

# Developing High-Quality Leaders

Supporting People Serving People



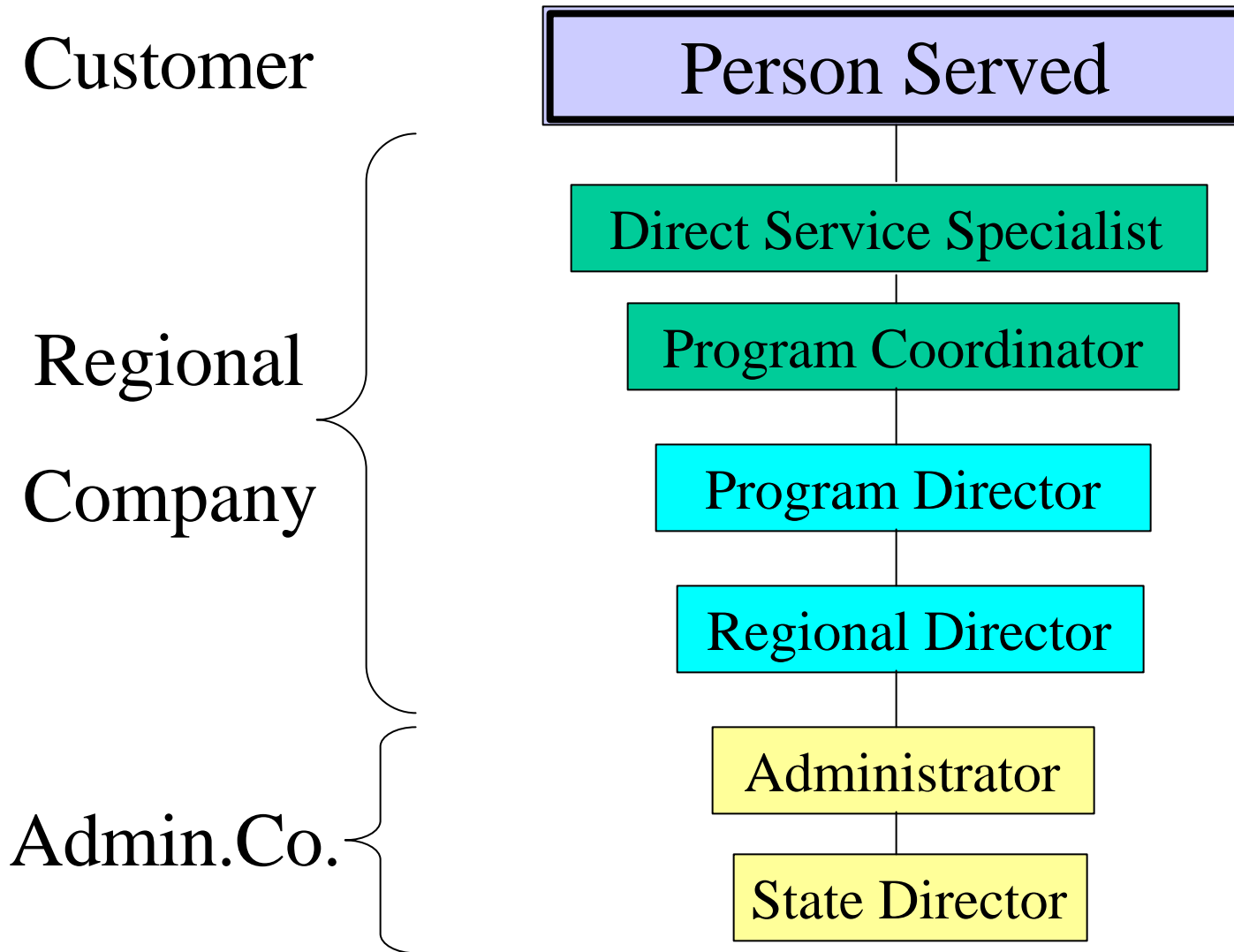
What's



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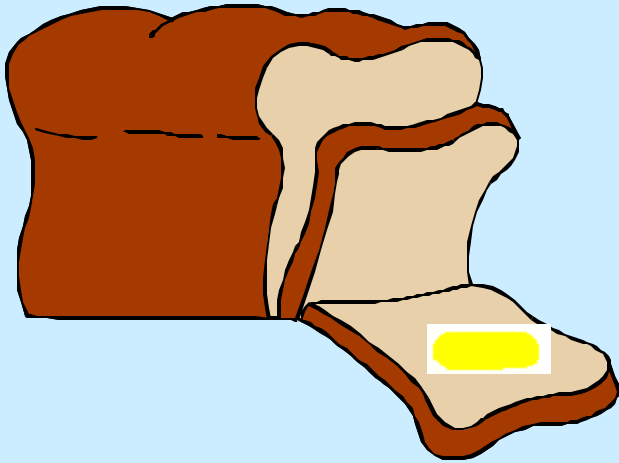
- Private, For-Profit
- Family owned
- 35 years
- Doubles in size every five years
- Currently serves over 3,000 people
- With a staff of 4,500
- Served by 5 Administrators, 23 RD's, & 135 Program Directors
- Arrayed as follows....

# REM MN Org. Chart



# A Brief History

1992 - 1st formal statewide leadership training at REM Minnesota:



- communication
- budgeting
- discipline
- reimbursement
- personnel-related stuff

b Trained by Administrative Staff in regional meetings

b One-time 'thing'

# A Brief History (cont.)

1994 - 2nd formal statewide leadership training at REM Minnesota :

- communication
- budgeting
- discipline/employment law
- reimbursement
- *Vision* component added

- ⌘ All supervisors house managers and up went through training.
- ⌘ Held in central location with few exceptions.

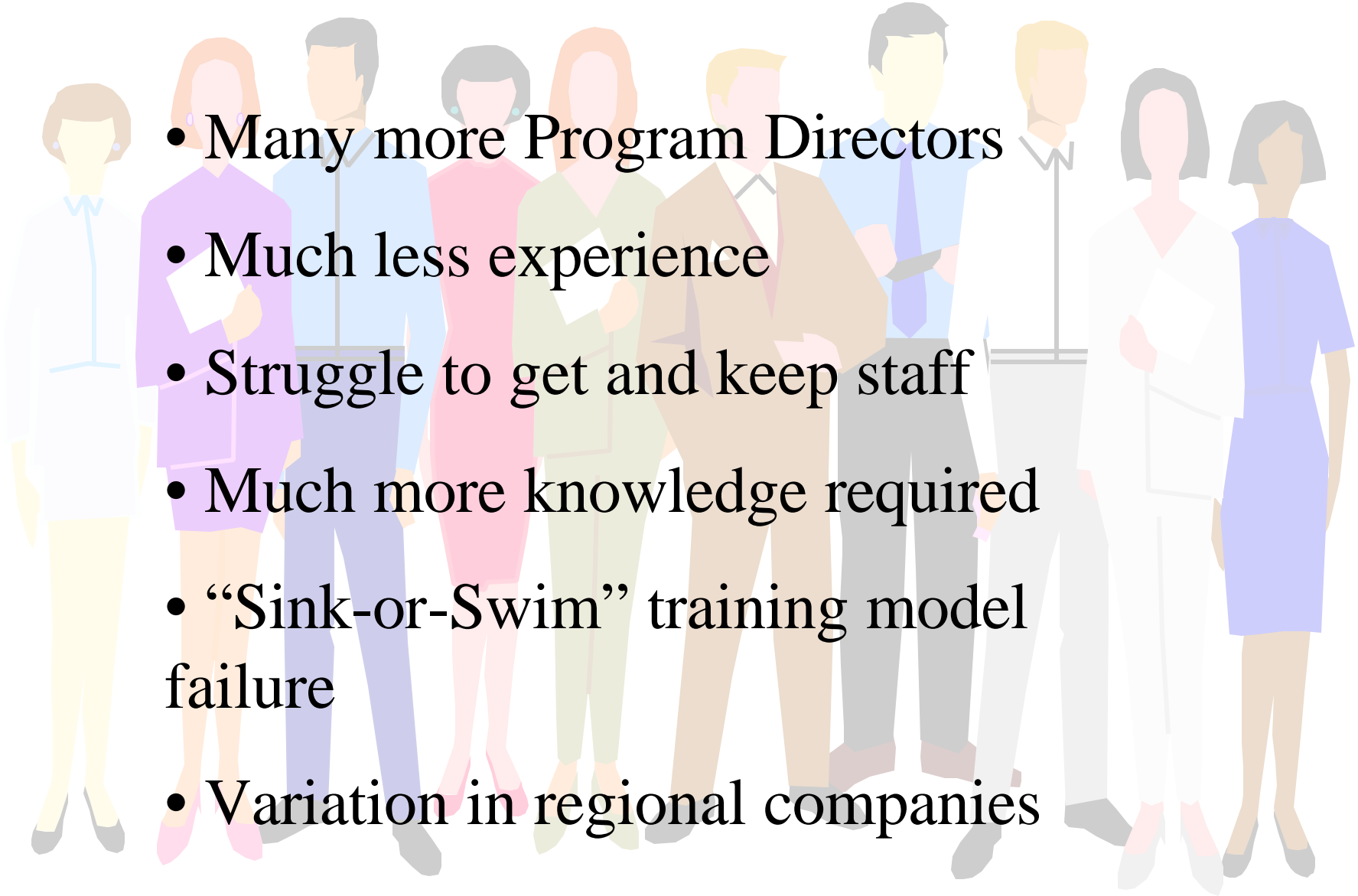
# A Brief History (cont.)

## Refinements

- 1996 - Introduction of Covey's "7 Habits" for all management staff
  
- 2000 - Advanced Leadership begins:
  - *Performance Management*
  - *Hiring and Retaining people*
  - *Professional Integrity*
  
- 2002 - Program Director Training, & Mentor Training

# Issues Motivating Current Model

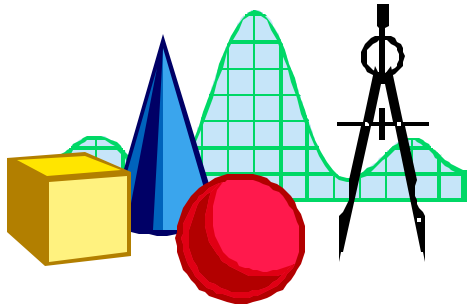
- Many more Program Directors
- Much less experience
- Struggle to get and keep staff
- Much more knowledge required
- “Sink-or-Swim” training model failure
- Variation in regional companies



## New PD Training had to:

- Adjust to regional styles
- Be taught by local coach/mentors
- Incorporate 'productivity-improvers'
- Use existing materials as much as possible!
- Be hands on ("OJT")



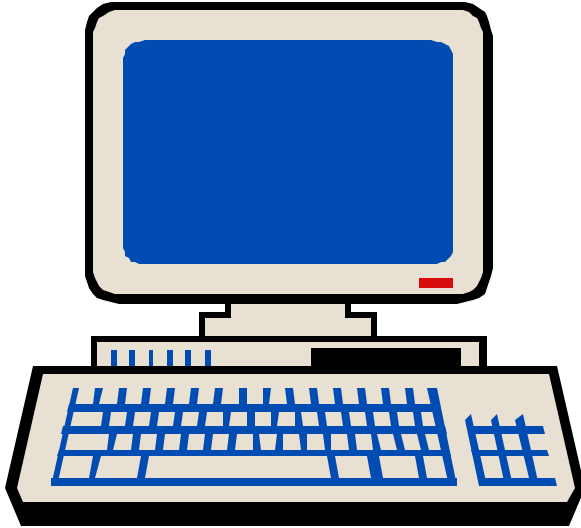


# The Curriculum

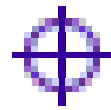
- Becoming an Effective Leader
- Developing Effective Employees
- Developing Effective Teams
- Producing Effective Outcomes
- Keeping Programs Cost-Effective
- Keeping Quality Homes



# Strong “Techno” Component



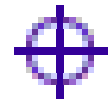
PowerPoint instruction for  
Psych Meds, Reimbursement,  
and Behavior Management



Spreadsheets to simplify  
money matters



Databases to simplify mind-  
numbing paperwork



Repeated exposure to &  
use of web sites

# Primary Focus on DSP Support and Development



Performance management



Team development



Vision driven



Mentor models  
mentor

Medicaid Services - Microsoft Internet Explorer

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Address <http://www.hcfa.gov/medicaid/msservice.htm> Go Links

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Medicare Medicaid SCHIP What's New Site Index

## Medicaid Services

Title XIX of the Social Security Act requires that in order to receive Federal matching funds, certain basic services must be offered to the categorically needy population in any State program:

- inpatient hospital services;
- outpatient hospital services;
- physician services;
- medical and surgical dental services;
- nursing facility (NF) services for individuals aged 21 or older;
- home health care for persons eligible for nursing facility services;
- family planning services and supplies;
- rural health clinic services and any other ambulatory services offered by a rural health clinic that are otherwise covered under the State plan;
- laboratory and x-ray services;
- pediatric and family nurse practitioner services;
- federally-qualified health center services and any other ambulatory services offered by a federally-qualified health center that are otherwise covered under the State plan;
- nurse-midwife services (to the extent authorized under State law); and
- early and periodic screening, diagnosis, and treatment (EPSDT) services for individuals under age 21.

If a State chooses to include the medically needy population, the State plan must provide, as a minimum, the following services:

- prenatal care and delivery services for pregnant women;
- ambulatory services to individuals under age 18 and individuals entitled to institutional services;
- home health services to individuals entitled to nursing facility services; and
- if the State plan includes services either in institutions for mental diseases or in intermediate care facilities for the mentally retarded (ICF/MRs), it must offer either of the following to each of the medically needy groups: the services contained in 42 CFR sections 440.10 through 440.50 and 440.165 (to the extent that nurse-midwives are authorized to

Internet

#### 4. Getting the Person's Input

You can get a bunch of people together who work for, and know the person who's going to be receiving services. But that ain't enough! The most important person who should provide input is the person him/herself! Often this is not an easy thing to do. So, if you want to do it right you might try one of the products below.



### Listen to Me!

This workbook belongs to:

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#### Essential Lifestyle Planning (ELP)

Developed by Allen, Shea & Associates in collaboration with Michael Smull, Claudia Bolton and Pam Lopez Green (USARC/PACE, 419 Mason, Suite 105, Vacaville CA 95688; 707-448-2283 this workbook (**Listen to Me** at left) when completed, will give you an overview about who is important to the person, what the person is good at, what do they like - and not like - to do, favorite things, and much more. Contains instructions for administration, even to people who are non-verbal.

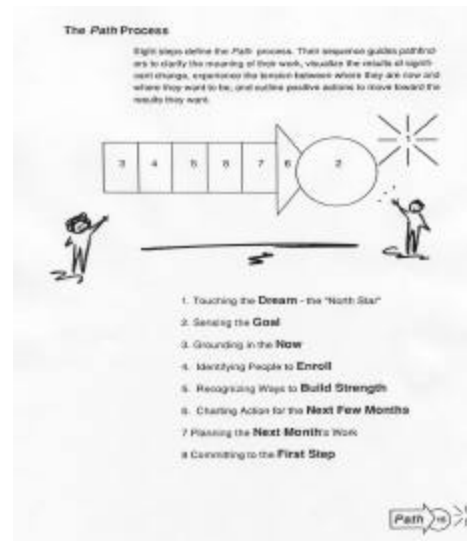
Click Hyperlink:  
[m/elppublications.html](http://m/elppublications.html)

© USARC/PACE, 1996  
Revised 2000

#### PATH

Developed by Jack Pearpoint, John O'Brien, and Marsha Forest, 'Planning Alternative Tomorrows with Hope' (PATH)(at right) provides IDT's with a definite process to follow in creating a positive future for an individual. In PATH the LRE/US is called "the dream" and specific steps are built into the process to help the person reach the dream.

from **Inclusion Press**  
24 Thome Cresc.  
Toronto, Ont. M6H 2S5  
tel: 416-658-5363



From  
Segment 4:  
“Producing  
Effective  
Outcomes”

Click Hyperlink: <http://www.inclusion.com/PI-PATH.html>

## 7. Prioritizing Goals

Let's take one of the cases from above (page 10).

"Mary lives in a group home with seven men and women. The images of her future include:

1. Housing in an apartment or duplex with one or two roommates with public transport, shopping and recreation areas nearby. She wants a private bedroom.
2. A full-time job as a housekeeper or in a restaurant accessible to public transport with friendships and outings with co-workers
3. Increased involvement in community life, especially in church, crafts and recreation."

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(1) Mary's priority areas      ✧ High priority on needs assessment  
(a) Family priority levels

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### Health and Safety Skills

- (b) Maximize Seizure Control as much as possible ✧  
Schedule appointments with Dr. Dorfman (GP) and go to appointments with assistance ✧
- (3) Self-medication

### Basic Needs

- (4) Make own meals  
Weekly menus with staff assistance

### Social Skills & Interpersonal Relationships

- Crisis resolution skills - avoiding panic attacks
- (a) Self-control/relaxation skills
- (1) Boyfriend and then marriage

### Communication Skills

- No auditory problems; annual hearing checks  
Speech therapy to increase articulation or develop dependable alternative communication

### Self-Care Skills

Excellent self-care skills

### Cognitive/Educational skills

- Locate mentor or roommate(s) in community to explain more complex mail, taxes, etc. ✧



From  
Segment 4:  
“Producing  
Effective  
Outcomes”