

2022-2027 MVDS STRATEGIC PLAN

OBJECTIVE 1

MVDS WILL SUPPORT PARTICIPANTS IN SMALLER SETTINGS TO: PROMOTE PERSONAL CHOICE AND HIGH LEVELS OF ENGAGEMENT, AND CREATE OPPORTUNITIES FOR REDUCED DEPENDENCE ON IN-PERSON STAFF SUPPORTS.

PROGRAM AREA GOALS

Residential	Supported Day	Medical	Case Management	Administration
R.1.1. Staff and participants will use technology for support in lieu of in-person services.	SD.1.1. Staff work with participants in creating compilations of their achievements over the year to present at their IP meetings. Participants will also plan their pursuits for the upcoming year for presentation at IP meetings.	M.1.1. The medical office will explore the use of simple technology for monitoring some medical conditions and work with the IDT to educate and implement such technology.	CM.1.1. Case Managers will identify and educate participants who could benefit from greater independence through the use of technology and advocate for its implementation.	A.1.1 Expand the use of on-line/virtual staff training, documentation and monitoring. Increase the use of automated workflows for financial functions.
R.1.2. MVDS will create options for smaller living environments that afford residents more attention and higher life quality.	SD1.2. Participants will use technology to assist with job development and job related tasks.	M.1.2. Medical office personnel will develop & implement methods to streamline and monitor medical practices.		

PROGRAM AREA OUTCOMES

Residential	Supported Day	Medical	Case Management	Administration
<p>R.1.1. Within 5 years, 20 people living in apartments or group homes will use technology to meet needs that otherwise require in-person staffing.</p>	<p>SD.1.1. Staff will develop a process for capturing activities, highlights, and achievements throughout the year. Staff will support individuals with developing these into presentations, and supporting the individual when presenting it at IP meetings. By 2027, 50% of day program participants will have a completed and updated presentation.</p>	<p>M.1.1. Medical office will identify 5 participants whose medical conditions (needing monitoring) can effectively be monitored by technology. Medical office will identify appropriate technology and discuss opportunity with participants' IDTs. Medical office will assist with obtaining device, training on it, and monitoring it.</p>	<p>CM. 1. 1 Within 2 years, Case Managers will explore, obtain & introduce technology that will result in greater independence to 10 participants.</p>	<p>1. 1. By 2025, the following trainings will be available virtually: Protocols, MANE, Special Diets, Ethics of Touch, Spanish QMAP, QMAP, Blood Borne & Airborne Pathogens, Effective Communication, Health and Safety, Hospice/Palliative Care, Lifting, Transferring & Wheelchair Orientation, and Personal Care prompting. Platforms used for training, communication, & monitoring will include Paycom, Therap, Dynamics GP, SharePoint, and online applications (Zoom/Teams).</p>
<p>R.1.2 Current homes will be evaluated to determine if a reduction in census is sustainable. By 2027 two homes will be downsized to offer smaller setting options to residents.</p>	<p>SD1.2. Staff will educate and support individuals in on-line job exploration and applications. Staff will explore, introduce, and monitor technology to support individuals with learning job skills, or conducting job activities. In 5 years, 20 individuals will receive this support.</p>	<p>M.1.2. Documentation of required medical practices by support staff –in the homes and in day programs- will be electronically based in Paycom and Therap. Medical office personnel will utilize online applications to track, teach, and monitor medical information.</p>		

OBJECTIVE 2

MVDS WILL EFFECTIVELY IMPLEMENT CHANGE MANAGEMENT TO ENSURE MEANINGFUL AND SEAMLESS SERVICE PROVISION

GOALS FOR PROGRAM AREAS

Residential	Supported Day	Finance	Case Management	Children's	Administration
R.2.1. Homes will conform to the Final Settings Rule by supporting residents in: A) accessing & engaging in the community; B) increasing control over their financial resources; and C) fostering greater initiative & autonomy in the daily activities.	SD.2.1. Day Services will meet the Final Settings Rule by reducing the number of participants in group employment and group activities, and by increasing the number of participant directed activities.	F.2.1 Ensure rates for service provision in smaller settings are appropriate to the cost of providing these services. Expand alternate funding sources to cover gaps with state funding.	CM.2.1. The Administrative Team will implement objectives set forth in Case Management Redesign: Care and Case Management System, Person Centered Budget Algorithm, State General Fund Programs. Admin and Board of Directors will determine whether to RFP for Case Management delivery and the activities which follow the decision.	C.2.1. MVDS will expand Early Intervention services by successfully implementing: A) Early Intervention Evaluations, B) Extended Part C Services, C) Eligibility Criteria Expansion, and D) Moving from CDHS to the new Department of Early Childhood.	A. 2. 1. MVDS will redefine our purpose and mission as a CCB amidst the evolution of CMRD so that we are relevant to our communities.
	SD.2.2 All employees of MVDS will earn at least minimum wage to conform with phasing out subminimum wage.				A.2.2. Determine what administrative supports need to remain in place vs those that are no longer needed amid the totality of changes.

	SD.2.3. MVDS will increase the number of vocationally oriented participants who secure competitive integrated employment.				
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OUTCOMES

Residential	Supported Day	Finance	Case Management	Children's	Administration
R.2.1. Staff will be trained to: A) Educate residents on community activities; Support them in accessing activities; and Encourage engagement with the community during activities. B) Enable and assist residents in making decisions about how to use their financial resources and expedite their ability to access financial resources; C) teach and encourage appropriate actions and life choices.	SD.2.1. By 7/2022, 75% of activities offered to participants will be self-directed as to the nature of the activity and others participating in the activity. By 2027, the number of participants receiving group employment will be reduced by 60% from January 2020 (35 were in group employment).	F.1.1. Continue working with HCPF in advocating for sustainable rates. By 2027 identify and pursue 5 new grants. By 2027 funding will be sufficient to support smaller service settings.	CM.2.1. MVDS will participate in discussions about, make decisions regarding, or implement changes about each CMRD component by the following dates: Care and Case Management System 10/2022, Person Centered Budget Algorithm 7/2024, Rules and Regs Updates 12/2022, State General Fund Program administration 7/2024, and the CMA RFP 2/2023	C.2.1. MVDS will submit RFP by 4/2022; MVDS will have staff and procedures in place for full implementation of: (A) EIE and (B) Part C Extended Services by 5/2022; and (C) Eligibility Expansion Criteria by 7/2022; and (D) Change in Department Oversight by 6/2022	A. 2. 1. MVDS will review and enhance our mission; expand and extend services and supports beyond what was previously designated as CCB functions.

	SD.2.2 By July, 2025 MVDS will be in full compliance with minimum wage standards.				A.2.2. Administrative Team will determine which administrative supports to grow or contract and take action as needed.
	SD.2.3. The number of participants employed in CIE will meet or exceed 56 (that of 2019).				