" in order to determine the reasons behind our business processes and practices. Participants were encouraged to brainstorm and to candidly help DIDD identify areas needing improvement or change.

The governor's goal of having a more efficient, effective, and economical government with improved customer service was the guiding principle for this energizing process.

RECOMMENDATIONS

Recommendation 1: Become the first accredited state intellectual and developmental disabilities service delivery system in the nation.

> ***Discussion:*** DIDD is currently working with a national accreditation entity to achieve accredited status. The accreditation process will provide an external examination of DIDD operations as a means to highlight successful programs already in place, and to focus and enhance continued initiatives to put people receiving services at the center of planning, policy, program, and practice at the local, regional, and state-wide levels. DIDD's goal is to become accredited within four years.

Recommendation 2: Assist more people with intellectual and developmental disabilities to obtain employment if they are interested in working.

> ***Discussion:*** Employment is an opportunity to earn competitive wages, develop new skills, enhance self-esteem, increase independence, identify oneself as a contributing member of the community, and improve quality of life. DIDD has several initiatives underway to make this a reality for the persons we serve. As individuals have a new income source, they may rely less on the state for basic necessities.

Recommendation 3: Develop an integrated database system.

> ***Discussion:*** The Information Systems Division is working to replace the department's current computer applications with an integrated database solution. These systems are used to track recipient and provider demographic data, service authorization and billing information, case management data and incident and investigation

data. By replacing these systems, DIDD will be able to improve efficiency and lower operational costs, while providing greater protection and improved service delivery to individuals and families.

Recommendation 4: Execute a strategic plan for health care that emphasizes health promotion.

Discussion: People with intellectual and developmental disabilities experience significant health disparities with twice the physical health challenges as the general population. However, they are involved in fewer health promotion activities. Recognizing optimal health is the cornerstone for a fulfilling and rewarding life, the department will execute our strategic plan for health care that emphasizes health promotion. Through this effort, DIDD, in conjunction with the Department of Health, will seek to improve the lives of persons served by educating and supporting them on leading a healthy and active life.

Recommendation 5: Expand partnerships with academic centers to further develop education and research opportunities.

Discussion: Joint academic-department partnerships would permit research to answer clinically relevant questions, and these partnerships may generate funding for joint research projects. Also, by working together with colleges, universities and professional organizations, best practices can be examined as to what is most practicable for the unique aspects of people with intellectual and developmental disabilities.

Recommendation 6: Develop a strategic plan that concentrates on encouraging more interaction between students, nurses, physicians and persons with intellectual or developmental disabilities.

Discussion: Education of the next generation of clinical providers is important to the people that we serve. To advance this interest, DIDD will do three things. First, the department will identify and help establish clinical training programs that allow students to interact with people with intellectual and developmental disabilities. It is hoped that this will encourage more health care providers to choose a career that includes serving this population. Second, the department will work to enhance the curriculum in professional education to improve knowledge and skills of graduates. Finally, the department will strive to improve continuing education for professionals already in practice. To accomplish this goal, the department will work with the Developmental Disabilities Nurses Association and develop a database of currently certified nurses to begin part of this effort. The goal is to continue to increase the skills of nurses and improve quality of care.

Recommendation 7: Build a directory of clinical providers currently serving people with intellectual and developmental disabilities.

Discussion: This effort will help the department be more efficient and effective in its communications with clinical providers and be able to alert them about various issues, such as new drug information. This relationship will also serve as a forum for providers to identify administrative inefficiencies or other concerns they have that DIDD can work to resolve.

Recommendation 8: Identify people with a dual diagnosis, determine where service gaps may exist, and improve services provided.

Discussion: Approximately 40 to 50% of people with intellectual and developmental disabilities experience psychiatric or behavioral problems. DIDD will develop a directory of providers and work with the Department of Mental Health to identify service gaps for persons with a dual diagnosis (having an intellectual or developmental disability plus a psychiatric diagnosis or challenging behavior).

Recommendation 9: Define and compare health needs, and assess the competency of clinical providers to prepare for an aging population.

Discussion: People with intellectual and developmental disabilities are living longer. Therefore, the aging population of people with intellectual and developmental disabilities, the increased incidence of dementia and growing demand for end of life care will place further demands on providers and funding. DIDD will examine the coming needs of this group and plan services to meet those needs.

Recommendation 10: Provide direct advocacy services for the persons DIDD serves.

Discussion: The statewide Director of Advocacy Services position was established by the commissioner of DIDD after recognizing that the department should be one of the main advocates for persons supported. This move will allow DIDD to become an advocacy resource for families and persons supported in an effort to better improve their quality of care and quality of life. This role will involve tracking trends and patterns of advocacy needs, and DIDD management will use this quantifiable data to address systemic needs identified.

Recommendation 11: Implement consumer and family satisfaction survey tools.

Discussion: The Advocacy Office will implement consumer and family satisfaction survey tools in an effort to measure performance and progress of the service system. This will help assess if effective mechanisms are in place for appropriate problem solving to improve quality of life for persons served.

Recommendation 12: Assess and reorganize accounting and fiscal operations of the department.

Discussion: Unlike most state agencies, DIDD has a decentralized administrative structure. In addition to central fiscal, human resources, and procurement offices, all regions and facilities have their own units as well. The staff in those offices do not report to the Central Financial Director or the Central Human Resources Director. As a result, DIDD has not always had a consistent method of performing the duties required of these administrative offices. Furthermore, there is not adequate support in each regional office because of small staff size. Centralization will provide better support and segregation of duties because each staff member will be able to perform work for any section of the department, thus meeting peak times in particular areas. The centralization of all accounting, human resource, and procurement functions will better ensure uniformity in the way DIDD does business across the state and will result in efficiencies gained by using the same forms, same contracts, etc. DIDD expects to see significant cost savings by eliminating up to six positions during the centralization process.

Recommendation 13: Implement current-day personal banking practices for persons served by the department in the state-operated intermediate care facilities and community homes.

Discussion: As DIDD continues to implement a person-centered model of care, it is imperative to ensure that financial matters for persons served are also redesigned to be more person-centered. Individual spending processes and practices need to

take into account the wishes of the person, as well as permitting ready access to their funds, and encourage and facilitate persons to learn how to handle certain, if not all, aspects of their finances. DIDD recognizes that the way most individuals handle their finances is becoming more automated and focused online. DIDD plans to implement a debit card program with each person having her or his own individual checking account. This type of program will ensure that the individuals we serve will be kept up-to-date as technology advances. Additional advantages include more efficient tracking of expenses for better money management and better protection against theft.

Recommendation 14: Review all contracts, grants, and direct purchase authorities.

Discussion: DIDD established a committee to review all contracts, grants and direct purchase authorities on an annual basis to review for performance, need, cost and oversight. Through this process, DIDD has already reduced existing contract expenditures by over $2,000,000 in the past nine months.

Recommendation 15: Allow DIDD to assume licensing responsibilities for DIDD contracted providers.

Discussion: Legislation has been proposed that would transfer the responsibilities of licensure of facilities and services for persons with intellectual and developmental disabilities from the Department of Mental Health to DIDD.

Recommendation 16: Allow DIDD to have one admissions review committee.

Discussion: DIDD has proposed legislation that removes references to local admissions review boards at the remaining developmental centers (Clover Bottom, Harold Jordan Center, and Greene Valley). If enacted, one statewide admissions review committee will be responsible for admissions decisions to a state developmental center.

Recommendation 17: Develop a DIDD Speaker's Bureau.

Discussion: Speaker's bureau programs are very effective avenues for promoting education and understanding. DIDD foresees a need to raise public awareness about issues surrounding intellectual and developmental disabilities. In addition, as the Department of Intellectual and Developmental Disabilities was just established effective January 15, 2011, the public may not have a good understanding of the department's purpose and function. A speaker's bureau can help educate people about the organization's purpose, services, and activities as well as educate public service entities on how to effectively communicate or work with people with intellectual and developmental disabilities.

Recommendation 18: Develop a clearinghouse of community resources that includes support groups, community alternative services, and events.

Discussion: DIDD should strive to become the main resource in the State of Tennessee for information related to intellectual and developmental disabilities. Creating alliances between DIDD and community organizations all across the state will help us to provide information about various programs such as local support groups, community alternative services and local community events. DIDD staff will be trained and made available to respond to questions, make referrals, and provide education and training. The website will be updated to include a community page that includes information about various resources available throughout Tennessee.