Developing Comprehensive Services for Individuals with Special Needs: A Business Plan 2015

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UNICORN CHILDREN'S FOUNDATION
THE KEY TO UNLOCKING POTENTIAL

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

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EXECUTIVE SUMMARY

This report synthesizes the components and reports of the Special Needs Assessment commissioned by the Unicorn Children's Foundation and is based on the major findings and recommendations from the study. The findings and recommendations to the Unicorn Children's Foundation are organized and styled as a business plan for the use of the provider community, funders, consumers, policy makers and the public.

This project is designed to fulfill the following Vision and Mission statements of the Special Needs Collaborative Theory-Based Framework:

> **Vision**: Individuals with chronic physical and developmental conditions will be appropriately assisted and supported within this community in the least restrictive ways to maximize their potential.
>
> **Mission:** To create and maintain a collaborative System of Care that addresses service and systemic issues, gaps, and barriers.

In order for children with chronic physical or developmental conditions to be appropriately assisted and supported in the least restrictive ways to maximize their potential, the creation and maintenance of a collaborative System of Care addressing service and systemic issues, gaps, and barriers must be in place. Broward Regional Health Planning Council, Inc.'s (BRHPC) assessment team performed a comprehensive analysis of the current service delivery systems for children with special needs in Palm Beach County including surveying individuals with disabilities and their parents/ caregivers.

Based on the needs assessment, key gaps in service were identified: 1) futures planning - making financial and legal preparations for the disabled when the current caretaker(s) can no longer serve, 2) increased opportunities for social and recreational activities, 3) interaction with non-disabled peers, 4) medical coverage for disability related services e.g. speech/communication, occupational and nutritional therapies, and 4) respite care.

This plan is based on addressing the gaps by achieving specific objectives:

1. Contract for an administrative service organization which will be responsible for oversight of the system transformation
2. Develop an effective and efficient information and referral system
3. Improve timely access to screening, assessment and early diagnosis
4. Reduce gaps in service
5. Increase amount, and improve coordination of, funding streams
6. Improve transition practices
7. Increase employment opportunities
8. Increase access to transportation
9. Improve advocacy and futures planning

Palm Beach County has all the elements essential for a successful transition from a provider network into an integrated system of care for individuals with special needs. This system transformation will represent a new way of doing business, which would involve a true collaboration among providers as well as integration of funding streams and other resources.

This process involves real and potentially difficult changes in local funding and organizational structures and is likely to take 7-10 years. To guide this transition and develop increased system assets, the business plan describes an administrative infrastructure that will have operational responsibility for the expansion

and transformation of the system of care. It is recommended that two organizations will be responsible for closing gaps by developing opportunities with existing resources and working to expand local and other funding sources. In order to ensure maximum utilization of resources, an expansion of information & referral (I&R) services will begin in the first year.

If fully implemented, cost of the first five years are expected to amount to $5.44 million. The costs are divided into three major elements, which anticipates the possibility that different funders or groups of funders may be willing to support specific aspects of the plan. The first year is a start-up year with a cost of about half a million dollars. Thereafter, the costs are projected at approximately 1.2 million dollars a year. Once the transformation is complete the cost of maintaining it should be substantially less.

The objectives of the implementation plan have performance measures that will be used to measure success. The proposed business plan will be a historic undertaking requiring active and ongoing participation of funders, public officials and local organizations. Periodic meetings and surveys will be able to track the perceived progress of the program.

BUSINESS PLAN

ENVIRONMENTAL ASSESSMENT

A. POPULATION

This business plan targets individuals with special needs. This includes individuals with any type of disability or special need (developmental, physical, visual, hearing, or mental disabilities) across all ages, including adults. Table 1 summarizes data from the Florida Department of Health. It is estimated that 11.6% of residents of Palm Beach County have one or more disability.

Table 1. Description of Population

Condition	Year	Palm Beach County		FL
		Number	%	%
All Ages				
Population with 1 or more disability	2013*	154,209	11.6	12.9
Developmentally disabled	2014	3,177	NA	NA
Adults (≥18)				
Seriously mentally ill	2012	58,336	5.5	5.5
Limited activity due to physical, mental or emotional problems	2013	NA	16.4	21.2
Use special equipment because of a health problem	2013	NA	8.3	8.8
Hearing difficulty (18-64 years)	2013*	9,349	1.2	1.8
Vision problems (18-64 years)	2013*	8,621	1.1	1.7
Adults 65+				
Probable cases of Alzheimer's	2013	42,071	14.0	12.1
Hearing difficulty	2013*	38,835	13.5	13.9
Vision difficulty	2013*	15,314	5.3	6.3
Children (<18)				
Seriously emotionally disturbed	2012	21,312	8.0	8.0
Hearing difficulty	2013*	1,138	0.4	0.5
Vision difficulty	2013*	1,459	0.5	0.7

* 5 year average: Source Florida Department of Health CHARTS retrieved Sept 1, 2015

INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Intellectual and developmental disabilities (IDD) are not associated with any known risk factors and affect all races, economic and ethnic groups. Males are more likely to experience IDD especially Autism Spectrum Disorders which is now diagnosed in one in 70 males.

Because of the financial burden of providing services and other stresses IDD may result in economic disparities and risk of abuse or neglect. It is estimated that 80% of families which include children who have disabilities end in divorce and 80% of individuals with developmental disabilities over 50 have only one living family member able to provide support. Thirty-two percent (32%) of residents of Palm Beach County with IDD live at or below the poverty level and 75% are unemployed. Compared to the general population, they are 60% more likely to be abused/neglected and 150% more likely to be victims of crime.

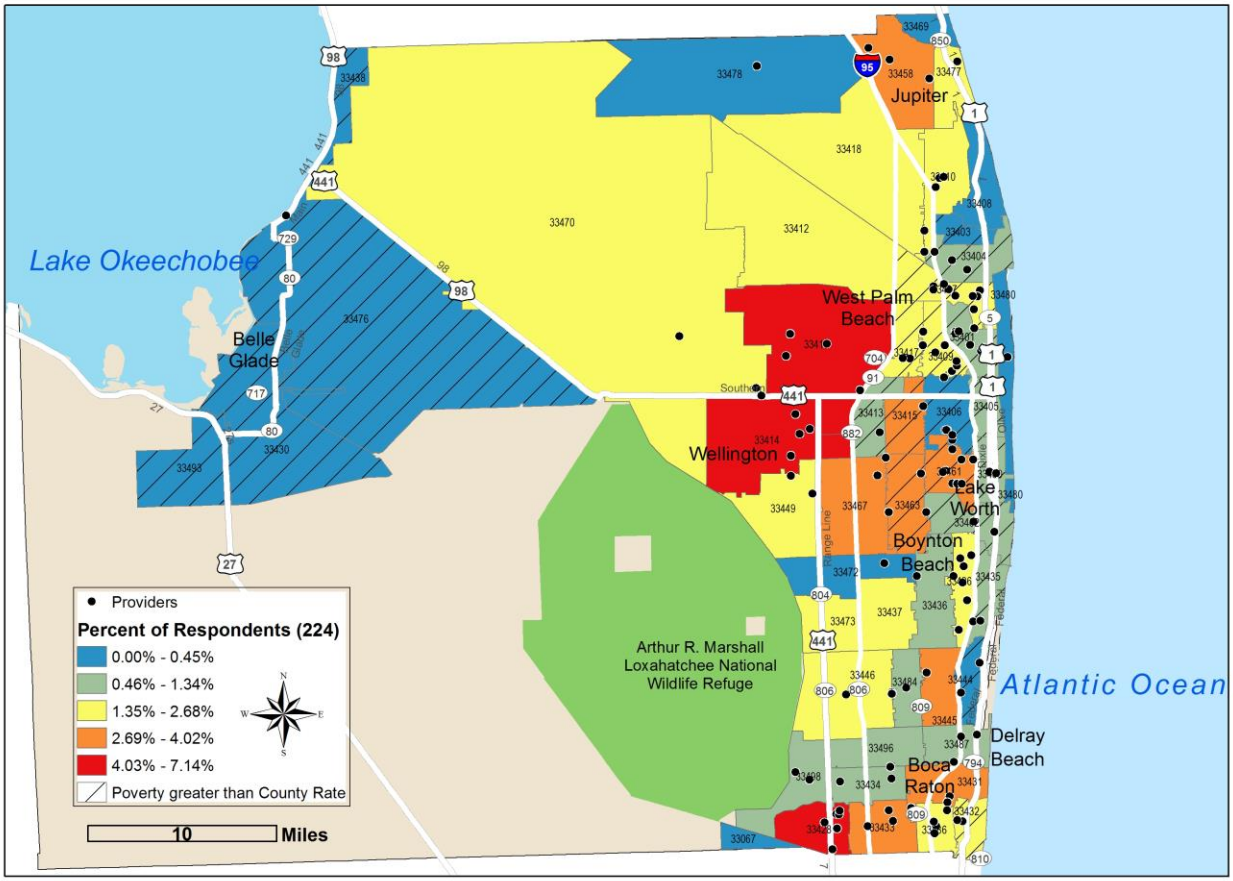
In 2010, it was estimated that 46% of those most in need of home-based services to avoid institutionalization were on a waiting list for Med Waiver services. The wait list has extended from an average of 8-10 years to an indefinite period of time. [All the data in this section are from the web site PBC Counts, retrieved September 11, 2015.]

LOCATION OF PEOPLE WITH DISABILITIES

Figure 1, below, displays an estimate of the location of people with special needs. Each ZIP code is color-coded to indicate the percent of the respondents to the surveys (conducted as part of this project) residing in each area. The map also indicates which areas are characterized by residents whose incomes are lower than the county's average.

Figure 1:

Percent of Survey Respondents with Disability Service Providers by ZIP Code in Palm Beach County



B. PROVIDER NETWORK

MEDICAL PROVIDERS

Table 2 displays the number and rate of health care providers in Palm Beach County (PBC) and compares rates to the state. There are 290 family practice providers and 267 pediatricians. Presumably, many of the internists also provide primary care to adults and the remainder of physicians are specialty providers.

Table 2. Number of Licensed Providers 2013

Provider	PBC		Florida
	Number	Rate	Rate
Family Practice Physicians	290	21.5	25.5
Pediatricians	267	19.8	23.0
Internists	894	66.2	51.8
Total Physicians	4369	323.6	275.7
Dentists	975	72.2	53.8

Source: FDOH Florida CHARTS- retrieved Sept 6, 2015

Most of the medical providers are in the private for-profit sector but PBC has eight Community Health Clinics and the County Health Department has nine locations in which health care is offered.

There are 16 hospitals in the county with a total capacity of 4,114 beds. The for-profit hospitals have 2,962 beds and non-profit hospitals have 1,152 beds (Florida CHARTS and PBC 2012 Community Health Needs Assessment).

Table three summarizes the location of the115 primary care health professional shortage areas and 68 identified dental care shortage areas in the county. They were designated as shortage areas by the Health Resources and Services Administration of the Department of Health and Human Services on the basis of their population. Many of the locations that are designated as health care professional shortage areas are also areas of high poverty as noted in the map below.

This Federal designation as a shortage area means the population meets the following criteria: 1) they reside in an area in that is rational for the delivery of primary medical care services as defined in the Federal code of regulations; 2) they have access barriers that prevent them from using the area's primary medical care providers; 3) the ratio of persons in the population to the number of primary care physicians practicing in the area and serving the population group ratio is at least 1:3,000; and 4) members of Federally recognized Native American tribes are automatically designated. Other groups may be designated if the meet the basic criteria described above.

For dental care, the shortage area is defined similarly as above except the ratio of the number of persons in the population group to the number of dentists practicing in the area and serving the population group is at least 1:4,000

Table 3. Location of Health Care Professional Shortage Areas

Area	Number of Census tracts	Type of Shortage
Del Ray Beach	8	Primary care
Lantana/Lake Worth	14	Primary care
West Palm Beach	52	Primary care
	53	Dental care
Green Acers	10	Primary care
Boca Raton	3	Primary care
Belle Glade	9	Primary care
	10	Dental care
Boynton Beach	6	Primary care
Miscellaneous	13	Primary care
	5	Dental care

Source: 2012 Palm Beach Health Needs Assessment

SERVICES FOR SPECIAL NEEDS POPULATION

Using the information available through 211 Palm Beach/Treasure Coast and other sources the assessment identified one hundred and seventy-four community based organizations that provide services to the population. Several offered more than one type of service, so the total number of services offered by these organizations was 324. Table 4 below summarizes the number of each type of service some of which target a specific condition. The number of providers offering each type of service is shown in Table 4 below.

Table 4. Number of Services Provided by Community Based Organizations*

Services	Number
Advocacy	13
Information & Referral	14
Assistive Technology/Construction	20
Audiology/Hearing & Cognitive Therapies	18
Behavioral Analysis, Assessment and Intervention	43
Case Management/Coordination	11
Child Care/Respite Care	11
Individual/Family Support Groups/Counseling	42
Education/Training	53
Insurance/Financial Assistance	9
Legal Services/Futures Planning	4
Medical Services	14
Residential Services	20
Transportation	1
Day camps/Recreation programs	29
Employment training/job coaching	20
Physical/occupational therapy	15

* Data on organizations from 211 Palm Beach/Treasure Coast

Services tend to be located in the certain areas of the county. Of the services listed with addresses: 32% were located in West Palm Beach, 14% in Boca Raton, 7% in Lake Worth and 6% in Delray Beach. Half of the services were provided in 10 Zip codes. The number and percent of providers by Zip code are show in Table 5. Providers by ZIP code are also referenced in Figure 3.

Table 5. Distribution of providers by ZIP Code*

ZIP Code	Number	Percent
33407	33	9.5
33409	29	8.3
33401	18	5.2
33461	18	5.2
33406	15	4.3
33486	14	4.0
33458	13	3.7

33351	12	3.4
33446	11	3.1
33404	11	3.1

*Data on providers from environmental scan

In addition to poor geographical distribution of providers, many Palm Beach residents lack the ability to pay for care. The 2012 Community Needs Assessment cites the following: "According to the U.S. Census, 21% of the county's population is uninsured. More Black or African Americans are uninsured (33.8%) than White individuals (17.4%), and more Hispanic or Latino individuals are uninsured (38.3%) than 'White alone, not Hispanic or Latino' individuals (11.6%). In 2010, 47.8% of persons below the poverty level in the county reported having access to dental care." Additionally, the Medicaid rates are low so many providers will not accept them or limit the number of Medicaid patients they accept.

C. GAPS IN SERVICE

The community needs assessment considered the nature and impact of being able to meet service needs by conducting electronic surveys with both caretakers of, and individuals with disabilities. Details on the respondents and findings are in a separate report. Below is a summary of the survey results.

CARETAKER SURVEY

The average age of person with a disability that is being cared for by a parent or caretaker was 17.6. The average annual income of the families responding to the survey was between $50,000-75,999, which may be higher than the families they are intended to represent. Respondents were queried on needs and services including medical, support services, education and employment. The needs most likely to be unmet were support services, especially future planning, opportunities for social and recreational activities, and interaction with non-disabled peers. It appears that most respondents were covered by one or more insurance policies and 88% reported they had coverage for basic health care needs. About 44% reported they had coverage for health care associated with the disability and only 29% had coverage for therapy services such as speech/ communication, occupational and nutritional therapies as well as respite care. Even among this relatively well-off income group, cost and lack of providers who accept insurance coverage were the top two barriers to receiving care.

SURVEY OF INDIVIDUALS WITH DISABILITIES

The average age of the person surveyed was 38.6 but there was a broad range of ages and educational levels with many not completing high school and yet others had completed post-graduate work. They were asked if their needs were adequately met and about one-third said yes while one-third said no. Several questions were asked about quality of life and answering "yes" to having needs met correlated with key variables such as happiness. It is encouraging to note when queried about who sees the disabled persons best interests as a priority, "service providers" rank close to friends and family.

FOCUS GROUPS

Anecdotal evidence from focus groups also noted the following issues*:*

- High turnover of psychiatrists
- Medical and mental health service shortages
- Insufficient number of respite service providers
- Inadequate resources for supportive housing for adults
- Limited job training and employment opportunities
- Many providers are not familiar with assistive technology and AAC devices

- Poor distribution of providers especially in Belle Glade and the more rural areas of western Palm Beach County.

D. INFORMATION & REFERRAL

The adequacy of information and referral resources (I&R) varies by age and disability. Families of young children rely on the Early Steps Program or private early childhood providers such as VPK, preschools, and pediatricians. Some agencies (e.g., Division of Blind Services) serve individuals throughout life and were considered very helpful. The school system is also considered very helpful in providing I&R services to families with school-aged children.

Families and providers report they value the help they get from *Palm Beach* 211, Child Find, NICU personnel and Early Intervention. Other ways families have received valuable information are the Renaissance Learning Academy's resource fair, The Family Café Conference and a television show on channel 20 developed by Children and Youth Services Council.

PROPOSED SERVICES AND SOLUTIONS

A. SERVICES

In order to lead fulfilling and productive lives integrated with the rest of the community, individuals with special needs require services targeted to their specific condition. The menu of services needed may change throughout their life span. Some of the major home and community-based services needed by the population are listed below.

- Screening, Assessment Diagnosis
- Early Intervention
- Information and referral
- Care coordination
- Medical Care:
    - Primary care
    - Specialty care
    - In-patient services
    - Medication
    - Durable medical equipment
    - Pharmacy
- Therapy Services:
    - Art
    - Occupational
    - Physical
    - Speech
    - Pivotal response training
    - Recreational
    - Sensory integration
    - Applied behavior analysis
- Mental Health Services:
    - Counseling
    - Psychiatry
- Hearing Services
- Services for the blind

- Assistive devices
- School programs (IEP etc.)
- Day care/after school care
- Summer camps
- Respite
- Advocacy
- Transitions assistance
- Futures planning
- Employment training and job coaching
- Transportation

B. SERVICE DELIVERY FRAMEWORK

Community based services are frequently referred to as a "system of care" but like most places there is no real system. Services and service providers tend to operate in silos composed of their own type of services. The intent of the business plan is to describe the first five years of a plan, which in 7-10 years will transform the current services into a functioning system of care that meets the needs of the population. This is referred to hereafter as "transforming the system".

The goal for the system transformation is that infants and children will be screened early and frequently. Employers and others will be have the skills to identify adults with special needs who have not been identified as youth because their condition was mild or they have moved into the area as adults. Those identified with special needs will be referred for assessment and diagnosis as well as early and appropriate treatments to promote optimum functioning. Trained and competent providers who are responsive to linguistic, cultural and religious preferences will provide services. Services will be advertised and organized so they are easy to find and access. Funding streams including insurance, public and private funding sources will be integrated to eliminate duplication of services and barriers to receiving comprehensive services.

Ideally children and adults will receive family centered care from a pediatric or family practice organization, which has adopted the Patient Centered Medical Home practice model. The family and individual with special needs will be part of decisions about the care they receive and will be treated with respect. Transitions from each stage of life to the next will be facilitated so children entering and graduating from school have the knowledge and skills they need to be successful in their future roles.

C. TARGET AREAS

Research has not identified any specific demographic or other predictor of birth with a disability. It seems reasonable to assume that the incidence of individuals with disabilities is distributed in proportion with the general population. However, because having a disability can strain family financial resources and because those with low incomes have a reduced ability to obtain services, it seems most reasonable to consider the areas in the county with a disproportionate number of low-income individuals as area of special concern. As noted in the Environmental Assessment, the areas with the highest percentage of poverty include Belle Glade, which is in the rural west side of the county, as well as Lake Worth and Riviera Beach, located in the more densely populated coastal region of the county. Belle Glade is of special concern due to poor public transportation and lack of local service providers. However, it is unlikely that providers will relocate their administrative operation based on need but may operate a mobile clinic or open satellite offices in locations to enhance access for those with special needs.

The maps below will help pinpoint target areas. Figure 2 displays the percent of each ZCTA by the incidence of families living there who have incomes below 100% of Federal Poverty Level. Belle Glade has the highest number of those living in poverty followed by Lake Worth and Riviera Beach.

Figure 2:

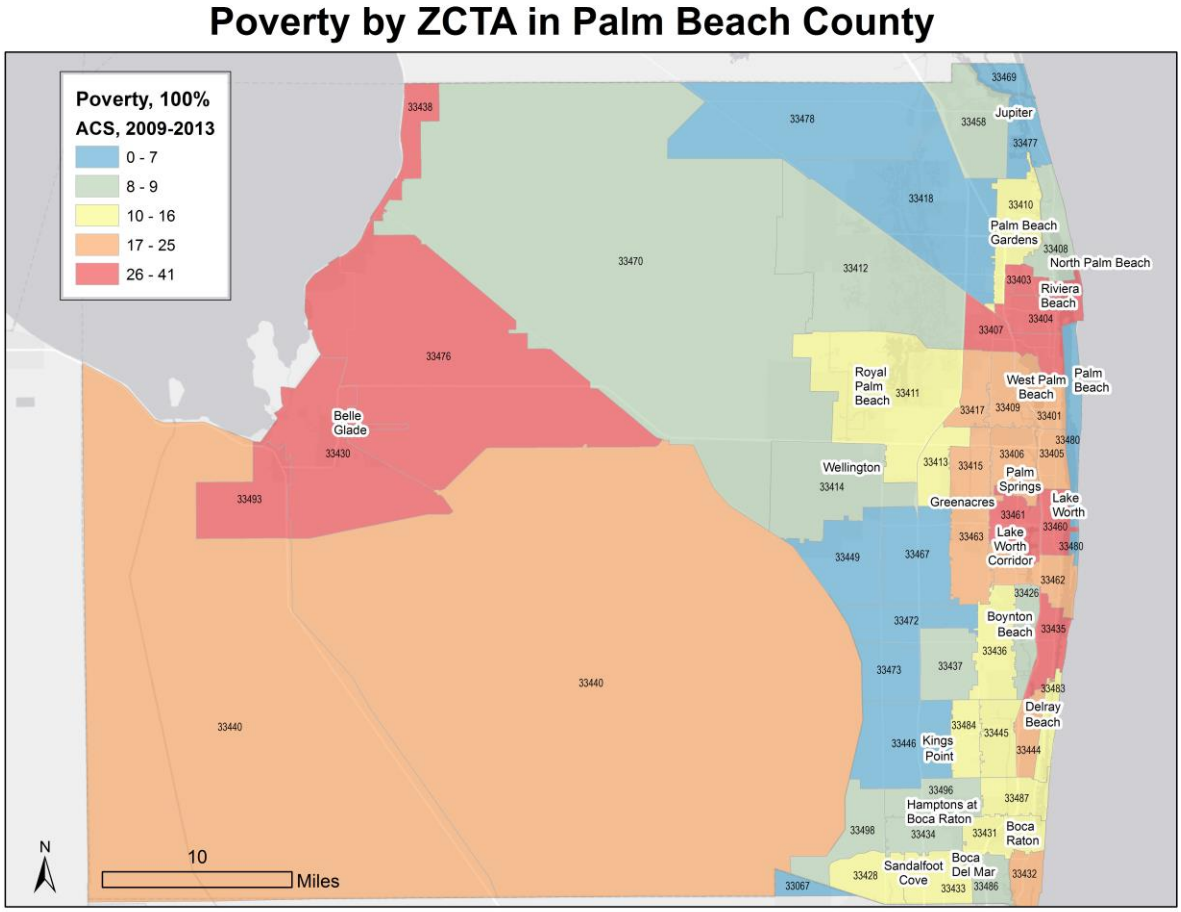
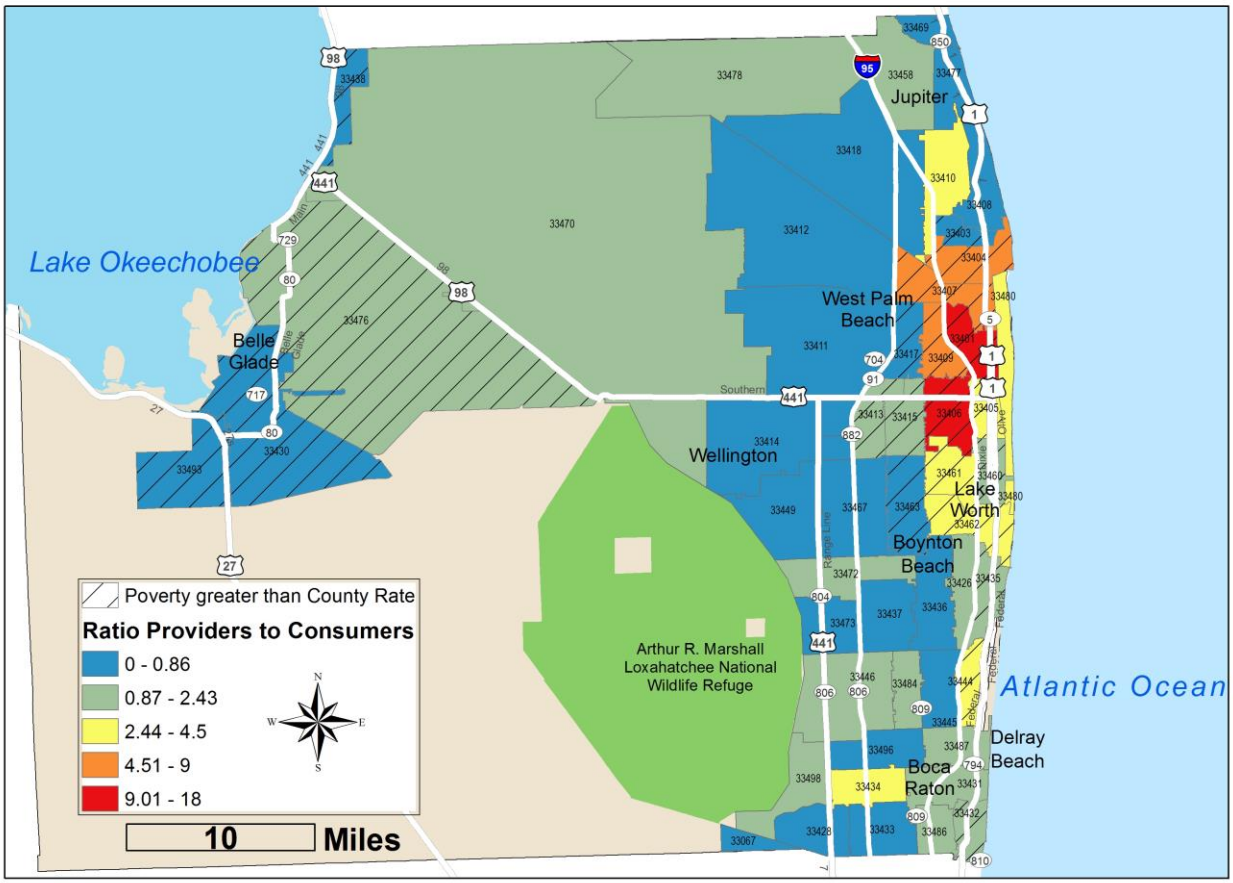


Figure 3 displays the ratio of providers to families with disabilities. The families with disabilities were estimated using the survey respondents plus the children with disabilities provided by the school district. The ZIP codes with average incomes below poverty are also indicated on the map. Figure 3 gives the best estimate of the target areas for consideration. These would be the ZIP codes with the lowest ratio of providers to residents characterized by an above average incidence of poverty.

The ZIP Codes with the lowest ratio of providers to consumers ($\leq$ .86) and high rates of poverty are 33493, 33430 in Belle Glade; 33417 in West Palm Beach; 33403 in West Palm Beach near Lake Park; 33463 in Green Acres. The ZIP codes with the second lowest ratio of providers to consumers (.87-2.43) are 33476 in Belle Glade; 33413 in West Palm; 3315 in West Palm near Green Acres; 33435 in Boynton Beach; 33432, a section of Boca Raton; and 33460, Lake Worth. These would be the target areas for expanding access.

Figure 3:

Ratio of Provider to Households with Disabilities by ZIP Code in Palm Beach



D. ADVOCACY, INFORMATION AND REFERRAL

Improving advocacy requires communication among providers, families, government officials, agencies and advocates regarding issues that affect individuals with special needs. This ongoing communication should cross disability groupings and ages. Increased support and coordination are needed to provide self-advocacy and self-determination training to individuals with special needs.

Currently, information and referral services tend to be channeled by providers who are familiar with services for a specific age group and within their own field. Families may spend time on the Internet or phone trying to find needed services, especially if they are seeking help for an uncommon diagnosis or during periods of transition**.** The local 211 provider and Child Find have both done a good job of helping families but a more comprehensive approach to service is needed

A "single point of entry" will be established that ensures easy access to information on services for parents, caregivers, providers, and individuals with special needs. It will include eligibility, referral and related information as well as linkages to relevant web sites. It will provide information for individuals of all ages who are newly diagnosed or simply facing new or transitioning needs. The concept of "single point of entry" means that access to <u>any</u> service will be result in access to <u>all</u> services. Information and referrals (I&R) will be accessible in schools, from medical professionals, in therapy clinics, from housing agencies, and elsewhere.

Since 211 Palm Beach/Treasure Coast has done a good job with a limited budget the most efficient method of establishing the desired service will be to increase funding to support an expansion of its special needs service, outreach and the role it plays in helping newly diagnosed or newly arriving families navigate services.

E. PROGRAM GOAL AND OBJECTIVES

The program goal is to develop a comprehensive, integrated system that ensures timely entry into services that continuously meet the changing requirements of people with special needs throughout their life.

The objectives that will be met in order to achieve the goal include:

1. Contract for administrative service organization, which will be responsible for oversight of the system transformation.
2. Develop an effective and efficient information and referral system.
3. Improve timely access to screening, assessment and early diagnosis
4. Reduce gaps in service,
5. Increase amount, and improve coordination of, funding streams
6. Improve transition practices
7. Increase employment opportunities
8. Increase access to transportation
9. Improve advocacy and futures planning

Objectives 2-9 are taken from the SWOT analysis which provides the rationale and helpful discussion related to each objective. More detail how these objectives will be achieved including time frames, performance measures and success factors are included in the Work Plan which is in Appendix A.

OPERATING PLAN

Palm Beach County has a history of compassionate and robust service delivery to children and families especially those who are vulnerable due to poverty, minority status or special needs. The 2012 Community Health Needs Assessment reports the local public health system was rated a composite score of 80, indicating 'optimal' activity. The county scored highest in the area "Research for New Insights and Innovative Solutions to Health Problems" which bodes well for the future of this plan.

The county has all the elements essential for a successful transition from the current conventional provider network into an **integrated system of care** for individuals with special needs. This system transformation would represent a new way of doing business, which would involve a true collaboration among providers as well as integration of funding streams and other resources. This plan describes the first five years of what will be a 7-10 year process.

A. ADMINISTRATIVE INFRASTRUCTURE

The proposed administrative infrastructure includes selection of an administrative services organization (ASO) that will have operational responsibility for the transformation. It will have direct responsibilities for achieving some objectives and will contract with two other organizations for achievement of others. One subcontract will be for offering I&R services and the second will be for facilitating SYStem redesign, COllaboration and training (SYSCO). An overview of the responsibilities of each organization is given below and time framed objectives are detailed in the Program Objectives Work Plan in Appendix A.

1) The ASO will be responsible for:

- Implementing the transformation
- Contracting with other organizations
- Improving access to timely screening
- Increasing resources for housing
- Advocacy for expanding health insurance to low income residents
- Advocating for other policies that increase access to services
- Working with the school board to improve transition services
- Increasing community based employment opportunities
- Increasing access to Palm Tran for Medicaid beneficiaries
- Training in self advocacy and futures planning

2) I&R Agency will be responsible for:

- Maintaining and updating information on:
    - Community organizations and services
    - State and national programs that can offer assistance to local residents e.g. KidCare, Medicaid and Medicare
    - Other issues relevant to identified priorities
- Short term orientation to community resources (Navigator services)
- Implementing effective methods of disseminating I&R information in languages used by the community
    - Web portal
    - Braille
    - Audio
- Advertising the service to providers, school employees, target population and the community at large.

3) SYSCO will be responsible for

- Developing a strategic plan for evolution of current services into an integrated system of care
- Developing and implementing a plan for integrating and expanding funding streams
- Developing and implementing a plan for improving academic training and professional development to better meet the needs of the population
- Training designed to increase access to health care

The contractors should not be newly formed entities but should be a unit of an existing private, non-profit organization. This would expedite the timing and reduce the cost of start-up.

B. CONTRACT PROVIDERS

The Business Plan includes the use of three contractors, each of which will have its own character and strengths. Because of the potential for conflict of interest in implementing some of the objectives, the contractors should not be a service provider. However, it will be ideal if the staff is already knowledgeable about the population, services and service providers. The proposed time frames are rather aggressive so the ideal contractors will be nimble and able to negotiate and sign agreements without undue delay.

The transformation will be the responsibility of an Administrative Service Organization (ASO) serving as a primary contractor. The ASO will be responsible for overall management of the project through subcontracts, as well as, accomplishing specific responsibilities. Desirable characteristics of the primary contractor include: an organization that has staff available to provide in-kind contributions for start-up and able to expand its IT and administrative infrastructure to accommodate a major new service

component. The ASO will be negotiating and overseeing contracts and working with external partners such as the school board, the housing authority, and employers, so an organization that is already well known and respected in the community will be ideal for this role.

The contractor for the Information and Referral services will need to have a strong IT background and proven track record of ability to manage a large web site with multiple links to other sites, and the ability to make a web site user friendly with easy to understand language. Attention to detail and ability to manage and update large data sets will be necessary skills to support the Web site.

The third contractor (SYSCO) will be responsible for making recommendations for creating a system by increasing collaboration among providers and integrating funding streams. This will be a challenging role and in order to be successful will need to be free of any conflict of interest, real or perceived. In addition this organization will work closely with the providers by facilitating training and professional development, as well as finding efficiencies and economies of scale in their business practices by linking or integrating processes and resources.

This plan includes two administrative subcontractors which will be responsible for supplying infrastructure and securing additional funding to expand services. This model is proposed to make it easier to find a good match between a community agency and the work assigned. Two organizations also may make it more viable to find funding to support the business plan. It would be possible to condense the entire infrastructure into one contract which would reduce both the costs and time frame somewhat but may represent an unwieldy and impractical plan.

The I&R contractor is a service provider and the budget and time frames proposed in the Work Plan assume that an agreement can be reached with 211 Palm Beach/Treasure Coast.

C. STRATEGIES FOR SUCCESS

Strategies to ensure performance and success will include provision of positive input and collaboration among funders and contractors. During the first year, the ASO will meet monthly with the primary funder(s) to review progress, successes, challenges and brainstorm solutions and modifications in plans if needed. The ASO will meet with subcontractors monthly for the same purposes and will meet more often if challenges seem to predominate. After the first year, the meeting will be less frequent and determined at the time. In addition to face-to-face contacts each contractor will submit a monthly report describing progress on the activities and performance measures.

If unforeseen complications or changes affect the ability of the contractor to fulfill the obligations, the parties will consider the options for bringing in consultant(s) for changing the contract terms or other options that will result in a satisfactory outcome and progress toward the transformation.

All contracts will include time frames and performance measures and if time frames are not met or performance is unsatisfactory, the contract manager will have the option of writing or requesting a performance improvement plan. All contracts will have cancellation clauses. The contract manager will be responsible for evaluating the process and procedures of each subcontractor but will report any concerns to the Director as soon as detected. The Project Director will keep the funders and board abreast of any performance concerns.

D. OBSTACLES & ADJUSTMENT

The business plan describes a very ambitious goal and set of objectives. There will be obstacles and a need to adjust plans and time frames over the years**.**

Obstacles/Challenges include:

- Funding
- Large number of resources and providers to engage, survey and change behavior
- Large land mass of the county
- Turf issues
- Collaboration is easy to discuss but hard to do
- The expectation that changes are easier to make than they are
- The need to fund infrastructure in order to support service delivery

Funders must be participants in the process. The ASO will need to review its own and the subcontractors progress and deliverables and be attentive to the possible need to realign objectives and time frames to correspond to reality or new and unanticipated opportunities. There should be at least an annual review of plans and the need for accountability should be balanced against reality, which allows the plans to be modified in order to achieve the final goal.

FINANCIAL PLAN

A. BUDGET

The Budget detail for the first five years is shown in Appendix B and includes start-up and ongoing costs associated with this plan. The cost estimate for the first five years is about five and a half million dollars.

- Year one- $504,238
- Year two- $1.24 million
- Year three- $1.20 million
- Year four- $1.23 million
- Year five- $ 1.27 million

Budgets and financial forecasts are based on the following assumptions:

- The proposed plan described in this business plan is accepted as presented.
- The five-year time frame begins when the operational plan, outcome measures and costs are accepted (i.e. it includes the time spent selecting the primary contractor).
- Times for selecting the contractor and start-up are relatively short.
- Time and other contributions of the primary funders are in-kind. Major funding amounts are in place so there are no delays.
- There will be economies of scale derived from the fact that the three major subcontractors are exiting organizations that will be able to get started quickly, and provide: 1) in-kind services for staff costs associated with start-up (e.g. securing space and office equipment and hiring new program staff); 2) providing access to benefits at a reasonable cost; 3) Human Resources, payroll, phone answering services, etc. for an indirect cost of 25%.
- Salaries and other budgeted expenses increase at 5% annually.

B. FUNDING SOURCES AND REQUIREMENTS

The business plan includes three budgetary components, one for each contractor. Part of the rationale is to make securing funding commitments more attractive. Each of the proposed components could be funded by a separate entity or bundled funding managed by a major funder. Each component has a specific characteristic that may appeal to different funders. I & R is a low cost, high return investment in direct service that will have a quick payoff. The ASO funding will support a community facilitator which will be high profile and work with policy and governing entities. The SYSCO is more academic and is tackling a high-risk challenge with a potentially transformative impact on the population.

Possible funding partners include local, state, and national sources:

a) Unicorn Children's Foundation
b) United Way
c) Children's Services Council
d) Jewish Federation of South Palm Beach County
e) Ruth and Norman Rales Jewish Family Services
a) Able Trust
b) Robert Wood Johnson
c) Kellogg Foundation
d) Gates Foundation
e) Palm Beach County
f) City West Palm Beach
g) UF Florida Office on Disabilities and Health
h) UF Center for Autism and Related Disabilities
i) Florida Developmental Disabilities Council
j) State of Florida including:
    1. AHCA (Medicaid and CMS)
    2. Agency for Persons with Disabilities
    3. DOH
    4. Department of Children and Families

APPENDIX A

WORK PLAN

OBJECTIVES, ACTIVITIES AND PERFORMANCE MEASURES

APPENDIX A Objectives and Critical Success Factors

OBJECTIVE 1. Sign an agreement with an organization which will be responsible for oversight of the system transformation

Time Framed Objectives	Activities	Who	Performance measures	Success Factors
1.a. By Y1 Q2, establish a lead entity for the system transformation referred to hereafter as an administrative service organization (ASO).	1. Determine method of selecting contractor or establishing internal unit of funding source. 2. Develop contract for services or MOA with internal unit. 3. Establish and implement a selection process. 4. Negotiated and sign Agreement.	Funder(s)	1. Notes from board and other meetings or RFP 2. Document describing responsibilities of service provider including funding, time frames metrics and deliverables 3. Responses to RFP or minutes from meetings 4. Signed agreement	Knowledge of community organizations Support of funding agency and board Collaboration of other local funders and policy makers
1.b. By Y1 Q1, determine relationship of funder and ASO.	1. Internal discussions in funding agency regarding relationship with ASO	Funder(s)	1. Described in RFP or funding plan	Board consensus
1.c. By Y1 Q3, ASO begins operations	1. Hire and train staff, develop P&P, begin implementation of operational plan described in subsequent objectives.	ASO	1. Described in contract	Community support. Space, office equipment etc.

OBJECTIVE 2. Establish an efficient and effective information and referral system

Time Framed Objectives	Activities	Who	Performance measures	Success Factors
2.a. By Y1 Q4, negotiate with 211 Special Needs Program for expanded services.	1. Develop Agreement for services. 2. Negotiate and sign Agreement.	ASO	Signed agreement	Cooperation of 211 staff.
2.b By Y2 Q3, expand service with 1) improved ability to view information on Web; 2) add eligibility and payer information for services and benefits; 3) links to service providers relevant information; and 4) translate into written languages of residents of PBC.	1. Collect information. 2. IT staff develops user-friendly system.	I&R	Reports to ASO Beta test by ASO demonstrates user-friendly system	Competent IT staff. Cooperation of service providers and agencies
2.c. By Y3 Q3, develop materials in other formats (braille, audio).	1. Secure resources for adapting materials into other formats.	I&R	Materials completed	Consultants with expertise in designated formats
2.d. By Y2 Q4, expand assessment and referral services coordination (navigator) services.	1. Develop and pretest guidance tools and policies for staff. 2. Pilot program. 3. Expand services to more families.	I&R	Reports to ASO on activities	Staff commitment and experience
2.e. By Y2 Q4, expand outreach and marketing of upgraded I & R service.	1. Develop marketing plan e.g. public service announcements, training and announcements in faith based organizations and other venues.	I&R	Reports to ASO on activities	Cooperation of community providers and media outlets.

OBJECTIVE 3. Improve timely access to screening, assessment and diagnosis

Time Framed Objectives	Activities	Who	Performance measures	Factors needed for success
3.a. By Y2 Q3, establish standards for screening for disabilities that can be used by a wide variety of people who are in extended contact with target population.	1. Convene experts to develop or select tools and describe documentation for screening different age groups that will be used in a variety of settings. 2. Convene experts to plan for referring positive screens for assessment.	SYSCO	1. Tools and instructions for documenting screening of infants, young children, elementary school, high school students and adults 2. A plan for referring screens for assessment and diagnosis	Expertise in screening. In-kind services of experts.
3.b. By Y5 Q4, train day care workers, foster parents, teachers, teacher aids, employers etc. on screening for special needs individuals.	1. Develop training program. 2. Generate a list of groups and organizations that will benefit from training. 3. Implement pilot program to test effectiveness of approach. 4. Follow-up with groups and referral sources to determine if this approach is successful. 5. If program is beneficial, modify as needed and expand countywide.	SYSCO	1. Curriculum and materials 2. List of types of groups to be trained and those selected for pilot. 3. Attendance lists and evaluation of training by trainees. 4. Review screens and interviews with those sending and receiving referrals. 5. Modified materials, attendance lists and evaluations of trainees.	Consultant with experience in developing training. Community involvement and buy-in.
3.c. By Y3 Q2, explore possible inclusion of screening and assessment for disabilities in college curricula.	1. Convene experts from local colleges and universities to discuss options for adding training on screening, assessment and diagnosis in academic settings. 2. Develop plan for follow-up. 3. Implement plan.	SYSCO	1. Agenda and minutes from meeting(s). 2. Written plan for follow up. 3. Meeting minutes, list of training opportunities created for increasing screening, assessment and diagnosis.	In-kind expertise from academic community.

OBJECTIVE 4. Reduce gaps in services

Time Framed Objectives	Activities	Who	Performance measure(s)	Success Factors
4.a. By Y2 Q1, designate an entity responsible for identifying ways to coordinate functions and services across agencies, integrate funding streams and support professional development (SYSCO).	1. Determine method of selecting contractor. 2. Develop RFP for services. 3. Establish and implement a selection process. 4. Negotiate and sign Agreement	ASO	1.RFP or document describing method 2. Document 3. Responses to RFP 4. Signed Agreement	Local agency with qualifications for the responsibility. Support of community.
4.b. By Y3 Q4, develop a strategic plan for system transformation.	1. Review needs assessment to determine additional information needed e.g. GIS maps of service providers and population, in-patient data, info from I&R, funding and capacity data, personnel needs. 2. Develop plan for data collection. 3. Assemble data in manageable topic areas. 4. Convene a series of summits to review issues and explore opportunities for improved system efficiencies through collaboration. 5. Work with providers to write grants and proposals to expand county resources.	SYSCO	1. List of needed information 2. Source and person responsible for obtaining the information 3. 8-10 topic areas with data and issues to be discussed. 4. Agendas, attendee sign-in lists and summaries of meetings in which small steps are identified to pave the way for a robust plan development. 5. Grant applications	Ability to identify sources of needed data. Cooperation of data holders to provide data. Willingness of providers to collaborate.
4.c. By Y3 Q4, develop a plan that describes: a) academic and other training needs of community providers to hire	1. Develop a survey for providers to collect information: on the number and types of currently funded personnel, difficulties	SYSCO	1. Survey document and results.	Cooperation and involvement of providers, school board and employers.

qualified and competent staff for existing and proposed positions (Y3Q1); b) in-service training and professional development opportunities for professionals (including school teachers/counselors, vocational skills instructors, staff at adult services agencies, as well as employers) to improve their ability to help individuals with special needs, (Y3Q3) and; c) training resources available to the community. (Y3Q4)	recruiting appropriately trained staff deficits in academic training among hires; the number and types of any new positions needing to be hired to meet the demand on their agency, and; the training needs of community professionals who are working with people with disabilities. 2. Solicit input from select employers on skills needed to successfully employ people with special needs. 3. Solicit input from school based staff on issues and training needed to support students in successful school experience and transitions. 4. Solicit input from vocational trainers on training needed to support successful training and employment. 5. Develop an inventory of training resources including academics, private consultants, on-line resources and experienced people in the field. 6. Write Plan		 2. Summary of interviews 3. Summary of interviews 4. Summary of interviews 5. Inventory 6. Plan	Involvement of academic and consulting community.
4.d. By Y2 Q4, develop a plan to increase community based housing options (for adults)	1. Review literature and current options in PBC for housing of adults with special needs.	ASO	1. Document summarizing findings	Cooperation of housing and regulatory authorities.

	2. Convene meeting of stakeholders, policy makers, housing experts and real estate professionals to explore short term and long term options for supportive housing. 3. Write Plan		2. Agenda, list of individuals invited and attending and minutes indicating suggestions for short and long term options. 3. Plan	Involvement of families and advocates for disabilities and homeless
4.e. By Y4 Q4, increase access to health care	1. Establish collaborative relationships with the KidCare program, ACA navigators and SHINE volunteers to encourage them to target people with special needs in outreach. 2. Encourage organizations serving people with special needs to enroll employees in training to become certified ACA and/or SHINE counselors. 3.Train employees of community based organizations on eligibility guidelines for Medicaid and other options for accessing health services. 4. Assist Medicaid enrollees to study options for enrolling in managed care organizations and to understand their rights as members. 5. Establish collaborative relationships with the County Health Department (CHD) and	ASO ASO SYSCO SYSCO ASO	1. Minutes of meetings and additional sites and activities added to expand outreach. 2. E-mails and reports of meetings and announcements. 3. Training curriculum and dates of training lists of attendees and evaluations. 4. Reports of trainings conducted with organizations which work with the population and their response after working with members. 5. Minutes from meetings documenting agreements and	Cooperation of KidCare outreach program, ACA navigators and SHINE program. Cooperation of community organizations. Cooperation of CHD and CHC. Knowledge of community and state resources in health care and eligibility for programs and coverage. Skilled trainers. Commitment of community leaders to expanding health coverage to all PBC residents.

	Community Health Centers (CHC) to develop outreach and customer service programs for the special needs population. 6. Maintain and disseminate updated information on benefits offered by large insurers in the area to compare benefits of interest to special needs population. 7. Encourage funders, elected officials, community leaders and other high profile community members to advocate for expansion of Medicaid to all adults with incomes at or below 138% of poverty. 8. Consider participation in other efforts to implement policies that increase access to care e.g. as increase Medicaid rates for payment of pediatric services.	 I&R ASO ASO	document follow-up to confirm implementation of agreements. 6. Periodic review of information. 7. Reports by ASO of activities and outcomes e.g. letter to Speaker of the House. 8. Minutes of meetings, emails	
4.f. By Y5 Q4, increase respite services.	1. Research literature for information and cost of options for respite services. 2. Convene local stakeholders and agencies that may be a source of volunteer providers including student interns. 3. Review information on successful programs and determine if an initial volunteer program is	ASO	1. Summary of options 2. List of invitees, agenda(s) of meeting (s) 3. Meeting minutes and handouts	Cooperative community partners. Involvement of local funding sources.

	feasible based on resources in community. 4. Research funding possibilities for respite programs though grant funds and/or self pay options. 5. Request funds.		 4. Menu of possible funding sources 5. Funding requests	

OBJECTIVE 5. Improve coordination and amount of funding streams

Time Framed Objective	Activities	Who	Performance measure(s)	Success Factors
5.a. By Y5 Q4, improve coordination of current funding.	A series of meetings will be convened to review current funding of services and develop a plan for improving effectiveness of funding streams and collaboration among providers.	SYSCO	Report of changes made to improve use of existing funds	Cooperation of CSC, United Way, School Board, AHCA, PBC Government and other funders and representatives of cities.
5.b. By Y5 Q4, increase funding.	1. Provide all providers with access to e-civis to identify possible grant opportunities. 2. Write grants in response to published RFPs. 3. Community funders establish a series of meetings to discuss options for informal approaches to increasing funds including: increase state and local funds, approaching individual donors to support a specific initiative and contacting national foundations such as Robert Wood Johnson, Kellogg, Gates etc.	ASO ASO and SYSCO Funders	1. Document by e-civis access and use of resources. 2.Grant applications/ awards 3. Minutes of meetings	Cooperation of county government Cooperation of providers Leadership of Unicorn

OBJECTIVE 6: Improve transition practices

Time Framed Objectives	Activities	Who	Performance measure(s)	Success Factors
6.a. By Y3 Q1, improve transition practices for children in Preschool to Kindergarten.	1. Develop guidelines for Preschool teachers to help them prepare students for Kindergarten. 2. Develop training curriculum. 3. Train teachers on transition needs and protocols.	SYSCO	1. Guidelines 2. Curriculum 3. Agenda, sign-in sheets and evaluations	Cooperation of school board and experts on transition practices. Consultant to write and train on protocols.
6.b. By Y4 Q4, improve post-school transitions.	1. Develop guidelines for teachers of high school. 2. Develop curriculum. 3. Train teachers on transition issues including the importance of continuing to use transition protocols in IEP even after special diplomas are eliminated.	SYSCO	1. Protocols 2. Curriculum 3. Agendas, sign-in sheets and evaluations	Cooperation of school board, experts on transition practices and job training staff. Consultant to write and train on protocols.
6.c. Increase professional development opportunities for teachers and other school board staff who work with children.	See 4.c.			

OBJECTIVE 7: Increase employment

Time Framed Objectives	Activities	Who	Performance measure(s)	Success Factors
7.a. By Y6 Q4, increase community based employment opportunities.	1. Review literature for best practices on employment and job training. 2. Identify potential employers and jobs. 3. Meet individually with employers to encourage them to provide opportunities. 4. Explore local options for microenterprises. 5. Encourage media coverage of successful initiatives	ASO	1. Summary of successful programs 2. List of employers 3. Summary of meetings 4. Summary of findings 5. List of coverage	Cooperation of employers.
7.b. By Y4 Q3, expand and develop job-training programs.	1. Approach school board and junior colleges to discuss possible opportunities. 2. Review progress of FAU's Academy for Community Inclusion and collaborate with this and other initiatives to promote success.	ASO	1. Summary of meetings 2. Reports	Cooperation of school board and colleges. Collaboration of job training programs
7.c. By Y3 Q4, increase professional development opportunities for school and adult services staff regarding employment options and preparation.	See 4.c.			

OBJECTIVE 8. Increase transportation options

Time Frame Objectives	Activities	Who	Performance measure(s)	Success Factors
8.a. By Y2 Q3, investigate background on waiver coverage of Palm Tran.	1. Contact AHCA and officials of included counties to understand how to be included in Palm Tran waiver. 2. Meet with local stakeholders as needed.	ASO	Summary of findings	Cooperation of Broward County and AHCA
8.b. By Y3 Q1, submit an appeal for Waiver coverage of service in PBC.	1. Develop and submit materials as needed.	ASO	Emails and attachments sent to AHCA, meeting notes	Cooperation of local officials, Medicaid office and AHCA

OBJECTIVE 9: Increase training in self-advocacy and futures planning

Time Frame Objectives	Activities	Who	Performance measure(s)	Success Factors
9.a. By Y3 Q3, increase training in self-advocacy.	1. Review literature for training resources. 2. Select or adapt a training program. 3. Identify 3-5 sites to participate in a pilot program 4. Implement and evaluate pilot 5. Develop plan for expansion of training.	ASO	1. Report of findings 2. Training program 3. List of sites 4. List of trainees and immediate and long term (3 months) feedback on training 5. Plan	Experienced and capable staff. Experienced family members or individuals with special needs willing to help teach. Providers willing to provide access, time and space for pilot events.
9.b. By Y4 Q2, increase information on futures planning.	1. Identify experts on futures planning. 2. Invite experts to recommend readings and do presentations for families and service providers. 3. Develop web based training and hard copy materials on futures planning.	ASO	1. List of experts 2. List of readings and dates and locations of presentations by experts 3. Web based training program	References to experts. Cooperation of experts Technical capabilities for developing web based training.

APPENDIX B

BUDGET

System Transformation Budget Projections						
	Start up	Year One (6 months)	Year 2	Year 3	Year 4	Year 5
Contractor-ASO						
Personnel Costs						
Director		50,000	103,000	106,090	109,273	112,551
Administrative assistant		17,500	36,050	37,132	38,245	39,393
Contract Manager		30,000	61,800	63,654	65,564	67,531
Services Specialist		25,000	51,500	53,045	54,636	56,275
Employment Specialist		25,000	51,500	53,045	54,636	56,275
Housing/transportation Specialist		25,000	51,500	53,045	54,636	56,275
Total Salaries		172,500	355,350	366,011	376,991	388,301
Fringe Benefits=30%		51,750	106,605	109,803	113,097	116,490
Subtotal personnel Costs		224,250	461,955	475,814	490,088	504,791
Expenses						
Office rent (includes utilities and maintenance)	13,500	27,000	55,620	57,289	59,007	60,777
Cell phone		1,800	3,708	3,819	3,934	4,052
Land line	350	840	1,730	1,782	1,836	1,891
Travel	500	1,500	3,090	3,183	3,278	3,377
Office equipment and supplies	30,000	2,500	5,150	5,305	5,464	5,628
Insurance		2,500	5,150	5,305	5,464	5,628
Misc.	3,000	5,000	10,300	10,609	10,927	11,255
Subtotal expenses		41,140	84,748	87,291	89,910	92,607
Subcontractors						
Consultants	5,000	10,000	5,000	5,150	5,305	5,464
IT	10,000	2,000	3,090	3,183	3,278	3,377
Legal Counsel	2,000	5,000	5,150	5,305	5,464	5,628
Subtotal Subcontractor Costs	17,000	17,000	13,240	13,637	14,046	14,468
Subtotal all costs except major subcontractors	81,000	282,390	559,943	576,742	594,044	611,865
Indirect costs to Agency (10%)	20,250	70,598	55,994	57,674	59,404	61,187
Total ASO Costs	**101,250**	**352,988**	**615,938**	**634,416**	**653,448**	**673,052**
Total Year 1 with Start-up costs		**454,238**				

Contractor : I&R						
Subcontract		**50,000**	**51,500**	**53,045**	**54,636**	**56,275**
Contractor SYSCO						
Personnel Costs						
Director			100,000	103,000	106,090	109,273
staff asst			35,000	36,050	37,132	38,245
funding streams coordinator			50,000	51,500	53,045	54,636
training assessment coordinator			50,000	51,500	53,045	54,636
personnel training plan coordinator			50,000	51,500	53,045	54,636
Total Salaries			285,000	293,550	302,357	311,427
Fringe Benefits=30%			85,500	88,065	90,707	93,428
Subtotal personnel Costs			370,500	381,615	393,063	404,855
Expenses						
Office rent (includes utilities and maintenance)	1,500		45,000	46,350	47,741	49,173
Communications			0	0	0	0
cell phone			3,000	3,090	3,183	3,278
land line	300		1,660	1,710	1,761	1,814
Travel			3,000	3,090	3,183	3,278
Office equipment and supplies	30,000		34,500	4,635	4,774	4,917
Insurance			4,500	4,635	4,774	4,917
Misc.	3,000		8,000	8,240	8,487	8,742
Subtotal expenses			99,660	71,750	73,902	76,119
Subcontractors						
Consultants			5,000	4,000	4,120	4,244
IT	5,000		3,000	3,090	3,183	3,278
legal	1,000		1,500	1,000	1,030	1,061
Subtotal Subcontractor Costs			9,500	8,090	8,333	8,583
Subtotal direct expenses	40,800		479,660	461,455	475,298	489,557
Indirect costs (10%)	4,080		47,966	46,145	47,530	48,956
	44,880		**527,626**	**507,600**	**522,828**	**538,513**
Total Year 1 with Start-up costs			**572,506**			
TOTAL ALL CONTRACTS		**504,238**	**1,239,944**	**1,195,061**	**1,230,913**	**1,267,840**