

**Monitor's Report and Addendum Review  
March 12, 2025**

*What is past is prologue  
William Shakespeare, The Tempest*

This report has two primary purposes for this report – (1) to assess progress towards substantial and durable compliance with the Consent Decree and Addendum and (2) to begin an in-depth discussion about the future. There are three sections:

- Introduction – Creating the Context for Future Planning (pp. 1-8);
- II. Executive Summary – Overall Assessment of Progress Towards Substantial Compliance (pp. 9-12);
- III. Topical Analysis of Compliance with Specific Requirements (pp. 13-end).

**Section I - Introduction – Creating the Context for Future Planning**

There are fifteen months remaining till the projected end of the Consent Decree and Addendum time frame. Given that, BHDDH has proposed to develop, in collaboration with stakeholders, a plan for sustaining the progress of recent years and a vision for how the system should evolve in the future. The Court strongly endorses that proposal.

To that end, this introduction will discuss (a) the recommendations and concerns of selected leaders, families and advocates; (b) the State's proposal to jointly with stakeholders develop a sustainable plan for the future; and (c) the Monitor's recommendations for requirements (and metrics) that must be included in that plan,

**A. Past is Prologue:**

As we approach the potential end of the Consent Decree, **it is important to think about what lead to the original investigation in 2013, what to avoid in the future and what will lead to a durable and sustainable system of services and supports for individuals with IDD**

To begin to answer those questions I queried several leaders, families and advocates who have been involved with the Rhode Island Developmental Disabilities system "long enough to know". I asked four questions. The questions and a summary of responses are below.

Question 1 – In the 1990s and early 2000s Rhode Island was reputed to have one of the best DD systems in the country. **What were the factors that contributed to that quality?**

- "We all shared a **common sense of purpose** – supporting people served to be in the community and contribute to the community." "Collaborative problem solving between state and providers."
- "People were committed to figuring out how people could live better lives. The institution was closed and community life was happening. People were more interested in being creative and realized people deserved more."

- “There was the meaningfulness of **social activism** related to the closing of the institution. The group home system was new and staff felt proud to be helping people that had mistreated for so long.”
- “There were **statewide champions**....and a strong **statewide advocacy** network”
- Funding was “**flexible, less prescriptive**, less convoluted and there wasn’t such a bureaucracy to access it, determine it, process it, and appeal it.” Monthly billing was 1/12 of the allocated amount.
- “Agencies had **steady long-term staff**....there was more time to train and inspire.” “...good people working in the system who were invested in change.”
- Extensive learning and training opportunities. Sharing best practices.
- “Change from a medical institutional model to a **waiver community model**”
- “Less focus on compliance...more opportunity for flexibility”
- There was “**more cohesion and involvement between the State and providers and the person/family**. The DD Social Workers had lower caseloads, their caseloads were regionalized, which helped them be **efficient, responsive and truly be involved**.”
- “Mutual trust. Building a system together. Responsive and little bureaucratic/administrative obstacles.”

Question 2 – What caused the decline in quality that, ultimately, led to the Department of Justice investigation in 2013?

- **Project Sustainability**. Antiquated rate models fee-for-service. “Many had to make changes in what services they delivered or how they delivered the services.” “Providers were forced to increase staff to person ratios – community-based supports decreased or disappeared in many cases.”
- “As much as standardization might have helped with equity, the fee for service approaches including the S109, S110, S106 processes caused **significant administrative burden and obstacles** for individuals and families.”
- Budget cuts to “non-essential services”, like staff development and training.
- “**Staff could not make a living wage**.” “Inability to recruit staff.”
- “The **State system became compartmentalized** which made it laborious and inefficient for our staff and the State staff and of course consequently less efficient for the person.”
- “Change in leadership – **New leaders at BHDDH had little to no understanding of DD** population, their needs, and nationally recognized best practices. The position of DD Director was eliminated.”
- “Department took control, **made decisions in a vacuum – stopped collaboration** with and between providers.” “State believed partnering with providers was no longer beneficial.”
- “The **lack of hybrid opportunities** including employment and community integration led to the decline.”

Question 3 – In recent years, most notably after COVID, there has been significant progress and an increase in the quality of person-centered community-based services. **What is needed to sustain that progress?**

- “**Strong leadership** in the department and in the State”

- “**True partnership** with the State. **Clear, consistent communication** from the State. Policies and procedures developed by the State that are clear, concise, written down, communicated and most importantly fairly implemented across all programs.”
- “**Continual rate reviews** to ensure inflation is accounted for. Technology and AI expenditures accounted for in the rates. Full implementation of the rate review Medicaid codes and services.”
- “The best thing we can do is continue to work to **simplify billing – stop overinterpreting Medicaid which overcomplicates everything.**”
- “Focus has to shift from administrative burdens back to **innovation and flexibility.** People should have a budget allocation and be allowed to design a plan that makes sense.”
- “There should be a way to **fund innovation and change.**”
- “People deserve a **good life, not just a good system.**” “Really listen to people.”
- “It would be great if the **Conflict Free Case Manager could become that important role that the DD Social Worker used to be** – be that main liaison, mediator, overseer, advocate and coordinator for the person and their funding.”
- “**Workforce Development and Retention:** focus on reducing turnover and creating career pathways for DSPs.”
- “Continued (even increased and more **multi-modal**) **dissemination of information / education / training** for individuals, families, frontline staff in DD Best Practices.”
- “Continued DD **collaboration with school-age transition teams**, individuals and families. Promotion of early application to DD ( by 17) and collaborative person-centered planning during transition.”
- “A complete **overhaul of benefits counseling.** The primary deterrent to many people seeking employment is the lack of information on how work will effect their other benefits. Counseling needs to be broken down into layman’s terms.
- “So much of what happened over the past couple of decades was reactionary. We reacted to funding cuts, we reacted to new regulations, we reacted to DOJ. All reactions made sense, but a **comprehensive plan to guide the future** is needed.”
- “Advocacy plays an important role in moving the needle. **Advocacy needs to have tension, but done without vilifying any group.**”

Question 4 – What are you most afraid of? **What should be avoided** to prevent another decline?

- “Large Federal **Medicaid cuts** that target those we support”. Large **budget cuts**, in general.
- “Losing sight of the vision of supporting people to live full lives of their choosing in community as the mission of the DD system. **Creating unnecessary bureaucratic requirements that become obstacles** to people accessing appropriate supports.”
- “I am afraid that if there is a **shift at the Division** all of this forward movement could be undone.”
- “Concern that there will be a **backward slide after court oversight stops.**”
- “Although institutional walls have been removed, **there is still institutional thinking.**” “I am afraid that organizations (and individuals) will not take an opportunity to invest in new ideas like technology, customized living opportunities and other concepts so that

people with IDD can move from a caretaking model to something that is truly driven by the individual.”

- “Afraid that the **CFCM / IFs will take over the ISP and PO process too prematurely – without really knowing the person and the system.**” “People who don’t understand the many different ways services can be delivered will be in positions to make decisions.”
- The **bureaucracy of CFCM** - “Individuals/families should be able to make decisions without feeling that they need to jump through bureaucratic hoops.”
- “Individuals and families are being forced into self-direction not because they want that model, rather because it provides more flexibility. They are also choosing Adult Day Health programs....which offer less community options than were available before the Consent Decree.”
- “Tension between advocates and providers is important but **mutual respect** is important since all have the same goal in mind.”
- “During Covid – **overprotection** became the norm. It set back the Disability Rights movement back significantly and needs to be addressed head on with the state and providers and parents.”
- Over-reliance on Medicaid – there needs to be a **flexible state-only pool of funds to support critical functions** – housing.

Looking at these responses collectively, there are **nine themes that should guide planning for the future** to ensure sustainable, durable compliance with Consent Decree goals...and to avoid future declines and/or future ADA investigations.

First, there was significant discussion of **leadership**, both at the Division and throughout state government. The trajectory (up and down) of the last twenty years is directly connected to the quality of leadership. Present and future leadership must have deep background and deep understanding of the daily lives of adults with intellectual and developmental disabilities.

Second, parallel to quality leadership, there was extensive emphasis on the critical value of **collaboration** – (a) collaboration between the State and stakeholders (individuals, families, providers); (b) collaboration among state agencies (Education, BHDDH, ORS, DLT, Budget, EOHHS, others); and (c) collaboration between individuals/families who self-direct and provider organizations. Downward trends occurred when “decisions were made in a vacuum”, when policies and procedures were developed by the State without serious input from stakeholders. All future systems directions, policies and initiatives should/must be developed **jointly**.

Third, every past downward spiral was precipitated by funding cuts. Virtually every respondent most feared the impact of funding cuts. Project Sustainability and “antiquated rate models” were cited as the primary factor in the decline of services in the 2010s. To ensure sustained quality, there must be **sufficient funding**. The recently completed rate review and implementation has returned the system to a stable base. There must be regular rate reviews to align rates with actual costs. There also needs to be funding to support innovation and change. As our understanding of effective practice changes with time, so must models for funding and billing.

Fourth, there was broad discussion of the importance of **flexibility and simplicity**. The upward trajectory of the 1990s/early 2000s was characterized by simpler systems. One respondent noted

– “nothing was written down yet, so there was room for innovation”. It must be noted, however, that there were flaws in those simpler systems – e.g., lack of equity in rates across organizations and individuals. It is well documented that the more complex a system is, the less likely it is that participants will understand it and fully access opportunities and resources. That has been one of my focuses – the need to develop multi-modal strategies to ensure that individuals/families and provider organizations **understand and use** available resources and the need to **minimize bureaucratic procedures and reduce administrative burdens and barriers** – to that end, the July, 2020 court order ordered the State to (jointly with stakeholders) address 16 administrative issues and barriers. There has been signification reduction in some of those issues, but not all. Future sustainability must include a ongoing review and simplification of bureaucratic process. The metric for judging success is utilization. If most individuals use most of their available resources, the assumption can be made that the system is simple enough to ensure that individuals understand how to use it.

Fifth, the responses and discussion about **Independent Facilitation and Conflict Free Case Management** illustrate the issues raised in the previous paragraph. Many of the positive comments about the 1990s/early 2000s were about DD caseworkers – they were assigned regionally, had smaller caseloads, knew individuals and families deeply, had long history and tenure with the people they supported and assisted in multiple ways. One hopeful respondent said, “It would be great if the Conflict Free Case Manager could become that important role that the DD Social Worker used to be – be that main liaison, mediator, overseer, advocate and coordinator for the person and their funding.” Many others were fearful that the bureaucracy of CFCM would force “individuals/families....to jump through bureaucratic hoops.” Others were fearful that “the CFCM / IFs will take over the ISP and PO process too prematurely – without really knowing the person and the system” ... and would have limited tenure in people’s lives. Recognizing the State’s requirement and responsibility to implement and monitor the system, it is important to **not let the system be an obstacle to individual choices and lives**.

Sixth, there are still many individuals/families (and some providers) who do not understand the new system, the new opportunities and the new resources. If the IF/CFCMs fulfill their potential role, that will be a major step towards meeting that need. Despite that, to sustain a quality system there needs to be continuous **multi-modal dissemination of information / education / training** for individuals, families, and agency staff.

Seventh, there were several comments pertinent to **staffing and workforce**. In the 1990s/early 2000s several providers described having several long-term staff committed to social activism and having more time to “train and inspire”. Many had degrees. In current days staff tenure is shorter, many fewer have degrees and many view their positions as temporary. The Statewide Workforce Initiative is beginning to address some of these issues, but the need to recruit and retain staff who view this as a long-term career must be continuous.

Eight, several respondents commented that the growth and positivity of the 1980s/1990s was, at least partially, due to the strength of the statewide **advocacy** network.....working closely with partners in the Division and champions in the legislature. Advocacy is different in 2025 than it was in 1990. Self-advocacy is stronger. There are some champions, but there is not the statewide force (mostly driven by families) that existed in 1990. One respondent commented

“Advocacy plays an important role in moving the needle. Advocacy needs to have tension, to push the system, **but done without vilifying any group.**” It is not the State’s role to advocate against itself, but to encourage (and not get in the way) burgeoning advocacy organizations. It is the role of **all** stakeholders (whether self-directed, agency-directed, or something else) to recognize both their differences and not let those differences get in the way of their common purpose.

Finally, and perhaps most importantly, virtually every respondent described the need for a “**common purpose**”. A plan with a clearly defined vision, purpose and clear outcomes, developed and agreed to by **ALL** stakeholders will guide the State, individuals, families and providers for the next several years.

Although not technically part of the Consent Decree, **housing** is one of the most critical needs. Individuals living with family members are requesting support to allow them to find more independent customized housing. Others have requested more options and more funding models.

The existence and stability of a durable system that addresses the themes referenced above is the ultimate indicator of substantial compliance. Thus, **to avoid the pitfalls that led to past declines and to reduce the possibility of future Court action, the State must demonstrate that the progress stimulated by the Consent Decree is durable and sustainable.**

## **B. Developing a Sustainable Plan**

It is also important to recognize some of the ways 2025 is different than 2014.

- Sheltered Workshops and Day Activity Centers were the norm for “day programs” – sheltered workshops no longer exist, centers have become training centers and starting points for daily schedules.
- Although some individuals had community jobs, many jobs were provider-paid and/or group jobs.
- Only about 60% of individuals reported participating in community activities<sup>1</sup> – most of these occurred in groups. In the most current Sherlock Survey 95% reported participating in community activities for more than 15 hours per week – only 10% occur in groups and 75% of activities are public attended by an array of persons.
- Community (employment and other community activities) have replaced centers as the norm.
- Individuals/families could predict a reliable (although segregated) 30 hours of weekly day activity – currently some can, but not all. Because of that, some families are turning to Adult Health Centers to make up the difference.
- Self-direction was in its early stages – now approximately one-third of individuals self-direct.<sup>2</sup>

---

<sup>1</sup> Sherlock Employment and Day Activities Survey, 2011-2013 comparison.

<sup>2</sup> Discussion with DDD leadership.



- In 2013 employment and career planning for transition youth with IDD was minimal. In 2025 planning for employment and developing community connections is a major focus – 47% of youth are exiting school with paid employment.<sup>3</sup>
- Person-Centered “Planning” was largely a form-driven process – Person-Centered “Thinking” is a multi-factor process for planning individual lives.
- Housing options were largely limited to living with family, group homes or apartments – although the majority of individuals still live with family, Shared Living and other alternatives, newly-created through rate review, have grown.
- Technology as a support strategy was minimal – currently almost 1400 have acquired technology and are learning to use it to support their lives.

As stated earlier, given these changes in the basic structure of services and supports and given the recommendations and concerns of leaders and stakeholders, BHDDH (in collaboration with other State agencies) has proposed to develop a plan for sustaining the progress that has occurred through the Consent Decree and Addendum, for addressing the concerns and issues raised by stakeholders and by the current political climate and to guide future growth and direction of the Developmental Disability system in Rhode Island. The Court endorses this proposal.

The Monitor requests:

- (1) The plan needs to address the nine areas (cited above) that summarize the recommendations and concerns of stakeholders;
- (2) The plan needs to address the specific requirements and metrics (cited below) that document durable and substantial compliance with the Consent Decree and Addendum;
- (3) By May 30, 2025 the State describe to the Court the process for addressing these topics and including ALL stakeholder groups in JOINTLY developing the plan.
- (4) By January 31, 2026 the State present to the Court the completed plan.

### C. Requirements Needed to Document Durable and Substantial Compliance

The following Consent Decree and Addendum Requirements are important for ensuring durable compliance:

1. **Sufficient Funding** to ensure services and supports continue with high quality and that every individual has the resources needed to pursue employment and community participation.
2. **Regular rate reviews** to align rates with actual costs. Funding to support innovation and change.
3. Continue **career planning and experiences for transition youth** with IDD with goals of exiting school with paid employment and community connections.

---

<sup>3</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025.

4. **By age 20** 80% of transition youth with IDD will have **applied** for adult developmental disability services. All who are eligible will be **receiving DD funding and services** sufficient to allow them a meaningful choice of integrated community activities and integrated employment.
5. Ensure that every youth and every family has **sufficient information and support** about resources and options for services in community settings.
6. Ensure that the majority of adults **understand and use add-on employment resources**.
7. Continue to increase the **number and percent of adults who are employed** in individual jobs in integrated settings.
8. Maintain the **number and percentage of adults who participate in community activities** of their choice,
9. **Facilitate innovative models** of support and funding to increase opportunities for quality life choices across the age span.
10. Increase options and equitable funding to **address the housing crisis**.
11. Maintain **sufficient capacity in the SIS Unit** so that all individuals experience either the two-part or the three-part processes as appropriate.
12. Continue to increase **capacity in the IF/CFCM system**...and ensure that Independent Facilitators (IF), Conflict Free Case Managers (CFCM), DD Caseworkers, Agency Personnel and other related staff understand all processes so that they can explain them simply and clearly to individuals and families.
13. Develop, fund and implement **innovative strategies for stabilizing the workforce**.
14. In collaboration with partner organizations, provide an array of professional development and training opportunities to ensure a **high quality workforce**.
15. Ensure that every individual, family, service provider **understands available resources** and best practices through ongoing multi-modal dissemination of information / education / training for individuals, families, and agency staff.
16. Develop a set of metrics for assessing progress on the items referenced above and a mechanism and schedule for public reporting. **Reporting on each of these items should continue post Consent Decree and Addendum.**

These items pertinent to **durable compliance** are repeated in the pertinent topics in Section III of this report.



## Section II. Executive Summary – Overall Assessment of Progress Towards Substantial Compliance

There has been significant progress towards substantial compliance in the years after the COVID pandemic. The State is approaching substantial compliance with most Consent Decree and Addendum requirements. However, the following requirements are **not yet complete**, but expected to be complete by June 30, 2026.

1. The new algorithm for tier assignment developed by HMA will be implemented by July, 2025. Wellsky will implement the new algorithm in Fall, 2025.
2. HMA's recommendations for automated funding to meet needs and/or requests identified by the Additional Needs and Support Questionnaire (ANSQ) and/or the follow-up will be implemented by July, 2025. The Wellsky rollout is yet to be determined. The Court expects that it will be during Fall, 2025.
3. Any recommendations for rate increases resulting from the Office of Health Insurance Commissioner (OHIC) bi-annual rate review are expected in September, 2025. Any needed funding will be included in the FY2026 budget requests.
4. Increase the capacity of the SIS Unit to ensure that all individuals having a new SIS also receive both the Additional Needs and Support Questionnaire (ANSQ) and a follow-up.
5. Due to capacity issues, only a limited number of individuals have experienced the two-part assessment process. Positions needed to reach capacity are expected to be filled in the next few months. Once there is capacity, all individuals should (a) participate in the ANSQ as part of the preparation for the annual ISP, (b) receive follow-up a short time after the ISP and (c) if needed, individual budgets should be revised to reflect additional support needs.
6. DDD Employment Team meetings with each provider organization have documented issues pertinent to the employment workforce. First, many organizations have not yet recovered from the loss of employment teams during COVID. Second, agency leadership have expressed a need for different employment training delivered through more flexible, "nimble" mechanisms. The Monitor expects sufficient investment in re-developing employment teams and revised training curricula. The outcomes of the Supported Employment (SE) provider meetings, a summary of information received regarding the NBE, and the corresponding actions the Division is taking in response to the feedback we received will be shared in a report to be written at the conclusion of the provider meetings.
7. Although many individuals have technology, many are not using their technology to increase life functions. The State is developing a plan to provide training to every organization re: design and use of low-tech devices and to develop "technology competent" staff and "peer mentors" throughout the system. The Monitor expects this plan to be implemented by Fall, 2025.

8. The Monitor has requested the State develop service definitions and billing procedures or an “advisor model”. Organizations use a variety of names for similar models. Most individuals and families are seeking a hybrid model that blends self-direction and agency support with personalized advice and support from an individual advisor. This will, in essence, add a third service model. The Monitor expects this model to be developed and funded in the FY2026 budget request. The State is committed to developing this model, but needs to clarify description and billing procedures with the Court and pertinent stakeholders.
9. Similarly, there is an increasing population of individuals with IDD who are aging. At the Monitor’s request, the State has assembled a work group of stakeholders to adjust service(s), if necessary, to ensure that older individuals, especially those who spend much of their time at home, receive the support they need and want. Individuals can receive community-based supports (and bill for those supports at the community rate) while in their home....with the exception of those living in group homes. DD will work with HMA to ensure that individuals that are in GHs and want to receive supports in-home are able to do so. The Monitor expects guidance from this work group to be complete by Summer, 2026 and any necessary funding or billing revisions to be included in the FY2026 budget request.
10. A number of issues pertinent to “goods and services” have been identified. Again, at the Monitor’s request, the State has developed a work group of stakeholders to address these issues. The Monitor expects guidance from this work group to be complete by Summer, 2026 and any necessary funding or billing revisions to be included in the FY2026 budget request. Caps to select “goods and services” categories will be increased.
11. The Monitor has also requested the State to provide new guidance re: ISPs both (a) to improve the overall quality of ISPs and (b) how to write goals that will provide sufficient flexibility to minimize the need for additional purchase orders. The Monitor expects this guidance to be complete by Summer, 2025.
12. The State’s Quarterly Consent Decree Report references a mini-survey re: preferences for how to receive information from the Division. Of the 73 respondents – 13 prefer in-person or phone, 27 prefer email, 9 prefer mail, 3 prefer social media, 10 prefer the website and 11 prefer the newsletter.<sup>4</sup> This study aligns with other similar studies – the conclusion is that what is needed is NOT a few modalities, but ALL modalities. The Quarterly Report also notes the need “to address the many questions and concerns for participants and providers about the changes occurring in the DD service system”. Both of these issues indicate a need to revise existing communication strategies and/or to develop new ones. The Monitor expects these revised or new strategies to be implemented by Fall, 2025.

---

<sup>4</sup> Consent Decree Quarterly Report; February 15, 2025; pg. 26.

13. RIDE is collecting data re: the community connections of transition youth exiting school. Beginning in Summer, 2025 RIDE will report this data with the extensive data they already report.
14. The Monitor has had several reports of individuals/families “not understanding” information they receive from benefits counselling. The Monitor has discussed with the State the possibility of simplifying the process and presenting pertinent benefits information in a simpler plain language version, especially for individuals/families for whom awareness and knowledge of benefits is most limited. Benefits counseling is a responsibility of all state parties involved with employment.

There are **two areas of concern**. **First**, and most significantly, the Quarterly Consent Decree Report and the Quarterly Census raise concerns about whether the State will meet the **employment benchmarks** agreed to in the Addendum.

As negotiated last year, the Consent Decree Target Population for Employment consists of 1465 individuals. The most recent census reports that 851 (58%) have been employed sometime during the Consent Decree period<sup>5</sup> - the benchmark 60%.

407 members of the Target Population (28%) are currently employed<sup>6</sup>. The negotiated benchmark for new jobs is 125 by June 30, 2024; 175 by June 30, 2025; 200 by June 30, 2026 – 500 total, at least 50% of which must be for Consent Decree members. During the July, 2023-June, 2024 period there were 174 new jobs – 57 (33%) for Consent Decree members, 117 for non-Consent Decree members.<sup>7</sup> New jobs during the October-December quarter – 3 for Consent Decree members, 21 for non-Consent Decree members. The number of new jobs reported for the prior quarter was 28 – 5 for Consent Decree members, 23 for non-Consent Decree members.<sup>8</sup> Thus, the total number of new jobs for the current fiscal year to date is 49, only 8 (16%) of which are for Consent Decree members. The agreed-on benchmark for the year is 175 new jobs, at least half of which would be for Consent Decree members. **If the current rate of job development continues, the State is in serious jeopardy of not meeting the benchmark.**

The Department of Justice’s analyst has computed that, for the State to meet the benchmarks, there must be 188 additional new jobs obtained by Consent Decree members by June 30, 2026 and 45 Consent Decree members (including those who have “never-ben-employed”) added to the “ever employed” category..<sup>9</sup> Although there may be some overlap, both metrics need to be met.

The State has potentially under-reported the number of individuals employed and is working to address that by the next Quarterly Report. Nevertheless, this is a significant issue.

---

<sup>5</sup> Consent Decree Quarterly Census; February 19, 2025.

<sup>6</sup> Quarterly Census; February, 2025; op. cit.

<sup>7</sup> Monitor’s Report; August, 2024.

<sup>8</sup> Consent Decree Quarterly Census; August 20, 2024

<sup>9</sup> Addendum Review Meeting, February 28, 2025.

**Second**, although the State has now implemented the Independent Facilitation/Conflict-Free Case Management system and has a plan for increasing capacity to reach the total IDD population, there have been several **issues with initial implementation and rollout of the IF/CFCM system**. At the Monitor's request, the State has assembled a work group to address these issues and **jointly** develop solutions. The issues to be addressed include:

- Clarify intent/impact on individual (i.e., outcomes) – IF/CFCMs provide information about everything, resources; stimulation; preparation for ISP; follow-up.
- IF/CFCM Job Description.
- Clarify Roles and Responsibilities - IF/CFCM, DDD caseworker, support coordinator, provider.
- Clarify who actually writes and submits the ISP - ISP is a team role.
- Clarify who does any needed paperwork - PO, other benefits.
- Provide a plain-language step-by-step procedural manual.
- Develop an introductory script - what, how, when.  
Develop a leave-behind packet - what should be in - state and community information.
- Ensure ALL IF/CFCMs use consistent language.
- Strategies for increasing choice of facilitators.
- Specify the process for changing facilitators if person and IF/CFCM don't match.
- Strategies for effectively communicating this to all.
- Translating materials into Spanish (and other languages as needed).

The Monitor is aware of the activities of the work group and fully expects these issues to be addressed and materials to be available by Summer, 2025. However, given the importance of the IF/CFCM process, the Monitor included it in this section.

The Monitor will issue an Interim Report in May/June, 2025 that will **focus specifically on the items listed in this section** of this Report. The Monitor's next full report will be in September/October, 2025.

### Section III. Topical Analysis of Compliance with Specific Requirements

#### 1. All adults will have experienced the new three-step assessment process. (*Addendum ii 3; December, 2022 Court Order*)

- SIS-A (administered upon eligibility and every five years thereafter)
- Additional Needs Questionnaire
- Individual Follow-Up
- Preparation of interviewers and caseworkers
- Communication to Individuals/Families

113 individuals have experienced the three-step assessment during October-December, 2024. 1216 individuals have experienced this process since its inception in March, 2023.<sup>10</sup> The two-part assessment process is essentially on hold - positions needed to increase the capacity of the SIS unit are in process of being filled.

The Monitor has reviewed ANSQ raw data requests for the past several months. The ANSQ is a questionnaire that documents the need for additional support or funding. The most common area of need is for expected life changes – transition youth entering the adult system is the most frequent expressed need. The major life change question was added in September 2023 – since that time 139 individuals have reported a major life change. Health Management Associates (HMA) is developing a mechanism for automating increased funding or service based on ANSQ requests. They have proposed a scoring process with 3 categories dependent upon support needs. The automation will determine the amount of supplemental funding, if applicable. It will not impact the level of tier assignment. This work remains underway.

The Monitor has also reviewed a sample of S109 requests and tier changes of more than two levels – the explanations and responses have been acceptable.

#### Monitor Interviews - Assessment Process – Individuals Who Have Had a SIS

Questions	11/23-3/24 Totals	4-6/2024 Totals	10-12/2024	Non-CD Comparison
Sample Respondents (Denominator)	14	10	4	1
Explain how to respond	12 (86%)	9 (90%)	3 (75%)	1
SIS Accurately Reflect Your Support Needs	12 (86%)	7 (70%)	4 (100%)	0
Medical/Behavioral Questions Clarify Needs	11 (79%)	7 (70%)	4 (100%)	0
Explain might add funds	7 (50%)	4 (40%)	4 (100%)	0
Additional Needs Questionnaire			3 (75%)	0
Follow Up			3 (75%)	0

#### Monitor Interview - Assessment Process – Summary ALL Interviews

Questions	11/23-3/24 Totals	4-6/24 Totals	10-12/24 Totals	Non-CD Comparison
-----------	----------------------	------------------	--------------------	----------------------

<sup>10</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pp 6-7.

Sample Respondents (Denominator)	86	63	31	8
<b>Additional Needs Questionnaire</b>	32 (37%)	21 (33%)	<b>9 (29%)</b>	<b>4 (50%)</b>
<b>Identify Additional Needs</b>	18 (21%)	14 (22%)	1	1 of 4
<b>Explain might add funds</b>	11 (13%)	13 (21%)	3	2 of 4
<b>Follow up</b>	5 (6%)	8 (13%)	<b>5 (16%)</b>	<b>3 (38%)</b>
<b>Identify Additional Needs</b>	0	4	1	1
<b>Explain might add funds</b>	2 (2%)	3	2	1

### Overall Assessment – Approaching Substantial Compliance

The assessment process can be viewed at two levels. First, the overall process is essentially in place. Once the SIS team is at full capacity, both the two-part and the three-part process will be able to be implemented efficiently for all participants. Second, the experience of individuals varies. Although the number of individuals interviewed this quarter who experienced a new SIS (and the three-part assessment process) was very small, the overall perspective of those individuals is generally positive. Most participants stated that the interviewer clearly explained how to respond...and most felt the SIS accurately reflected their needs. However, the two-part assessment process is not quite as positive. Generally, only around a third have experienced the Additional Needs and Support Questionnaire (ANSQ) and the Follow-Up. For now, the Monitor assumes that is due to the capacity issues in the SIS Unit. **The Monitor expects the number and percent of individuals experiencing the ANSQ and the Follow-Up will increase in each of the next three quarters and will reach scale (80%) by the end of 2025.**

As noted in Section II, the following requirements are **not yet complete**. Upon completion, the State will be in to substantial compliance:

- Increase the capacity of the SIS Unit to ensure that all individuals having a new SIS also receive both the Additional Needs and Support Questionnaire (ANSQ) and a follow-up.
- Once there is capacity, all individuals not having a new SIS should (a) participate in the ANSQ as part of the preparation for the annual ISP, (b) receive follow-up a short time after the ISP and (c) if needed, individual budgets should be revised to reflect additional support needs.
- Implementing HMA recommendations for automating ANSQ requests into additional funding or services.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- Maintain sufficient capacity in the SIS Unit so that all individuals experience either the two-part or the three-part processes as appropriate.
- Ensure that Independent Facilitators (IF), Conflict Free Case Managers (CFCM), DD Caseworkers, Agency Personnel and other related staff understand both processes so that they can explain it simply and clearly to individuals and families.



**2. All adults will have an individual budget based on the three-step process.** (*Addendum ii 4; Consent Decree, Section XIV; December, 2022 Court Order*)

The “Notice of Assessment Results” letter now includes information specifying what funding is received and why (i.e., what source). Purchase Orders will now be called “Planned Services” in Wellsky. Training is being provided to IF/CFCMs re: how to use the “Planned Services” process and fixed and flexible funding. The intent (**and focus of the Court**) is that IF/CFCMs have in depth discussions with individuals to maximize their understanding and use of allocated funds.<sup>11</sup>

**Monitor Interviews – Budget Letter**

Questions	11/23-3/24 Totals	4-6/2024 Totals	10-12/24 Totals	Non-CD Comparison
Sample Respondents (Denominator)	86	63	31	8
Received a Budget Letter	18 (21%)	12 (19%)	<b>9 (29%)</b>	<b>3 (38%)</b>
Budget letter make sense	14 (16%)	8 (17%)	5 of 9	2
Budget letter provides detail	1 (1%)	6 (10%)	2 of 9	0
Explained how to use your flexible budget	39 (45%)	33 (52%)	<b>17 (55%)</b>	<b>7 (88%)</b>

**Overall Assessment – Approaching Substantial Compliance**

Individual annual budgets have been the norm for two years. The revised format of the “Notice of Assessment Results” letter is acceptable and provides sufficient detail. Despite the fact that only a third of interview respondents report receiving a letter, the Monitor is confident that letters are mailed. The issue is who receives the letters and whether individuals and families understand the information they receive. **Budget (and budget letter) discussions need to be embedded into the CFCM follow-up process.** Thus, Independent Facilitators (IF), Conflict Free Case Managers (CFCM), DD Caseworkers, Agency Personnel and other related staff need to understand the budget process and the budget letter, so they can explain it and assist individuals and families and providers to develop plans and strategies for using their funding and resources.

The progressive increase in the percent of interviewees who report that their facilitator explained how to use their flexible funds is a positive indicator.

---

<sup>11</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, page 5.

- 3. All adults will have an independent facilitator who will (a) provide information about employment and community activity, (b) facilitate the development of a person-centered plan, (c) explain the resources and opportunities available through the new rate structure, (d) assist the individual to use their individual budget to access employment and community services.** (*Addendum ii 5; December, 2022 Court Order*),

The State is implementing Independent Facilitation/Conflict Free Case Management through three strategies – (1) 29 Independent Facilitators recruited from community plan writers, service brokers, teachers, others; (2) 16 BHDDH caseworkers exclusively assigned to CFCM; and (3) 4 CFCM certified community agencies (Care Link, West Bay Community Action, Child and Family Services, East Bay Community Action).

By January, 2025 1044 individuals have been assigned to IF/CFCMs – this number includes 68 newly eligible individuals.<sup>12</sup> To align with Consent Decree goals, the original focus was on the 527 individuals in the Consent Decree target population who had “never been employed” (NBE).

- 138 of the NBE individuals who self-direct were assigned to community Independent Facilitators;
- 348 were assigned to the BHDDH CFCM caseworkers;
- 11 residing in RICLAS homes were assigned to one of the other community agencies.

The State’s plan to increase capacity is based on the following:<sup>13</sup>

- 768 individuals will be managed by the 16 BHDDH caseworkers – each currently has a caseload of 32, which is anticipated to increase to 45-50;
- 609 individuals will be managed by the current community independent facilitators by June, 2025. BHDDH will continue to recruit and anticipates an increased number of Independent Facilitators will be able to manage 1,363 individuals;
- The capacity of the four community agencies will be increased by 100 per month until they reach a capacity of 800 by June, 2025.

EOHHS has published the program manual for IF/CFCMs<sup>14</sup>. BHDDH has provided IF/CFCMs with a variety of training activities and has developed an implementation plan.<sup>15</sup> The BHDDH News and Updates Newsletters explained IF/CFCM in several newsletters from June 7, 2024 through November.

The State has also published IF/CFCM training standards and IF/CFCM training outline.<sup>16</sup>

The roll out of the IF/CFCM process has generated several quality and communication issues. At the request of the Monitor the State is meeting with stakeholders (individuals, families, providers) to identify issues and needed revisions and to jointly develop strategies to address these issues. This work group has now met three times. They have identified issues re: explanation of the process, initial visit protocol by the IF/CFCMs, choice of facilitator,

---

<sup>12</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, page 6.

<sup>13</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025.

<sup>14</sup> EOHHS Conflict Free Case Management Program Manual – July 10, 2024.

<sup>15</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025.

<sup>16</sup> Appended to Consent Decree Quarterly Report; February 15, 2025.

communication, consistency between facilitators, and other process issues. The work group has begun to identify strategies and will **jointly** develop necessary guidance.

### Monitor Interviews – Who Facilitated

Respondents to these questions were fairly equally split between individuals who self-direct and individuals who are agency-supported. This quarter a random sample of Consent Decree members were interviewed, as well as (for comparison) a small random sample of non-Consent Decree members.

Questions	11/23-3/24 Totals	4-6/2024 Totals	10-12/24 Totals	Non-CD Comparison
Sample Respondents (Denominator)	86	63	31	8
Parent or Guardian	6%	0	1 (3%)	0
Agency Staff	54%	24	15 (48%)	5 (62%)
Independent Facilitator	23%	9 (14%)	12 (39%)	3 (38%)
State Social Worker/CFCM Case Worker*	13%	27	3 (10%)	0
Community CFCM Agency**			0	0
Did you choose your facilitator**			8 (26%)	2 (25%)
Was facilitator assigned to you**			23 (74%)	6 (75%)
Did you know your facilitator before**			21 (72%)	5 (62%)

\*Question changed for 10-12/2024 to reflect new CFCM State Caseworkers

\*\*New Question beginning 10-12/2024

### Monitor Interviews – Experience with ISP Process

Questions	11/23-3/24 Totals	4-6/2024 Totals	10-12/24 Totals	Non-CD Comparison
Sample Respondents (Denominator)	86	63	31	8
Facilitator Took Time to Get To Know You	77 (90%)	61 (97%)		
If you didn't know facilitator before, did they take time to get to know you*			7 of 10	2 of 3
Did a Community Map	42 (49%)	39 (62%)	18 (56%)	7 (88%)
Did a Relationship Map	55 (64%)	43 (68%)	14 (44%)	6 (75%)
Individual Actively Participated (Had Ideas/Goals)	45 (52%)	28 (44%)	16 (52%)	4 (50%)
Team included other than family/staff/caseworker	6 (7%)	2 (3%)	0	0
Any new team members this year	8 (9%)	4 (6%)	9 (31%)	1 (13%)
Goals express what you want to learn/do/change	65 (76%)	56 (89%)	25 (81%)	8 (100%)
Specific action steps	64 (74%)	43 (68%)	23 (77%)	5 (63%)
Timeline	54 (63%)	39 (62%)	18 (58%)	4 (50%)
Who will provide support	76 (88%)	58 (92%)	29 (94%)	8 (100%)
How you will Get There	66 (77%)	57 (90%)	27 (87%)	8 (100%)
Discuss How Often Check In Will Happen		55 (87%)	22 (71%)	5 (63%)
Is your ISP essentially the same as last year**			7 (23%)	2 (25%)
One or two new goals**			18 (58%)	2 (25%)
Is your ISP essentially new**			6 (19%)	4 (50%)

\*Revised Question for 10-12/2024

\*\*New Question for 10-12/2024

### **Overall Assessment – Approaching Substantial Compliance**

The IF/CFCM system is now functional. An original assignment of 1044 individuals has occurred with focus on the Consent Decree population members who have never been employed. The State has a plan for increasing capacity to ensure that all participants are assigned to a facilitator. The State has recognized issues connected to initial rollout and is meeting with stakeholders to jointly resolve those issues.

The interviews completed for the Monitor document the changes in this initial rollout. There are few family facilitators. Although there were still many ISPs facilitated by staff, there is documented increase in the use of independent facilitators, particularly for individuals who self-direct and beginning use of State CFCMs. Most facilitators were assigned, although many knew their facilitator beforehand – again, mostly those who self-direct. Creating opportunities for individuals to choose their facilitator is a priority expressed by many individuals and by the Monitor.

ISPs can always improve, but more respondents reported new team members. More ISPs contain at least one or two new goals and a quarter of ISPs are described as “essentially new”. These trends are expected to increase as IF/CFCMs become more effective at stimulating change.

The Monitor is focused on quality of information and supports. The Monitor recommends that the State review the interview data in this report with IF/CFCMs. The items in the interviews pertinent to ISPs, information and support, community connections, friendships, value of membership in community organizations and others are based on evidence-based practices. These are the types of qualitative issues that the IF/CFCMs should understand, discuss and promote.

As noted in Section II several issues have arisen during initial implementation of the IF/CFCM system. The Monitor expects **ALL** of these issues to be addressed by the work group focused on IF/CFCM and materials and guidance to be available by Summer, 2025.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- Continue to increase capacity in the IF/CFCM system.
- Provide continuous training and supervision for IF/CFCMs to ensure responsiveness to stakeholders.

**4. Employment** (*Addendum ii 6, 7, 8, 9; Addendum iv 3*)

- By June 30, 2024 125 individuals seeking employment will be employed in new individual jobs in integrated settings. (*Addendum ii 8; (Consent Decree, Section IV, 9; V, D)*)
- By June 30, 2026 at least 60% of the adults in the target population for employment will have been employed during the term of the Consent Decree. (*Addendum iv 3*)
- By June 30, 2024 the average number of weekly hours of employment will increase to 12. (*Addendum ii 9; Consent Decree, Section V, K*)
- Supported Employment Services will be provided at a sufficient quantity so that all members of the Consent Decree populations should have access to jobs that meet the criteria defined (*Addendum ii 7; Consent Decree, Section V, A-C*).
- The majority of adults in the target populations will be using the add-on employment funds to obtain or maintain employment in integrated settings. (*Addendum ii 8; Consent Decree, Sections IV, V, XIV; December, 2022 Court Order*)

**BHDDH Employment Data**

As negotiated last year, the Consent Decree Target Population for Employment consists of 1465 individuals. The most recent census reports that 851 (58%) have been employed sometime during the Consent Decree period<sup>17</sup> - that percent approaches the target of 60%.

407 members of the Target Population (28%) are currently employed<sup>18</sup>. The negotiated benchmark for new jobs is 125 by June 30, 2024; 175 by June 30, 2025; 200 by June 30, 2026 – 500 total, at least 50% of which must be for Consent Decree members. During the July, 2023-June, 2024 period there were 174 new jobs – 57 (33%) for Consent Decree members, 117 for non-Consent Decree members.<sup>19</sup> New jobs developed during the October-December quarter – 3 for Consent Decree members, 21 for non-Consent Decree members. The number of new jobs reported for the prior quarter was 28 – 5 for Consent Decree members, 23 for non-Consent Decree members.<sup>20</sup> Thus, the total number of new jobs for the current fiscal year to date is 49, only 8 (16%) of which are for Consent Decree members. The agreed-on benchmark for the year is 175 new jobs, at least half of which would be for Consent Decree members. **If the current rate of job development continues, the State is in serious jeopardy of not meeting the benchmark.**

The Sherlock Survey reports that those in individual employed-paid jobs work an average of 11.18 hours per week and have an average hourly wage of \$15.47.<sup>21</sup> The State Consent Decree Data Report cites the average weekly hours worked was 11.3 for the youth exit population, 9 for

<sup>17</sup> Consent Decree Quarterly Census; February 19, 2025.

<sup>18</sup> Quarterly Census; February, 2025; op.cit.

<sup>19</sup> Monitor's Report; August, 2024.

<sup>20</sup> Consent Decree Quarterly Census; August 20, 2024

<sup>21</sup> Sherlock Employment and Day Activity Survey Consent Decree Report; February 10, 2025 – date collected September 29-October 12, 2024.

the day program population and 10.5 for the sheltered workshop population. The average hourly wage was \$14.44 for the youth exit population, \$14.30 for the day program population and \$14.79 for the sheltered workshop population.<sup>22</sup> The two sources collect and report this data in different ways. The criterion for average weekly hours is 12 hours by June 30, 2024 and 14 by June 30, 2025. Current average approaches, but do not meet those criteria. Hourly wages (as reported in the Sherlock Survey) do meet the defined criterion of minimum wage....which became \$15 per hour as of January 1, 2025.

During the October-December quarter 73 individuals were newly approved for add-on employment funds, 43 (59%) are members of the Consent Decree population. To date, the total number of individuals authorized for add-on employment funds is 837, of whom 419 (50%) are members of the Consent Decree population.<sup>23</sup>

BHDDH is using several strategies to increase both access and use of add-on employment funds and actual employment. These strategies include:<sup>24</sup>

- The Division's Employment Team met with 13 supported employment providers in January, 2025 to discuss agency capacity, employment outcomes, plans for increasing employment and barriers. Meetings with the remaining providers are scheduled for February and March.
- Reducing administrative barriers by permitting all add-on categories to be summarized on one Purchase Order.
- Outreach to individuals and families to increase awareness of employment options and funding.
- Addition of "job exploration" as an add-on service. Emphasizing the value of exploration as a beginning step to individuals who have never been employed.
- Increasing training opportunities for employment staff.
- Use of IF/CFCMs to promote employment.
- Using targeted employment funds as Transformation Grants – Phase III.
- Continuing to offer the Family Employment Awareness Training (FEAT).
- 41 additional outreach and technical assistance activities implemented by Jay MacKay (and others) are documented on the BHDDH Supported Employment Activities report – appended to the Quarterly Consent Decree Report.
- 43 outreach activities are documented on the Business and Community Engagement Report.

Office of Rehabilitation Services (ORS) continues to provide fee-for-service supported employment services to individuals and families. ORS meets with providers monthly to review services...and continues to reinforce the braiding and sequencing of ORS, BHDDH and DLT funds, including braiding the new add-on employment categories. ORS also continues to fund the various adult Project Search sites, including the newest site at Bally's Casino in Lincoln.<sup>25</sup>

---

<sup>22</sup> Consent Decree Quarterly Data Report; February 15, 2025.

<sup>23</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pp. 8-9.

<sup>24</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pp. 9-12.

<sup>25</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pg. 12.



**Sherlock Survey Employment Data – Consent Decree populations.**

	<b>October, 2022</b>	<b>April, 2023</b>	<b>October, 2023</b>	<b>April, 2024</b>	<b>October,<sup>26</sup> 2024</b>
<b>Total Respondents</b>	2036	1990	1870	1917	1835
<b>Number Receiving Employment Services</b>	1680	1587	1522	1594	1529
<b>Number Self-Employed*</b>	12	12	13	10	8
<b>Number Employer Paid Individual Jobs</b>	277	260	281	265	258
<b>Number Provider Paid Individual Jobs**</b>	39	50	43	50	49
<b>Number in Provider Paid Group Jobs</b>	43	38	25	34	34
<b>Percent in Individual Jobs***</b>	20%	20%	22%	20%	<b>20.6%</b>
<b>Number New Jobs in Prior Six Months</b>	19	20	24	15	22

*\*The Developmental Disabilities Council has a registry of more than 50 individuals who are self-employed.....so this number is low.*

*\*\*The Monitor is evaluating provider paid individual jobs. The Monitor believes most of these jobs meet the Consent Decree definition of individual jobs in integrated settings.*

*\*\*\*Number in Employer Paid Individual Jobs + Number in Provider Paid Individual Jobs + Number Self-Employed divided by Number Receiving Employment Services.*

For comparison, the **statewide** Sherlock Survey data reported 2,467 individuals were receiving employment services. 14 were self-employed, 492 had employer paid individual jobs and 75 had provider paid individual jobs – thus, 23.5% were employed, a minimally higher rate than the Consent Decree population. 43 individuals obtained new jobs in the prior six months.<sup>27</sup>

Using Sherlock data, the Monitor requested an analysis of the percentage of individuals employed by agency. That analysis documents the following<sup>28</sup>:

- 14 agencies reported having less than 50 people participating in employment or community services – in 50% of these agencies, the employment rate was less than 20%, in the other 50% the employment rate was more than 30%.
- 11 agencies reported having between 50-100 people participating in employment or community services – in 45% of these agencies, the employment rate was less than 20%, in 27% the employment rate was between 20-30%, in 27% the employment rate was more than 30%.
- 7 agencies reported having more than 100 people participating in employment or community services – in 43% of these agencies, the employment rate was less than 20%, in the other 57% the employment rate was between 20-30%.
- The range of employment rates was 6.3% to 82.3%.
- The highest employment rates were in small or medium sized agencies that focused primarily on employment. The next tier of higher employment rates was in medium sized agencies with an employment focus as a primary focus of their overall work plan.
- Most of the smallest agencies (agencies serving less than 25 people) had minimal focus on employment.

<sup>26</sup> Sherlock Employment and Day Activity Survey Consent Decree Report; February 10, 2025 – date collected September 29-October 12, 2024.

<sup>27</sup> Sherlock Survey – Statewide Report; February 10, 2025.

<sup>28</sup> Analysis done for the Monitor; February 14, 2025.

- The larger agencies had larger numbers of people employed, but overall employment rates in the mid 20s.
- By comparison, there were 276 survey respondents who self-direct and who reported receiving employment or community services – 27.5% of those individuals were in individual employment, approximately the same as larger agencies.

This analysis documents two things. First, **a primary employment focus with a defined employment team makes a difference.** Second, the type of training and technical assistance needs are unique to agency size and type.

As cited earlier, the average weekly hours of employment for individuals in individual jobs was 11.18. \$15.47 was the average hourly wage.<sup>29</sup> 86.9% have a tenure longer than one year.<sup>30</sup>

The three most common job types were in retail trade (99 individuals – 33% of employed individuals); health care and social assistance (66 individuals – 22% of employed individuals); and accommodation and food services (60 individuals – 20% of employed individuals).<sup>31</sup> This is consistent with several prior Sherlock Surveys.

Only 29 individuals participated in post-secondary education or training. 93 reported being involved in a job search.<sup>32</sup>

### Department of Labor and Training

As of December 31, 2024 DLT has awarded \$79,017 in workforce accessibility grants through 21 contracts to 18 employers. From 2017 through 2024 the Industry and Workforce Partnerships Program have resulted in 329 job placements (the majority of which are for individuals with IDD) – weekly average hours 20.38, average hourly wage \$14.47.<sup>33</sup>

### Monitor Interviews – Employment Information and Supports

Questions	11/23-3/24 Totals	4-6/2024 Totals	10-12/24 Totals	Non-CD Comparison
Sample Respondents (Denominator)	86	63	31	8
Received Information about Employment	55 (64%)	47 (75%)	21 (69%)	7 (88%)
Received Information about Add-On Funds	14 (16%)	10 (16%)	11 (37%)	2 (25%)
Individual is Using Add-On Employment Funds	4 (5%)	3 (5%)	4 (13%)	0
Do you have enough info to gain employment	69 (80%)	48 (76%)	25 (81%)	6 (75%)
Do you have Enough support to get employment	47 (55%)	29 (46%)	18 (58%)	2 (25%)
Employed		18 (29%)	11 (34%)	2 (25%)
Retired or Has a Waiver		11 (17%)	2 (6%)	2 (25%)
Age 50+		25 (40%)	2 (6%)	2 (25%)

<sup>29</sup> Sherlock Consent Decree Report; op.cit.

<sup>30</sup> Sherlock Consent Decree Report; op.cit.

<sup>31</sup> Sherlock Consent Decree Report; op.cit.

<sup>32</sup> Sherlock Consent Decree Report; op.cit.

<sup>33</sup> DLT Summary in Consent Decree Quarterly Report; February 15, 2025; pp.46-47.

## Overall Assessment

- (1) Systemic Issues (Resources, Training, BHDDH Support) – Approaching Compliance  
 (2) Employment Metrics (specifically, number of new jobs) – Significant Concern

As described above (and in the Quarterly Report), the State continues to provide extensive outreach, training and technical assistance re: employment; thus, those efforts approach substantial compliance.

Despite those efforts, the collective data sources document that **employment rates have been flat for the past few years**. This jeopardizes the State’s ability to reach substantial compliance with Consent Decree and Addendum benchmarks. As noted earlier, Department of Justice analysts project that, to meet the Addendum benchmarks, there must be 188 new jobs for Consent Decree members by June 30, 2026.

It is important to acknowledge that the State does not directly develop jobs. Jobs are developed by provider organizations and individually by individuals and families who self-direct. Thus, the findings of the State Team’s meetings with providers and the analysis of provider employment rates provide the most useful information. These sources document the unique circumstances and needs of each organization. Many have not re-developed the employment teams that were lost during COVID. Many do not have employment as a primary (not exclusive – there is more to life than work) focus. Many do not have sufficient capacity to support individuals with complex needs in employment. Although there have been efforts to provide employment supports to individuals who self-direct, the employment rate is still only 27%.

Thus, there needs to be concentrated effort to build the capacity and outcomes of both provider organizations and individuals who self-direct. The Monitor recommends the following:

- Finish the meetings with individual providers quickly and develop a plan to provide each with whatever is needed to increase their capacity.
- **Invest in re-building employment teams** – the State should consider additional grants (not connected to individual budgets) targeted for that purpose.
- The State should meet with organizations that support individuals who self-direct and provide them with resources to increase their capacity.
- Revise (or develop new) training to increase everyone’s capacity to support individuals with complex support needs.
- Increase the intensity of outreach to employers (particularly small businesses). Focus on the “demand” side of those businesses. Identify the greatest needs of those businesses (one-by-one) and, working with provider organizations and/or individuals who self-direct, match individuals with specific employers.
- Although the number of individuals using add-on employment funds has increased, the number is still too low (see interview data above). This needs to part of every IF/CFCM discussion, every ISP preparation, and every discussion to plan services and supports.
- The State could set an example by becoming a “**model employer**” and commit to hiring a set number of individuals with IDD.

There has also been discussion about whether the various data sources are under-reporting employment numbers. For example, the Cross Disability Coalition has a registry of individuals

who are self-employed that is significantly larger than the number reported in the data. The State needs to review how it collects and reports employment data.

Once benchmarks are met, **to ensure Durable Compliance** the following should be included in futures planning:

- Ensure that the majority of adults understand and use add-on employment resources.
- Continue to increase the number and percent of adults who are employed in individual jobs in integrated setting.

**5. All adults covered by the Consent Decree will participate in community activities in integrated settings such that community activities and services will meet the criteria defined in the Consent Decree. (Addendum ii 10; Consent Decree VI, B 1-10)**

Two rounds of **transformation grants** have resulted in several innovative practices. Most notably, several agencies have developed community navigator and/or advisor models of support. Anecdotal evidence strongly indicates that these models are more personal, more comprehensive, use multiple sources of support and result in individuals using higher percentages of allocated funds. Several families have informally reported that they are looking for models of support that “meld” self-direction with agency support – an advisor model is an effective strategy for doing that. **The Monitor has requested the State develop service descriptions and billing procedure to facilitate implementation of this model.** Monitor believes this is a primary future direction and needs to be promoted and encouraged. The oft quoted adage “if you build it, they will come” certainly applies here.

Targeted Employment Funds are now being used as Transformation – Phase III. The intent is to allow innovative practices developed during the first two rounds to be taken to scale. To date, five providers have submitted proposals. \$176,264 has been expended during FY2025.<sup>34</sup>

Through December, 2024 there have been 11 rounds of **technology fund** requests. There have been 1608 requests, 1383 have been approved. \$762,189 has been expended.<sup>35</sup> BHDDH reports an increase in agency acceptance rates resulting from court-ordered salary increases, the Transformation grants and the impact of the Statewide Workforce Initiative.<sup>36</sup> The State has requested that a portion of the remaining technology funds be used to create a network of “technologically competent” staff and peers to assist each individual to use the acquired technology (hardware and software) to support and expand life functions. The Monitor has agreed to that request. BHDDH, guided by Jennifer White, is developing a plan. The “Technology Committee” is also developing a website to house training tools – step-by-step directions, videos, etc. – to assist individuals, families, staff to more fully use acquired technology.

**Sherlock Survey Community Participation Data – Consent Decree Members**

The Sherlock Employment and Day Activities Survey<sup>37</sup> (see tables below) documents that **1432 (95% of the 1594 Consent Decree class member respondents receiving Supports) participate in community activities.**<sup>38</sup> The table below documents a progressive increase in both the percent of respondents participating in community activities and the mean weekly hours.

<sup>34</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pg.15.

<sup>35</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pp.15-16.

<sup>36</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pg.14.

<sup>37</sup> Sherlock Survey; August 1, 2024; op. cit.

<sup>38</sup> Sherlock Consent Decree Report; op. cit.

	February, 2023 <sup>39</sup>	August, 2023 <sup>40</sup>	February, 2024 <sup>41</sup>	August, 2024 <sup>42</sup>	February 2025
<b>Total Respondents</b>	2036	1990	1870	1917	1835
<b>Number Receiving Services</b>	1797	1780	1696	1594	1529
<b>Number Participating in Community Activities</b>	1482 (82%)	1464 (82.2%)	1424 (84%)	1513 (95%)	<b>1432 (93.6)</b>
<b>Average Weekly Hours</b>	13.83	14.46	15.67	15.66	15.39

The settings in which community activities occur have essentially remained consistent.

	February, 2023	August, 2023	February, 2024	August, 2024	February, 2025
<b>Virtual</b>	.9%	1%	<.0005%	.003%	<.01%
<b>Public Venue</b>	69.1%	67%	68.4%	67.4%	68.7%
<b>School/Training Facility</b>	1.2%	<1%	<1%	1%	<.01%
<b>Senior Center/Facility</b>	4.1%	2.7%	3%	4.6%	2.8%
<b>Employer/Business</b>	14.3%	15.8%	13.9%	16.6%	13.4%
<b>Member Organization</b>	11.9%	12.8%	14.3%	14.4%	14.4%

A new question was added to the October, 2023 Sherlock Survey measuring (a) whether the activity was primarily for individuals with IDD or for a broader array of community/public participants and (b) who participated with/accompanied the individual. Those two factors are considered to be **indicators of integration**.

	February, 2024	August, 2024	February, 2025
<b>Activities Primarily for Individuals with IDD</b>	1110 (23.3%)	1196 (30.6%)	901 (24.7%)
<b>Activities for Broad Array of Community Participants</b>	3643 (76.7%)	2708 (69.4%)	2740 (75.3%)

By comparison, there were 5,818 community activities reported for the total statewide IDD population. 75.7% of these were primarily for broader community members (i.e., the public).<sup>43</sup>

	February, 2024	August, 2024	February, 2025
<b>Who Else Attended/Participation With You</b>	<b>Participation by Number of Activities Percent of All Community Activities</b>	<b>Participation by Number of Activities Percent of All Community Activities</b>	<b>Participation by Number of Activities Percent of All Community Activities</b>
<b>I Attended by Myself</b>	368 (7.7%)	735 (12.1%)	266 (4%)
<b>One or More Family Members</b>	189 (3.9%)	280 (4.6%)	220 (3.3%)

<sup>39</sup> Sherlock Employment and Day Activities Survey, February 10, 2024; Data Collected October 9-22, 2022

<sup>40</sup> Sherlock Employment and Day Activities Survey; August 3, 2023; Data Collected April 9-22, 2023

<sup>41</sup> Sherlock Employment and Day Activities Survey; February 15, 2024; Data Collected October 15-27, 2023

<sup>42</sup> Sherlock Employment and Day Activities Survey; August 1, 2024; Data Collected April 14-27, 2024

<sup>43</sup> Sherlock Survey, Statewide Report – February 10, 2025.



<b>One or More Community Members</b>	559 (11.7%)	718 (11.8%)	839 (12.6%)
<b>One or More Staff</b>	3016 (63.4%)	3153 (51.9%)	3152 (47.2%)
<b>One-Two Individuals with Disability</b>	1880 (39.5%)	1658 (27.3%)	1468 (22%)
<b>Three-Five Individuals with Disability</b>	740 (15.6%)	626 (10.3%)	589 (8.8%)
<b>More than Five Individuals with Disability</b>	220 (4.6%)	144 (2.4%)	148 (2.2%)

The comparative statewide percentages are essentially identical to the percentages for the Consent Decree populations.

<b>Type of Activity</b>	<b>Consent Decree Participants</b>	<b>Consent Decree Average Weekly Hours</b>	<b>Statewide Total IDD Population Comparison</b>	<b>Statewide Average Weekly Hours</b>
<b>Arts/Leisure/Recreation</b>	1383	9.25	2142	8.99
<b>Health &amp; Fitness</b>	853	3.69	1376	3.81
<b>Adult Education</b>	112	2.36	194	2.47
<b>Soft Employment</b>	211	3.59	372	3.73
<b>Daily Living</b>	759	5.15	1191	5.37
<b>Volunteering</b>	230	3.46	386	3.55
<b>Other</b>	93	4.23	166	4.32

As they have been in previous reports, arts/leisure/recreation, daily living and health and fitness continue to be the most common community activities. Again, the number of hours spent in various community activities are consistent between the Consent Decree population and the total statewide population. This is an indicator that the impacts and outcomes of the Consent Decree have been experienced by individuals who are not part of the Consent Decree population.

### Monitor Interviews – Community Participation - Information and Supports

<b>Questions</b>	<b>11/23-3/24 Totals</b>	<b>4-6/2024 Totals</b>	<b>10-12/24 Totals</b>	<b>Non-CD Comparison</b>
<b>Sample Respondents (Denominator)</b>	86	63	31	8
<b>Received Info about Community Participation</b>	75 (87%)	59 (94%)	25 (78%)	6 (76%)
<b>Received Information about Other Opportunities</b>	55 (54%)	39 (62%)	21 (61%)	5 (68%)
<b>Explained how to use your flexible budget</b>	39 (45%)	33 (52%)	14 (68%)	7 (88%)
<b>Do you have enough info community opportunities</b>	75 (87%)	53 (84%)	25 (81%)	8 (100%)
<b>Do you have enough support to participate</b>	71 (83%)	45 (71%)	27 (87%)	7 (88%)
<b>Talk about role of technology</b>	63 (62%)	42 (66%)	21 (68%)	7 (88%)

### Monitor Interviews – Community Connections

<b>Questions</b>	<b>11/23-3/24 Totals</b>	<b>4-6/2024 Totals</b>	<b>10-12/24 Totals</b>	<b>Non-CD Comparison</b>
<b>Sample Respondents (Denominator)</b>	86	63	31	8
<b>Reports participation in community activities</b>	86 (100%)	63 (100%)	31 (100%)	8
<b>Less than 10 hours per week*</b>			10 (32%)	4 (50%)
<b>10-20 Hours per week*</b>			4 (13%)	2 (25%)

<b>More than 20 hours per week*</b>			<b>17 (55%)</b>	2 (25%)
<b>Community activities are their idea</b>	33 (38%)	31 (49%)	<b>16 (52%)</b>	6 (75%)
<b>Community activities blend of their ideas and someone else's</b>	23 (27%)	23 (37%)	<b>7 (23%)</b>	1 (25%)
<b>Community activities are someone else's ideas</b>	32 (37%)	9 (14%)	<b>8 (26%)</b>	1 (25%)
<b>Community companions are family</b>	61 (71%)	36 (57%)	<b>27 (87%)</b>	4 (50%)
<b>Community companions are staff</b>	74 (86%)	62 (98%)	<b>29 (94%)</b>	8 (100%)
<b>Community companions are peers with IDD</b>	52 (60%)	32 (51%)	<b>17 (55%)</b>	6 (75%)
<b>Community companions - community members</b>	23 (27%)	16 (26%)	<b>12 (39%)</b>	3 (38%)
<b>Belong to a community organization</b>	33 (38%)	20 (32%)	<b>10 (32%)</b>	2 (25%)
<b>Reports having friends</b>	82 (95%)	59 (94%)	<b>30 (97%)</b>	8 (100%)
<b>Friends are family members</b>	59 (69%)	37 (59%)	<b>24 (67%)</b>	4 (50%)
<b>Friends are staff</b>	60 (70%)	42 (67%)	<b>18 (42%)</b>	4 (50%)
<b>Friends are peers with IDD</b>	72 (84%)	45 (71%)	<b>27 (87%)</b>	6 (75%)
<b>Friends are other community members</b>	45 (52%)	23 (37%)	<b>19 (61%)</b>	4 (50%)
<b>Community activities to learn or do new things</b>	65 (76%)	55 (87%)	<b>26 (84%)</b>	6 (75%)
<b>Reported life was better than it was a year ago</b>	60 (70%)	48 (76%)	<b>23 (74%)</b>	6 (75%)
<b>Reported life was about the same</b>	20 (23%)	14 (22%)	<b>7 (23%)</b>	2 (25%)
<b>Report being satisfied with the way life is going</b>	81(94%)	58 (92%)	<b>30 (97%)</b>	8 (100%)

*\*Revised Question for 10-12/2024*

### Overall Assessment – Substantial Compliance

Community Participation continues to be a positive area. 94% of Consent Decree members are spending an average of 15 hours in community activities. The percent of activities that are for the broader community continues to be about 75%. The percent of activities that are the individual's idea is increasing. The percent of activities in which the companion is a community friend is increasing, as is the number of people who have friends from the broader community. The percent of individuals belonging to community organizations has stayed the same. 74% report that life is better than it was one year ago and 97% are satisfied with the way their life is going – those numbers are about the same as prior interviews.

The Monitor is focused on quality of information and supports. The Monitor recommends that the State review the interview data in this report with IF/CFCMs. The items in the interviews pertinent to ISPs, information and support, community connections, friendships, value of membership in community organizations and others are based on evidence-based practices. These are the types of qualitative issues that the IF/CFCMs should understand, discuss and promote. This recommendation was also made in the earlier section on IF/CFCM.

The Monitor is also focused on specific populations or topics that need revision. These were noted in Section II as **not yet complete** and need to be completed as part of substantial compliance.

- The State is developing a plan to provide training to every organization re: design and use of low-tech devices and to develop “technology competent” staff and “peer mentors” throughout the system. The Monitor expects this plan to be implemented by Fall, 2025.
- The Monitor has requested the State develop service definitions and billing procedures to facilitate the use of hybrid and “advisor models”. The Monitor expects this model to be developed and funded in the FY2026 budget request.

- The Monitor expects guidance from the aging work group to be complete by Summer, 2026 and any necessary funding or billing revisions to be included in the FY2026 budget request.
- The Monitor expects guidance from the goods and services work group to be complete by Summer, 2026 and any necessary funding or billing revisions to be included in the FY2026 budget request. **Caps to select “goods and services” categories will be increased.**
- The Monitor has also requested the State to provide new guidance re: ISPs both (a) to improve the overall quality of ISPs and (b) how to write goals that will provide sufficient flexibility to minimize the need for additional purchase orders. The Monitor expects this guidance to be complete by Summer, 2025.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- Continue to maintain the number and percentage of adults who participate in community activities of their choice,
- To facilitate innovative models of support and funding to increase opportunities for quality life choices across the age span.

**6. The new rates and rate structure will be fully implemented. (*Addendum ii 2; Consent Decree, Section XIV*)**

- Continued Funding for Transformation Projects. Taking effective strategies to scale.

The Governor's Budget Request provides the following detail re: Developmental Disability Services<sup>44</sup>:

- 2023 Actual Expenditures - \$377,249,000
- 2024 Actual Expenditures - \$454,046,8582
- 2025 Enacted Budget - \$474,946,968
- 2025 Revised Budget - \$486,195,184
- 2026 Recommended Budget - \$496,043,926

The 2026 recommended budget is a 2% increase over the 2025 revised budget.

These amounts generally align with the projections from the November, 2024 Caseload Estimating Conference.

Per RI law, the Office of Health Insurance Commissioner (OHIC) is currently implementing the biannual review of social and human service programs. Recommendations are due in September, 2025.

**The November Caseload Estimating Conference reported a utilization rate of 75%<sup>45</sup>. The Court continues to look for that rate to increase. The joint State/DOJ filing<sup>46</sup> stated that the State would outreach to anyone underutilizing budget by 75% or less.**

The State, in collaboration with HMA, is finalizing the new algorithm for determining tier allocation and a mechanism for automating increased funding or services for needs documented by the ANSQ. These are expected to be completed during March, 2025. There were 129 S109 requests for this quarter – that remains consistent with prior quarters. As stated before, the State anticipates this number will decrease once the new algorithm has been fully implemented.<sup>47</sup>

The first two rounds of transformation have resulted in a number of innovative practices. The “targeted employment” funds have become a third round of transformation grants.

**Overall Assessment – Approaching Substantial Compliance**

Funding increases during the two previous years have stabilized the system. The Governor's budget request for FY2026 includes a moderate increase in DD funding – the final budget has obviously not yet been passed by the legislature. Inclusion of the IDD population in caseload estimating and the legislatively required bi-annual rate review by OHIC should keep the rates

---

<sup>44</sup> FY 2026 Governor's Budget; RI Office of Management and Budget – January, 2025.

<sup>45</sup> DD Workbook for November Caseload Estimating Conference.

<sup>46</sup> Joint Filing in Response to June 14, 2024 Court Order; July 12, 2024.

<sup>47</sup> Consent Decree Quarterly Report; op.cit.

aligned with actual expenses. The entire rate review process implemented by HMA has been comprehensive.

The Monitor **continues to be concerned with utilization rates** and strongly recommends that BHDDH identify individuals who are using less than 75% of their individual allocations and reach out to them to provide any needed information or support.

As noted in Section II, the following requirements are **not yet complete**. Upon completion, the State will be in to substantial compliance:

- The new algorithm for tier assignment developed by HMA must be implemented by July, 2025.
- HMA's recommendations for an automated mechanism to meet needs and/or requests identified by the Additional Needs and Support Questionnaire (ANSQ) and/or the follow-up must be implemented by July, 2025.
- Any recommendations for rate increases resulting from the Office of Health Insurance Commissioner (OHIC) bi-annual rate review are expected in September, 2025. Any additional needed funding must be included in the FY2026 budget requests.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- Sufficient Funding to ensure services and supports continue with high quality and that every individual has the resources needed to pursue employment and community participation.
- Regular rate reviews to align rates with actual costs. Funding to support innovation and change.

**7. Transition (Addendum ii 11, 12, 13, 14, 15, 16)**

- The revised Career Development Plan for transition youth will be implemented in all LEAs and with all transition-aged students. (*Addendum ii 11; Consent Decree Section VIII, December, 2022 Court Order*)
- The State will document outreach to transition youth with IDD to facilitate application for services as early as possible. By age 20 80% of transition youth with IDD will have applied for adult developmental disability services. All who are eligible will be receiving DD funding and services sufficient to allow them a meaningful choice of integrated community activities and integrated employment. (*Addendum ii 12; Consent Decree Section VIII; December, 2022 Court Order*)
- The State will document outreach to transition youth with IDD to apply for services as early as possible. By age 20 80% of transition youth with IDD will be connected to an ORS or a BHDDH vendor and will be involved in specific job development. (*Addendum ii 13; Consent Decree Section VIII; December, 2022 Court Order*)
- The number of transition-aged youth who participate in CTE will increase. (*Addendum ii 14; Consent Decree Section VIII, December, 2022 Court Order*)
- An individual contact person for all transition youth and their families will be specified. (*Addendum ii 15; Consent Decree Section VIII, December, 2022 Court Order*)
- A network of family-to-family support and mentorship will be developed and fully implemented. (*Addendum ii 16; Consent Decree Section VIII, December, 2022 Court Order*)

**RIDE****Career Development Plans**

Guidance documents for the revised Career Development Plans were finalized and disseminated in April, 2024 as was the five part training series on the CDPs. As of June, 2024 all transition youth have transitioned to the revised CDPs. As has been reviewed in previous Monitor Reports, the redesigned CDPs are intended to guide transition youth from initial discovery to targeted work experiences and, ultimately, to job development....with the goal of increasing the number of transition youth who exit school with a paid job. The CDPs also focus on developing community connections....with the goal of all youth exiting school with at least three “deep” community connections.

**Vocational Experiences and Integrated Work Trial Experiences<sup>48</sup>**

This quarter (October-December, 2024) RIDE randomly sampled 24 transition youth in 8 school districts who have CDPs re: their work experience.

- 75 (100%) had career-related experiences, as required by the Consent Decree.
- 14 (58%) participated in at least one short term experience.
- 23 (96%) participated in at least one long term experience.
- 15 (65%) participated in two or more long term experiences.
- 4 (17%) participated in a paid long term work experience.

---

<sup>48</sup> RIDE Summary in Consent Decree Quarterly Report; February 15, 2024; pg. 41.



75 transition youth were sampled re: Integrated Work Trial Experiences.<sup>49</sup>

- 53 (71%) participated in at least one work trial.
- 23 (31%) participated in two or more work trials.

### **Transition Youth Exiting School with a Paid Job**

In the 8 districts sampled 17 transition Youth with IDD exited school during the past twelve months. 8 (47%) exited school with paid employment.

### **Career Technical Education (CTE)**

During this quarter RIDE sampled 78 transition youth from 8 school districts who have CDPs. 24 (31%) are participating in CTE. 16 of those youth have accessed CTE in an informal manner for exploration or discovery purposes; 2 youth are formally participating in CTE programs.<sup>50</sup>

### **Training**

RIDE summary in the Consent Decree Quarterly Report documented extensive training and technical assistance to school districts. These included training to the Teachers of Life Skills Network, a virtual Community of Practice, Self-Determination for Middle Schoolers, Job Coach training, Job Development training....and technical assistance provided by the Regional Transition Centers directly to school districts.<sup>51</sup>

### **BHDDH**

During this quarter 58 transition-aged youth applied for DD services, 44 (76%) were found eligible.<sup>52</sup> BHDDH will determine (by the end of the school year) if the 80% criterion for percentage of youth applying has been met. BHDDH continues to implement several outreach strategies intended to increase rate of application.

For students 14-19 the Transition Coordinator is the primary contact for individuals and families. For students 20+ the primary contact is a Division caseworker. As capacity to implement IF/CFCM increases, youth will be assigned to a case manager.

BHDDH has also disseminated information about alternatives to guardianship. The Transition Administrator has also developed and disseminated information comparing the differences between agency-provided services and self-directed services.

### **ORS**

ORS continues to provide a Counselor in every high school in the state. 1740 students are currently participating in Pre-Employment Transition Services (Pre-ETS), 563 are potentially eligible for ORS employment supports and 33 have entered employment.<sup>53</sup> ORS has begun a new Pre-ETS program, Future Pathways Academy, which offers support for three consecutive

---

<sup>49</sup> RIDE Summary in Consent Decree Quarterly Report; February 15, 2024; pp. 41-42.

<sup>50</sup> RIDE Summary in Consent Decree Quarterly Report; February 15, 2024; pp. 42-43.

<sup>51</sup> RIDE Summary in Consent Decree Quarterly Report; February 15, 2024; pp. 39-41.

<sup>52</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pg. 18.

<sup>53</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pg. 19.

years to students who require additional support as they move through the stages of gaining employment.

ORS continues to support Project Search for transition youth at Miriam Hospital and Blue Cross Blue Shield Headquarters....and are in process of developing a third site at Job Lot Distribution Center.

All three agencies have contracted with Lazo to outreach to families through “charlas”. As of October 1, 2024 charlas were established in nine districts and are being developed in four other districts and in some non-public schools. This past quarter 40 families participated in charlas. Lazo is actively supporting 36 of those families, 16 have completed applications for BHDDH services.<sup>54</sup>

### **Overall Assessment – Substantial Compliance**

The revised Career Development Plan format is having an impact on guiding youth through the job acquisition process. The number of youth applying and being found eligible for DD services continues the positive trajectory documented during the last school year. The percent of youth with long term work experiences continues. Significantly, 47% of sampled youth who have exited school in the past year exited with a paid job. At the end of the school year RIDE will collect and report re: the percent of exiting students who have community connections.

The number of students participating in Pre-ETS continues to grow. The intent of the “Future Pathways Academy” is laudatory and needed. Although the use of charlas and other family support strategies are effective, the Monitor encourages all agencies to increase and expand efforts to reach all families.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- Continue career planning for transition youth with IDD with goals of exiting school with paid employment and community connections.
- By age 20 80% of transition youth with IDD should apply for adult developmental disability services. All who are eligible should receive DD funding and services sufficient to allow them a meaningful choice of integrated community activities and integrated employment.
- Ensure that every youth and every family has sufficient information and support about resources and options for services and supports in community settings.

---

<sup>54</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pp. 20-21.

## 8. Training and Technical Assistance (*Addendum ii 17, 18, 23, 24, 26*)

- As specified in the Monitor’s July, 2023 report, the organizational development, technical assistance to provider organizations and trainings for targeted audiences on specific topics will continue. (*Addendum ii 17; Consent Decree, Section IX*)
- The State will continue to provide technical assistance and oversight to agencies re: use of evidence-based employment practices, staffing capacity, business models that align with the goals of the Consent Decree. (*Addendum ii 23; Consent Decree, Section XI, 5*)
- The State will develop and provide competency-based and value-based training to all providers who support individuals who self-direct their own employment and/or community services. (*Addendum ii 18; Consent Decree, Section IX, 2-3*)
- The State will develop a contract(s) with organizations that have credibility and capacity to assist providers and others to effectively use the new rates and rate structures to develop program models that promote the goals of the Consent Decree. (*Addendum ii 24; Consent Decree, Section XII*)
- Although the State has developed a Quality Improvement System, these activities should continue throughout the duration of this Addendum with specific focus on translation of the new rates and services into program models that increase employment and community activity in integrated settings. (*Addendum ii 26; Consent Decree, Section XV*)

Training and Technical Assistance are being provided through a variety of state agencies and partners.<sup>55</sup>

- The BHDDH “Training and Outreach Tracker” documents 34 different training activities attended by 462 individuals during the quarter.<sup>56</sup>
- RIPIN continues to provide outreach, training and support to individuals/families who self-direct.
- As described later, the RI Statewide Workforce Initiative provides training and technical re: workforce issues.
- ORS provides training to school districts re: job coaching and job development and coordinates the Supported Employment Council.
- The Cross Disability Coalition coordinates the self-employment series, an employer outreach training series and training for those implementing discovery.
- Sherlock Center offers the Supported Meaningful Series, the Person-Centered Thinking training for facilitators and others....and has coordinated training for the IF/CFCMs.
- As described in the transition section, RIDE and the regional transition centers provide extensive training to school districts.

## Overall Assessment – Substantial Compliance

The training and technical assistance activities described in the Quarterly Report and summarized above are extensive and meet the core requirements of the Consent Decree and

<sup>55</sup> Consent Decree Quarterly Report; February 15, 2025; pp. 20-25.

<sup>56</sup> Training and Outreach Tracker appended to Consent Decree Quarterly Report; February 15, 2025.

Addendum. The meetings with provider agencies (described in earlier sections which are ongoing) documented the need for new and different training opportunities for employment workforce that focus on adults with significant support needs. Providers also requested different modalities and styles for delivery of training. The Monitor recommends the State collaborate with stakeholders to develop new and/or revised training opportunities and delivery modalities. The Monitor requests that a **summary of these revised or newly developed trainings be available for review by June 30, 2025 and be implemented by September, 2025.**

As discussed in section I. **to ensure durable compliance** the following should be included in futures planning:

- In collaboration with partner organizations, provide an array of professional development and training opportunities to ensure a high-quality workforce.

## 9. Communication and Outreach (*Addendum ii 19, 20*)

- The State’s Communication Plan, as filed with the Court, will be fully implemented. (*Addendum ii 20; Consent Decree, Section X*)
- Plans to outreach to individuals who self-direct and individuals in segregated settings will be fully implemented . Adults in segregated settings will use employment resources to obtain integrated employment in addition to their current day activities. (*Addendum ii 19; Consent Decree, Section X*)

The State continues to outreach to target populations through several state agencies and partners.<sup>57</sup>

- The BHDDH “Training and Outreach Tracker” documents 3 outreach activities attended by 222 individuals during the quarter.
- The BHDDH “Supported Employment Activity”<sup>58</sup> report documents 42 outreach activities during the quarter targeted to employers and related audiences.
- Sherlock Center coordinates the Self-Directed Service Users Network.
- Outreach to 10 of the 11 Adult Health Centers was completed during 2024. 171 individuals were identified. 38 are employed, 89 are receiving community supports, 12 are in job development, 7 are receiving job coaching and 5 are receiving job retention.<sup>59</sup>
- The Consent Decree Quarterly Report documents outreach activities provided by BHDDH, by the Sherlock Center and by RIPIN.<sup>60</sup>
- The Communications Team Task Tracker documents the activities of the Communications Team.
- The Quarterly Report references a mini-survey re: preferences for how to receive information from the Division. Of the 73 respondents – 13 prefer in-person or phone, 27 prefer email, 9 prefer mail, 3 prefer social media, 10 prefer the website and 11 prefer the newsletter.<sup>61</sup> This study aligns with other similar studies – the conclusion is that **what is needed is NOT a few modalities, but ALL modalities.**
- The Quarterly Report also notes the need “to address the many questions and concerns for participants and providers about the changes occurring in the DD service system”. **This needs to be a priority – there continues to be much confusion.**

## Overall Assessment – Substantial Compliance

The outreach and communication activities described in the Quarterly Report and summarized above are extensive and meet the core requirements of the Consent Decree and Addendum. Although communication between the State and stakeholders has significantly improved, some specific communication needs have come into focus. It is obvious that many individuals, families and providers do not fully understand the new system and some of the new resources and opportunities. The issues pertinent to the implementation of IF/CFCM are perhaps the prime

<sup>57</sup> Consent Decree Quarterly Report; February 15, 2025; pp. 20-25.

<sup>58</sup> Supported Employment Activities Report appended to Consent Decree Quarterly Report; February 15, 2024.

<sup>59</sup> Consent Decree Quarterly Report; February 15, 2025; pg. 25.

<sup>60</sup> Consent Decree Quarterly Report; February 15, 2025; pp. 20-25.

<sup>61</sup> Consent Decree Quarterly Report; February 15, 2025; pg. 26.

example. One of the themes noted in Section I of this report is the need for continuous **multi-modal dissemination of information / education / training** for individuals, families, and agency staff. The State's Quarterly Report further documented the need for multiple modalities and styles for communicating and disseminating information. The existing communication strategies are good. The question is **what else**. The Monitor recommends that the State, in collaboration with stakeholders, determine what else is needed and strategies for meeting those needs. The Monitor requests that the **expanded communication plan be available for review by June 30, 2025 and be implemented by September, 2025**.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- To ensure that every individual, family, service provider understands available resources and best practices, provide ongoing multi-modal dissemination of information / education / training for individuals, families, and agency staff.

**10. Workforce - The State will fully implement the activities of the statewide workforce initiative** (*Addendum ii 21, 22; Consent Decree, Section XI, 1-2; May, 2022 Court Order; December, 2022 Court Order*)

- The State will fully implement the activities of the Statewide Workforce Initiative.
- Direct Support Staff vacancies will decrease.

The Statewide Workforce Initiative is being implemented through the joint activities of the University of Minnesota and the Sherlock Center. The five targeted workgroups continue to meet – activities are documented in the Quarterly Report.<sup>62</sup>

UMN contract deliverables and updates are as follows:<sup>63</sup>

- Discovery, Action Planning and Implementation – Cohort 1 agencies (West Bay and Life Inc) are implementing their chosen strategy to address a workforce barrier in their agencies. Cohort 2 (Olean Center, Gateways to Change, ReFocus, Seven Hills, Groden Network, AccessPoint) have completed the discovery process and are beginning action planning.
- Topical Provider Webinars are continuing.
- RI specific Realistic Job Preview and other marketing materials were finalized.
- Creation of a workforce consultation model for individuals who self-direct.
- Collect and report data through the SupportWise portal – see summary below.
- Implementation of a workforce coaches training model.
- Implementation of RI DSP I,II,III certification through National Alliance of Direct Support Professionals e-badging program.
- UMN and CPNRI continued training supervisors through the Foundational Skills of Supervision and the Developing the Direct Support Workforce training series.

	Historic data (collected via direct submission to court monitor)		Current time period (collected via SupportWise Data Portal) <sup>64</sup>		
	July – Dec 2022	Jan – June 2023	July – Dec 2023	Jan-June 2024	July-Dec 2024
# Agencies reporting	32	32	34	33	33
Number of agencies that turned away referrals because of DSP staffing issues	20 (63%)	13 (41%)	12(35%)	11 (33%)	10 (30%)
Total number of DSPs	2,957	3,015	3,062	3,210	3,275
Difference in 6 months		+58	+47	+148	+65

<sup>62</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pp. 26-28.

<sup>63</sup> Consent Decree Quarterly Report, October-December, 2024; February 15, 2025, pp. 28-35.

<sup>64</sup> Pettingell, S. L., & Bershadsky, J. (2025). *Rhode Island SupportWise Workforce Data Summary for Reporting Period July 1, 2024 – December 31, 2024: Report for RI Court Monitor*. University of Minnesota, Institute on Community Integration



Number of separations	573	503	<b>518</b>	<b>485</b>	<b>554</b>
Turnover ratio (separations/number of DSPs)	16.1%	16.6%	<b>16.9%</b>	<b>15.1%</b>	<b>16.9%</b>
Total full-time DSP positions	2,328	2,464	<b>2,592</b>	<b>2,657</b>	<b>2,668</b>
Total part-time DSP positions	903	1,136	<b>962</b>	<b>987</b>	<b>1,001</b>
Full-time DSP vacancies	324	389	<b>303</b>	<b>270</b>	<b>231</b>
Part-time DSP vacancies	152	242	<b>193</b>	<b>164</b>	<b>163</b>
Total vacancies	476	631	<b>496</b>	<b>434</b>	<b>394</b>
Vacancy rate (vacancies/number of DSP positions)		17.5%	<b>14.0%</b>	<b>11.9%</b>	<b>10.7%</b>
Average starting wage	\$18.87	\$18.43	<b>\$20.25</b>	<b>\$20.69</b>	<b>\$20.70</b>
Average hourly wage	\$18.94	\$18.97	<b>\$20.82</b>	<b>\$21.12</b>	<b>\$21.48</b>
% of total salary overtime	6.7%	10.8%	<b>7.7%</b>	<b>7.9%</b>	<b>11.8%</b>
% of DSPs receiving overtime	63%	64%	<b>58%</b>	<b>55%</b>	<b>63%</b>
DSPs eligible for health insurance	1,966	NA	<b>2,657</b>	<b>2,555</b>	<b>2,583</b>
DSPs enrolled in health insurance	1,089	NA	<b>1,293</b>	<b>1,206</b>	<b>1,349</b>
Total number supervisors	326	323	<b>310</b>	<b>298</b>	<b>319</b>
% supervisors receiving overtime	59%	47%	<b>49%</b>	<b>47%</b>	<b>55%</b>

### Overall Assessment – Substantial Compliance (sort of)

There are several levels to assessing workforce. First, the Statewide Workforce Initiative is being effectively implemented through the contract with the University of Minnesota – a significant improvement over the previous vendor. The workforce data documents a few positive trends (increase in the number of DSPs, decrease in vacancy rates, continued increase in hourly wage). However, the increase in vacancy rate is an indicator of a deeper issue. Several respondents to the questions about future sustainability commented on the differences between the 2000 workforce and the 2025 workforce – many view their positions as short term. National demographics have documented a decrease in the population from which DSPs are typically recruited. Thus, although the Statewide Workforce Initiative is having an impact, there is need for more. As has been stated before, undergraduates in colleges who have not yet founded a life path are a largely untapped source. There is a need to identify strategies for increasing staff tenure.....and turning transitional positions into careers.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- In collaboration with partner organizations, provide an array of professional development and training opportunities to ensure a high-quality workforce.

**11. Data** (*Addendum ii 25, 27, 28*)

- By January 1, 2024 the State will develop a methodology for annual assessment of life outcomes for each/every individual member of the Consent Decree population. (*Addendum ii 25; December, 2022 Court Order*)
- The state will provide data and reporting as detailed in Addendum section iii. (*Addendum ii 27; Consent Decree, Section XVI*)
- By January 1, 2024 the State (in collaboration with the Monitor, the Department of Justice, others) will develop a comprehensive methodology for data collection and reporting. (*Addendum ii 28; Consent Decree, Section XVI*)

The State has developed a protocol for embedding annual assessment of life outcomes into the annual ISP process. This is one of the functions of the new IF/CFCM system and is one of the qualitative implementation issues that need improvement.

The State continues to provide updated quarterly census and quarterly data reports – which have been cited throughout this report. The State also continues to provide quarterly reports with several attachments – the Quarterly Report is now organized to align with the requirements and benchmarks specified in the Addendum. These tools provide sufficient information to assess compliance. The State’s data team has also been able to respond to specific data requests from the Monitor and DOJ.

The State’s data system is supplemented by the Sherlock Survey and the workforce data portal.

**Overall Assessment – Substantial Requirements**

The State’s data collection and reporting has improved in recent years and is useful in documenting progress towards compliance. Even good things can be improved. The possible under-reporting of employed persons (discussed earlier) is the prime example. The Monitor has two suggestions. (1) It is time (particularly in light of the transition to WellSky) to review and “tighten” all data collection procedures. (2) As we approach the potential end of the Consent Decree and Addendum, the State should integrate the various data fields and data sources so that there is one consistent reliable approach to data collection and reporting.....aligned with the variables in the plan for sustainability discussed earlier in section I of this report.

As discussed in section I, **to ensure durable compliance** the following should be included in futures planning:

- Develop a set of metrics for assessing progress on the items in the sustainability plan and a mechanism and schedule for public reporting.

## Summary and Conclusion

This Monitor's Report has two focuses – (1) to assess progress towards substantial compliance and (2) to prompt thinking and planning for sustaining the progress achieved beyond the projected end of the Consent Decree and Addendum....and for visioning future growth for the system of supports for individuals with IDD.

There are 15 months remaining. As documented in the various State reports and other data sources...and summarized in this Monitor's Report...significant progress has been made towards substantial compliance. Section II of this report listed 14 requirements that, although in process, are not yet complete, but are anticipated to be complete by the end of the Addendum period. These are repeated throughout the specific topical reviews in Section III.

This report has also identified several qualitative issues – implementation of IF/CFCM, developing a service definitions and billing procedures for an advisor model, defining expectations and funding for the increasing population of IDD adults who are aging, issues with goods and services including raising or eliminating caps, issues with ISP quality and flexibility, the need for different training opportunities, the need for increased multi-modal communication strategies. Throughout this report, those issues are explained. Given the shortness of remaining time, the Monitor requests that strategies/plans for addressing these issues be developed by early Summer and implemented by Fall.

The one significant compliance issue is employment, specifically meeting the new jobs metric. This is discussed at length in both Section II and Section III...as well as the Monitor's recommendations for addressing the issue. **To achieve substantial compliance, employment and new jobs require intense effort.**

Section I of this report intends to “push” the need to plan for sustaining the progress of the last several years beyond the end of the Consent Decree...and visioning future innovation and growth. Section I summarizes (a) responses from stakeholder leaders and advocates and (b) Consent Decree and Addendum requirements that will contribute to sustainable progress. The Monitor agrees with the State's proposal to develop, jointly with stakeholders, **a plan for durable and sustainable compliance**. The Monitor expects to review the strategies for developing that plan prior to his August report...and the plan itself to be completed in early 2026 before determining if the State has achieved substantial durable compliance.

One of the most frequent concerns expressed by an array of stakeholders is the potential of “a shift in leadership and direction” or “a budget cut” once the Court no longer has jurisdiction. If substantial compliance is achieved by early 2026, the Monitor will make recommendations re: oversight and reporting post Consent Decree/Addendum.

The Monitor will issue an Interim Report in May/June, 2025 that will **focus specifically on the items listed in Section II** of this Report. The Monitor's next full report will be in September/October, 2025.