**Blueprint**

**Recommendation**

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| **Recommendation Title:** | Identify Gaps in education and resources; assess and address needs related to Blueprint Group, Adult Day Services  |
| **Sub-Committee** | Communications |
| **Recommendation #** | 2 |

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| **Program** | **Function/Service** | **Statutory / Rule Change Ohio Revised Code Cite** | **Driver Impact** | **Priority Status H=High, M=Medium, L=Low** |
|  |  |  | 2,3,4,6 | M |

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| **Key Finding** | Many people with disabilities, their families, or their guardians do not always understand Ohio’s developmental disability system basics or complexities. This committee must find a way to communicate system changes in a way that people supported through the system understand. |

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| **Recommendation Proposal** | Through recommendation 1, this committee will discover gaps in information and the need for education around specific topics related to the work of the Blueprint Committee and Adult Day Services. Through the lens Blueprint and Adult Day Services, this committee will create and update resources that build a foundation of knowledge base to help educate those who are part of Ohio’s developmental disability system.As items arise that are out of the scope of this committee's work, they will be flagged and addressed separately from this committee. |

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| **Rationale for Change** | People with disabilities, their families, and their support system will be exposed to options they may not fully understand. They should find accessible resources in their language and use their words to request services for the professionals to apply to the system. |

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| **Concisely bullet the recommendation’s positives/upside & negative/downside or list critical questions to debate** | **Pros** | * People will know their options, choice, and the process
* Good customer service
* Consistent message/communications
* People will have reasonable expectations and know what to expect
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| **Cons** | * No/low budget/resources
* The committee may misidentify the needs
* The breadth of subject matter and details
* People’s access to email, appropriate use of email
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| **Fiscal Implications** |  |

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| **Measure of Success** | From the work of this subcommittee in communicating about the Blueprint Committee and Adult Day Services, we would have identified and created a process to identify gaps in education and resources across Ohio’s developmental disability system. |

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| **Implementation Tip** | * Communication will be timely and accessible.
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| **Note / Reference Material** | Accessibility, language, and translation resources can be costly.Demographic information (cultural, religion) |

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| **Projected Implementation** |
| **2021** | **2022** | **2023** | **2024** | **Dependency / Sequencing Factor** |
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| **Threshold Question Check**  |
| *Please vet the recommendation against these questions. Please check the left-hand column if the answer is “yes, this recommendation addresses this question.” While few recommendations will meet all threshold points, it is important to ensure that the recommendation is appropriately aligned with consensus system change drivers and advancing the vision.*  |
| Yes | 1. Does the recommendation address one or more of the identified system change drivers?
 |
| Yes | 1. Does the recommendation improve the client experience? Lead to better outcomes for people?
 |
| Yes | 1. Does the recommendation advance the delivery of better services for work, non-work or transportation?
 |
| Yes | 1. Does the recommendation advance community employment?
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|  | 1. Does the recommendation facilitate serving more clients? Reducing waiting lists?
 |
|  | 1. Does the recommendation reduce administrative burden? Simplify?
 |
|  | 1. Does the recommendation unify or standardize approaches across State agencies? County Boards? Multiple providers or settings?
 |
| Yes | 1. Does the recommendation represent a modern approach? Embrace technology?
 |
| Yes | 1. Is the recommendation affordable – an efficient and effective use of limited resources?
 |
| Yes | 1. Does the benefit of the recommendation balance with the cost of implementation/ongoing capacity?
 |
| Yes | 1. Does the recommendation help the system serve individual with more severe disabilities or who have medically complex issues?
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| Yes | 1. Does the recommendation deliver public value? Would most taxpayers feel this recommendation is worthy of the taxpayer’s time, money and trust?
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| Yes | 1. Does the recommendation move the system toward quality, dependable, equitable service regardless of where an individual lives in Ohio?
 |
|  | 1. Does the recommendation address racial bias?
 |
| Yes | 1. Is this recommendation “necessary to meet the charge” and not just “nice to have”?
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**Instructions:**

Each sub-committee will fill out completely one Blueprint Recommendation Form for each recommendation. Be concise. Report what is needed for the full membership to understand the context of the recommendation, the recommendation itself, and how the recommendation can impact expected outcomes.