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Recommendation #3 – Increase Employment: Employment is a centerpiece of adulthood and must be available for every person. The benefits of employment for people with disabilities are significant and are the same as for people without disabilities.				
Current Strategy	Keep As-Is	Retire or Revise To... (strikethrough for removal and underline for additions)	Reason Proposed Change	ISAC Review Date
#1 - Inform families about employment opportunities when their children are young; inform self-advocates as they approach the age of transition.		Inform <u>individuals and</u> families about employment opportunities <u>throughout the life stages of early childhood, school age, and transition to adulthood.</u> when their children are young; inform self-advocates as they approach the age of transition.	To include children and their families in these discussions in all phases prior to adulthood.	
#2 - Strengthen state and local interagency collaboration to support individuals and self-advocates to transition into competitive integrated employment upon graduation.		Retire	Standard operating procedure now.	
#3 - Support individuals receiving subminimum wage to gain competitive-integrated employment.	x			
#4 - Support families before, during, and after an individual's transition to competitive-integrated employment.		Discuss with ISAC – What additional actions should be taken to support families before, during, and after an individual's transition to employment?		
#5 – Build an Employment First assumption in all supports coordination planning activities, including ISP redesign and training.		Retire	The Employment First Act requires this to be done. ODP is actively working on incorporating this into the new ISP redesign. Employment First assumptions are included in SC Orientation. ODP has recorded additional trainings for Supports Coordinators on Employment.	

<p>#6 – Provide training and ongoing technical assistance to service providers and supports coordinators.</p>		<p>Retire</p>	<p>Standard operating procedure now</p>	
<p>#7 - Routinely publish data on employment services, work, and wages.</p>		<p>Retire</p>	<p>Standard operating procedure now.</p>	
<p>#8 – Connect OVR Workforce Development information system and ODP information system (HCSIS) to enable the departments to share information.</p>		<p>Connect OVR Workforce Development information system and ODP information system (HCSIS) to enable the departments to share information. <u>Work with OVR to develop a process for AEs and SCs to obtain relevant information from OVR's Commonwealth Workforce Development System (CWDS) to facilitate individual transitions between the two offices.</u></p>	<p>OVR has access to relevant information in HCSIS. Change the focus to obtaining access to CWDS for AEs and SCs.</p>	
<p>#9 - Support provider transformation to employment services.</p>		<p>Support provider transformation to employment services from <u>focusing on workshop/ subminimum wage activities to services that support Competitive Integrated Employment.</u></p>	<p>Intent remains the same. Recommend revisions to define the work more clearly. Discussion with ISAC: Employment First Oversight Commission recommended phase out of 14c in 2023 report.</p>	
<p>#10 - Facilitate public-private partnerships and local interagency coalitions to support employment opportunities and encourage innovation.</p>	<p>x</p>			

ISAC Strategies – Record of Changes 2023

<p>#11 – Build provider capacity for the benefits counseling service. Provide training and technical assistance to supports coordinators to increase awareness of how benefits counseling might inform individuals, self-advocates, and families about options to work without losing benefits.</p>		<p>Build provider capacity for the benefits counseling service. Provide training and technical assistance to supports coordinators to increase awareness of how benefits counseling might inform individuals, self-advocates, and families about options to work without losing benefits.</p>	<p>Focus on training and technical assistance regarding the benefits counseling service.</p>	
<p>#12 - Promote and increase county and state government hiring of people with disabilities.</p>	<p>x</p>			
<p>#13 – Support the growth and advancement of post-secondary education programs.</p>		<p>Discuss with ISAC – What actions should be taken to support this?</p>		
<p>#14 - Disseminate county-level employment reports that include comparisons by race to AEs and local employment coalitions. Engage employment leads and coalitions in discussion about racial disparities and support adoption of local strategies to address the disparities.</p>	<p>x</p>			

ISAC REC #3 - *Proposed New Strategy(s)*

Establish and implement employment related performance measures for supports coordination and residential services.

Collect and publish data from prevocational service providers (in both licensed day habilitation and prevocational facilities) on rates of moving people to competitive integrated employment.

Provide training and ongoing technical assistance to providers and supports coordinators on specific barriers to employment. Discuss with ISAC what those barriers are.

Recommendation #4 – Support Families Throughout the Lifespan: The vast majority of people with disabilities in Pennsylvania live with their families. Families need support in order make an everyday life possible throughout the person’s lifetime. Families need information, resources, and training. They need connections with other families and support services. Listening to people with disabilities and their families is key to providing supports that help them achieve an everyday life.				
Current Strategy	Keep As-Is	Retire or Revise To... (strikethrough for removal and <u>underline</u> for additions)	Reason Proposed Change	ISAC Review Date
#1 - Recognize that family is defined by the person; by who is important to the person. It may include biological and chosen family or staff.		Retire	Embedded in LC, which is/will be embedded in ISP. From the LifeCourse Nexus: “Recognizing the Person in the Context of Family. People exist and have reciprocal roles within a family system, defined by that individual.”	
#2 - Support the work of the PA Family Network to reach families with a consistent message of the importance of family expectations of a good life for family members and opportunities for discovery and navigation of support/service systems and community-based resources.	x			
#3 - Support the continued growth of regional collaboratives, through the Community of Practice, so that communities and all stakeholders experience genuine direction and ownership in local approaches to ensure equal access and support of individuals and families.	x			

<p>#4 - Align supports coordination with the LifeCourse Framework so that SCs have the skills and capacity to encourage, explore, and plan with self-advocates and families about their vision of a good life.</p>		<p>Align supports coordination with the LifeCourse Framework so that SCs have the skills and capacity to encourage, explore, and plan with self-advocates and families about their vision of a good life <u>and achieving short and long-term goals towards that vision.</u></p>	<p>Moves beyond just having a vision and includes achieving goals that are working towards that vision.</p>	
<p>#5 - Amend the ISP to address families’ needs, including challenges a family faces, the vision for the individual, and extended family information.</p>		<p>Retire</p>	<p>Will be embedded in ECM, which is in process now.</p>	
<p>#6 - Develop materials that lead families to information, connections, opportunities, supports, and resources needed to build everyday lives for all.</p>	<p>x</p>			
<p>#7 - Strategize multiple ways to disseminate information to families. Communication avenues include counties, providers, email distribution lists, school districts, advocacy organizations, social media, and traditional media at the local and state level.</p>		<p>Suggest <i>revision</i> – discuss with ISAC – how do we better engage ISAC and organizations in ISAC?</p>		
<p>#8 - Focus on the engagement of cross-systems partners in the Community of Practice to recognize their roles in supporting families to have strong visions and high expectations. The value their roles play in improving access for families to needed information, supports, and services throughout the lifespan is essential.</p>	<p>x</p>			

<p>#9 - For people who are waiting for supports and services, utilize the supports coordination service, Targeted Support Management, to support community navigation through the LifeCourse Framework and tools for planning, connecting with other families, and finding information and resources within their communities.</p>		<p>Retire</p>	<p>TSM is an SC function. Eligibility was expanded and SCs have greater focus on TSM to help people plan for a good life by having a vision and accessing integrated supports; rather than just as a placeholder, until a waiver becomes open as TSM was sometimes used in the past.</p>	
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ISAC REC #4 - Proposed New Strategy(s)

- Add a strategy specific to Administrative Entities** – align intake (the front door) with the LifeCourse Framework so that self-advocates and families can start developing their vision and access integrated supports to respond to immediate needs. *From the National CoP publication, “Continuing the Conversation”: Develop more effective “front doors” that provide lifespan support, include life exploration, and focus on outcomes. The need for intentional, long-term planning and problem-solving has been well-established, as has the difficulty many families experience in attempting to access, navigate, and integrate complex service and support systems. Intentional focus on “front door” supports that provide opportunities to explore possibilities, identify strengths and needs for life experiences, and facilitate connection to a variety of integrated supports and services are needed. Leveraging existing structures and opportunities-such as re-emphasizing ADRCs as a lifespan agency and ensuring a focus on people with I/DD and their families in existing No Wrong Door initiatives-is essential and must be emphasized to support the other recommendations of this report, specifically refocusing wavier services, centering peer supports and ensuring representation of people with lived experience in critical roles.*
- Add a strategy specific to Family Caregivers** – The National CoP for Supporting Families, the National Strategy for Supporting Family Caregivers, and Pennsylvania’s 10-year Master Plan for older adults. This could be an opportunity for cross system collaboration with EI, OCYF, and Aging among others. (PA Overview of the Master Plan for Aging and Disabilities) Also access integrated supports. *From the National CoP publication, “Continuing the Conversation”: At the time of the Wingspread Family Support Summit, more than 4.7 million people with I/DD lived in the United States. More than 75% of those individuals were living in their communities without formal disability services. Of the 25% receiving formal services, over 56% were living with their families. Today, there are more than 7.39 million people with intellectual and developmental disabilities living in the United States. Of these 7.39 million individuals only 22% are known to or served by state I/DD agencies, meaning the other 78% live in their communities without formal services. Of those receiving Long-Term Services and Supports (LTSS), 60% live with their families. The increase in these numbers since the 2011 National Agenda demonstrates the continued need for supporting families’ efforts.*
- Percent of relatives who report having an opportunity to connect and network with other families sits in the mid to high 40%. Is that something we would want to work on?

Recommendation #6 – Support People with Complex Needs: People with disabilities who have both physical and behavioral health needs receive the medical treatment and supports needed throughout their lifespan. People are more able to live an everyday life when individuals, families, and providers plan and prepare to provide and modify supports as needs and challenges change. Opportunities for a full community life are dependent on adequate supports and the commitment to build capacity within the larger human service delivery system.				
Current Strategy	Keep As-Is	Retire or Revise To... (strikethrough for removal and <u>underline for additions</u>)	Reason Proposed Change	ISAC Review Date
<p>#1 – Develop Capacity Building Institute (CBI). ODP will, in collaboration with the Office of Mental Health and Substance Abuse Services, will establish a training opportunity for members of the IDD and mental health fields to better serve individuals and self-advocates with IDD and autism in addition to mental health needs.</p>		<p>Develop Capacity Building Institute (CBI). ODP will, in collaboration with the Office of Mental Health and Substance Abuse Services, will establish a training opportunity for members of the IDD and mental health fields to better serve individuals and self-advocates with IDD and autism in addition to mental health needs.</p> <p>Revise to: <u>Support the use of an “institute” structure to address capacity building across the spectrum of stakeholder needs. ODP will partner with other Program Offices as appropriate in this strategy, including the Office of Mental Health and Substance Abuse Services.</u></p> <ul style="list-style-type: none"> • <u>Capacity Building Institute</u> • <u>Residential Learning Collaboratives</u> • Capacity Building for Children with Multisystem Involvement. 	<p>Broadening this strategy to reflect the additional areas of focus that have been addressed and will be addressed beyond just CBI.</p>	
<p>#2 - Improved support for individuals and self-advocates with complex medical needs. ODP will develop in coordination with the HCQUs and ASERTs increased access to information and guidance for individuals and self-advocates with new onset or longstanding complex medical health needs.</p>	x			

<p>#3 - Improved used of data. Use data related to individuals with complex medical needs, complex dental needs or complex mental health needs to inform ODP policy and program design. This data will enhance the development of:</p> <ul style="list-style-type: none"> • Training and education • Strategies to target identified health risks • Improved capacity 	<p>x</p>	<p>ISAC discussion</p>	<p>It seems like we are missing some areas of complexity so perhaps this could be expanded some to incorporate a wide focus on using data to support people with any complex needs?</p>	
<p>#4 - Promote the use of online dual diagnosis training curriculum. New providers are required to complete the dual diagnosis training curriculum.</p>		<p>Retire</p>	<p>Use of dual diagnosis training curriculum reflected in new strategy below.</p>	
<p>#5 – Dual Diagnosis Conference – Implemented 2017. Next Dual Diagnosis Conference is scheduled for August 2019 in Altoona, PA. Since the first conference in 2017, each conference has met expectation for capacity.</p>		<p>Dual Diagnosis Conference – Implemented 2017. Next Dual Diagnosis Conference is scheduled for August 2019 in Altoona, PA. Since the first conference in 2017, each conference has met expectation for capacity.</p> <p><u>Conduct an annual conference addressing the support of individuals with complex needs for a broad range of stakeholders.</u></p>	<p>The Dual Diagnosis conference has grown in attendance as well as target participant audience. Update strategy to reflect that. I anticipate that the field will continue to move beyond the term “dual diagnosis,” so I wanted to de-emphasize the term in the strategy.</p>	

<p>#6 - Develop online training modules for Functional Behavioral Assessment. These modules are being developed as a coordinated effort between BAS and ASERT but will be of use in support of any individual served by ODP. This will promote a more standardized approach to the FBA and will allow for a greater number of individuals to build competency in this area.</p>		<p>Retire</p>	<p>The FBA training is complete, however there is a need for ongoing, supplemental trainings to help providers apply knowledge to day-to-day service delivery. This should be reflected in a new strategy about behavioral support. Use of FBA modules reflected in new strategy below.</p>	
<p>#7 - Professional Conference Series – Initiated 2017. Specialized opportunities for clinicians in practice and in training, including but not limited to psychiatrists, psychiatric residents, Nurse Practitioners, Licensed Social Workers, Behavior Specialists, DSPs, transition coordinators and educational coordinators, offering enhanced exposure to and education about the needs of individuals with I/DD and MH diagnoses and networking with other professionals & clinicians.</p>		<p>Retire</p>	<p>Use of Professional Conference Series reflected in new strategy below.</p>	
<p>#8 - ODP will explore ways to promote interest in and competencies for providing nursing services for individuals with I/DD and autism.</p>	<p>x</p>			

ISAC REC #6 - Proposed New Strategy(s)

Increase capacity and proficiency of behavioral supports

- Best practice standards for behavioral support
- Online Training Modules for Functional Behavior Assessment
- START Model training and educational opportunities
- Behavioral Support Roundtables

Advance the availability and use of Certified Peer Specialists for individuals with ID/A

Provide novel approaches to the support of individuals with complex needs and maintain/enhance current effective platforms

- START Model
- Trauma Recovery for Autistic, Intellectually Disabled and Neurodiverse Individuals: TRAIN
- Project Reassure
- Project ECHO
- Current Platforms
- Dual Diagnosis Curriculum
- Functional Behavior Assessment Modules
- AIDinPA.org
- Professional Conference Series

Increase capacity to support children with complex needs

Build capacity to provide restorative and therapeutic homes for adults with dual diagnosis and safe, structured home environments for adults with autism by establishing:

- Clear standards for clinical expertise and
- Corresponding funding for clinically enhanced services.

Recommendation #11 – Increase Community Participation: Being involved in community life creates opportunities for new experiences and interests, the potential to develop friendships, and the ability to make a contribution to the community. An inter-dependent life, where people with and without disabilities are connected, enriches all of our lives.				
Current Strategy	Keep As-Is	Retire or Revise To... (strikethrough for removal and <u>underline</u> for additions)	Reason Proposed Change	ISAC Review Date
#1 - Train direct care provider staff, supervisors, and managers in Person Centered Thinking and Planning to assist people to identify new experiences, promote engagement in new activities, and make new connections that are important to them.		Promote opportunities for Train direct care provider staff, supervisors, and managers in ‘Person-Centered Thinking and Planning’ training to direct support professionals, supervisors, and managers that focuses on <u>to assisting</u> people to identify new experiences, promote engagement in new activities, and make new connections, that are important to them, <u>in their local community</u> .	Promoting opportunities for training widens the scope of resources to draw from to allow ODP to also highlight and recommend helpful supplemental trainings on the topic. Training on CPS is a requirement prior to providing the service and is an ongoing effort, so that aspect will not change.	
#2 - Continue the statewide practice of community participation that facilitates valued and active participation in a broad range of integrated activities that build on the person’s interests, preferences, and strengths while reflecting the person’s desires for employment, community involvement, and membership.	x			
#3 - Provide peer to peer education for people with disabilities who might be considering increasing how much time they are supported in the community versus an adult training or prevocational facility.		Provide <u>Promote and support opportunities for peer-to-peer education and discussion</u> for people with disabilities who might be considering increasing how much time they are supported in the community versus an adult training or prevocational facility.	Focuses more on individuals being involved in their own goal/outcome development and removes idea of this vs. that while maintaining a point of view of time in the community.	

<p>#4 - Establish technical assistance teams to focus on provider readiness to support expanding the individual’s connections to the community. The TA teams will include individuals with lived experiences and expertise in the LifeCourse framework, employment, transportation, and community mapping to develop plans that meet the individual’s choice, preferences, and goals. The PA Support Broker Network will also be available for consultation with providers seeking to improve community mapping and enhancement of community supports.</p>	<p>x</p>	<p>ISAC discussion</p>		
<p>#5 - Develop and provide training to SCs on facilitating planning, discussion, and effective monitoring to support individuals to become more involved in community life.</p>	<p>x</p>			
<p>#6 - Develop and disseminate new ideas and approaches on how to provide creative solutions to transportation barriers.</p>	<p>x</p>			
<p>#7 - Analyze data to identify providers that are meeting goals for CPS, to learn and share best practices with facility-based CPS providers through training and technical assistance.</p>		<p>Analyze data <u>and collect examples to identify providers, AEs, and individuals that are meeting goals for CPS who have demonstrated successful community inclusion goals, strategies, and initiatives, to</u> learn and share best practices with facility-based CPS providers through training, and technical assistance, <u>and other innovative methods.</u></p>	<p>Incorporating the idea of successful community inclusion coming from different perspectives. Will allow the “how” for this strategy to encompass more anecdotal evidence to combine with analyzed data.</p>	

ISAC REC #11 - *Proposed* New Strategy(s)

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Recommendation #12 – Provide Community Services to Everyone: People with disabilities — whether living on their own, with families, or in institutions — are waiting for community services. The goal is to build a system having the capacity to provide services in a timely fashion for all people who need supports.				
Current Strategy	Keep As-Is	Retire or Revise To... <i>(strikethrough for removal and underline for additions)</i>	Reason Proposed Change	ISAC Review Date
<p>#1 - Individuals, self-advocates with intellectual disabilities or autism, and families should receive supports coordination service; information about local resources and services (e.g., OVR, Medicaid, aging, housing supports, income supports and victim services); information to connect with family and self-advocacy support organizations; and Family Support Service (FSS) using Base and block grant funding.</p> <p>Supports coordination should provide individuals, self-advocates, and families with tools and support to create a vision of an everyday life that:</p> <ol style="list-style-type: none"> Considers factors and local community resources in an everyday life: daily and community living, social and spirituality, healthy lifestyles, security, and advocacy. Builds on the personal strengths, interests, relationships, resources, and opportunities within the person’s and family’s lives; and Serves as the overall framework to provide publicly funded services which align with everyday life. 		<p>Individuals* <u>with intellectual and developmental disabilities</u>, self-advocates with intellectual disabilities or autism, <u>Children with Medically Complex Conditions</u>, and <u>their</u> families should receive supports coordination service; information about local resources and services (e.g., OVR, Medicaid, aging, housing supports, income supports and victim services); information to connect with family and self-advocacy support organizations; and Family Support Service (FSS) using Base and block grant funding.</p> <p>Supports coordination should provide individuals, self-advocates, and families with tools and support to create a vision of an everyday life that:</p> <ol style="list-style-type: none"> Considers factors and local community resources in an everyday life: daily and community living, social and spirituality, healthy lifestyles, security, <u>civic engagement</u>, and advocacy. Builds on the personal strengths, interests, relationships, resources, and opportunities within the person’s and family’s lives; and 	<p>Either remove factors for readability or suggest elaborating on the factors that influence creating a vision for a good life that are not already included in the strategy. Added CMCC language to reflect our population served. Added “civic engagement” as a component as an everyday life</p> <p>*Use “individuals” and use a footnote to clarify that it means all individuals eligible for services.</p>	

		<p>c. Serves as the overall framework to provide publicly funded services which align with <u>their</u> everyday life.</p>		
<p>#2 - Expand service system capacity to be able to provide employment services, in home supports and community participation services to individuals and self-advocates with intellectual disabilities or autism within 90 days of their eligibility determination. In the process of building capacity, prioritize and reserve capacity for:</p> <ul style="list-style-type: none"> a. High school graduates to begin services 30 days prior to graduation; b. People who have caregivers who are unable to take care of their family member due to illness, aging, or an unanticipated life situation; c. PUNS and/or any other emergency. 		<p>Expand service system capacity to be able to provide employment services, in home supports, and community participation services to individuals* and self-advocates with intellectual <u>and developmental</u> disabilities or autism, and Children with Medically Complex Conditions, within 90 days of their eligibility determination. In the process of building capacity, prioritize and reserve capacity for:</p> <ul style="list-style-type: none"> a. High school graduates to begin services at least 30 days prior to graduation; b. People who have caregivers who are unable to take care of their family member due to illness, aging, or an unanticipated life situation; c. PUNS and/or any other emergency. 	<p>Add Children with Medically Complex Conditions to target population? *Use “individuals” and use a footnote to clarify that it means all individuals eligible for services.</p>	
<p>#3 - Conduct ongoing training on the Prioritization of Urgency of Need for Services (PUNS) instrument:</p> <ul style="list-style-type: none"> a. For individuals, families, SC, and AEs; b. For SCs on facilitating discussion to inform the PUNS. 		<p><u>Update the Prioritization of Urgency of Need for Services (PUNS) instrument and conduct ongoing training on the <u>PUNS tool for: Prioritization of Urgency of Need for Services (PUNS) instrument:</u></u></p> <ul style="list-style-type: none"> a. For Individuals, families, SCs, and AEs; b. For SCs on facilitating discussion to inform the PUNS. 	<p>ODP and stakeholders have identified a need to update the PUNS instrument as we are preparing to build the PUNS tool in ECM.</p>	

<p>#4 - ODP will provide training and technical assistance to law enforcement and criminal justice systems regarding intellectual disability and autism on available supports and services in order to:</p> <ul style="list-style-type: none"> a. Promote diversion for people with intellectual disabilities or autism who are arrested; b. Improve supports to victims of crimes with intellectual disabilities or autism. 	<p>ODP will provide training, <u>resource bundles</u>, and technical assistance to law enforcement and criminal justice systems regarding intellectual disability and autism on available supports and services in order to:</p> <ul style="list-style-type: none"> a. Promote diversion for people with intellectual disabilities or autism who are arrested; b. Improve supports to victims of crimes with intellectual disabilities or autism. 	<p>Additions?</p> <ul style="list-style-type: none"> *Intercept model *Linkages back to local resources *Bolstering resource gaps *AEs conducting CIT for local law enforcement, are training staff who are engaged in local co-responder programs 	
<p>#5 - Develop expertise within AEs and SCOs and provide training for AEs and SCOs to navigate the criminal justice system to support diversion and improve outcomes for those who are arrested.</p>	<p>Develop expertise within AEs and SCOs and provide training for AEs and SCOs to navigate the criminal justice system to support diversion and <u>increase collective system capacity to support individuals involved with the criminal justice system.</u> improve outcomes for those who are arrested. <u>Establish standards for Supports Coordination Organizations to have expertise in supporting justice involved individuals.</u></p>	<p>Don't want to only focus on individuals who have been arrested we should be working on support at any point a person could become involved in the criminal justice system.</p>	
<p>#6 - ODP will issue an annual report on progress in addressing the waiting list.</p>	<p>Retire</p>	<p>Standard operating procedure now.</p>	
<p>#7 - Provide outreach and communication to autism community about the expanded eligibility in ODP Programs.</p>	<p>Provide outreach and communication to autism <u>and Children with Medically Complex Conditions communities and system partners about</u> the expanded eligibility in ODP Programs.</p>	<p>Change to reflect our population served. Also changed to reflect that our target for outreach includes system partners.</p>	

ISAC REC #12 - *Proposed New Strategy(s)*

Building on the success of ODP's approach to managing waiver capacity for high school graduates, develop & implement more efficient waiver capacity management strategies giving administrative entities more flexibility while serving more people.

Recommendation #13 – Evaluate Future Innovations Based on Everyday Lives Principles: Future consideration of service models and reimbursement strategies must be based on the principles of person-centered planning, individual choice, control over who provides services and where, and access to/full engagement in community life. Innovative approaches should be evaluated based on the recommendations of Everyday Lives, including employment, recognizing, and supporting the role of families, and meeting the diverse needs of all individuals. Stakeholders should be fully engaged in designing, implementing, and monitoring the outcomes and effectiveness of innovative service models and service delivery systems.				
Current Principle	Keep As-Is	Retire or Revise To... (strikethrough for removal and <u>underline</u> for additions)	Reason Proposed Change	ISAC Review Date
#1 - Adherence to the values and principles of <i>Everyday Lives</i> .	x			
#2 - Engagement of stakeholders, including individuals and self-advocates with disabilities, family members, county governments, providers, and advocates in designing, implementing, and monitoring the outcomes.		<u>Meaningful</u> engagement of stakeholders, including individuals, family members, county governments, providers, <u>SCOs</u> , and advocates in designing, implementing, and monitoring the outcomes.	Including SCOs as distinct entity of importance. Meaningful engagement involves making sure we are engaging all the right people in discussions with mutual learning and exchange of information.	
#3 - Recognition that payment models assume that individuals and self-advocates with intellectual disability and autism require supports across the lifespan, that their needs are not episodic or time-limited but are on-going and ever changing throughout life. Investment in skill development and job placement and training may not realize savings for a number of years into the future.		Recognition that payment models assume that individuals* and self-advocates with intellectual disability and autism require supports across the lifespan, that their needs are not episodic or time-limited but are on-going and ever changing throughout life. Investment in skill development and job placement and training may not realize savings for a number of years into the future.	*Use “individuals” and use a footnote to clarify that it means all individuals eligible for services.	

<p>#4 - Recognition that while individuals and self-advocates with intellectual disability or autism have medical, mental health, and dental needs that require medical services, the goal of home and community-based services is to enable people to live and engage in community life.</p>		<p>Recognition that <u>the goal of home and community-based services is to enable people to live and engage in community life while ensuring</u> individuals have <u>their</u> medical, mental/<u>behavioral</u> health, and dental needs <u>met</u>. that require medical services, the goal of home and community-based services is to enable people to live and engage in community life.</p>	<p>Clarifies intent of principle.</p>	
<p>#5 - Incorporation of the Federal Home and Community-Based Services rule, which requires person-centered planning, individual choice, and control over who provides services and where and supports access to the greater community and full engagement in community life.</p>		<p>Retire</p>	<p>Completed and principle is incorporated throughout ISAC recommendations and strategies.</p>	
<p>#6 - Adoption of a performance evaluation system founded in the principles of <i>Everyday Lives</i> and the Home and Community-Based Services Rule.</p>	<p>x</p>			
<p>#7- Recognition that most individuals and self-advocates with intellectual disability or autism are supported by their families throughout life. An effective service system respects the valued role of families and understands that supporting families is critical to achieving good outcomes for individuals and self-advocates with disabilities.</p>		<p>Recognition that most individuals* and self-advocates with intellectual disability or autism are supported by their families throughout life. An effective service system respects the valued role of families and understands that supporting families is critical to achieving good outcomes for individuals and self-advocates with disabilities.</p>	<p>*Use “individuals” and use a footnote to clarify that it means all individuals eligible for services.</p>	

ISAC REC #13 - *Proposed* New Principle(s)

Proposed New Principle: Recognition that individuals' needs change over time creating new challenges to which services systems must adapt. These changes include increased numbers of individuals with dual diagnosis; autism; medical complexities; additional medical conditions or disabilities due to aging.

Proposed Strategies:

1. Establish a forum for ISAC to review provider performance metrics and provide recommendations to the Department related to performance and quality improvement in agencies providing home and community-based services to people with intellectual disabilities and autism.
2. Establish forums to share and discuss provider performance data with providers.

Recommendation #14 – Promote Racial Equity (New): Communities are richer, more just, and stronger when we honor and respect the whole of racial diversity. Access to a quality, person-centered, culturally competent system of supports and funding must be equally available regardless of race. Services must include planning over a life span and address racial disparities, including disparate outcomes. The duty to ensure that racial diversity is promoted and supported, at all levels within the services system, must be embraced.				
Current Strategy	Keep As-Is	Retire or Revise To... (strikethrough for removal and <u>underline for additions</u>)	Reason Proposed Change	ISAC Review Date
#1 - Consistently include breakdowns by race, in data analysis and reporting, and incorporate in Quality Management (QM) plans.		Consistently include breakdowns by race, in data analysis and reporting, <u>to support identification of racial equity performance improvement opportunities and incorporation into Quality Management (QM) plans to drive improvement activities and use to measure progress on these activities.</u>	Revisions clarify the strategy’s intent.	
#2 - Develop and provide peer training for self-advocates on racial bias and racial equity.	x			
#3 - Support organizations with tools to improve racial equity performance and ensure increasing levels of racial diversity and inclusion, across all levels of the organization, as part of their quality management strategy.		Support organizations with tools to <u>understand</u> and improve <u>their</u> racial equity performance and ensure increasing levels of racial diversity and inclusion, across all levels of <u>their</u> organization, as part of their quality management strategy.	Revision clarifies the strategy’s intent.	
ISAC REC #14 - Proposed New Strategy(s)				
Explore ethnicity data availability to incorporate in analysis and reporting. (To better understand performance from ethnicity standpoint)				