

This document summarizes the feedback received from 14 groups of workshop participants on two presentations made by collaborating groups of service providers. Workshop participants included individuals with developmental disabilities, family members, and representatives from service providing agencies.

Developmental Disabilities Alliance of Western New York (DDAWNY)
Aspects Workshop Participants Liked Best
<ul style="list-style-type: none"> ▪ <i>Passion and enthusiasm of presenters.</i> ▪ <i>Strong mission and focus on cultural change as a systemic issue. Good example of how to approach making a major paradigm shift with staff and families.</i> ▪ <i>Recognition that cultural change begins with middle management.</i> ▪ <i>Individual agencies retain independence.</i> ▪ <i>Transparency of resources.</i> ▪ <i>Ongoing training and creative funding/concepts (i.e., “table facilitators” and foundations)</i> ▪ <i>Acknowledge, face and address the issues/providers. Focus on process. Know their next steps.</i> ▪ <i>Strengthens nonprofit community (and other) partnerships. Committed to pushing new messages involving all stakeholders, including transition staff in schools.</i> ▪ <i>Broad and effective use of data to support measurement based objectives. Second evaluation reinforces the measurement of key outcomes.</i> ▪ <i>Variety of presenters at the training workshops.</i> ▪ <i>Doable, process focused concept that builds on natural supports from the outset.</i> ▪ <i>Specific tools to address risk.</i> ▪ <i>Training opportunities with nationally recognized experts.</i> ▪ <i>Incorporates a diverse group into the planning process. DDAWNY has family group serve as advisors and hires self advocates as trainees.</i> ▪ <i>Established grassroots history among service providers and stakeholders (i.e., families and self advocates).</i> ▪ <i>Strength in numbers. Serves agencies large and small.</i> ▪ <i>Grounded in reality. Tangible results – instruments and tools have been developed.</i> ▪ <i>Cost/scale – bang for buck (42 providers/500+ trainees).</i> ▪ <i>Separate family forums.</i> ▪ <i>A positive, non-threatening way to work toward a common goal.</i> ▪ <i>Clear, understandable language.</i>
Aspects Participants felt would be a Challenge to Implement
<ul style="list-style-type: none"> ▪ <i>Release time to free up training time for direct care staff. Staff turnover and the need to retrain.</i> ▪ <i>Risk of sustaining the new culture.</i> ▪ <i>Uncertainty of ongoing financial support and availability of foundation funding.</i> ▪ <i>Grievance process (needs clarification).</i> ▪ <i>Some agencies are more resistant to change and collaboration which will affect buy-in.</i> ▪ <i>Are training outcomes worth the dollars spent?</i> ▪ <i>Transportation and travel distances for training workshops.</i> ▪ <i>The number of people involved in being part of a “team” model could pose philosophical differences.</i> ▪ <i>More difficult to change mindsets in a large setting.</i>

<ul style="list-style-type: none"> ▪ <i>Openness of the network.</i>
<ul style="list-style-type: none"> ▪ <i>Disconnect between management and staff. Difficulty in getting the information to frontline staff who are providing the “real” services.</i>
<ul style="list-style-type: none"> ▪ <i>Impact of regionalism on new OPWDD organizational structure.</i>
<ul style="list-style-type: none"> ▪ <i>How to address the issues of risk and oversight? Who is assuming risk?</i>
<ul style="list-style-type: none"> ▪ <i>Difficult to build consensus with so many agencies.</i>
<ul style="list-style-type: none"> ▪ <i>Who will step up if natural supports don’t exist?</i>
<ul style="list-style-type: none"> ▪ <i>Lack of a grand plan following DDAWNY’s series of training workshops.</i>
<ul style="list-style-type: none"> ▪ <i>Difficulty to replicate training on untested concepts.</i>
<p>General Concerns Noted</p>
<ul style="list-style-type: none"> ▪ <i>More information needed on the foundations.</i>
<ul style="list-style-type: none"> ▪ <i>Why were there separate trainings for parents/families and staff?</i>
<ul style="list-style-type: none"> ▪ <i>What were the results of the evaluations/look back?</i>
<ul style="list-style-type: none"> ▪ <i>No direct care staff training mentioned.</i>
<ul style="list-style-type: none"> ▪ <i>Lack of specificity on skills the training series focused on. Looking for concrete examples of training tools.</i>
<ul style="list-style-type: none"> ▪ <i>Training wasn’t individualized enough.</i>
<ul style="list-style-type: none"> ▪ <i>Was there a cost for families to attend training?</i>
<ul style="list-style-type: none"> ▪ <i>No women or minority presenters at training workshops.</i>
<p>Promising Aspects for Local Innovation</p>
<ul style="list-style-type: none"> ▪ <i>Most of the aspects that participants liked best can also be viewed with an eye toward replication in other regions.</i>
<ul style="list-style-type: none"> ▪ <i>Doable in regions with already-established working relationships among stakeholders.</i>
<ul style="list-style-type: none"> ▪ <i>Emphasis on collaboration in new OPWDD administrative structure will encourage agencies to pool/share resources for training, especially when several agencies provide services to the same individual.</i>
<ul style="list-style-type: none"> ▪ <i>Using facilitators to assist with training.</i>
<ul style="list-style-type: none"> ▪ <i>OPWDD should network with larger community providers with better access to resources – like hospitals and universities as well as larger providers in its own system – to host or assist with these types of training opportunities.</i>
<ul style="list-style-type: none"> ▪ <i>Best practices model.</i>
<ul style="list-style-type: none"> ▪ <i>Starting discussion/dialogue in a neutral atmosphere.</i>
<ul style="list-style-type: none"> ▪ <i>Creating a consistent and accessible message for parents, families and self advocates.</i>
<ul style="list-style-type: none"> ▪ <i>Providing stability and calmness in a changing environment.</i>
<ul style="list-style-type: none"> ▪ <i>Team approach to problem solving can often be empowering.</i>
<ul style="list-style-type: none"> ▪ <i>Opportunities for more regionalized training.</i>
<ul style="list-style-type: none"> ▪ <i>Recognition that cultural change begins with middle management.</i>

CP of NYS

Aspects Workshop Participants Liked Best

- *CP of NYS is a large and comprehensive, long-standing and reputable collaborative with proven track record among individual agencies. Financially well suited to become a managed care entity.*
- *Networking concept – when groups work together, there’s more knowledge, ideas and resources shared, especially for the benefit of individuals, parents and advocates.*
- *Breaking down silos.*
- *Reach out to non-CP agencies and providers to join MSO and FQHC.*
- *MSO: Management Service Organization (MSO) is an excellent business model that uses leverage for purchasing power and helps agencies, particularly smaller ones, significantly cut costs.*
- *MSO: Liaisons with suppliers for prescriptions, paper goods, food and cleaning items.*
- *MSO: For profit and nonprofit combined concept could ultimately be beneficial for individuals.*
- *Federally Qualified Health Center (FQHC): The attainment of this designation recognizes the high level needs and dual diagnosis of a segment of OPWDD’s services recipients. Also shows continued commitment to serve these types of needs.*
- *FQHC: Health care screenings with OMH & OASAS.*
- *FQHC: “One-stop shopping” incorporating FQHC requirements at clinics, but choice outside of clinics remains an option.*
- *FQHC: Ability to cover a larger geographic area yet individual CP clinics retain presence in current geographic areas.*
- *FQHC: Wait list services would be easier to access.*
- *FQHC: FQHC connection is beneficial to providers.*
- *FQHC: Strong quality management component.*
- *FQHC: Integration of people with all ranges of disabilities.*
- *FQHC: Expanded behavioral network and mental health service model.*
- *FQHC: The ability to add varied services to the menu of an Article 31 clinic.*

Aspects Participants felt would be a Challenge to Implement

- *MSO: MSO administrative structure and how “shares” will be apportioned. Also, how things will play out with non-CP agencies?*
- *MSO: Difficulties encountered by would-be MSOs in contracting out and finding vendors in some regions of NYS.*
- *MSO: Who will assume oversight risk and liability responsibility?*
- *MSO: Natural skepticism surrounding “for profit” agencies.*
- *FQHC: Some regions are still grounded in “old” service delivery system (i.e., will involve cultural shift).*
- *FQHC: Systems focused instead of individual needs based. Not as much local influence.*
- *FQHC: Out of network agencies might get lost in the shuffle.*
- *FQHC: Concern that this would not truly be open to non-CP providers. Additionally, developing non-CP collaboration would be difficult and these agencies could get lost in the shuffle.*
- *FQHC: Ongoing ability for clinics to attract quality specialists/providers. Additionally, availability of continuing training for specialty physicians/clinicians to remain “on the cutting edge.”*

<ul style="list-style-type: none"> ▪ <i>FQHC: Transportation needs not addressed.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: The advocacy portion will be lost in the new structure with MSCs becoming care providers. Hopefully something will be done to ensure that the advocacy component stays strong.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Lack of critical mass and urgent care centers limits options when crisis occurs.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: How ideas will evolve in a managed care environment was unclear, particularly in maintaining focus on individualized care.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: No pilots in case studies.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Article 31 clinics aren't found in every region of NYS.</i>
<ul style="list-style-type: none"> ▪ <i>Some agencies and regions are more resistant to collaboration and constantly obsess about regional differences.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: FQHC application is a daunting process.</i>
<p>General Concerns Noted</p>
<ul style="list-style-type: none"> ▪ <i>Need for more specificity and transparency.</i>
<ul style="list-style-type: none"> ▪ <i>MSO: Do profits get rolled into services?</i>
<ul style="list-style-type: none"> ▪ <i>MSO: Has this idea be successfully implemented in other states?</i>
<ul style="list-style-type: none"> ▪ <i>MSO: Might be too top heavy.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Too much emphasis on medical model and not enough on long-term supports needed by individuals served by OPWDD.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: How will they be different than existing clinics and what's already available?</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Can direct care resources be pooled?</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: What type of quality metrics will be used?</i>
<p>Promising Aspects for Local Innovation</p>
<ul style="list-style-type: none"> ▪ <i>Most of the aspects that participants liked best can also be viewed with an eye toward replication in other regions.</i>
<ul style="list-style-type: none"> ▪ <i>Shared resources. Western NY to reach out to UB 2020 Partnership.</i>
<ul style="list-style-type: none"> ▪ <i>MSO: Group purchasing could result in big savings with profits/savings rolled back into service delivery.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Applications have potential to improve services as well as clinical access and quality.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: By combining clinics to provide a range of needs to clients, cost could be reduced.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Waiting lists for clinic services in many regions remain long. Hopefully under this model, services will be easier to access.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Statewide ease of finding a CP affiliate.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Comprehensive health care screening and focus on cross-systems services.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Learn by doing in a managed care environment.</i>
<ul style="list-style-type: none"> ▪ <i>FQHC: Regional clinics make sense and can serve multiple diagnoses.</i>