

# **Developmental Disabilities Ministries**

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### **Evaluating our Successes and Current Strengths**

DDM has been successful in providing wonderful care to our approximately 65 residents in well maintained homes with dedicated staff. Our residents seem to be happy with their situations, as are their families, according to the annual stakeholder questionnaires that are sent to them. Most of the residents require some assistance in order to verbally respond to their questionnaires, but we do not find much discontent. When there are complaints or suggestions, we do our best to make good on the needs or concerns. As we plan ahead for the next few years, we see no need to change the basic set-up with our present staff organization as far as direct care in the homes is concerned. The one exception would be with homes designated for senior adults (which will be discussed elsewhere.)

DDM has also been successful in its efforts to provide “extra” services to families with children who have developmental disabilities, and with churches that are interested in providing services to these families. It is the goal of the agency to continue sponsoring annual respite retreats for families with small children, and to provide a biennial conference with churches and families that provides inspiration, information, and resources for those groups.

DDM’s biggest strength at present is its reputation for good service and dedicated staff.

### **Evaluating our Weaknesses and Barriers to Future Growth**

The agency has several weaknesses, the greatest of which is the inability to generate adequate financial resources. This is an expensive ministry and DDM is competing with many other good causes when it comes to garnering financial support from the churches and foundations and individual donors within the community. Our largest source of income is government funding but this is complicated by the bureaucratic red tape and mismanagement that we have seen in Georgia. One mistake can cause a resident to be temporarily or permanently dropped from the Medicaid system and it takes an inordinate amount of time and energy to get mistakes corrected, whether they be on the part of our agency or the state government. Having to work with at least three state agencies as well as county governments, all of which work independently with little cooperation, the amount of time spent trying to get approval for anything new is causing DDM to re-think our past dreams of trying to “grow” the agency, at least when it comes to group homes funded by Medicaid waivers. We find that we simply can’t afford to open new homes because of the time required to get a new home approved. An example: When DDM decided to move its three residents from a leased temporary home in Jasper to a permanent home that was purchased by the agency, it took over a year to get the necessary approval from state government to move the same residents and staff across town to another location. Meanwhile DDM was stuck with the financial obligations of paying both rent on the leased home and mortgage payments on the new home that was standing empty. DDM cannot afford this type of financial loss which means we will not be able to open new homes in the future unless there is unusual financial support to enable the long process.

### **The Needs of Our Constituency**

There is no doubt that the number of families seeking help with their adult children who have developmental disabilities will only increase. All statistics back up the growing number of diagnosed cases of autism and other disabilities. With the advancements in medical care, these children are living longer lives and are more often preceded in death by their parents and other family members. However, there is no evidence at present that the State of Georgia will significantly increase its Medicaid funding to accommodate the thousands of families on the

“waiting list.” While Medicaid waivers have been the primary source of income for the agency in recent years, it is imperative that DDM look at other possible ways to serve our potential constituency, i.e. the adults who will probably never receive a waiver. Among the questions we will need to ask: Can we provide a different kind of housing for them with less supervision at a lower cost? Can some of these residents make a limited income themselves so as to help pay their expenses? Are there other partners (churches, foundations, etc.) that could provide financial support?

The needs of our residents are diverse. Many of our residents have been with us for many years and as they get older and their physical and cognitive problems increase, we must provide more one on one care. This has forced us into re-organizing the makeup in many of our homes, trying to place compatible folks together, based upon needs as well as personalities. (See information concerning Senior Housing under Housing Needs.) At the same time we have some younger individuals entering our program and this requires more activities to keep them busy as well as monitoring their use of computers, cell phones, and iPads, which is something new with our constituency. Flexibility is the name of the game as we minister to people at many stages of life, from early 20’s to their 70’s.

Churches are also looking for help as they seek to serve families with children who have various developmental disabilities. As churches come to recognize that many of these families feel isolated from church because of a lack of acceptance of their children, they will need help in identifying families and learning how to reach out to them. DDM’s role will be to educate and train church workers about how to go about ministering to these families. We can continue to build upon the reputation and good will we have developed through our Opening New Worlds Conference and our Special Needs Family Retreats.

## **Goals for the Future (Things that are on our immediate radar for implementation within the next year)**

### **Staffing**

Staffing is always a high priority with DDM because of the individual care that our residents need. In addition to the direct care staff in each home, a number of administrative staff are also needed in order to handle all the governance, planning, supervision, reporting, maintenance, etc. that is required. In recent years DDM has actually cut back on its administrative staff to the lowest level possible. But at this point it is necessary to re-evaluate the positions that we have in order to create some new positions that have become necessities. For example, IT and computers were relatively unimportant to us a few years back because most reporting was done with paper copies. Only the administrative offices had some limited computer capability. Now all the homes have computers and most of the reports are being generated on computers to cut down on the paperwork. IT is now important to our medical reporting, for continuing education and communication between the Central Office and the various homes. The agency has added a new IT coordinator who handles both hardware and software issues related to the growing computer network we operate around the state. We are also in need of a new staff person in the development/public relations area and an additional part-time nurse.

One consistent goal of the agency is to decrease the rate of staff turnover. Staff recruitment is now handled by a team of staff members and a series of interviews are conducted.

The first interview at the Central Office utilizes at least two staff members and if the prospective applicant passes that interview, they have another interview with the coordinator of the home where they would be assigned. In the past there was only one interview and it was primarily handled by just one staff member. The new system is helping us to better weed out those persons who would not be compatible with our program.

The agency has been able to fill most of its resident vacancies in the last year, and the additional waiver income allowed for salary increases in 2015. It had been several years since most staff members had received any salary increases. The agency is well aware that staff morale and retention will be greatly influenced by our ability to upgrade salaries.

Continuing education is both mandated by the State and needed by the Staff in order to keep up with changes taking place in everything from medical care to documentation. DDM has entered into a contract with RELIAS beginning in 2014 to provide on-line training for staff that will allow them to take required courses on-line at their own pace during their breaks at work. In addition to this on-line training, the agency has upgraded its training for new staff, utilizing administrators with the agency who specialize in various types of training. For instance, the Staff Nurse handles medical issues and CPR/First Aid Training, the Policies & Procedures Specialist handles emergency preparedness and other assigned topics, and the Quality Assurance/Risk Management Coordinator helps with documentation. Continuing Education is now handled by a team of staff members rather than just one individual and this new system has worked well.

It was anticipated that during the time frame covered by this Strategic Plan, the current President/CEO would retire. A Search Committee was formed in August of 2015 and moved quickly to find a new president and was unanimous in its recommendation. Dr. William Neal retired at the end of 2015 and Dr. Greg DeLoach began his tenure as President/CEO in January of 2016. The transition has gone smoothly with the new president and former president working together during the first several months of 2016.

## **Housing**

The opening of new homes was always a primary goal of this agency as we sought to expand the number of residents we could serve. However, the agency has put this goal “on hold” for now because the time required for approval of a new home results in an exorbitant cost that DDM is not able to absorb. The situation could change if the State comes up with new incentives and a better plan for the approval process. There has been no indication at present that this situation will improve any time soon.

Meanwhile, the agency will explore the feasibility of providing a different type of housing that would be less expensive to operate, and funded by residents and their families. For example, a church or foundation or individual might donate a home or a small apartment complex where a number of residents could live in community with minimal supervision and much less paperwork. Since personnel costs make up 74 percent of our budget, this would greatly reduce the cost of care. However, this kind of housing would be limited to higher functioning adults who did not need as much direct care and supervision.

The agency will continue to maintain the homes it already has and concentrate on trying to keep the occupancy rate as high as possible. We are aggressive in seeking grants from foundations to help with the cost of maintenance and remodeling of homes. In recent years many of our homes have had major remodeling projects including the upgrading of bathrooms to make

them more handicapped accessible. All of our homes are in good condition and maintained by our Director of Operations along with contract workers and a number of volunteers.

We are aware that several families have made arrangements through their wills to leave their residences to the agency when they die to be used as group homes. This is one way that we can expand without great expense to the agency since the homes will be paid for and the cost to maintain them will be minimal while waiting on the state to approve them for residents. While this information is helpful, there is no way of knowing when any of these properties will become available.

One change that has already taken place and that will continue, is that of designating certain DDM homes as retirement/senior adult homes. Our plan is to place those residents who require the greatest care and who may not have the energy to be as involved in the community, (including day programs) into the same homes where they can have more staff available. Many of these residents are getting older, slowing down, and are just too tired to be as active as they once were. Since they are spending more time at home and not away during the day at various other programs, it is necessary to add extra staff for their care. It is more economically feasible to add extra staff in a home where several residents need this kind of care rather than having extra staff for homes where they may just be one person needing this type of care. At present we have three homes that have this designation—Old Lantern, High Hope, and Corbit Walker. These homes generally operate with more staff and we have worked to remodel these homes to make them more handicapped accessible.

### **Church Services**

The Opening New Worlds Conference has been held each year since 2008 with the goal of providing inspiration, information, and networking opportunities both for families with children with special needs and for churches that are ministering to these families. The conference has grown each year. In 2015 the decision was made for DDM to sponsor the conference biennially in the Atlanta area. These conferences have been very successful in that more parents and family members are learning to become advocates for their loved ones and many churches are inspired to develop new ministries for families with special needs kids.

The Special Needs Family Retreat which began in 2009 continues to be an important ministry of DDM. In 2013 we expanded the program from one retreat per year to two, and at different locations. The cost of the retreat is primarily born by sponsors—foundations, churches, and individuals. Families are selected from applications and represent a mix of traditional families with both special needs kids and their siblings as well as single parent families that may have multiple children with disabilities. This retreat operates as a respite weekend where childcare is provided to help parents who wish to attend workshops and fellowship meetings with other parents, and the particular settings provide a vacation atmosphere for the families to enjoy being together. For many families it is the only vacation they get each year. These retreats have been a big success in that families have voiced their feelings that it was one of the highlights of their year and many gained confidence as a result of the retreat in being able to advocate for their children. The camps were originally held at Epworth By The Sea on St. Simons Island. Beginning in 2015 the location was switched to Camp Twin Lakes near Winder. This year there have been more applicants than there are spaces to fill at the retreats. Further expansion will depend upon how much money can be raised and how many volunteers can be recruited.

One area of church ministries that we hope to expand is with our communication network. We would like to do a better job of keeping all types of churches aware of

opportunities, model programs, and training sessions related to church ministries to the disabled. This could take the form of a targeted newsletter or better use of social media.

### **Re-branding**

DDM's former trustee chair challenged the Board to look at long-range planning for the agency and specifically to consider re-branding of the ministry. He pointed out that the organization's title is difficult to remember and may not adequately express the agency's purpose. Using the acronym DDM does not help matters. And then there was the question of the logo and motto used to promote the agency. In their initial discussions, trustees felt that a new branding campaign could take place without changing the legal name of the organization, so that it could end up being Developmental Disabilities Ministries, Inc. of Georgia doing business as "another name." In 2015 Trustees adopted a new logo for the agency but agreed to keep the same name. The website was redesigned by an outside consultant in 2015.

### **Funding Considerations**

While government funding makes up the largest portion of DDM revenues (Medicaid waivers, SS, SSI, etc.), it is necessary to raise "extra" funds to make up shortfalls in the general budget and to fund specific church-related activities for which government money cannot be used. Examples of items funded by other sources: Opening New Worlds Conference and Special Needs Family Retreats; medical expense for the residents not covered by Medicare, notably dental expense; special activities planned for the residents such as their Christmas Weekend and a week at Camp Twin Lakes. Perhaps the largest single item in that list is Charity Care (which covers subsidies for those who are private pay; coverage for residents who temporarily lose their government funding; expenses for residents that are not covered by government funds, and other emergency situations.)

The agency has developed good working relationships with several foundations that tend to give each year. A number of Georgia churches have DDM in their budgets or give special gifts during the year. Individuals are another source of income with that list of generous friends growing every year. In the past DDM has had a staff member designated as the Director of Development. That has at times been a full-time position, but the development officer was a casualty of administrative budget cuts in past years and that position has remained unfilled for the last three years. Some limited grant writing was done by the President/CEO and by some grant writers who have served very part-time on a commission basis. This arrangement has not worked very well and there is a need for the agency to budget for a new director of development beginning in 2016. It may be necessary to start off with a part-time person with the understanding that the job could be expanded to full-time in future years. This person would cultivate relationships with foundations and make contacts to expand our network of church support.

## **Dreaming About The Future (Things that are on our radar for future consideration but without a specific timeline.)**

### **New Ministry Center**

Several years ago, DDM was seeking to expand its services by moving to a larger location that would provide not only more office space, but also a large community space for day programs, social activities, and educational workshops. The President/CEO contacted a local church that was in danger of closing and with the support of staff and trustees, work out a relationship that would allow DDM to utilize and eventually inherit the facilities of the church for its ministry. The situation seemed perfect because of the amount of space available, the central location, the cooperation of the local congregation, and the good condition of the facilities, including full handicapped accessibility. Although an agreement was signed between the church and DDM, the partnership never materialized because DDM was unable to sell its current central office building. The current economy had caused the value of the office building to decline such that the agency owed more money than it was then worth. Since the agency could not afford to continue mortgage payments at one location while picking up remodeling expenses and utilities at the other location, the project eventually had to be dropped.

While the timing did not work out for the last project, there is still a dream that some similar partnership might be worked out in the future. The project previously under consideration is no longer in the picture since it has been sold for commercial development. But other possibilities may arise in the future and the agency would do well to try again for such a partnership.

### **Day Programs**

One of our dreams has been to start our own day care program, initially for our own residents, at least the ones living in metro Atlanta. But there would also be the potential for bringing in other clients, perhaps adults still living at home or living in group homes affiliated with other agencies. Some of our current residents have limited funding for day programs and may not be attending their current programs but a couple of days a week. Having our own program would make it easier to fill in the gaps and have control over the experience to make sure that it was a good one for our residents.

### **Work Programs**

Some of our residents are capable of taking on jobs with more responsibility than they currently have. One of our dreams is to have a person on staff to be a job coach for our residents, helping them find and keep jobs that will be meaningful for them. This would involve “coaching” them on how to be productive workers that management is anxious to retain. This person would be trained in how to help residents meet their full potential as employees and hopefully match them up with jobs that they enjoyed.

Many of our residents are not easily employable. They need to be in environments where they are closely supervised and given all the assistance they need. In those cases it would be our dream to create some jobs for them involving group projects. This is where a new Ministry Center would be crucial in providing space for potential work projects. For example residents could be taught to grow poinsettias and Easter lilies in a large greenhouse with sales to local churches for the special seasons of the year. The money earned by selling these plants could be divided up among the residents as their seasonal “salaries.” While the amount of money would

likely be small, they would have a sense of accomplishment. Utilizing a large commercial kitchen, another group of residents could learn to bake bread, providing the elements for communion services in local churches. These are examples of partnerships between the residents, DDM and local churches. This is our dream to have a center where residents could go not just to have fun and fellowship, but to also create and produce and see the results of their work.

### **“Dreams Come True” Program for Residents**

DDM residents like most people have dreams of what they want to do or accomplish and it would be a wonderful idea to start a program to try and help each resident fulfill a dream. Based on the concept behind the “Make A Wish Foundation,” this program would align the residents with other resources and people who could help them fulfill their dreams. Some residents might require more direction than others to come up with a specific dream. One of our residents who loves to cook, had a dream to go to Savannah and visit the restaurant of a major celebrity chef. Our home coordinator planned the trip with this resident and his roommates and the President/CEO made contact with the celebrity to have him welcomed to the facility. It was a dream come true for all the residents involved. Now they are developing other dreams for the future. We would like to develop an on-going program that will be more intentional in making this happen more often. It will involve a partnership between the agency, the staff, the residents, their families, and supporters who can provide the finances and other resources to fulfill these dreams.