Project Transformation 2.0
Provider Transformation Plan

Please provide information regarding your organization's transformation for over the next 3 years.

Future Service Plan:
How will future services be different than the services you are currently providing and why?

A. Vision

UCP will be the premier provider of life-long, high quality, innovative services to adults with a wide-range of ability levels. In contrast to past practices which focused mainly on providing services in a facility for persons with significant medical and physical needs, these services will be provided, to the extent possible, in the community to maximize interaction with non-disabled persons and build social capital leading to more autonomy and greater self-sufficiency. These services will be based on the expressed wishes, interests, skills, and needs of the individual as determined by a comprehensive discovery and person-centered planning process involving the support team of the individual's choosing. UCP will regularly challenge individuals and their families to be more open to exploring community options to a much greater extent than in the past.

B. Mission

UCP's mission does not need to change, but will continue to be **to empower…adults with disabilities to advance their independence, productivity and inclusion in the community.** The emphasis will be on enhanced **community inclusion** across all of the agency's adult services (including its two ICFs).

C. Values

Agency services will be offered with a focus on our shared core values, including:
- Being client-centered
- Collaborative
- Acting with compassion and integrity

The agency will vigorously pursue
- Excellence,
- Innovation and best practices,
- Financial sustainability
- Mission-related growth

Strategic Plan
What are the major steps needed to reach this vision and future state of services provided?

A. SWOT Analysis

<u>**Strengths**</u>	<u>**Weaknesses**</u>
- Dedicated, long-term management and staff across all areas of agency - Long, stable history with valuable community connections - Focus on medically fragile individuals - Above & beyond attitude - Holistic approach to serving individuals - Willingness to adapt and change services to meet emerging needs - Collaborative with multiple partners (CCBDD, OOD, school districts, etc.) - A two-decade long history of actually doing "Employment First" - Three-year CARF accreditation and ODD Medicaid certification - Increasing employment outcomes - Increasing foundation support of employment and self-sufficiency programs - Experience with transition services (Project SEARCH and summer youth employment) - Assistive Technology Practitioners, PTs and OTs on staff - Board of Directors and agency leadership (incl. CEO with corporate HR background and focus on cultivating external relations) invested in employment/integration - Part of a larger UCP network with access to national-level contacts with DOL, DOE & CMS - Active and engaged Business Advisory Committees - Experience providing disability awareness training to companies	- Some staff are overburdened coping with growth and are approaching burn-out - Relatively low-paid DSP staff - High DSP staff turnover in some program areas (ICF's and ADS) - Inefficient processes and lack of case coordination, particularly in community employment - Entrenched ways of doing things - Communication challenges between various departments/program areas - Risk-averse/too conservative - Limited physical space - Limited resources to pay staff more, for training, and updated equipment - Lower than ideal community awareness of agency and services - Capacity constraints (e.g. coping with large increase in referrals for JD) - Lack of tracking/monitoring software

Opportunities

- Build on existing relationships with OOD, schools, county board, and employers and explore new ones (VA, Passport for seniors, etc.)
- New program branding (to raise awareness and market to community)
- Federal contractor 7% hiring goal
- Shrinking role of CCBDD as a service provider presents opportunities to grow programs
- Increased collaboration between Adult & Children's Services therapists and ATP
- Leverage extensive employer connections and BAC members to increase employment options for individuals
- Becoming an "expert" on Employment First and Transition to schools and parents
- Disability awareness training for businesses
- Expanding senior services

Threats

- Ambiguity and uncertainty in DD system
- Changing funding levels and program delivery models (driven by Medicaid)
- Proposed new staff to client ratios (increased staffing levels needed leading to increased costs)
- New training requirements, particularly for CE staff
- Increased competition by new service providers (some good/some not so good)
- Extensive care needs of many clients be met safely in community
- Closed-mindedness of the community—Are they ready for community integration?
- Fear of changes and resistance among families and long-term staff

B. Core Strategies for transformation

1. Demonstrate meaningful movement of clients from more restrictive to more integrated settings by implementing one path for consumers with two possible outcomes: 1) community employment or 2) community integration
2. Increase integrated employment by building on long-standing community employment and transition efforts
3. Change focus of organizational employment program to a shorter-term employment exploration and preparation program
4. Greatly expand opportunities for community integration for individuals in adult day support programs through enhanced formal and informal assessment and the discovery process
5. Explore additional ways to increase the availability of safe and accessible transportation, particularly for community integration activities
6. Attract and retain high quality staff who "buy in" to the new service model and give them the training and tools necessary to help them become teachers, trainers, coaches rather than merely caregivers
7. Enhance efficiency, investigate new technological tools, streamline processes, promote inter-departmental collaboration and communication to improve client services and outcomes
8. Explore new models of case management and case coordination to enhance consumer experience and outcomes (e.g. one service coordinator throughout an individual's entire path to community integration/employment)
9. Draw on experience of other UCPs in our national network who have vetted processes, software and staffing structures

C. Action Plan *(Strategic Issues #'s correspond to above strategies)*

Strategic Issues	Action Steps	Targets, Specifics, Measures	Intended Outcome	Member Responsible	Timeline
1. Client movement	• Develop tracking mechanism to demonstrate movement between programs	Increase movement by 25% across all program areas (ADS, High Needs/Hybrid, OE, CE)	Demonstrate movement along path to community employment/integration	Director and Program Managers	Immediately and ongoing
2. Increased integrated employment outcomes	• Monitor JD caseload and workload of job placement specialists • Add additional staff, as needed • Ensure progress is being made and respond quickly progress is not occurring • Leverage contacts of UCP staff, Board, BAC, etc.	Place 48 consumers into integrated employment in 2015 making at least 5% more than minimum wage ($8.51/hr) and working at least 20 hours/week Place 7 individuals into new supported employment-small group settings	Enhance self-sufficiency and independence of individuals	CE & TS managers, job placement specialists, job coaches	Immediately and ongoing
3. Change in focus in OE	• Develop new and improve existing curriculum for pre-vocational training • Determine most effective way to facilitate new classes (add staff, use volunteer experts or consultants) • Offer discovery opportunities for all OE consumers	Identify location of all OE consumers on path to Employment Develop vocational and/or integration goals for all OE consumers	Increase openness to idea of realistic and attainable community employment options & increased integration among consumers, families, and staff members	OE Program Manager, Activities & Training Manager, Habilitation Specialists and Habilitation Assistants	4th quarter 2015 and ongoing
4. Increased community integration for	• Develop new external relationships	Identify location of all ADS consumers on	Increase openness to idea of realistic	ADS Program Manager, Activities &	4th quarter 2015 and ongoing

Strategic Issues	Action Steps	Targets, Specifics, Measures	Intended Outcome	Member Responsible	Timeline
ADS consumers	with potential community partners • Add additional skilled staff, as needed and as funding permits, to facilitate new opportunities • Offer informal and formal assessment and discovery opportunities for all ADS consumers	path to Employment Develop vocational and/or integration goals for all ADS consumers	and attainable community employment options & increased integration among consumers and families, particularly of persons with high medical needs	Training Manager and Coordinator, Supervisors, Habilitation Specialists and ADS Assistants, Volunteers	
5. Increased availability of accessible transportation	• Assess current capacity • Look at acquiring additional vehicles through ODOT 5310 program • Explore contracting or partnering with other providers	Increase number of community trips by 20%	Increased community exposure and enhanced knowledge of opportunities for integration and/or employment	ADS Program Manager, Activities & Training Manager, ADS Supervisors, Development Director	4th quarter 2015 and ongoing
6. Invest in staff	• Develop a training plan for vocational services staff • Look at staff and funding resources to provide needed training • Develop staff retention program for ADS (by 12/15) • Enhance and refine staff recruitment processes to ensure new staff have clear understanding and buy-in to	Improve staff retention by 10% by 7/16 to 79% (current rate is 72%) Develop 5 new staff training modules re: EFI Obtain one new funding source (grant or corporate) to support these efforts Send additional staff members to online EF training	Staff will have the tools needed to provide high quality services leading to client community integration	COO, Director of Adult Services and HR Director, Development Director, all Program Managers and Supervisors	4th quarter 2015, by 7/16, and ongoing

Strategic Issues	Action Steps	Targets, Specifics, Measures	Intended Outcome	Member Responsible	Timeline
	changing service model				
7. Enhance overall efficiency	• Examine current processes and forms and look at necessary changes needed • Explore software solutions to data tracking, managing connections, and client outcomes • Utilize existing data management system (Solana) more effectively and consistently to track client progress • Set clear and realistic expectations for inter-departmental collaboration and communication re: shared clients	Audit all forms, reports in light of EFI Examine software offered by other agencies (UCP Provail, Fairfield DD, etc.) to help manage and track data (Re-) Train key staff on use of Solana Develop formal communication and collaboration protocols	Maximize increasingly scarce resources to promote desired consumer outcomes	CEO, COO, Directors of Adult Services, Finance, and Development, all Program Managers and Supervisors, IT Administrator	2nd quarter 2016
8. Improve case coordination	• Determine case coordination needs in community employment • Look at peer agencies' method of case management and case coordination • Research best practices and implement changes, as appropriate	Develop new processes and procedures for CE case coordination by 1st quarter 2016 Add additional case management staff, as needed and as funding permits	Enhance service quality and efficiency, as well as consumer experience and outcomes	CE & TS managers, job placement specialists, Directors of Adult Services and HR, COO	4th quarter 2015 through 4th quarter 2016

Strategic Issues	Action Steps	Targets, Specifics, Measures	Intended Outcome	Member Responsible	Timeline
		Develop wider plan for staffing and structure			
9. Draw on national UCP connections	• Continue efforts led by CEO at bringing together other UCP affiliates that do EF • Learn best practices from them and adapt and implement, as appropriate	Bring COO and Director into ongoing discussions Visit to observe and meet or teleconference with experts in implementing systems change re: EF and community integration	Take advantage of the expertise of agencies further along in the EF process	CEO, COO, Director of Adult Services	4th quarter 2015 to 1st quarter 2016

Organizational Redesign

Can include: interim and future organizational structure

A. Current organizational structure *(ideas from future state mapping exercise)*

- There is great consensus at UCP in support of the principles of Employment First, *not* Employment Only.
- There is understanding from management and many other staff of the need to change engrained ways of doing things in support of the shift from a caregiver to service delivery model.
- Current program areas are largely separate and have different processes, staffing structures and ways of doing business. It is recognized that this needs to change.
- Initial steps at tearing down divisions/silos have been undertaken in the past several years and more collaboration and cooperation is occurring on a regular basis among Adult Services programs, as well as between Adult Services and Children's Services therapy staff.
- There is recognition that more formal and informal assessment of clients needs to be done on a regular basis so that we learn more about the individuals we serve and what constitutes a meaningful day for them. The days of "one-size fits all" programs are over, and services need to be flexible so as to allow individuals served maximum opportunity to be exposed to new experiences, to try new things in new settings, and interact in meaningful ways with new people, beyond just family and/or support staff.
- This progress, particularly for individuals with the most significant medical and physical support needs, is likely going to be measured differently than for those with fewer challenges. However, we must try to advance the goal of community integration for all consumers.
- We recognize that integrated, competitive employment may not be available for all individuals given the realities of today's highly competitive labor market as well as deeply entrenched attitudinal barriers of employers, families and the individuals themselves. Despite this, UCP will continue to offer opportunities tailored to those individuals' needs and continue to educate and raise awareness of the value that persons with disabilities can make to employers and society at large.

B. Interim Organizational Structure (optional)

- OE/ADS habilitation specialists, the activity & training manger and job placement staff will need to collaborate to identify community opportunities based on individualized client interests
- OE & ADS team leads will start to help coordinate community integration opportunities with habilitation specialists, activities staff and supervisors
- More collaboration between OE habilitation specialists and CE staff (and BAC members) will be needed to help facilitate job shadowing, career exploration, informational interviews, etc. for individuals in the discovery process, leveraging existing CE relationships with employers
- ADS team leads/habilitation specialists and activity staff, will help develop opportunities for more community engagement
- OE production assistant or habilitation assistants and ADS assistants will act as community site supervisors/job coaches when clients are out in the community for volunteer opportunities

C. Future organizational structure *(ideas from future state mapping exercise)*

- Begin to look at longer-term structural, organizational and staffing changes that will support the transformation effort, based on the pending service model and funding changes mandated by CMS in Ohio.
- Additional administrative and case coordination staff will likely be needed to support anticipated program growth.
- A concerted effort at communicating the principles of Employment First, changes to service models and funding and the resulting changes in staffing and organizational structure will need to be clearly communicated to all agency stakeholders in a way tailored to each constituency in a manner they will understand.
- As individuals move from one program to another, more formal guidelines for transitions between services need to be developed to ensure quality and service continuity.
- New systems of support for personal care assistance in the community need to be developed.
- Closer collaboration with occupational therapy and other therapy services to support integration goals; how would this be funded?

D. Proposed changes in job descriptions and staffing

It is premature to make specific proposed changes to job descriptions; however UCP will begin to look at staffing needs related to the following, in order to actualize the change from staff as caregivers to evaluators/teachers/trainers/coaches:

- OE/ADS habilitation specialists will change the way they write goals. The focus will shift from "service oriented" to more "community integration" related goals.
- OE and ADS assistants will need extensive training on their new role/client outlook. Training will go over the discovery process, examples of community opportunities to be thinking about for the clients, explanation of their roles when out in the community with clients. Management will need to keep in mind, that some staff might have a hard time making the transition, especially those who have been hired as personal care assistants or direct service professionals.
- When hiring new employees, we will need to look more closely at their qualifications and level of experience in areas such as teaching, activities, community employment, job (and other types of) coaching, leadership, etc. Pay scales will likely need to be adjusted, necessitating funding streams to pay for more highly qualified and experienced staff
- Program management & supervisory structure will likely need to be adjusted (possible Manager of Community Employment & Manager of Community Integration positions with other potential changes of reporting structure)
- Case management needs will likely increase with increased client movement and more flexible, changing programming
- Case coordination needs will have to be addressed
- Higher level requirements (e.g. certifications, degrees) and skill sets for all staff
- Potential to cross-train staff to add greater flexibility
- Tuition reimbursement program to retain and promote ongoing skill development of staff
- Bonus system to incentivize positive consumer outcomes
- Have staff become specialists or experts in supporting particular individual clients

Programmatic Outcomes—Results
What are the measurable, projected goals to increase employment and community integration outcomes based on your transformation efforts (next 3 years)?

A.

Projected community employment placement outcomes				
Last year (2014)		Year 1 of plan	Year 2 of plan	Year 3 of plan
Supported Employment	8	7	8	8
Project SEARCH	24	23	25	27
Other (OOD/CCBDD)	13	25	28	33
Total Placements	**45**	**55**	**61**	**68**

B.

Projected community integration placement outcomes				
Last year (2014)		Year 1 of plan	Year 2 of plan	Year 3 of plan
ADS to Hybrid or OE	10	5	5	7
OE to SE	3	6	8	10
Community Integration*		12	18	24
Total Placements	**13**	**23**	**31**	**41**
*Not tracked in 2014				

Notes: Year 1 represents 2015 goals, Year 2, 2016 and Year 3, 2017
- *Supported Employment* placement goal is new placements into *small group* supported employment; growth of which is likely to be limited, depending on new Medicaid rules
- *Project SEARCH* placement goal is 60% of 37 graduates in year 1, 70% of 35 graduates in year 2, and 75% of 35 graduates in year 3 (one PS site in Lake County has had only limited referrals and may not remain viable)
- *Other* placements represent all other placements into integrated, community jobs from all referral sources
- *Community Integration* placements represent movement from one program to a more integrated program, using 2014 results as the baseline
- *Community Integration* goal for the very medically fragile ADS population at three locations, including 2 seniors activity rooms, is 10% of 120 ADS consumers in year 1, 15% of 120 ADS consumers in year 2, and 20% of 120 ADS consumers in year 3