

**Developmental Disability Transition Advisory Workgroup**

1 Saint Regis Court  
Montgomery Village, MD. 20886

September 22, 2014

Charles Short,  
Special Assistant to the County Executive  
Office of the County Executive  
101 Monroe Street  
Rockville, Maryland 20850

Dear Mr. Short:

The Summer Resource Coordination Work Group that was charged developing recommendations regarding resource coordination has completed its work. Our recommendations reflect many hours of discussion and perspectives from county staff, parents, members of the Montgomery County Commission on People with Disabilities, and service providers. We look forward to meeting with you to discuss our recommendations, operational details, and address any questions or concerns.

We believe these recommendations reflect best practice for Montgomery County residents with developmental and intellectual disabilities and their families, and are achievable under the current systems which impact services.

Thank you for the opportunity to give input, and we look forward to assisting in any way we can to implement these recommendations.

Sincerely,

*Susan Hartung*

Susan Hartung

p.p. Lu Merrick, Claire Funkhouser, Dana Cohen, Susan Ingram, Karen Lee, Whitney Ellenby

### **Developmental Disability Transition Advisory Workgroup Recommendations**

The members of the Developmental Disability Transition Advisory Workgroup present the following recommendations which reflect a collaborative effort to resolve the crisis in Resource Coordination (“RC”) in Montgomery County for the past two years. We are prepared to support these recommendations at all levels within the state. We thank the staff of Montgomery County Government and Public Schools who spent considerable time working with the group to arrive at these unanimous recommendations.

**Recommendation 1** (*Unanimous*): **Montgomery County Department of Health and Human Services (HHS) should remain one of the choices of providers of RC with a cap on capacity of 1,100 individuals and the right to decline some referrals.** Allowing HHS to differentiate between and decline referrals allows them to serve priority groups including: (1) County residents on the wait list of the Developmental Disabilities Administration (DDA); (2) Transitioning Youth; (3) homeless residents or those in crisis on the DDA waitlist, or residents that require coordination with other County services. The County should immediately hire and train merit employees to provide this specialized service, and be listed as an additional provider on choice letters being sent out by DDA. HHS will accept or decline referrals based on needs of the individual and current capacity. The current transfer process of individuals to existing private resource coordination providers should be changed with Montgomery County being listed as a choice.

**Rationale:** The events of the last two years have created an unstable and dangerous situation for Montgomery County’s most vulnerable population. For over twenty years, the County has provided quality services and it is recommended that Montgomery County continue as a Resource Coordination service provider specializing in services for high risk populations. The two private providers currently available as choices for county residents do not have sufficient capacity, expertise, or familiarity with county resources to advocate for individuals in these high risk categories. The capping of 1,100 individuals is consistent with the County’s January 2013 application to DDA to remain a provider, and has already been approved by DDA.

There is precedent for declining referrals in the state. In Prince Georges County, Resource Connections, Inc. has been permitted to reject referrals based on demographics. Just as residents can choose among the service providers, each service provider can decline to serve a specific person. Service providers regularly accept referrals based on their own expertise, ability to provide the service(s) requested, and capacity. The process for selecting a resource coordination provider should mirror the selection of a service provider; individuals may choose HHS or other private providers, and HHS will accept, or decline, referrals.

In the event that the state does not allow Montgomery County to decline referrals, the *majority* of the work group recommends that Montgomery County remain a resource coordination service provider for 1,100 clients regardless of the population served.

**Recommendation 2 (Unanimous): Montgomery County should request that DDA offer residents a minimum, three (3) Resource Coordination providers as choices.**

**Rationale:** Every other county in the state has a minimum of three choices. As a matter of parity, and to ensure that our citizens have the same breadth of choices as other Maryland citizens, at least one other private resource coordination provider should be approved by DDA to service Montgomery County.

**Recommendation 3 (Unanimous): Montgomery County will draft state legislation to create an independent Montgomery County Developmental Disability Advisory Council, stipulating that the Director of DDA or his/her representative meet with the Council on a regular basis.**

**Rationale:** There is precedent for this Council in Prince George's County. The many changes within DDA, and corresponding RC crisis within our County, demonstrates the need for an independent group of stakeholders in the developmental disability community work collaboratively and directly with the state DDA and other state and local agencies. This would ensure that our County have a "place at the table" regarding advocacy on behalf of our residents with developmental and intellectual disabilities and allow us to engage in regular dialogue with DDA and others to keep them informed about the status of services. It would work to alleviate the misunderstandings that have marked past communications between County officials and DDA, and would hold DDA accountable for any changes in regulations or failure to respond to needs of our residents. It would also allow the input of persons with disabilities and their family members, educators, community providers and transition specialists in the County who are impacted by DDA policies and procedure.

**Recommendation 4 (Unanimous): The County Charter should be amended to allow the Montgomery County Commission on People with Disabilities to advocate within the county, and at the state and federal level.**

**Rationale:** Issues that the Commission is charged with addressing (*i.e.*, housing, transportation, RC for the developmental disability community) are directly impacted by state and federal regulations and policies. The work of the Commission cannot be effectively conducted if it is not permitted to make recommendations to organizations that guide policy regarding these issues.

**Recommendation 5 (Unanimous): The County should immediately establish (FY2015) a professional unit of county merit staff working within HHS who would be responsible for responding to the specialized needs of the developmental disability community including, but not limited to, the following groups: Transitioning Youth; individuals with a dual diagnosis; homeless persons with developmental disabilities; people with autism; and people in crisis due to chronic or acute health issues. This group must be able to maintain access to the state DDA database.**

**Rationale:** As this segment of the disability community continues to grow at an accelerated rate, it is essential that professionals with expertise in developmental disabilities provide consultation, resource development, coordination between services, and oversight to individuals and their families, as well as other professionals working in the County. This cadre of professionals within DHHS should exist regardless of any outcome related to the provision of resource coordination services.

**Recommendation 6 (Unanimous): All merit and contract staff employed by HHS should receive adequate training, which at a minimum would be the required training cited in Medicaid regulations, in providing RC services.**

**Rationale:** Adequate training is essential to ensure that all providers possess the requisite skill and expertise to provide quality RC. Currently HHS contractors performing RC are receiving only minimal training.

**Recommendation 7 (Unanimous): In order to effectively coordinate services for those they support, Montgomery County Government should request all public and private agencies providing RC to establish: 1) in-person (not only virtual) relationships with the individuals, and their families, that they serve 2) professional relationships with local community providers of services in Montgomery County 3) familiarity, and knowledge of, the generic resources accessed and available to people with disabilities and their families.**

**Rationale:** One part of the current RC crisis has resulted from the fact that the private providers do not have a history of providing services in Montgomery County, and do not have specific knowledge about the resources, both generic and disability specific, available to refer the people they support to. Facilitating resource providers to develop professional relationships with community DDA providers and other generic service providers will assist providers to remain apprised of opportunities for the people they support.