

Madison County Board of MR/DD

Areas of Excellence Application

Quality Framework Domain III

Promoting Personal & Emotional Well-Being

ODMRDD expected outcome: People exert control over their lives.

Our Board's Mission Statement: To insure the availability of programs, services and supports that assist eligible individuals with mental retardation and developmental disabilities in choosing and achieving a life of increasing capability so they can live, learn, work and play in the community; which establishes as a priority the health, safety, and well-being of these individuals; and to assist and support the families in achieving this objective.

The Madison County Board of MR/DD, as stated in Domain IV and V as well as the above mission statement is strongly committed to insuring the health and safety of the individuals we serve. That tenet does not always go hand in hand with assisting individuals in taking control of their lives. That requires us to "let go" a little. We've had to learn over the years that individuals need to be given the chance to fail just as they need the opportunity for success. We've also had to learn that contrary to our place on earth as "MR/DD professionals" we don't always know best. In short, we've needed to learn to listen and when communication barriers exist we've needed to learn to look closely at behavior as an indicator of what individuals are trying to express.

This domain is well suited to great stories about individuals who have chosen jobs in the community, make great wages and use their resources to live in the homes of their choosing---and like other county boards we have those stories. In order to best illustrate our ongoing quest towards supporting individual choice, however we thought it best to provide examples of situations in which we struggled, and along with the individuals we were assisting we learned and we grew. What we've found is that it has been hard for us to accept choices that don't fit our neat structure that has evolved over the years across 88 counties—if you're an adult you go to the workshop right? Or work at a community job Monday through Friday? If you live in a home with others and receive Waiver funding you have to follow the rules—right?

Shawn S. is a young man that has taught us a great deal about individual choice. To be very honest he wore out 3 Service and Support Coordinators in the process. Shawn has ADHD—really—we see the diagnosis quite a bit these days, but the reality of it is obvious in Shawn's life. Shawn lived at a home in town with 3 other gentlemen and was on the I.O. Waiver. To say that life was a constant struggle for Shawn and home staff was an understatement---battles waged non-stop over curfew, home rules, chores, amperage (Shawn's hobby at the time was rewiring just about anything). We had Team meetings it seemed every week with usually the same result—Shawn heading one direction—his Team heading the other and everyone frustrated. Those meetings were a disaster—as providers, adult

services staff, friends all bombarded Shawn with their agendas and ideas and as the meeting time dragged on he would shut down---our Superintendent patiently reminded us that Shawn has ADHD and that we should keep his difficulty focusing for long periods of time in mind when structuring meetings. Shawn spent less and less time in the home and health and safety became frequent words used by his Team. He's on a Waiver—we have to insure his health and safety right? For Shawn the grass is always greener and one of the 'friends' that he made in the community invited Shawn to live with him and his wife. We advised Shawn against it---I think we even beseeched him, but Shawn had his mind made up and despite all of our words of wisdom he chose to dis-enroll from the Waiver. Now Shawn's stay at his new residence was short lived—he had a falling out and we helped him move—life lesson learned. His next move was to take it on the road as he travelled about the state with a traveling tool sale outfit. He'd stay in contact with us periodically and call, excitedly telling us about his adventures. The calls became more frequent a couple months into his new life and he began requesting assistance to come back. After Shawn's return to Madison County, he had a successful three years living through a Supported Living Foster Family arrangement. This family cared a great deal for Shawn and worried no small amount when he would rush off to provide emergency assistance to neighbors down the road, as was the case when he was helping cut up downed trees with a borrowed chainsaw after last fall's windstorm. He recently made the decision to move out on his own (this has been his personal life goal all along). I visited his new home the other day, a small apartment through Metro Housing and his pride was evident. He assured me how he is keeping the place clean—and not conducting any re-wiring or other home modification projects.

Shawn still does not hold down a steady job, preferring instead to hook up a trailer to his tractor and collect items to sell for scrap around town. This will last for awhile and he'll cook up another plan to put some money in his pocket. Not the "traditional" vocational plan that fits neatly within the ISP or the four walls of the workshop, but it makes Shawn happy. Will he continue to do things that scare the you know what out of us---most definitely, but he still has all ten fingers and his good natured charm has quickly earned him some slack with our local police force as he takes his tractor through town and does his thing. We don't know how long he'll choose to live where he is—it is likely that someday soon—next week or next year he'll have another plan—but it will be just that --"his plan" and we've learned through his teachings that that is the only way it can be.

Our approach to behavior support, may not be what would normally be thought of as "assistive technology", but we can think of no better example of supports that we provide to individuals to enhance their ability to interact in their communities to achieve a greater level of independence. We recognize the barriers to personal control and choice inherent in our systems. We make every effort to extend personal choice to individuals when it comes to where they live and with whom. Dollars, especially today do not always make it possible for individuals with high staffing/supervision needs to live alone, consequently they have housemates. In any setting where multiple individuals reside control and the struggle for it becomes an issue—aren't there several reality TV series that center on this and we sure don't want anyone to be voted off the island. So we've learned that this will take work and that in order for individuals to be successful we need equip them with the skills necessary to get along with others while at the same time finding avenues to give them control in their lives.

We utilize several approaches to help individuals learn to get along with others and appropriately express their emotions. With recent funding cuts we have had to be creative. An Active Listening Program was developed by our Behavior Support Specialist to provide opportunities for individuals to discuss issues and concerns and help them develop problem solving skills. For the Pre-Schoolers, our Behavior Support Specialist offers the puppet based social skills training program, Dyna Kids. We have

also set up counseling services through Ben El with the hope that this level of support will reduce the number of inpatient mental health admissions. Our Service and Support Coordinators and Behavior Support Specialist monitor interactions in the home settings directly, and we have had to recognize that sometimes due to personality conflicts, individuals, despite all efforts just weren't a good match to live in the same home and help them make choices in alternate residential settings accordingly. We've found that staff training and attitude is essential for promoting a positive living environment and as the County Board we take the lead role in this. Our Behavior Specialist provides direct training to residential and Adult Services staff with regard to all behavior support plans. Our Behavior Support Specialist has also provided Do the Right Thing Training (DTRT) to County Board staff and many of the staff that work in residential settings. The DTRT training emphasizes positive interactions and the importance of insuring that individuals have control. In our behavior planning process the assessment process is key to the development of positive based behavior support plans. We know that if we can truly identify the reason or function for the behavior we can better support the individual. Sometimes we get the answer right off and other times we find ourselves back at the table over a period of months.

Our Behavior Support Human Rights Committee (BSHRC) is very committed to insuring that individual's rights are respected and that plans are behaviorally sound. Each member of the committee brings a unique perspective. Our Children Services Director, now in her 36th year with our program often reminds us of approaches that were successful for an individual when they were in school—recently discussed was Charlia H's difficulty traveling to/from doctor's visits and we were reminded that these trips often go much better if a short meal stop is include on the way—especially if there are fries. Ernie Sparks, a local Pharmacist and committee member brings to the committee a wealth of knowledge and his recommendations often result in physicians modifying medications to better treat the individual. Several years ago we added requirements to the data we review that would include the number of times that aversive interventions were used so that we could assist Team's in evaluating effectiveness and need for continued use. Our Behavior Support Specialist conducts debriefings following any approved use of restraint—this alone has resulted in a lower incident of uses by staff. Staff know that a debriefing will follow and this serves to insure that they use the restraints as the plan outlines—only after all positive measures have been exhausted. The introspection afforded by the debriefing often leads to staff identifying something else that could have been tried. And finally the debriefings are valuable in that they alert the Team to any plan changes that may be needed. The Behavior Support Specialist and the Organization Services Director work with Champaign County to co-facilitate the Region 2 Behavior Support Meetings.

In response to a request from Champaign Residential Services, Inc. who operates the Oakwood Meadows ICFMR, we developed a Psychotropic Medication Review Sub-Committee. This sub-committee includes the Organization Services Director and Chair of the BSHRC, the Family Support Services Director, the Health Services Coordinator, and the Behavior Support Specialist. The purpose of this sub-committee is to assist the ICFMR in reviewing any additions or changes to psychotropic medications and to insure that physicians were an integral part of the planning process. Our sub-committee works with the ICFMR to insure that not only are medications within therapeutic ranges, but that the Team is considering all factors influencing behaviors and is employing less restrictive strategies to support the individual. A final full BSHRC review is conducted.

Last year we issued an information based memo to Support Service Coordinators and Providers (attached) that outlined examples of rights violations. The intent was to insure that Teams began looking closely at ways to preserve individual rights and consequently empower individuals. The memo generated quite a bit of discussion and we are seeing ISPs that promote individual rights. We've learned

the importance of insuring that we are careful to not diminish control that individuals have in their lives. The DTRT training has been a good tool in assisting Teams and staff to evaluate the need for intervention based on level of risk—what this teaches us is that many times where we would have intervened in the past to prevent someone from failing it is better to give them the room to do so. As in the case of Shawn S. we are working hard to preserve the rights of individuals to fail or succeed.

Becky B. is a lady that has presented significant increases in physical aggression which has resulted in several hospitalizations. She has quite a following here at the Board with many interested advocates concerned and trying to figure out contributing factors and support her. We've worked closely with doctors and sought technical assistance from Columbus Developmental Center to be sure our approaches were sound. At one point when a new counselor was assigned to her he asked me if I thought that control was an issue. Looking back over the past couple of years of her life I told him that she has had very little control in her life---the loss of a long time staff member that had been very important to her, a home manager that was verbally abusive (since terminated), the loss of her cat, housemate changes, new home staff, and loss of contact with a long term friend. Becky has no family contact or friendships outside of our system. The combined effects of the above were no less than devastating and we're sure left her feeling very much alone and not in control of her life. Communication does not come easily for Becky and this, combined with mental health issues, have presented Becky and her Team with significant challenges. It would be good to note here that everything has been resolved, but we're not there yet. Her Team meets frequently—we're in the process of connecting Becky with our Business Director in hopes that a long term non-work relationship will develop. We continue to work closely monitoring services, modifying her plan and training staff as necessary—we did add back in to her plan a two person seated restraint as a consequence for physical aggression and this has been successful in helping her draw clear boundaries—so far physical aggression has decreased. We are working with Ben El to insure her needs are met from a mental health standpoint. And finally we are trying to find every opportunity for Becky to exercise choice and control in her life.

The Madison Community Housing Board, Inc. operated in conjunction with our agency currently owns 13 houses providing affordable housing to 46 individuals with disabilities. Houses are purchased and maintained utilizing grants whenever possible. Our Operations Director has become well versed in the area of securing grant funds utilizing CHIP and RRP Grants for upgrading homes including HVAC, electric, insulation and windows. CCH dollars are used to purchase new properties and have resulted in cost savings of up to 80% of the purchase price (soon to be 90%). Homes are selected carefully based on the needs of individuals and to insure that neighborhoods are safe and promote community access. Some of the more recent projects have included the addition of accessible toilets and shower stalls, and new ceramic flooring. In response to one resident's behaviors of property destruction which had resulted in significant damage to the walls and flooring in his room, a special heaving duty vinyl floor with no seams (special ordered from Georgia) was installed and an extra resilient wall panel assembly was installed. One unique home in which three individuals reside who use wheelchairs has Mounted Track Systems installed to facilitate transfers in bathrooms and bedrooms. Modifications that permit accessibility of vehicles insures that individuals have reliable transportation, of note are the specialized vehicles recently obtained through and ODOT Grant of which there are 15 currently 7 are have been modified with stand up accessibility to the seat and 8 are wheelchair accessible.

Paula, Tom, and Nancy M., siblings who after the death of their parents moved into a Madison Community Housing Board owned home share their pride each time they are visited. The wishes of their parents as well as each family member were respected in preserving the family unit under one

roof. As services expanded from Adult Services into the area of residential supports, Board staff worked hard to gain the trust of these individuals. Finding a home located within walking distance of the hospital where Paula worked was important and through efforts an affordable housing solution was created. One room which was previously a garage is decorated in a Western Motif (Tom's influence) where he displays his extensive collection of western memorabilia. The home is nicely decorated and each member of the family is quick to point out how much having the home means to them.

Kathy B. just moved into our county and brought with her a massive doll collection. Maintenance workers which are shared by the Board and the Community Housing Board, were fast on the scene and built customized shelves in Kathy's room where she proudly displays her dolls.

Ricky C. lives at the Oakwood Meadows ICFMR. At one time the Family Support Services office was located at the MATCO Services, Inc. sheltered workshop. Ricky developed a fondness for the FSS Secretary that has spanned several years. The FSS office moved into town several years ago, but Ricky makes weekly visits to the office where he visits "Secretary".

We've learned that our role in insuring people's property and resources are protected and that making sure that they have enough money for the things they need must be tailored according to the individual's level of participation. Support Services Coordinators carefully review monthly budgets that the provider has assisted the individual in developing with the goal being to insure that the individual has sufficient resources and that the money is managed in a fiscally responsible manner by the provider. We work closely with individuals to educate them as to consequences related to financial decisions and help them realize the responsibility that comes with living in the community. We have solicited the pro-bono assistance of local CPAs and attorneys assist individuals through payee-ships. These natural supports assist individuals and their Teams in planning for the future (immediate and long-term) and developing strategies to manage resources accordingly.

Through our Quality Assurance Review process we look closely at how people's resources are being used as well as their level of participation. As with any system that relies on people, shortcomings can result. Our Board takes a very proactive approach in conducting protocol investigations and our Investigations Coordinator works closely with law enforcement in addressing allegations of misappropriation. Additionally we insure that measures are put in place quickly to prevent re-occurrence and that future monitoring is geared toward assessing the effectiveness of the steps we have taken to address the incident.

How do we measure how well we are doing in promoting personal and emotional well-being? On an individual basis we are constantly looking at the person's level of satisfaction—at Team meetings, during visits at the Adult Services Program, at work, at home. From Support Services Coordinators through Directors and the Superintendent we maintain very frequent contact with the individuals we serve. Our open door policy invites individuals to call or visit any one of us as they choose to help them address an issue. As well we encourage individuals to choose allies outside of our agency as they see fit. Our Quality Assurance Review Process is continually evolving and we use each review to closely evaluate the individual's level of satisfaction and how well outcomes achieved are compatible with their wishes and needs. Completed Quality Assurance Reviews are used by the Team as a tool to develop services and supports that will better align with the desires and needs of the individual. When developing the Individual Service Plans (ISPs) our Support Services Coordinators use the Annual Process to review individual outcomes desired and otherwise and develop clearly defined supports within the ISPs to enable provider staff to implement them effectively.

Through our Organization Services Division we are constantly correlating information garnered through incident reports, Quality Assurance Reviews, monitoring, Nursing Quality Assurance Reviews and behavioral data to identify patterns, trends, and systems issues and work with other divisions and providers to develop strategies to address concerns.

Like other county boards we utilize an Annual Survey as a vehicle for individual, provider, family, community and staff to provide input as to how we can better serve. Participation in the county wide Needs Assessment through Family and Children First has been another effective means for us to gain information needed to assist us in determining direction for programs such as Early Intervention, Madison County Ride, School Age Services, and our Family Support Services. We recognize the value of considering and utilizing the input of the individuals and families we serve as well as that of our community partners is critical to our continuation of development and implementation of programs and services that will be of value to our community members with disabilities.

Number of eligible individuals with disabilities in Madison County: 303

Number of individuals that have benefitted from this area of excellence: 303