GRO

Growing Resources in Oregon

Building Oregon's Capacity to Serve Individuals with Complex Support Needs:

Follow-up to the "White Paper"

GRO Project
Growing Resources in Oregon
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GRO is a Collaborative Project of:

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University of Oregon, Educational and Community Supports

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Building Oregon's Capacity to Serve Individuals with Complex Support Needs: Follow-up to the "White Paper"

Executive Summary

Growing Resources in Oregon (GRO) was a 22-month project developed by the Department of Human Services Seniors and People with Disabilities Division (SPD) in response to a need to increase Oregon's capacity to provide employment and residential services to persons with developmental disabilities and complex support needs. This report summarizes the development of GRO, barriers addressed by the project, successful strategies, and recommendations for the future.

GRO's three component projects—Regions, Providers, and Training Projects—implemented a variety of strategies, tackling systems issues at many different levels. For example, GRO used:
- "Champions" in organizations with the ability to impact change.
- Strategies to imbed best practices in organizations.
- Video-conferenced and on-site trainings on many topics related to complex support needs which brought together a range of community stakeholders, helping to build awareness, skills, and partnerships.
- Efforts to encourage Regions and CDDPs to use data-based strategic planning for development.
- A "focus person" for most organizations receiving training in person-centered planning and behavior support mentorship.
- Learning Circles and behavior specialist network meetings to provide ongoing networking and support for applying new skills.
- Hands-on, coordinated follow-along by GRO staff from the three projects, giving consistent messages to reinforce each other's work.
- A variety of strategies to improve local access to mental health services for people with developmental disabilities.
- Highly-respected former SPD and CDDP employees, to gain the attention and trust of stakeholders.

Organizations achieving the most change were those in which there:
- Was buy-in and involvement of the executive director
- Were staff members who were fully engaged both during specific GRO-sponsored activities and between activities
- Was coordination of efforts across their organization, so that each part knew what the others were doing

- Was alignment and good working relationships among the Region, CDDP, and providers

It is not possible to trace the exact influence of GRO on outcomes achieved by the end of the 22-month project. However, GRO at least contributed to:
- New or improved working relationships among CDDPs, Regions, and providers to proactively plan for service development needs and advance collaborative projects.
- Expanded awareness and knowledge of service strategies for working with individuals with various complex support needs.
- Increased momentum in the comprehensive service system to look at how Regions and CDDPs work with crisis services and providers, including structuring to provide support to prevent service disruptions.
- Increased willingness of providers to use consultants, to work together in a non-competitive way, and to rely on each other for support, as they realized that capacity could be built, sustained and shared.
- Expanded personal commitments to growth and action and an openness by participants to be challenged, to think more deeply about service strategies.
- Establishing a cultural shift related to the value of person-centered thinking and planning for individuals with complex support needs.
- Overcoming organizational and system inertia related to expanding options for people with complex support needs.
- Helping organizations to begin exploring more refined strategies for how to match individuals with staff.
- Assisting some organizations to transition to offering more independent living service models and person-centered employment.
- Helping Regions to adapt to and take advantage of the systems changes that SPD was making.
- Developing14 more person-centered planning facilitators.
- Training17 more behavior specialists.
- Improving in-house training programs using the GRO manual and DVDs for providing staff training.

Although GRO was able to develop new skills and improved relationships in communities across Oregon, there are many things that remain to be done.
- Few organizations took on or succeeded with supported employment.
- While residential services became more individualized, providers seldom adopted innovative models.

- GRO was unable to work with service coordinators, beyond their attendance at GRO events. Because they are so important, future efforts should include resources for supporting their learning as well.
- GRO also was not successful in helping foster care providers to restructure to offer 24-hour residential or supported living services, due to provider perceptions that increased regulation and changes in payment and taxation were too difficult to overcome.

This paper presents plans for the future reported by both Regions and GRO providers, including
- Moving from a crisis-driven approach to a pre-crisis approach,
- Launching a program model for transition services.
- Developing a proposal for a developmental disabilities/mental health pilot project.
- Developing more person-centered plans and circles of support
- Continuing to grow supported employment and individualized residential services
- Implementing enhanced core competencies
- Implementing a case management database system to improve the availability and use of data.

GRO staff developed a set of recommendations for continued work to maintain the momentum developed during the 22-month project.
- *Establish a system-wide approach for on-going leadership and personnel development*
- *Develop a regional critical intervention system that identifies emerging crisis situations and intervenes using positive behavior support strategies.*
- *Continue efforts to collaborate with mental health partners at all levels of the system.*
- *Clarify roles and responsibilities of regional and CDDP partners.*
- *Adopt GRO project "best practice" recommendations using data for forecasting development needs and strategic planning.*
- *Develop and implement a consistent and transparent statewide system for referrals to the comprehensive service system.*
- *Coordinate a quality management system that ties together local and state quality management activities.*

Building Oregon's Capacity to Serve Individuals with Complex Support
Needs: Follow-up to the "White Paper"

Introduction

The project, Growing Resources in Oregon (GRO), in operation for 22
months, was charged with helping Oregon build its capacity to support
individuals with various types of complex support needs. This report
summarizes the development and work of the three projects that comprise
GRO.

Project Background

At the request of the Department of Human Services Seniors and People
with Disabilities Division (SPD) in July, 2007, a consortium that included
staff from the Oregon Council on Developmental Disabilities (OCDD),
Oregon Technical Assistance Corporation (OTAC), Oregon Rehabilitation
Association (ORA), the Center for Continuous Improvement (CCI), and the
University of Oregon's Educational and Community Supports (UO), issued
a "White Paper" providing recommendations for building Oregon's capacity
to serve individuals with complex support needs (Dean, 2007).

SPD had recognized three trends that were testing the capacity of the
existing service system: 1) the total number of people requiring services
was increasing, 2) the number of people with complex support needs
entering the service system was growing, and 3) a broader range of
challenges were being presented by these individuals—including co-
occurring disorders such as medical conditions, autism, criminal
backgrounds, sexual offending behavior, mental health issues, mild and
moderate mental retardation, and difficult behaviors.

Service provider organizations in the comprehensive service system were
not adequately equipped to serve these individuals. The provider
organizations—struggling with inadequate funding levels and serious
workforce issues—needed help to be able to provide effective, long term
support for people in or entering the system who presented complex
support needs.

The White Paper (Dean, 2007) was the result of a project to gather input
from stakeholders for developing a set of recommendations that could be

implemented in the 2007-2009 biennium to support capacity-building in service provider organizations. The paper included summaries of the participants' vision for the next few years, as well as practical steps that could be taken to enable 24-hour comprehensive system service providers to be able to say "yes" to serving individuals with complex support needs. The paper addressed issues such as:

- What barriers faced providers that wanted to provide services to individuals with complex support needs?
- What were the most important capacity-building strategies for developmental disabilities services?
- How could we use training and technical assistance resources to ensure a greater level of success for the service system and those whom it serves?
- What policies would support success?
- What partnerships do we need to develop?

The paper summarized the results of a survey, interviews and group discussions with service providers; a focus group with families/advocates; research into best practices; and "think tanks" that included individuals working in multiple components of the system. The final set of recommendations addressed priorities for Workforce Development, System Development, and Partnerships. These recommendations included:

Workforce Development: Develop and implement a master plan for workforce development that will establish a multi-pronged training and technical assistance approach to developing competencies in the service system to support people with complex support needs. Recommended strategies included competency-based training, forums to support on-going learning, and on-site technical assistance for transferring learning to agency sites.

System Development: Based on an analysis of existing data, begin the task of redefining and redesigning Oregon's systems for crisis, emergent crisis, and long-term intensive support. Systems development included recommendations for researching effective models and developing a comprehensive standardized assessment process for people with complex support needs and their environments. Such an assessment would assist providers to anticipate issues, to assist in creating proactive supports and to analyze crises. The paper also

recommended working with counties to plan and prepare for their service development needs.

Partnerships: Identify or develop ancillary providers and other specialized resources, such as behavior specialists, mental health therapists, psychiatrists, and other medical specialists to support providers working with individuals with complex needs. The paper recommended building collaborations with Vocational Rehabilitation, Addictions and Mental Health, criminal justice groups, Child Welfare, and other involved state and local agencies, as well as establishing partnerships for training.

If implemented, the recommendations would provide both immediate relief and long-term fundamental improvements for the service system. The challenge given by the White Paper (Dean, 2007) was for all stakeholders to work together to redesign the system for providing ongoing, crisis and crisis-diversion services to promote prevention and stability rather than relying so heavily on reactive methods.

Project Development

Based on the recommendations of the White Paper (Dean, 2007), SPD issued three requests for proposals related to serving individuals with complex support needs for: 1) working with Regions to develop a capacity-building plan based on county and regional needs, 2) working with a set of providers to develop and implement capacity-building plans, and 3) providing training and mentorship for improving skills for supporting individuals with complex support needs. SPD selected the proposals submitted jointly by OTAC, ORA, and UO and work on the 22-month capacity-building project—entitled "GRO-Growing Resources in Oregon"—was initiated in June 2008.

From the very beginning, several significant barriers faced the project:
- GRO was charged with working with a set of very different entities: planning with *"Regions"* which exist theoretically, but in reality operate through contracts with host counties not as separate organizations; *Community Developmental Disability Programs* (CDDPs) which contract with comprehensive system service providers and have entry and exit authority with those providers; *Service Providers* with varying levels of skills and interests in serving people with complex support

needs; *other State Projects* (referred to as "development partners" by GRO) such as ReBAR and On the Move, that were making significant changes in the fundamental design of aspects of the service system at the same time; *other State and Community Agencies* that are involved in ancillary services such as mental health, criminal justice, education and health care; and an *Advisory Committee* made up of representatives from most of these stakeholder groups.

- While CDDPs had worked together with regional staff related to crisis services and reacting to the needs of individuals in crisis, there was limited history of jointly reviewing data and existing capacity to project future service development needs in the Regions. In addition, skepticism was evident throughout the system about the integrity of available data and the value of using data as opposed to a collective staff knowledge base in forecasting and planning to meet challenging support needs.

- Some Regions, CDDPs and service providers clearly expressed disappointment that SPD had put funds into a training and technical assistance project, believing that the funds would be better used if given directly to providers and/or CDDPs to provide additional or improved services. Based on this, some resisted working with GRO, feeling that additional planning was not the greatest need. In some cases, it was difficult for GRO to even gain the attention of important stakeholders.

- The three projects—originally intended to be implemented sequentially, with regional planning used to inform provider planning, followed by training and technical assistance based on those plans— had to be implemented concurrently. Therefore, provider planning had to proceed without information about regional needs and priorities, and training and technical assistance had to be organized without information from completed regional and provider plans.

- Processes in place related to crises and referrals to the comprehensive service system varied across Regions and counties, and SPD was taking steps to change the role of the Regions, including adding new positions for service development.

- Obtaining referrals for GRO providers was more difficult than had been expected. While GRO expected referrals of people with complex support needs would come to the GRO providers, these referrals often went to foster care or to a few 24-hour residential providers with a well-established reputation for accepting challenging referrals.

- Concurrently with the GRO project, SPD's ReBAR Program (Restructuring Budgets and Rates) was making dramatic changes to how services are funded in Oregon. By November 2009, ReBAR had implemented the *Supports Intensity Scale* (AAIDD, 2004) for assessing individual support needs, and was starting to use a new funding matrix for individuals receiving services in 24-hour residential homes based on that assessment. The funding matrix for employment and supported living services were still in development through the rest of the GRO project, leaving providers wary of moving into those service elements. SPD also was working on new administrative rules for the Host Home model and revised rules for Supported Living. Providers were hesitant to investigate these options until rules and funding levels were determined.
- While GRO was charged with assisting the state in building capacity to serve individuals with complex support needs, there was limited start-up funding to assist providers to implement new services, beyond the training and technical assistance available through GRO. Providers, CDDPs and Regions consistently cited lack of start-up to assist providers to implement new services as a factor of equal or greater importance than training and technical assistance in meeting the challenge of individuals with complex support needs.

GRO staff used a variety of strategies, tackling the systems issues at many different levels to overcome these barriers:
- Looked for "champions" within organizations who had the ability to impact change.
- Implemented strategies to imbed best practices in organizations (e.g., the *GRO Training and Resource Manual*). Organizations needed support on how to disseminate new information throughout their organizations, and to provide support to staff for implementing the new methods and ideas.
- Used video-conferencing and disseminated DVDs of trainings presented.
- Presented "community awareness" trainings on several topics related to complex support needs. These events were dubbed "community awareness," because they brought together a range of stakeholders in the community of each GRO provider. Thus, they had the additional benefit of helping to build partnerships. particularly in remote and smaller population areas,

- Encouraged Regions and CDDPs to use data-based strategic planning for development to plan for meeting the needs of people going into crisis or otherwise coming into the comprehensive system.
- Selected a "focus person" for most organizations receiving training in person-centered planning and behavior support mentorship. This allowed GRO staff to work with participants in real situations to apply learning, and therefore directly address any organizational barriers that arose.
- Used Learning Circles and behavior specialist network meetings to provide ongoing networking and support for applying new skills.
- Although GRO assigned more than one GRO staff person to most organizations (e.g., a technical assistance coordinator and a behavior specialist mentor), their messages were consistent and reinforced each other's work. Training attended by recipients was supported by having multiple GRO staff available to assist with assimilating and implementing the new learning.

One area in which all three GRO projects contributed was trying to improve access to mental health services for people with developmental disabilities. Several strategies were implemented, including bringing together mental health and developmental disability personnel in a joint retreat and training sessions to develop local relationships, gathering information about what was and was not working locally, and using formal grievance mechanisms when individuals are denied service. These strategies are summarized in greater detail in Appendix A.

Organizations that achieved the greatest change were those in which there was buy-in and involvement of the executive director and where staff members were fully engaged both during specific GRO-sponsored activities and between activities. The most successful organizations were able to coordinate their efforts across their organization, so that each part knew what the others were doing. The hands-on, coordinated follow-along by GRO staff from the three projects—one director referred to this as "being reminded to keep his hands on the wheel"—also contributed to success. Finally, GRO was most successful when there was alignment and good working relationships among the Region, CDDP, and providers.

GRO Projects Summary: Regions, Providers and Training Projects

GRO was organized into three separate but coordinated projects: Regions, Providers, and Training Projects. Each project was responsible for its own work plan, but staff regularly met across projects to address joint objectives, share challenges and successes, and coordinate their efforts with providers and regions. While the following sections report on each of the three GRO projects separately, many of the activities and products were the result of joint efforts by staff from all three projects.

"Regions Project"

The purpose of the Regions Project was to support each of the five Regions in Oregon to develop and implement a capacity-building plan based on projected needs. The Regions Project worked with a wide variety of participants, including regional staff, CDDP managers and staff, SPD staff, service provider organizations, consumers or advocates, and professionals from other disciplines, e.g., mental health, justice system, and law enforcement. Some regional planning groups included this broad range of participants, in other cases the planning group was more narrowly defined, but others participated in GRO or regional events. Regions also varied in their relationship with their counties and their history of working together.

The Regions Project sponsored the following activities:
- A project-opening Summit with Chris Heimerl—consultant for New Mexico's Department of Health Office of Behavioral Services, Developmental Disabilities Support Division—describing their statewide crisis prevention and intervention system.
- Two meetings of the Development Partners—other ongoing state projects that included goals and activities related in some way to capacity-building.
- Two meetings of the GRO Advisory Committee
- A retreat in the Eastern Region to bring persons from the mental health and developmental disability systems together for joint planning and relationship-building.
- Two workshops (Metro and Eastern) targeted for mental health professionals with an interest in working with individuals with developmental disabilities.

- Brought CBEM, a California organization that provides crisis services, to the Regional Crisis Coordinators meeting to discuss how they organize services.
- An end-of-project conference—with keynotes by John O'Brien and organizational development consultant Arty Trost—to celebrate and share successes and future plans.

<u>Regional Plans</u>. Regions chose to address a variety of goals specific to their regions in their GRO plans. Together, the goals addressed each of the major areas of recommendations from the White Paper (Dean, 2007). Regions varied in the number and specificity of goals identified, and the degree to which they were able to implement their goals. The following table summarizes regional plan goals by topic area.

Table 1. Summary of Regional Plan Goals by Topic Area related to Increasing Capacity to Serve Individuals with Complex Needs.

	Metro	Mid-Valley	Cascade	Eastern	Southern
Partnerships, Specialists, and Ancillary Services	X	X	X	X	X
Personnel Recruitment and Development		X		X	
Placement & Service Options	X	X	X	X	X
Crisis Services		X	X		X
Other					X

<u>Changes in Regions</u>. Significant changes occurred with Regions during the course of the GRO project, many due to role changes directed by SPD. New development specialist positions were implemented, time spent on budgeting each individual's crisis services was significantly reduced based on ReBAR's impact on a standardized funding system, and regions began to think of themselves as providing proactive supports rather than relying primarily on allocating short and long-term diversion funding at the time of a crisis or impending crisis. At a statewide regional programs meeting in January 2010, SPD and regions discussed goals to: 1) reduce the number of moves an individual has to make, 2) reduce the number of times an individual needs to access Crisis Services, 3) increase the number of individuals placed in their own community, and 4) increase development/capacity of the system. We believe that GRO helped to lay the foundation with the Regions for this discussion.

"Provider Project"

With input from SPD, the GRO Provider project selected 19 service providers to receive technical assistance support for developing and implementing capacity-building plans. The involvement of these service providers varied greatly, from simply attending some of the events, to both attending events and conscientiously working with consultants to implement their plans. Thus, the changes in each GRO provider varied with the level and type of involvement they had with the various methods of support. This multi-pronged training and technical assistance approach— recommended in the White Paper (Dean, 2007)—allowed providers to participate in a manner in which they were most comfortable.   In some cases, service providers were already involved with expanding services, and it is hard to determine the impact that GRO had on these plans. However, expansion of services in some cases was limited by a lack of referrals from CDDPs and Regions.

The Provider Project supported 19 organizations to develop and 16 of those organizations to implement capacity-building plans. In addition, they:
- Organized 10 Learning Circles for enhancing and sharing growth, with a total of over 160 participants.
- Developed 14 facilitators for person-centered planning.
- Held a supported living retreat for providers interested in developing this service option.
- Sponsored events –370 staff from all 19 GRO providers participated in at least one event sponsored by the Provider Project.

The Provider Project also met barriers:
- Difficulty measuring specific impact of the GRO project on increased capacity of providers due to the complexity of the situation (e.g., existing plans, participation in other projects.)
- Lack of consistent follow-through by organizations due to time constraints, lack of commitment, conflicts, or other issues.
- Some long-term staff struggled with adapting to a culture change of continued learning.
- Eligibility determination often required several months for young people who would be turning 18 and coming into the service system, reducing available planning time before services were to be delivered.

- Individual service planning teams seldom meet more often than annually, making it more difficult to reach agreement and move promptly when a crisis occurred.
- GRO project providers usually did not have of access by providers for mental health services
- The Providers Project and GRO providers had difficulty obtaining clear information from counties and Regions on projected needs.

One Provider's Story

Through the GRO Project, Adult Learning Systems of Oregon (ALSO) expanded their knowledge and skills by having residential and vocational managers and the job developer participate in the Person Centered Planning Facilitation training. Applying their new skills ALSO initiated individualized supported living and supported employment services. With consultation from another organization experienced in individualized supports—the agency developed supported living policies and procedures and learned how to directly involve the Individuals they support in the hiring process. As a result, individuals receiving supported living services have had a major role in selecting their staff. Over the course of 18 months, three individuals moved into their own homes and five found supported employment jobs. ALSO has a new way of thinking about services and in the future will be developing person-centered plans for each of the individuals entering supported living and supported employment services.

"Training Project"

The Training Project was charged with providing both awareness-building training related to serving individuals with various complex support needs and specific skill-building training for providers, CDDPs, and regional staff. The GRO Training Project presented five regional video-conferenced trainings (each with nine download sites) to 765 participants on:

- Borderline Personality Diagnoses
- Co-Occurring Diagnoses and Treatment Approaches
- Fetal Alcohol Spectrum Disorders
- People with Sex-offending Behavior
- Psychiatric Security Review Board

In addition, the Training Project:
- Presented 16 4-hour on-site Community Disability Awareness trainings with pre- and post-tests for the GRO providers selected for receiving intensive support. Over 500 people attended these trainings, including provider agencies, mental health, brokerages, foster providers, CDDPs, schools, Regions and family members.
- Provided 25 trainings across Oregon on complex needs issues, including Traumatic Brain Injury, Schizophrenia, Autism, Legal Issues, Bipolar Disorder, Executive Function, and Structured and Visual Strategies.
- Completed informal on-site assessments of the individual "focus person" and staff needs.
- Provided 40 hours of training and additional hours of on-site behavior mentorship for developing 17 Behavior Support Specialists in GRO providers and Regions, working with staff and a focus person to imbed skills.
- Sponsored two Network meetings for behavior specialists
- Over 510 staff from 17 of the 19 GRO providers participated in at least one Training Project event.

Barriers faced by the Training Project included:
- Organizations were slow to reallocate staff assignments to allow their new behavior specialists to make that activity a priority.
- Organizations varied in the level and effectiveness of staff training programs; often staff training focused only on core competencies, did not apply competency-based training methods, nor address the advanced skills required to meet complex needs.
- Organizations often did not have a system to ensure that information and training received by one or a few staff would be transferred to other key staff such as other house managers or direct service professionals.

In a survey conducted at the end of the project, 14 (100%) respondents representing 12 agencies indicated:
- The intensive training offered on functional assessment and behavior support planning benefited their organization.
- The *GRO Training and Resources Manual* would be a useful training tool for staff members who support individuals with complex needs, and

- The information/training provided by OTAC helped to improve the quality of life for the GRO focus person or other individuals with complex needs.

GRO Project Impact

Despite the barriers and issues, GRO eventually worked successfully with regions to develop and carry out regional plans, support providers to develop and implement capacity-building plans, and provide a range of training and technical assistance to support the work of Regions, CDDPs, and providers to build Oregon's capacity to serve individuals with complex support needs. GRO staff used a variety of strategies, including hiring highly-respected former SPD and CDDP employees, to gain the attention and trust of these stakeholders and to begin to move the comprehensive service system forward in expanding capacity.

It is not possible to trace the exact influence of GRO on outcomes achieved by the end of the 22-month project, and in some ways benefits achieved may not have been those that were planned. However, GRO at least contributed to:

- New or improved working relationships among CDDPs, Regions, and providers to proactively plan for service development needs and advance collaborative projects. By reviewing data made available by GRO, Regions realized that much of their business is predictable or coming from people they already knew.
- Expanded awareness and knowledge of service strategies for working with individuals with various complex support needs, e.g., completing functional assessments of behavior, implementing structured communication strategies, using data to evaluate plan effectiveness,
- Increased momentum in the comprehensive service system to look at how Regions and CDDPs work with crisis services and providers, including structuring to provide support to prevent service disruptions.
- Increased willingness of providers to use consultants, to work together in a non-competitive way, and to rely on each other for support, as they realized that capacity could be built, sustained and shared.
- Expanded personal commitments to growth and action and an openness by participants to be challenged, to think more deeply about service strategies.
- Establishing a cultural shift related to the value of person-centered thinking and planning for individuals with complex support needs.

Provider participants changed how they might approach a problem—rather than referring a person for crisis services or exiting the individual, they have begun to try to figure out how to provide supports for individual needs and preferences.

- Overcoming organizational and system inertia related to expanding options for people with complex support needs. In the words of a CDDP program manager, "It brought a lot of people with perspective and experience to think about the most difficult population and forced this system to think about ways we can support their needs and what it takes to be successful."
- Helping organizations to begin exploring more refined strategies for how to match individuals with staff and to develop ongoing relationships.
- Assisting some organizations to transition to offering more independent living service models and person-centered employment services.
- Key players in CDDPs and Regions became more invested in the concept of intervening earlier in critical situations before they rise to the level of a crisis.
- Helping Regions to adapt to and take advantage of the systems changes that SPD was making. GRO brought Regions together to think differently about their jobs and systems, and to work together rather than continuing to work in "silos." GRO also influenced the thinking of the new development specialists in each region, often working as mentors in their new role.
- Developing14 person-centered planning facilitators from across the state (One provider stated, "We had person-centeredness as a philosophy, but didn't have a tool.")
- Training17 behavior specialists from all five Regions representing providers, counties, or regional offices. GRO provided 40 hours of formal training along with additional hours of on-site mentorship for each behavior specialist. Organizations changed the assignments given to behavior specialists, to allow for more focus on behavior support work. Some Regions and CDDPs included behavior specialists in their workforce.
- Improving provider and Region in-house training programs using the GRO manual and DVDs for providing staff training. Released in November 2009, the manual already has been used by various providers to offer staff training related to autism, social stories, fetal

alcohol syndrome, co-occurring conditions, and positive behavior supports.

Thirteen leaders from GRO providers responded to a survey asking them to identify challenges they faced in developing or expanding services for people with complex support needs, and the degree to which each challenge had improved through the GRO project, with a "1" = Not at all, and a "5" = Greatly improved. Based on these responses, GRO had the greatest impact on improving the skills for providing services to people with complex support needs and improving access to qualified behavior specialists. The full results are provided in Table 2.

Table 2. Challenges in Developing or Expanding Services for People with Complex Support Needs and the Improvement through GRO

Challenges	Responses indicating this is a challenge	Mean Score (5= Greatly improved)
Our organization is not skilled in providing services to people with complex support needs.	9	4.1
Limited access to qualified behavior specialists	10	4.0
Lack of information systems that support quality in our work	8	3.9
There is a huge gap between what is needed in staff skills and the applicants, and there is not enough staff to do the work.	7	3.7
Having to group people who present difficult challenges	9	3.2
Insufficient access to professionals in other fields	9	3.2
Public systems don't work together.	8	2.6
The placement process is crisis-driven with little opportunity for planning or training for provider staff.	10	2.6
Information packets are often incomplete or inaccurate, and arrivals are not well-planned or coordinated.	10	2.6
Funding is not adequate to deliver the level of support that is needed.	10	2.2
Professionals from other fields do not understand working with people with developmental disabilities.	7	2.1
Specialists from different disciplines do not work together well.	8	2.1

Regions, CDDPs and providers made many strides in improving their ability to support individuals with complex support needs. A few of these projects that were supported by GRO are described below.

Regions and CDDPs reported that:
- GRO helped two Regions with developing options for specific planned projects. Issuing a request for letters of interest expanded the scope of partners interested in problem-solving around known needs.
- Both the Southern Region and Lane County in the Cascade Region developed training cooperatives, mirroring one that had been developed in Multnomah County.
- Communities found that working with the mental health system was not as difficult as originally anticipated, requiring relationship-building at the local level rather than at the state agencies.
- CDDPs began to think about having service coordinators trained in behavior support, to help them to review issues and determine whether a behavior specialist is needed.
- Marion County trained a staff behavior specialist.
- A pilot crisis response team in one county

Providers reported that, with the help of GRO, they:
- Reworked their recruitment, selection and training process for staff working with people with sex offending behaviors.
- Developed an in-house mentor system for core competencies and a train-the-trainer curriculum for mentors.
- Moved individuals to new, smaller settings after they expressed a desire to change.
- Became better able to support an individual who was very aggressive, analyzing the situation better, providing more customized services and more inclusion activities.
- Established a behavioral team to discuss supports for people with challenging behaviors.
- Added full-time in-house behavior support specialists. Behavior specialists are now training other staff and managers in how to support people, along with completing functional assessments and behavior support plans.
- Improved their decision-making processes with the case management system, and their communication with other providers, CDDPs, Region, and other partners.

- Gained skills and confidence for supporting individuals with co-occurring mental health issues or other complex support needs.

With very few exceptions, personnel attending GRO training workshops, forums, conferences, and Learning Circles; or participating in mentorship, or receiving technical assistance from GRO staff or consultants were highly satisfied or satisfied with both the process and outcomes of these activities. For example, eight out of 10 satisfaction items related to Learning Circles received average scores of "highly satisfied," while the remaining two items received scores in the "satisfied" range. Satisfaction data related to specific events or processes are available from OTAC.

GRO Products

GRO staff worked with Regions, providers and SPD staff to develop several products that will be useful far beyond the life of the project. The OTAC website at www.otac.org/gro provides access to available resources. The GRO products developed include:
- Fact Sheets on state-sponsored development projects in progress at the start of GRO.
- A database of regional consulting resources
- A Behavior Support Coordination Tool
- *The GRO Tree: A Decision Guide for Enhancing Supports for People at Risk*
- Recommendations for revisions to the standard referral packet and processes
- *Quality Management Systems Manual* for one organization and a customizable template developed for use by others
- *Supported Living Manual*
- Enhanced competencies guidelines for direct support professionals working with individuals with complex support needs.
- Mid-manager competencies
- *GRO Training and Resource Manual* including written materials, PowerPoint files for training, tips for staff training, resources, and DVDs of trainings held. Contents include overviews of people with complex support needs and co-occurring disabilities, support strategies, person-centered approaches, positive behavior support strategies, supports for other complex issues, medical approaches, and navigating systems.
- *2009 Behavior Mentorship Training Program Manual*

- Person-centered planning training materials
- Sample reports summarizing data trends related to individuals coming into the comprehensive service system from crisis or mandated caseloads.

The Future of Services for Oregonians with Complex Support Needs

Along with the diligent efforts of Regions, CDDPs and providers, GRO was able to develop new skills and improved relationships in communities across Oregon. These organizations are thinking in a different way about delivering services, and understanding that they can make small, incremental improvements in the lives of the people they serve. Largely, however, the project affected the individualization of residential services; few organizations took on or succeeded with supported employment projects. Employment, therefore, continues as a need still to be addressed in a substantial way.

In addition, while residential services for several persons with complex support needs became more individualized, providers seldom adopted innovative models. This may have been due to the relative brevity of the project or to discomfort by providers or others related to the more innovative approaches. Despite this, many staff persons made great strides in their ability to support people with complex support needs and their willingness to support each other in that effort. It will be important to maintain support for the foundations of staff skills that have been developed with GRO.

GRO was unable to work with service coordinators, beyond their attendance at GRO events. Because they are so important in holding the story, vision and power around individuals with developmental disabilities, when they were involved it made a difference. Any future effort related to supporting individuals with complex support needs should include resources for supporting learning in this important group.

GRO also was not successful in helping foster care providers to restructure to offer 24-hour residential or supported living services. Those foster care providers who investigated the switch found the increased regulation and changes in payment and taxation too difficult to overcome. Despite this, however, these providers did learn to become more person-centered in their foster homes.

Regional Reported Next Steps and Plans for the Future

As the end of the project neared, GRO asked Regions about their plans for the future. Their lists included:
- Continue to work with the crisis system, providers, counties and SPD on providing services that meet client needs within the confines of an unwieldy service system.
- Move from a crisis-driven approach to a pre-crisis approach if OARs and diversion funding can effectively change to support that.
- Launch a program model from the transition services letters of intent, if we can create enough funds and identify measurable goals for determining success.
- Develop a proposal for a developmental disabilities/mental health pilot project.

Providers' Reported Next Steps and Plans for the Future

The GRO providers have many plans for continuing their work to expand their capacity to support people with complex support needs. These plans include:
- Train more staff on person centered planning
- Complete more person centered plans and develop circles of support
- Continue to grow supported employment and individualized residential services
- Implement enhanced core competencies
- Evaluate the results of sharing a mental health therapist with their county behavioral health program
- Implement a case management database system to improve the availability and use of data
- Pursue developing a crisis unit
- Build a better quality management system.

Challenges for the Future

At the end-of-project conference, keynote speaker John O'Brien challenged Oregon with several questions to consider as we move forward:
- How do we use the information we have collected to have greater foresight and make better decisions?

- How do we welcome people into comprehensive services in a way that results in good matches, and so they feel welcomed and in charge?
- How do we provide timely, practical assistance at the points of crisis?
- How can we as organizations purposely get outside ourselves to be open to influence?
- How can we link our responsibilities to people who challenge us with our development agenda?
- What changes can we make that will allow the use of the knowledge and skills that people have developed through GRO training in ways that directly and obviously benefit people?
- How do we recruit and integrate perspectives, people, and practices from other fields?
- How can people who challenge us contribute to quality?
- How can we recognize and support the centrality of fidelity—demonstrating faithfulness to people?
- What choices do we have about our plans or fears that inhibit our pursuit of Big Hairy Audacious Goals?

Stakeholders at all levels in Oregon must implement a range of strategies to maintain the momentum developed by the GRO project.

GRO Recommendations

GRO learned many things about supporting Regions, CDDPs, and Providers to do a better job supporting individuals with complex support needs. As a result, GRO staff developed a set of recommendations for continued work to maintain the momentum developed during the 22-month project. Many of these continue the recommendations from the White Paper (Dean, 2007). Recommendations provided by GRO to SPD, Regions, CDDPs and GRO providers include:

- *Establish a system-wide approach for on-going leadership and personnel development*
  GRO recommended developing and supporting a system of enhanced competencies for staff working with people with complex support needs. In addition, it recommended widespread training on person-centered planning/person-centered thinking and skills training methods, as well as training for in-house behavior specialists, service coordinators, and leaders. Training should be offered as formal

workshops, on-site mentorships, regional forums, and "learning communities."

- *Develop a regional critical intervention system that identifies emerging crisis situations and intervenes using positive behavior support strategies.*
  Carrying out this recommendation will require clarification of roles and coordination of processes, a re-focus to proactive intervention and pre-crisis systems, and an increase in both clinical mental health specialists and behavior consultants.

- *Continue efforts to collaborate with mental health partners at all levels of the system.*
  GRO provided a statewide resource list of consultants, and recommendations included pursuing a developmental disabilities/mental health integration project, and working to increase the panel of Oregon Health Plan providers to include additional psychiatrists, mental health therapists, psychologists and medical doctors with interest and expertise to work with people with developmental disabilities and complex support needs.

- *Clarify roles and responsibilities of regional and CDDP partners.*
  Among other recommendations, GRO recommended that providers, CDDPs, and Regions join together in forums for planning, information-sharing, and problem-solving, and work together for regional coordination of training and technical assistance.

- *Adopt GRO project "best practice" recommendations using data for forecasting development needs and strategic planning.*
  GRO developed sample formats for presenting compiled data for local planning and recommended that the crisis system data collection form be modified to include additional data that will be useful to CDDPs and regions.

- *Develop and implement a consistent and transparent statewide system for referrals to the comprehensive service system.*
  GRO worked with a stakeholder group to develop specific recommendations for improving the referral process and content, and recommended a comprehensive assessment process that includes a

person-centered plan and an environmental and behavior assessment, along with the SIS/SNAP.

- *Coordinate a quality management system that ties together local and state quality management activities.*
GRO recommended that all levels of the system should develop effective quality management systems that are in alignment, including aligning quality measurements.

The GRO Project Recommendations document, attached, summarizes specific strategies within each of these recommendations, progress achieved during GRO, and needed stakeholders for future efforts.

Conclusions

One of the most important results of the GRO project was the learning that occurred around what it takes to change capacity at a regional, county and provider level—learning about what really worked to overcome barriers and make a change in people's lives. Many of the strategies were initially suggested by the White Paper (Dean, 2007) on building Oregon's capacity to serve individuals with complex support needs:

Workforce Development:
- Establish a multi-pronged training and technical assistance approach to developing competencies in the service system to support people with complex support needs, including competency-based training, forums to support on-going learning and sharing of strategies; and on-site technical assistance for transferring learning to agency sites.
- Develop more behavior specialists.

System Development
- Work with Regions and CDDPs to use data to plan and prepare for their service development needs.
- Analyze existing data related to the system's experience with crisis services.
- Begin the task of redefining and redesigning Oregon's systems for crisis and emergent crisis, based on researching effective models.

Partnerships:
- Build collaborations for training.

- Develop ancillary providers and other specialized resources interested in working with people with developmental disabilities.

Oregon needs new skills and new partnerships at the state, regional, county and local levels to adequately address the system development needs of individuals with complex support needs. The GRO project, during its limited duration, used many effective strategies for accomplishing gains in all three areas. Continued attention, however, will be required to maintain the foundation that has been built for long-term improvements.

References

AAIDD (2004). *Supports Intensity Scale.* Washington, DC American Association on Intellectual and Developmental Disabilities.

Dean, J.E. (2007, June). *Building Oregon's Capacity to Serve Individuals with Complex Support Needs: Recommendations for Action.* Salem, Oregon: Oregon Council on Developmental Disabilities, Oregon Technical Assistance Corporation, and Seniors and People with Disabilities Division.

Appendix

A.   GRO Strategies for Improving Access to Mental Health Services

B.   GRO Project Recommendations