CHOICES. CONNECTIONS. COMMUNITIES.

SERVICE COORDINATION
CHOICES. CONNECTIONS. COMMUNITIES.

FY18 Annual Report

A private, nonprofit organization with more than 35 years of experience. We provide case management and available resources to the individuals we serve.

ServiceCoord.org

A MESSAGE FROM THE EXECUTIVE DIRECTOR / CEO

For more than 35 years, Service Coordination, Inc. (SCI) has supported the choices of people requiring our case management services and worked to identify available resources. We began as one of the nation's first independent case management provider agencies serving people with intellectual and developmental disabilities. We have since expanded our services and offerings to children, families, older adults and veterans. We believed then, and maintain our belief, that services should be tailored to meet the desires of people and their choices.

People who receive Case Management in Maryland now have a choice of his or her provider. Choice has always been the foundation of our services and we are excited to support this important decision. We remain dedicated to honoring an individual's options and supporting his or her wants and needs. SCI is a nonprofit case management agency. This means we do not operate to earn a profit, but rather to support community members in need of our services and to fulfill our mission of providing quality support services.

As a nonprofit organization, we are governed by a Board of Directors consisting of a volunteer group of community members. They oversee our organization to ensure that we adhere to this commitment to the community. SCI is the most experienced case management provider in the State of Maryland with more than three decades of experience. We operate by listening to people's wants and needs. We always listen, support the development of a plan and search for connections that can lead to improving one's quality of life. The dedication of our extremely committed team members and invaluable support from our Board of Directors and community partners make this possible.

Our team members work directly alongside the people we help serve. On average, our team members have 6 years' experience and are highly educated. Our workforce service model includes equipping our team members with the appropriate mobile technology to perform their work anywhere, thus providing greater convenience, accessibility, and flexibility in our services. SCI takes great pride in our level of service for everyone who can benefit from our vast array of services.

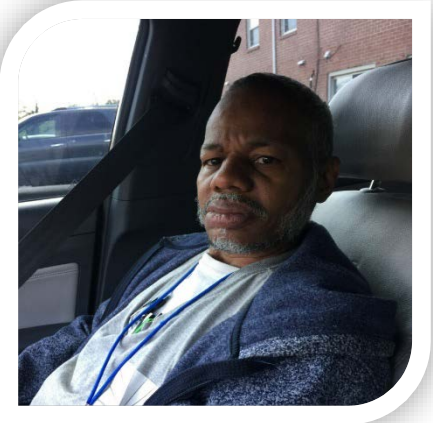
In 2016, a Strategic Planning Taskforce was convened to review/update the Strategic Plan, including the mission, 10-year vision statements, goals, and objectives. Our June 2016 Board Approved Strategic Plan highlights our goals and objectives for the next three years. We monitor progress of our Strategic Plan through a Balanced Scorecard which looks at multiple measures for each goal and objective. We will soon begin looking at it to establish goals and objectives for the following three fiscal years, . This process will include input from the Board of Directors, individuals, families, providers, and stakeholders.

Our mission, experience, and commitment to honoring an individual's choices help us provide the best-case management services. To this end, SCI's program and services, management, fundraising, and financial practices were subject to in-depth examination by the Standards for Excellence® Institute culminating in our final accreditation with commendations in 2017! This seal of excellence confirms the organization's well-defined mission and adherence to the highest level of quality.

- John Dumas, Executive Director / CEO

CONTENTS

A message from the Executive Director / CEO 2
Contents 3
ABOUT US 4
OUR BACKGROUND 4
OUR ROLE IN THE COMMUNITY 4
OUR MISSION 5
MEANING BEHIND THE MISSION 5
2026 VISION 5
CORE OPERATING VALUES 5
CORE COMPETENCIES 6
THEORY OF ACTION 6
TEAM TRAINING & RESOURCES 6
STANDARDS FOR EXCELLENCE ACCREDITATION 7
2018: THE YEAR IN REVIEW 8
DEVELOPMENT & NEW VENTURES 8
New Accreditations & Awards 8
Collaboration with Key Stakeholders 9
Quality 9
Responsiveness: 9
Being Connected to Resources: 10
Knowing Me: 10
Mobility & Technology 10
Service Coordination's Standing Committee 12
Statement of Financial Position & Activities 13
5 Fast Facts about SCI 13
OUR SERVICES 14
Developmental Disabilities Administration (DDA) 14
Case Management 14
Service Categories 14
Supports Planning Services (SPS) 15
Regions and Counties Served 15
SPS Programs Served 16
Veterans Services 16
Background 17
TEAM MEMBER TENURE & RETENTION 18
IMPACT STORIES 20
PARTNERS 30
DDA & DD Coalition 30
Human Resources 30
Organizational 31
Information Technologies 31
Western and Southern Headquarters 32
Central Regional Headquarters 32



ABOUT US

OUR BACKGROUND

In 1982, The Arc of Frederick County established one of the nation's first independent service coordination initiatives serving people. The service coordination division was founded on the belief that people with disabilities could benefit from having service coordinators act as brokers within the service delivery system to help ensure that services were tailored to meet people's needs.

The initiative began with seven service coordinators who served 173 people. In the 35 plus years since the initiative was created, the service coordination division expanded into 14 counties across Maryland and Baltimore City.

In 2005, SCI was established as an independent nonprofit organization and spun off from the Arc of Frederick County. The spinoff was necessary due to the tremendous growth the agency experienced and the need to have one organization focused on providing service coordination for so many people. SCI formed a new board of directors, adopted new bylaws and began operations as an independent organization on January 1, 2006.

SCI preserved the skilled staff leadership, the staff of service coordinators, an effective approach to coordinating services, the relationship with the DDA, and the founding belief about the role and value of service coordination for people with intellectual and developmental disabilities.

OUR ROLE IN THE COMMUNITY

SCI is a nonprofit organization in Maryland that supports people of all ages to make choices affecting their lives and to access resources and services in their community.

SCI has been providing quality case management services since 1982. We began as one of the nation's first independent case management initiatives serving older adults, those with disabilities, those with mental health diagnoses, those with medically complex needs, and others. We believed then, and maintain our belief now, that services should be tailored to meet the preferences of the individual.

SCI is currently the largest case management agency in Maryland, serving more than 12,500 people. We also employ over 295 Case Managers in three regions in Maryland. Team Members are highly qualified with 95% having a bachelor's degree or higher and on average five years' experience, and 27% have master's degrees. SCI is also unique due to our community based and technological capabilities which allow us to work from anywhere in the communities in which we serve people.

SCI continues to reduce the "ratio" of case managers to individuals by increasing it staffing levels. In FY2017, each Case Manager served an average of 43.46 people. During FY2018 SCI reduced that number to 39.64 and plans to further reduce the number to 35 in FY2019.

SCI is a nonprofit organization governed by our Board of Directors:

BOARD MEMBERS:	AREAS OF EXPERTISE:
Carl Hildebrand, Past President	Financial
Teresa Berman, President	Legal, Healthcare
Michelle Wright, Vice President	Advocacy *
William Stack, Treasurer	Financial
Paula Blue, Secretary	Advocacy *
Randi Bocanegra, Director	Legal33
John Halley, Director	Financial
Marlene Hendler, Director	Self-Advocacy
Allen Kampf, Director	Financial
Judith Simms, Director	Advocacy *
Eric Zimmerman, Director	Self-Advocacy
Vladimir Gorny, Director	Risk Management

* Family member of individual supported by SCI.

OUR MISSION

SCI provides quality case management services by helping people understand what their choices are and connecting them to resources in their communities in ways that respect their dignity and rights.

MEANING BEHIND THE MISSION

Choices, Connections and Communities: We welcome all people who can benefit from our services. We help people understand options in a dignified and respectful way. We provide quality information and helpful options that can guide people to resources of their choice, ultimately supporting their decisions to connect to available services.

2026 VISION

People experience the quality of life they choose. They are connected to an array of quality supports and services that are tailored to each of their unique wants and needs. People are valued in and by their communities.

CORE OPERATING VALUES

Our core operating values guide the way in which our board members, team members and volunteers want the community to experience our organization. We want to be known as resourceful, educated, and respectful. We want to demonstrate daily excellence by embracing and living out these core operating values in the way we work.

- **People come first** – Show respect and honor for ALL people in words and actions.
- **We drive solutions** – Persistently seek opportunities and overcome obstacles. Navigate systems masterfully to make possibilities a reality.
- **We build connections** – Because relationships are the foundation of our work, we share strong working relationships with each other and with those outside our organization.
- **We educate** – Raise awareness in communities to appreciate the similarities and unique gifts of each person. Explore choices with people we support.

CORE COMPETENCIES

RELATIONSHIPS - At SCI we operate with an understanding that it is primarily through effective relationships that we are able to achieve positive change on the individual and systems levels.

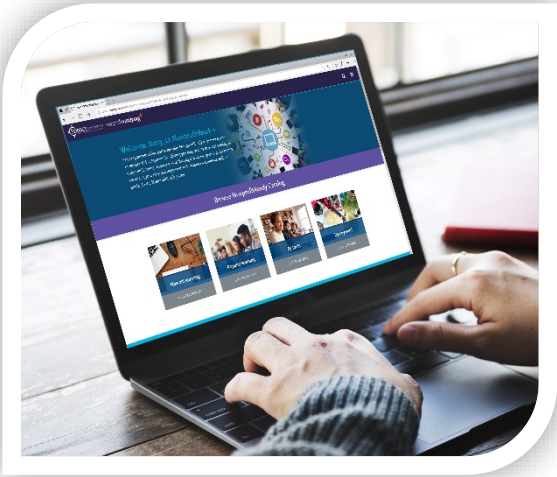
NAVIGATIONAL EXPERTISE - At SCI we listen closely to people telling us their dreams and goals. With that knowledge and our expertise, we provide resources, connections and linkages to make dreams a reality.

THEORY OF ACTION

The following principles and beliefs guide the development of our programs and operations:

- It takes great expertise to find resources and to connect people to them. Success results from the quality of abundant creativity and resourcefulness.
- Positive working relationships reflect the commitment that we have to each other, the organization and the people we support. Solid relationships are built upon trust and mutual respect.
- As a mobile workforce based in the communities of the people we serve; we focus our abilities to affect positive change in systems and within communities.
- All people should be able to make choices that affect their life. Our role is to help people discover and explore possibilities, weighing the value of all available options.
- With an increased understanding of people with differences comes appreciation of the value all people bring to their communities.
- As a strength-based, person-centered organization, we engage the people we support, their families, our staff, and others in making decisions, developing processes, and creating the structures that support the highest quality case management services.

TEAM TRAINING AND RESOURCES



SCI understands the impact and importance of supporting all team members to learn and grow. In a conscience effort to support and retain qualified, engaged and productive team members SCI enhanced our training capacity by adding an additional Training Specialist to the HR team. The addition of a Training Specialist along with working with the University of Baltimore is supporting us to streamline and maximize our efforts in training new and current team members. The mission of Service Coordination University will be to establish SCI as a learning organization with state-of-the-art quality training and development programs to maximize workforce service quality and to provide career development opportunities for all team members.

In 2018, SCI formed a partnership with NonprofitReady.org to develop learning and social networking technology using an online career development tool to provide SCI Team Members with access to a collection of e-learning and other training resources. The NonprofitReady.org learning platform offers customized curriculum to support the most common job families in the sector: Development, Leadership, Accounting and Finance, Operations, Marketing and Communications, Volunteer Engagement, and Program Management. This partnership presents the SCI Team with incredible learning opportunities, all at their fingertips and wherever they are.

NonprofitReady.org leverages Cornerstone OnDemand's state-of-the-art learning technology to create an online career development tool that provides free training to nonprofit staff and volunteers with access to a collection of e-learning and other training resources. The Cornerstone OnDemand Foundation established NonprofitReady.org to address the critical need for professional development in the nonprofit world.

STANDARDS FOR EXCELLENCE ACCREDITATION

The Standards for Excellence Institute® promotes "the highest standards of ethics, effectiveness, and accountability in nonprofit governance, management, and operations." The foundation of this program is the published Standards for Excellence®: An Ethics and Accountability Code for the Nonprofit Sector. Six (6) major areas of nonprofit governance and management are identified which contain twenty-seven (27) different topic areas. Each topic area includes specific benchmarks and measures that provide a structured approach to building capacity, accountability, and sustainability in organizations. The 6 major areas are:

1) Mission, Strategy, and Evaluation
2) Leadership, Board, Staff, and Volunteers
3) Legal Compliance and Ethics
4) Finance and Operations
5) Resource Development
6) Public Awareness, Engagement, and Advocacy

Over the past few years, Service Coordination, Inc. (SCI) was evaluated on fundamental values such as honesty, integrity, fairness, respect, trust, responsibility, and accountability. Our programs and services, management, fundraising, and financial practices were subject to in-depth examinations by the Standards for Excellence Institute® culminating is our Final Accreditation with commendations for our Program Evaluation and Quality Monitoring system, including the Comprehensive Quality Review (CQR) process.

As stated by our Executive Director/CEO, John Dumas, "This Seal of Excellence confirms the organization's well-defined mission and adherence to the highest level of quality." Our Board of Director's Past President, Carl Hildebrand, also echoed, "This award is a reflection of the staff's high level of efficiency and integrity as well as a symbol to the community of the organization's commitment to providing the highest level of quality supports to those we serve."

2018: THE YEAR IN REVIEW

DEVELOPMENT & NEW VENTURES

SCI continues to grow in several key areas. The number of people we support now totals more than 12,500. To meet this demand, we have scaled our workforce accordingly and now have over 400 team members. The result allowed SCI to lower ratios of case managers to individuals which equates to more time to spend with people and higher quality service.

In September 2017, SCI expanded DDA Case Management services into the Southern Region of Maryland to the counties of Montgomery, PG, Calvert, Charles and St. Mary's. SCI is now serving approximately 200 people in this region with 5 designated Service Coordinator positions and 1 Supervising Service Coordinator position.

The Supports Planning Services (SPS) program, which started at the end of FY2017, continued to grow and served over 1,000 individuals in 2018. Program development focused on adequate staffing to meet the needs of those served and ensuring quality compliance and business sustainability.

SCI, in collaboration with a variety of crucial stakeholders and veterans' community organizations, continues development of a pilot program that will provide veterans in need of resources case management services in the Frederick County area. Our current Veterans Case Manager continues to provide comprehensive case management to approximately 15-20 veterans in the Frederick area. New referrals are received from connections made in working with community providers of services to veterans. Current services provided include development and monitoring of a comprehensive, person-centered plan, referrals and resources for crisis services, assistance with affordable housing, peer support and mentoring services, collaboration with discharge teams from local VA hospitals, and assistance with navigating benefits and other entitlements. Members of the internal committee continue to work toward making connections with crucial stakeholders, such as local Senators and the VA with the intention of developing an advisory group to assist the organization with further development of the program. Plans for the coming year for the Veterans programs include establishment of an external advisory council.

Planning began to develop a program offering case management services to older adults who do not qualify for Medicaid services. This Older Adults Program will provide case management services assisting older adults to navigate and obtain resources including financial, medical, and legal resources.

NEW ACCREDITATIONS & AWARDS

CEO report
Corporate Culture
AWARDS
Baltimore Corporate Culture Awards
Honoring Positive, Productive Cultures

Service Coordination, Inc. (SCI) was honored as a 2018 Baltimore Corporate Culture Award Winner by CEO Report on February 7, 2018. The Corporate Culture Award honors companies that encourage a creative and collaborative culture and leaders who understand that culture is a critical asset to a company's performance and growth.

At SCI, we work together, as a team, to navigate, guide, and build on the unique strengths and talents of each team member to offer the highest quality services. We offer our team members transparency, flexibility, the right tools, and plenty of opportunity to grow!

"Investing back into our team members puts SCI at the forefront in building a great company culture" says John Dumas, CEO.

COLLABORATION WITH KEY STAKEHOLDERS

Over the past year we have worked closely with DDA and other partners to develop methods to support a person-centered approach for those receiving services. Methods included both the approach used by Coordination and Community Services (CCS) providers to ascertain information important to and for a person and the format for capturing this information. SCI shared their internal approach and format, both of which have been incorporated into a new statewide approach. In addition, numerous staff participated in a state-wide pilot, providing valuable information that was used to shape changes in the approach and format of the new plan. The new state-wide Person-Centered Plan launched on August 1st, 2018!

SCI supported by DDA created a trailer to promote the July 2018 roll-out of the new Person-Centered Plan which was presented at the MACS CEO & Leadership Conference! This trailer can be viewed on YouTube here: https://www.youtube.com/watch?v=Xg2QWdDqCA0

QUALITY

SCI employs a Comprehensive Quality Review (CQR) process which includes verification of documented activities for at least one individual per Case Manager per month; a thorough review of the note's content and quality, and a thorough review of that individual's record, person-centered plan, monitoring, and services received for the last full quarter. Individuals are selected for review as part of a random sample stratified by a Case Manager. This sampling methodology ensures the results of the year's CQR can be generalized to the total population of individuals served with a confidence level >98%, and a margin of error <2.5%. Throughout the year, our CQR supported the review of over 3,000 records, and the survey of more than 450 people we support. Through the CQR, supervisors are required to review all aspects of a Service Coordinator's (SC's) work on a regular basis to ensure that team members are well trained in all job responsibilities and are delivering services that are of very high quality. People we support, their families, and providers are contacted to verify the SC's work and to learn what we are doing well, and areas where we could improve. Through this two-pronged approach, supervisors provide support, guidance, and instruction to staff reinforcing strengths and identifying areas in need of improvement in both the technical and personal aspects of their work. The CQR assesses the overall quality of the CCS service provision and the nature of the SC's work with people, including but not limited to: self-direction, person centeredness, and implementation of SCI procedures. This broad assessment of quality is accomplished through the following review components:

- Customer Satisfaction Survey
- Visit Verification
- Person-Centered Plan Review
- Monitoring Review
- Data Integrity and Progress Notes Review
- Service Coordinator Competencies Review
- Regulatory Compliance

Last fiscal year, people we support told us the top three areas that are most important to them are responsiveness (65%), being connected to resources (65%), and knowing me (56%). To better measure how we are doing in these most important areas, the CQR satisfaction survey was revised during FY2018. Since the revision, people we support have indicated:

RESPONSIVENESS:

- 90% of people we support receive a response to their phone call or email within three business days; more than 76% are within one business day.
- Case Managers do what they said they would do on time or well ahead of time for more than 90% of people we support.

BEING CONNECTED TO RESOURCES:

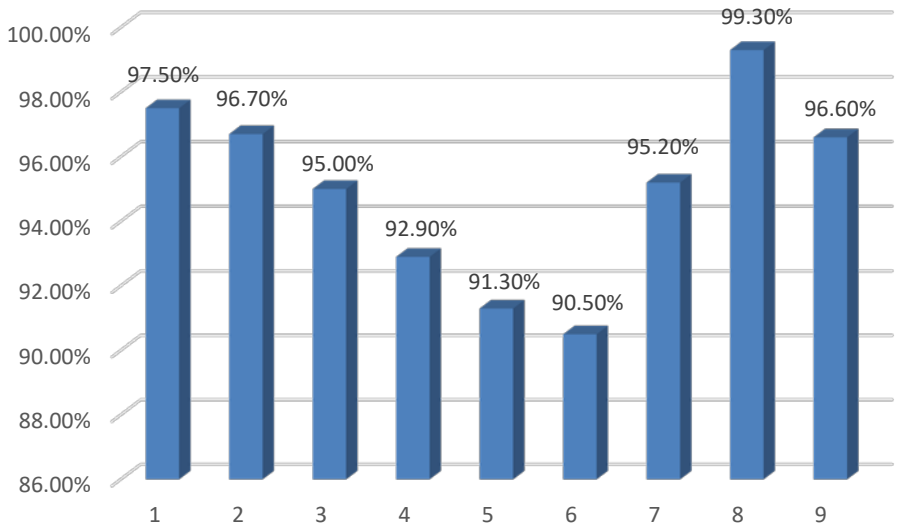
- Over 85% of people we support say they are connected to all the services and supports they need.
- Almost 90% of people we support say their case manager tells them about or connects them to resources as often or somewhat as often as they'd like.

KNOWING ME:

- More than 90% of people we support say their case manager knows what makes them happy and unhappy.
- 94% of people we support agree or strongly agree their case manager treats them the way they want to be treated.

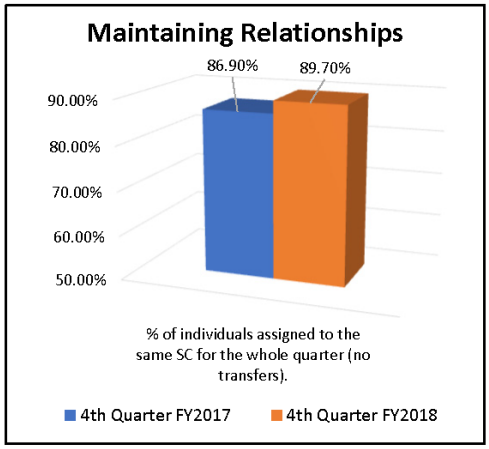
Driving solutions and developing strong relationships leads to high measures of customer loyalty. One widely accepted measure of customer loyalty across many industries is the Net Promoter Score ® (NPS). On a scale from -100 to +100, SCI's NPS for FY2018 among people we support, their families, and guardians is +70 compared to an industry benchmark of +11, and a "high engagement" standard of +50. This is consistent with FY17 performance and indicates continued and extremely high engagement and loyalty among those we directly support. SCI's NPS among paid staff and other professionals on the teams of people we support is +72, indicating a similarly high level of engagement and loyalty among professionals with whom we interact in the course of serving people.

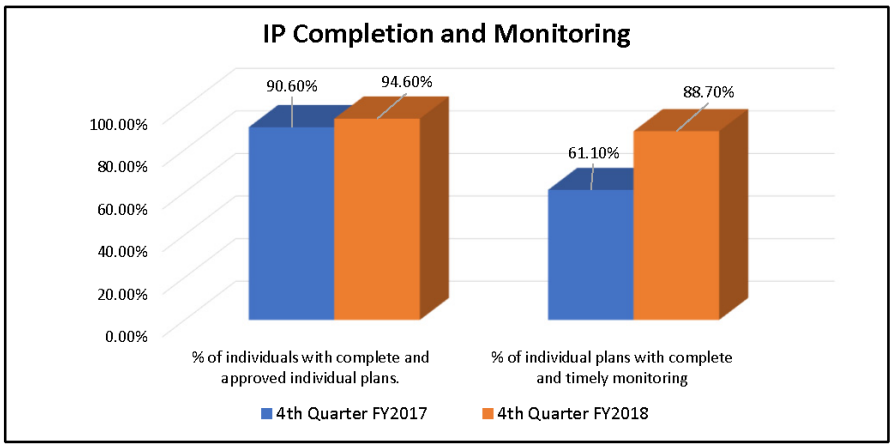
In FY18, our focus on continual quality enhancement yielded improvements to an already strong program, demonstrated by high levels of satisfaction among the people we support:

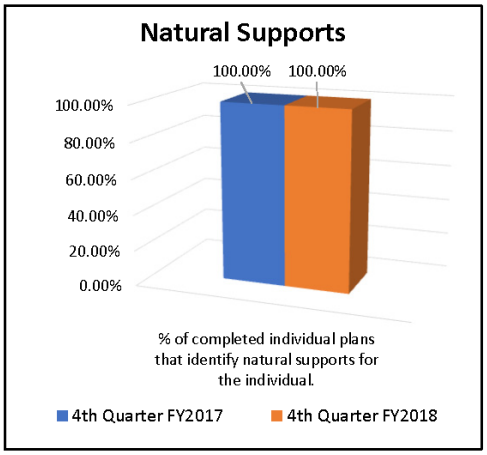


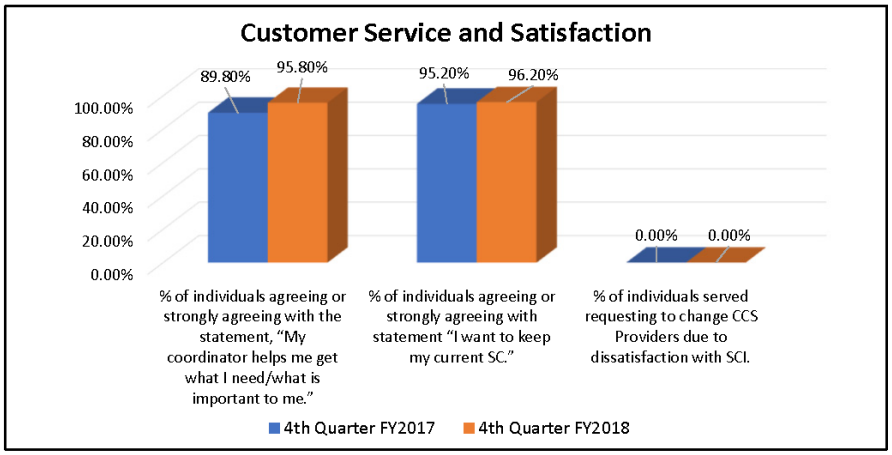
1. Agreed or strongly agreed their SC supports their choices about who provides their services.
2. Agreed or strongly agreed their SC listens to their ideas and makes changes based on what they say.
3. Agreed or strongly agreed their SC helps them get what they need/what is important to them.
4. Agreed or strongly agreed their SC helps them and their team think about job options.
5. Agreed or strongly agreed their SC supports them with developing relationships with people in their community (family, friends, neighbors, vendors, community leaders, church).
6. Agreed or strongly agreed their SC helps them if there are things about their living situation that they would change (like roommates, privacy, locks, food, clothing, furnishings, decorations, freedom to come/go, access to phone computers, visitors, where I live, etc.).
7. Agreed or strongly agreed they are comfortable telling their SC if they have a problem or concern.
8. Agreed or strongly agreed their SC makes a difference in their life.
9. Agreed or strongly agreed they want to keep working with their current SC.

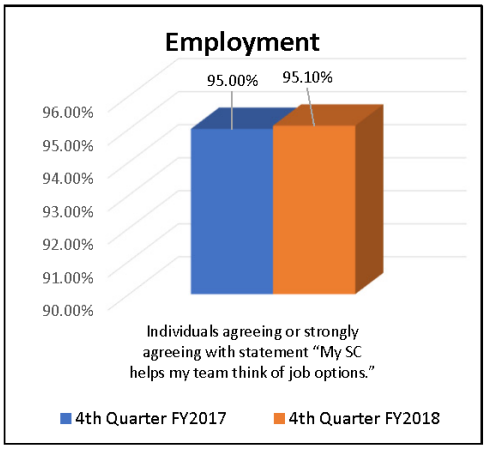
Launched in April 2014, the SCI Database continues as an integral part of providing high quality services to those we serve. The database ensures SC's have easy access to well-organized and pertinent data for service delivery and assists leadership to monitor the overall quality of services. Throughout FY2018, we continued to develop functionality such as a Quality Assurance (QA) Module to provide real-time performance data on over 20 compliance and quality measures. Having a highly trained, well-qualified team supported by technology has allowed SCI to maintain and improve quality performance in most areas this year:

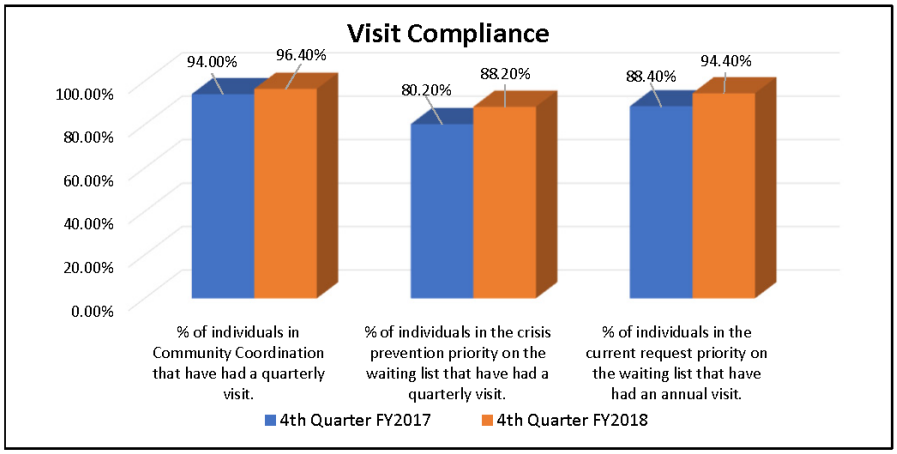












MOBILITY & TECHNOLOGY

SCI continues the endeavor to better serve the people who count on us for case management with our mobile program. Our team members are equipped with technology and training to perform their duties at places that may better meet the needs of those receiving our services. Our services have since become more flexible and more accessible to people we support. Although we retained regional two offices located in Frederick and Owings Mills, Maryland, our team members are now able to perform most of their work anywhere.

Our mobility allows our team members to work directly in the community without the need to travel back to an office. Because this work can now be done directly and immediately, our mobility allows us more time to spend in the community with people we serve and to be more accessible to them.

SERVICE COORDINATION'S STANDING COMMITTEE

The dedicated members of SCI's Standing Committee have provided an unbiased review of organizational practices this year to include review of, and feedback for, our submission and handling of incident reports, as well as our QA quarterly reports.

Over the years, much effort and careful consideration has been put into the safety and well-being of every person who has required the completion of an incident report due to the occurrence of a reportable incident. Committee members request prompt follow-up action when needed and provide SC's with recommendations that may prevent future occurrence. Through the receipt of the annual Standing Committee training, they have been able to better implement their role which is an asset to our organization and the people we support.

Marlene Hendler
Sarah Roney
Willie Fields
Carolyn Roney
Faye Metger
Pat Kurtz
Susan Sullivan
Tina Wright
Sapna Nagabhushan

Special thanks to each of our Standing Committee members, as well as the leadership and direction of SCI's facilitators, and our team members Chantel Charette and Vanessa Blackner.

STATEMENT OF FINANCIAL POSITION & ACTIVITIES

STATEMENT OF FINANCIAL POSITION		
ASSETS	**FY18**	**FY17**
Current Assets	3,203,201	2,779,212
Property and Equipment (net)	680,018	703,989
Other	486,799	327,867
Total Assets	**4,370,019**	**3,811,068**

LIABILITES AND NET ASSETS	**FY18**	**FY17**
Total Current Liabilities	2,004,998	2,728,650
Net Assets		
Unrestricted-undesignated	39,275	39,275
Total Net Assets	2,365,021	1,082,418
Total Liabilities and net assets	**4,370,019**	**3,811,068**
Total Net Assets	2,365,021	1,082,418
Total Liabilities and net assets	**4,370,019**	**3,811,068**

STATEMENT OF FINANCIAL ACTIVITIES		
EXPENSES	**FY18**	**FY17**
Program expenses	29,066,764	25,484.025
Administrative expenses	16,397	22,258
Total expenses	**31,550,651**	**25,506,283**

Net assets at beginning of year	1,082,418	158,088
Net assets at end of year	1,735,331	1,082,418
Change in net assets	**652,913**	**924,330**

5 FAST FACTS ABOUT SCI

1. Provides case management services to more than **12,500** people residing across the state of Maryland.
2. Has more than **35 YEARS** of experience providing case management services.
3. Is a 501(c)3 **nonprofit organization**, governed by a volunteer Board of Directors.
4. Operates with shared leadership and person-centered service delivery models and tailors all services according to an individual's specific wants and needs.
5. SCI is proudly accredited by the Standards for Excellence Institute® as having met all the requirements of the *Standards for Excellence®; An Ethics and Accountability Code for the Nonprofit Sector*.

OUR SERVICES

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

We provide quality case management services to people residing in the Southern, Central and Western Regions of Maryland. These services, referred to as coordination of community services or service coordination, are provided to individuals with intellectual and/or developmental disabilities across their lifespan, including but not limited to:

- Individuals with a traumatic brain injury
- Transitioning youth students
- Individuals with court or forensic involvement
- People residing in state hospitals and institutions
- People with a co-occurring mental health diagnosis

CASE MANAGEMENT

SCI provides case management services to:

- People with intellectual and/or developmental disabilities
- Youth transitioning from school
- Those with autism
- People transitioning from state hospitals, state residential centers, and nursing home
- Others, including children and those with co-occurring mental health needs

SERVICE CATEGORIES

SCI provides case management services for people in a variety of situations or Service Delivery Categories:

Waiting List

SCI provides support to people on the DDA waiting list. The DDA Waiting List is comprised of adults and children with intellectual and developmental disabilities who are waiting for funding from DDA to obtain community-based services. Waiting List includes services to youth and their families as they transition from school into adulthood. Waiting List categories include:

CRISIS RESOLUTION: The highest priority level is reserved for people in emergent circumstances who require immediate intervention or will require it shortly. Often, the situations that meet this category's criteria arise suddenly (e.g., the death of a caregiver). Crisis Resolution is for people who are:

- Homeless or will be homeless within 30 days
- Victims of abuse or neglect
- At serious risk of causing physical harm to others
- Living with a caregiver who is unable to provide adequate care due to the caregiver's impaired health

CRISIS PREVENTION: This category is for people with an urgent need who are in deteriorating circumstances that put them in danger of meeting one or more Crisis Resolution criteria within 1 year. Crisis Prevention priority also includes people who have caregivers over age 65. Because age alone is not always a good predictor of the need for services, priority recommendations and determinations should address risk for the Crisis Resolution category within a year when that is the case, as well as the age of the caregiver. The Crisis Prevention category is also appropriate in situations where less intense intervention or support, provided sooner, might delay or eliminate the need for a more extensive service in the future.

CURRENT REQUEST: The Current Request priority is the lowest level of priorities. There are no crisis implications associated with current request, however, there is an expectation that the individual has an actual need for DDA funding. The test for this category is "Would the person take the service today, if it was offered today, or is there an anticipated event within the next three years, such as exiting school, retirement of caregiver, aging out of children's residential placements?" This category is not for people who simply want to be identified for planning purposes as potential service recipients.

Community Coordination

SCI provides person-centered case management to coordinate community services to match an individual's wants and needs. Some of these include employment, housing, recreation, community involvement, and more.

Comprehensive Assessment

Comprehensive assessments are completed for DDA to make a determination about individual's eligibility for DDA services.

Transition Service

SCI provides services to people transitioning to the community from state hospitals, state residential centers, correctional facilities, and nursing homes.

SUPPORTS PLANNING SERVICES (SPS)

Supports Planning Services includes assisting those with activity of daily living needs with accessing and receiving Medicaid and non-Medicaid funded home and community-based services and supports, as part of Maryland Department of Health's Long-Term Services and Supports (LTSS).

REGIONS AND COUNTIES SERVED

Western Region - Allegany, Carroll, Frederick, Garrett, Howard, Montgomery and Washington Counties;

Northern Region - Baltimore City, Baltimore, and Harford Counties;

Southern Region - Anne Arundel, Calvert, Charles, Prince George's, and St. Mary's Counties.

SPS PROGRAMS SERVED

Community Personal Assistance Services (CPAS) program:

- Personal Assistance Services
- Nurse Monitoring
- Supports Planning

Community First Choice (CFC):

- Personal Assistance Services
- Nurse Monitoring
- Supports Planning
- Personal Emergency Back-up Systems
- Transition Services
- Consumer Training
- Home Delivered Meals
- Assistive Technology
- Accessibility Adaptations
- Environmental Assessments

Community Options (CO) Waiver and Increased Community Services (ICS):

- Personal Assistance Services
- Nurse Monitoring
- Supports Planning
- Personal Emergency Back-up Systems
- Transition Services
- Consumer Training
- Home Delivered Meals
- Assistive Technology
- Accessibility Adaptations
- Environmental Assessments
- Medical Day Care
- Nutritionist/Dietician
- Family Training
- Behavioral Consultation
- Assisted Living
- Senior Center Plus

VETERANS SERVICES

Service Coordination, Inc. (SCI), provides case management, person-centered planning, and wrap-around services related to housing, employment, relationships, financial management, treatment & health monitoring, and recreation. With core competencies in relationship building and navigational expertise, the Case Manager develops meaningful connections with the Veterans Administration, community service providers, community-based businesses, veteran service organizations and interested supporters of veterans to ensure each veteran has the support needed to be successful.

SCI provides connections to resources and services:

- Home Care
- Housing support/ own or rent
- Health management connection and follow up
- Peer support/social connections
- Crisis prevention and resolution
- Follow up for discharge from hospital treatment
- Legal services connection
- Connection to veteran benefits services
- Connection to service animals
- Vocational /Educational services, training, community outreach and volunteer opportunities
- Transportation services
- Assessment of needs
- Ongoing Planning
- Monitoring of services

BACKGROUND

Our nation's military men and women are trained to be self-sustaining and interdependent individuals. They are indoctrinated into a system of values with an emphasis of honor and respect not only for each other, but also for the individuals they protect and defend. We have found that our military is probably the finest training system for leaders in our country. Engaging the men and women from the armed forces has been a unique experience. For some, the transition back to a civilian world can be difficult. Some of the difficulties have started while still on active duty, while others when soldiers become detached from their group, unit or "Tribe" that they have been working with and depending on for months to years.

The types of services needed by veterans are no different from ones that we offer to other groups served at SCI. The basic needs for all are stable housing, employment, medical needs, financial management, social and safety groups and networks, and relationships. Person-Centered plans are individualized and established around the outcomes and goals of these needs. Sometimes the outcomes and goals are short-term, for resolving crisis. In other instances, goals and outcomes are developed for medium to long range planning.

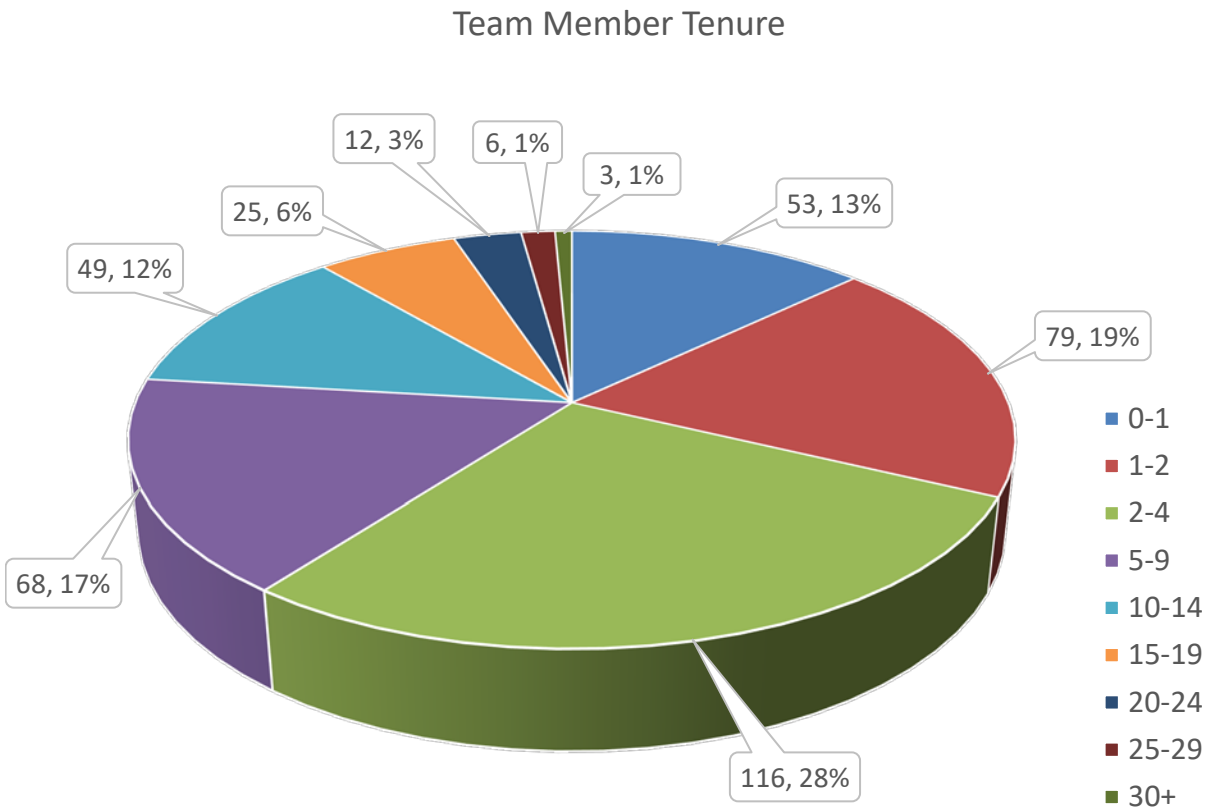
Within the scope of need arises the demand for navigating through large and complicated systems for support, such as Department of Social Services, Department of Labor, Department of Aging, Department of Defense, DORS, Educational Institutions, and Veteran Affairs. It can be difficult to obtain and sustain a healthy relationship with each of these resources. While the majority of the veteran population can handle this navigation for services, a percentage of them cannot. The veterans most significantly affected by their military duties who are struggling with co-occurring health issues are the most vulnerable, and in need of case management and wrap around services.

Since December of 2016, SCI Veteran Services have been offering case management, service coordination and wrap-around services to veterans from all branches of the military. We are currently serving veterans from ages 26-86. The primary location of services has been in Frederick County, with a long-term goal to expand to the four-state region. We have served about 28 veterans with 20 veterans currently in active case management, needing a variety of wrap around services identified for long-term and short-term needs. Contact and visits occur weekly to monthly depending on needs. We have averaged 3-4 referrals a month. Many of the veterans come to us from shattered family situations, abandoned by friends or acquaintances, thus becoming homeless and in need of employment. Some have entered our services through forensic involvement and in need of treatment from mental health complications. When a community referral is received, a needs assessment is completed through an intake process, and an initial person-centered plan is prepared. Our person-centered approach ensures that supports are integrated, incorporating all available natural, community, and government-funded resources. This planning process has enabled us to provide assistance with resolving crises related to health, housing, and employment for a number of the veterans that we're serving.

We have been able to establish a relationship with many veteran specific support organizations, such as Veterans of Foreign War (VFW), American Legion, Disabled American Veterans and American Veterans (AMVETS). These groups have been donating thousands of dollars to our local vets to get them through crisis situations related to financial strain with housing, transportation, family assistance, burial, food and clothing needs. The legal community has assisted with pro-bono services. Other agencies, support groups and private individuals have been able to offer transition support such as transportation, household moving, furniture, furniture storage, and home repairs. The list of available supports and services to connect and engage with are remarkable. The success rate for assisting the veteran population has been extremely high. The work involved, as like with other programs at SCI, has been gratifying.

TEAM MEMBER TENURE & RETENTION

SCI would like to thank our team members for their hard work and dedication, making a positive difference in the lives of so many across the state every day. Over the past fiscal year, SCI has added 73 new team members and had an annual retention rate of 93.92%. The pie chart below shows the breakdown of number of Team Members by years severed.



Team Member	Years of Service
30 Years & Above	
Teresa Hall	33 years
Jo Hanahan	32 years
Vanessa Blackner	31 years
25 – 29 Years	
Connie Davis	29 years
Joan Knode	29 years
Jay Seipler	28 years
Shawn Berry	28 years
Jayme Cline	26 years
Muna Elias Abass	25 years
20 – 24 Years	
John Huff	24 years
Marc Weinstein	24 years
Kristina Logan	23 years
Jill Main	22 years
Laura Klaunberg Mensh	22 years
Marcia Meredith	22 years
Allan Sheahen	21 years
Marie Turay	21 years
Kent Buhrman	20 years
Paula Ahmuty	20 years
Michele Lovelace	20 years
Mindy Mizansky	20 years
15 – 19 Years	
Maryam Elias Kukoyi	19 years
Amy Buhrman	18 years
Barbara Helm	18 years
Chantel Charette	18 years
Kelli Gallery	18 years
Kristen Ryan	18 years
Leslie Holinsky	18 years
Sue Nealis-Williams	18 years
Wendy Mauro	18 years
Debra Baird	17 years
Pamela Pasternack	17 years
Robert Rubisch	17 years
Stephanie Savage	17 years
Tracy Lawry	17 years
Carla Marino	16 years
Carol Everhart	16 years
Christopher Holland	16 years
John Dumas	16 years
Laura Wynn	16 years
Mary Murphy	16 years
Stephanie Hunter	16 years
Corlis James	15 years
Michael Kirby	15 years
Monique Bell	15 years
Yvonne Roberson	15 years

Team Member	Years of Service
10 – 14 Years	
Angela Ziehl	14 years
Ann Saylor	14 years
Bianca Ingram	14 years
Elisa West	14 years
Jean Schnurr	14 years
Michele Parham	14 years
Sheri Levy	14 years
Susan Ratzel	14 years
Tenneille Aleshire	14 years
Christina George	13 years
Daniel Mathwin	13 years
Douglas Silvern	13 years
Kenya Gamble	13 years
Kristin Thompson	13 years
Latoya Kesson	13 years
Lawrence Jackson	13 years
Rita Vanderhuff	13 years
Sandra McDaniels	13 years
Elizabeth Padilla Montalvo	12 years
Gregory Miller	12 years
Helene Aaronson	12 years
Irene Farmer	12 years
Joseph Mwangi	12 years
Kelley Baccellieri	12 years
Kimberly Collins	12 years
Luan Wells	12 years
Ryan Mozingo	12 years
Teresa Fratz	12 years
Tyfanie Rice	12 years
Adam Cunningham	11 years
Christina Peterson	11 years
Diane Nadolsky Davis	11 years
Elizabeth Miller	11 years
Janet Kwiatkowski	11 years
Kathleen Land	11 years
Mary Chene	11 years
Nicole Heard	11 years
Renee Travis	11 years
Sarah Johnson	11 years
William Webster	11 years
Amanda Paul	10 years
Anya Cook	10 years
Jeanine Cowan	10 years
Jennifer Whittington	10 years
Kevin Hogan	10 years
Lisa McNally	10 years
Morris Wilson	10 years
Shayla Mitchell	10 years
Tanya Matthews	10 years

Team Member	Years of Service
5 – 9 Years	
Kamille Bryant	9 years
Keyawna Hoyte	9 years
Nicole Smalley	9 years
Nicole Williams	9 years
Summar Jackson	9 years
Amy Magee	8 years
Anne Ingrao	8 years
Jeannia Forrest	8 years
Lisa Smith	8 years
Arthur Whittle	7 years
Carol Louden	7 years
Jalisa Sykes	7 years
Kristine Alvey	7 years
Laura Knight	7 years
Melinda Propst	7 years
Shari Harman	7 years
Alicia Womack	6 years
Ann Leibowitz	6 years
Anne MacDonald	6 years
Antionette Boothe	6 years
Ashley Murphy	6 years
Bonnie Griffith	6 years
Britney Baugher	6 years
Brittany Shields	6 years
Candi Hamilton	6 years
Candice Jackson	6 years
Chelsea Christie	6 years
Christine Sankey	6 years
Elisha Carter	6 years
Gwendolyn Colston	6 years
Julie Webster	6 years
Karen Chapin	6 years
Keisha Johnson	6 years
Laura Glotfelty	6 years
Lavonia Johnson	6 years
Lisa Kocis	6 years
Nicholas Zais	6 years
Renee Wilson	6 years
Retta Gardner	6 years
Shaniah Cherry	6 years
Sophia Brown	6 years
Suzanne Ray	6 years
Tammy Dilley	6 years
Thomas Richards	6 years
Velita Pitt	6 years
Celeste Perry Winn	5 years
Chelsea Jones	5 years
Hannah Dutrow	5 years
Jennifer Wilson	5 years
Kelly Jones	5 years
Lauren Durham	5 years
Nichole Mize	5 years
Samantha Bernstein	5 years
Tisha Livengood	5 years
Vicki Hawkins	5 years

IMPACT STORIES

Sharing SCI's impact and success stories highlight and demonstrate how our work and commitment makes a difference in the lives of people and communities we serve.

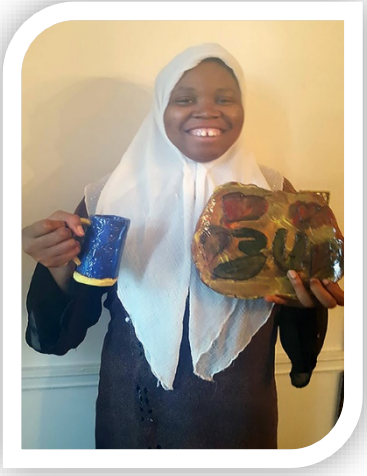
DDA IMPACT STORIES

KENNA

Last year Kenna and her family were struggling to find Kenna support each day after school. One of Kenna's brothers is engaged in extracurricular activities and her oldest brother was going off to college. Her parents, are both teachers and were unable to leave school early enough to get her off the bus (one of them is already going in late each day to get her on the bus). Her grandmother had been helping, but she was having a difficult time getting Kenna and her chair into the house. Kenna does not have a lift, so she would need to stay in her chair (after already sitting in it for a long time during the day) which caused her to be agitated most evenings. This was hard on Kenna and very stressful for her family. Her grandmother wasn't going to be able to continue helping any longer due to her own health concerns.

Kenna received Crisis Resolution funding for Support Services each day after school. Kenna's mom, Melanie, said since Kelly has started working with her, Kenna has been much happier. They thought it may be odd to have someone in their home when they get there each evening, but it has been such a relief! They don't feel rushed or stressed. They come home, and Kenna is laughing, she has had her snack, is clean, out of her wheelchair, and is laying down. Melanie said she can't even describe the positive impact that it has had on their family. Not only did they receive the supports, but Kenna now has Medical Assistance (MA) and they are working on having them cover her diapers, which has long been a financial burden for them. We are also working on getting Kenna a lift through MA, to help her and her family even more!

ZAYYIAH UTLEY



Zayyiah Utley is on the DDA Waiting List at Current Request. She is 27 years-old and lives with her family in Baltimore City. She practices Islam. She loves to read. She hikes and likes being creative. Zayyiah's Service Coordinator was able to obtain CARVE funding for her to have 4 weeks of private classes with an artist at ClayWorks in Baltimore City. At that time, she was feeling very low and needed something to boost her self-esteem, which this has! She has already made over 10 ceramic items.

EMMA BANNER

Eighteen-year-old Emma Banner is just like any other high school student. She loves going to school dances, participating in extra-curricular activities such as Bocce, tennis and school plays. Because of Emma's significant needs related to her rare genetic disorder, Kleefstra Syndrome (9q 34 Chromosome Deletion) and Cyclic Vomiting Syndrome, her opportunities to be with her peers often fell short, as it was limited to what the school would fund for her Instructional Assistant (IA) to attend. With two parents working full-time and Emma's teenage tendency of not wanting to do everything with her parents, her summer and weekend activities were dependent upon whether or not she was chosen for LISS (Low Intensity Support Services) funding that year so the family could pay support staff. Just shy of her 18th birthday, Emma was chosen to apply for the Comprehensive Waiver after being on the Waiting List as Crisis Prevention since 2009. She is now receiving Individual Support Services through the Arc of Frederick County. Emma and her family have been able to pull in support staff and job coaches with whom Emma was already familiar.

Her current IA now supports Emma to volunteer at the concession stand at school sporting events and Emma is able to spend time with service dogs in training with the person who trained her service dog, Bud, as part of Canines for Companions. Through her iPad and sign language, Emma is mingling with her community in ways that are important to her! Emma's mom is now able to attend involvement meetings at Emma's school, whereas she was not able previously due to not having supervision for Emma at home. With having extra helping hands, Emma's family has more time (and energy) to devote to advocating for Emma and helping to bridge connections for their daughter. Emma has a long list of things she wants to accomplish this summer and with her new supports in place, she'll be able to do just that!

DANA'S STORY

Dana is a 44-year-old female that has a diagnosis of Deafness and Autism. Dana was previously in the Waiting List-Crisis Resolution (WL-CR) category but is now in the Community Coordination (CC) category and receives day habilitation services from eMerge. Dana refers to the day program as "school" and is happy going there each day. eMerge is in the process of making Dana a badge, which she is already looking forward to wearing.

Dana began attending eMerge in October 2017. At the day program Dana participates in various activities that include going to the movies, the mall, parks, playing games, and her favorite activity – shopping. Dana also works on safety skills such as crossing the street and how to interact with people she is unfamiliar with.

Attending eMerge has assisted Dana to meet and interact with other Deaf individuals. Dana is constantly working on learning more ASL and communicating with others.

When the SC asks Dana what she thinks of eMerge, Dana has always told the SC that she likes it and she has lots of friends there. Dana is excited that she has the opportunity to grow and continue her services there.

RECOGNIZING THE ACHIEVEMENTS OF CRAIG HOWARD @ 2018 MACS AWARDS

Each year, The Maryland Association of Community Services (MACS) hosts an Awards Dinner to recognize the achievements of people in the disabilities community in areas including:

- Personal Accomplishments
- Professional Accomplishment
- Volunteer Activities
- Contribution to Community

This year SCI received 5 nominations and ultimately Craig Howard was chosen to receive the award. As a child, Craig was placed in Rosewood Center and in the early 1990's moved out of the institution to a community alternative living situation. Finding he was not satisfied with his choices and opportunities, he decided to move back with his family. He struggled initially but in response became one of the first Marylanders to receive DDA in-home supports. Eventually Craig elected to move back to a more traditional residential setting but continued to explore options, including Self Directed Services and over the years, regularly calls his team together to meet and review and brainstorm options. Craig has competitively and successfully been employed at places including Marriott Hotels, Popeye's foods and Dollar Tree. He currently works out of the BWI airport.

Since 2014, Craig has been a member of Maryland's self-advocacy group, People on the Go (POG), regularly attending meetings and helping at their 2016 conference. He actively contributes to discussions about many issues effecting people with disabilities, including voting, diversity and training for first responders. As a self-advocate, Craig has accessed services through the offices of Attorney General's Office, applied to serve as guardian to his mother and accessed legal representation when needed for several personal issues. Craig does not only advocate for himself but also for others. As a system's advocate, he has spoken at public hearings regarding the need for in home supports as a service model for Marylanders and has participated in POG "Stories of Freedom" event. As part of a successful systems advocacy effort to close institutions, Craig was interviewed and filmed about his experiences in an institution and in 2008 participated in the Rosewood Closing Rally. Craig has participated in DDA Town Hall meetings about proposed budget cuts and was involved in a forum that met with the then-governor to discuss then newly formed Maryland Department of Disabilities. Craig has also served a term on the SCI Standing Committee. For the past 2 years Craig has served as Chair for the DDA Quality Assurance Committee and was the first person to hold this position who identified themselves as a person with a disability. This year the Committee has amended their charter to state that the chair position is to be held by a person with disabilities/or family member.

As a strong personal and systems advocate, Craig is greatly respected for his valuable perspective and ability to make a difference in the lives of people with disabilities!

THE WASHINGTON COUNTY WARTHOGS

The Washington County Warthogs Adult 5v5 full court basketball team finished an undefeated regular season (10-0) by winning the Gold Medal as the State of Maryland Champions at the State Tournament in April 2018. The team is coached by Jay L. Seipler, a Service Coordinator at SCI, Members of the team are as follows:

Picture 1 (Left) left to right:

1st row: James "JJ" Thomas, Richie "flash" Dobson, Jesus "G" Mercado

2nd row: Stacy Fraley (Asst. Coach), Cortland "stretch" Hahn, Brandon Groomes, David "clutch" Blitz

3rd row: Andrew "Dr. No" Bradley, Tyler "Tree" Hudler, Larry "The Butler" Butler, Justin "mop" Herald, Jay L. Seipler (Head Coach)

Picture 2 (above) Left to right: James, Jesus, Tyler, Justin, Cortland, Brandon, Richie, Larry, Andrew, David.

"It's about the people, their coming together not only as a team, but as a family. Everyone played a role and part in the success of the team. At the presentation of the Gold medals, there were a lot of "wet eyes" at the success of what they had accomplished." ~ Jay L. Seipler (Service Coordinator and Head Coach)

SPS SUCCESS STORIES

JULIAN BUTLER

Julian Butler is a 42-year-old father of five residing in Frederick County, Maryland. In May of 2017, Julian was working as a construction worker and leading an active life when he unexpectedly suffered a stroke, also known as a CVA. He had always been very physically active, but Julian's life was drastically altered as he found himself paralyzed on his left side and unable to walk. After being hospitalized for two months at Good Samaritan Hospital in Baltimore, Maryland; Julian then spent five more months at Kennedy Krieger and Power Back Rehabilitation working hard to regain the mobility that the stroke had taken from him. Julian made significant improvements during his time in rehab. With the help of his therapists, Julian regained his strength and began to walk with the use of a walker. Julian's parents, Julian Sr. and Ann Butler, were supportive of their son throughout the whole process. They offered to provide care to him in their home to aid in his continued recovery with family by his side. In December of 2018, Julian discharged from the rehabilitation center and moved in with his parents.

In February of 2018, Ann Butler went to the Frederick County Health Department seeking resources for her son and a referral was made that day for the Community First Choice (CFC) program. She learned that this program can provide personal care for assistance with ADLs and may possibly allow, in some cases, for family members of CFC participants to become their paid caregivers. Ann learned about additional CFC services that can benefit people such as Julian, who are recovering from medical issues while living in the community.

The information was shared with Julian and he decided that this program was exactly what he needed. He learned that CFC services may include home delivered meals, personal emergency response systems, environmental assessments for safety, home adaptations, technology items, and more. Julian, like many people, prefers to receive care at home and the CFC program is designed to prevent institutionalization of individuals with medical issues.

Working with Supports Planner, Marjorie Schlosser, Julian was approved to receive 22 hours of personal care assistance every week. As an added benefit, Julian was able to choose his mother, Ann, as his personal care provider. The CFC program is person-centered, and Julian is able to direct his own care and increase or decrease his personal care hours, as needed. One of the added benefits to the CFC program is that Julian was able to receive an over the bedside table which allows him to keep his necessities accessible. In the future, this program will allow Julian to make revisions and requests as his needs change as he moves forward in his life.

Despite many challenges, Julian Butler has maintained a positive outlook on life. He believes his prognosis from his CVA is good and continues to work hard on his journey towards recovery. He is now using a cane for mobility and no longer relies on a walker. Julian is active again in his community and is a member of a support group on Facebook for stroke survivors. Within this online community, Julian is able to share his optimism with others going through a similar recovery process. With the CFC services in place, Julian will be able to remain independent and work toward his future goals.

ROBERT BRANDLEN

In 1981, Robert Brandlen was an active teenager and a high school junior who loved the outdoors, hunting, and fishing. He aspired to one day become a Volunteer Firefighter in his community in Garrett County. Robert began making connections at the local fire department to work toward this goal. He developed close friendships with other young men who were firefighters and hoped to join them to assist community members in times of need. In March of 1981, Robert Brandlen suffered a spinal cord injury as the result of a motorcycle accident that left him paralyzed from the waist down. His friends from the fire department were first responders to the scene of the accident. He was 17 years old.

Following the accident, Robert spent the following year recovering and working to become stronger. He was determined to pursue his passions in life and he never gave up. Robert received encouragement and assistance from his parents, as well as good medical care at his local hospital and Johns Hopkins Hospital in Baltimore, Maryland. Because of his determination, Robert was able to return home and lived with his parents. He worked hard and adjusted to his new life in a wheelchair. He pursued his love for the outdoors and became an outdoor sportsman. Despite adversity, he was able to hunt, fish, and boat alongside his father and family members. His ability to overcome obstacles motivated others. Robert was an inspiration to his community and he was featured in several local newspaper articles.

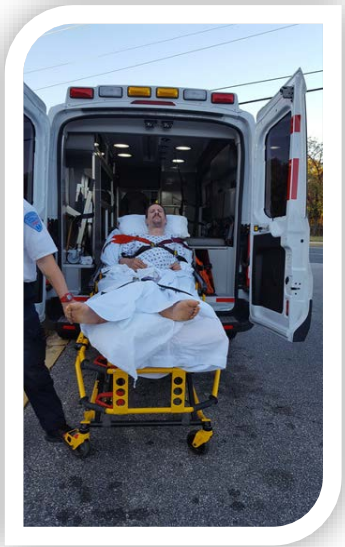
Three years ago, Robert suffered a heart attack that forced him to enter a nursing facility for treatment and strengthening. In 2016, his mother passed away. Robert had always relied heavily on his mother for care and support and now had to adjust to his change of medical condition, as well as the loss of a beloved family member. Robert has been through challenges before and his fighting spirit continues to shine as he deals with his current situation. Robert is grateful for friends and family who continue to provide support. Robert decided to switch Support Planning Agencies and chose SCI. He is working closely with Supports Planner (SP), Shonna Livengood, and plans to use the Community Options Waiver to return home with services in place to keep him safe. Robert and his SP reviewed his plan of service and made changes to meet his preferences. He had his SP contact personal care agencies and ask questions before he made a decision. They have also met with nursing home staff and therapists to evaluate what equipment he will need to be successful living at home. SP has discussed community resources Robert can use to help with his household expenses. Robert has assisted SP with creating a task schedule so his PCA can make sure his services are person-centered. Robert Brandlen will continue to live his life to the fullest and continues to be an inspiration to the community in which he lives.

JOSE RODRIGUEZ DIAZ

Jose is a 61-year-old father and grandfather who currently resides in Harford County with his daughter Maria (Cary), son-in-law Luis, and their two daughters. Jose's story is pretty remarkable. Up until October 2017, Jose was residing in his home country of Puerto Rico. He has an extensive medical history which includes end-stage renal disease, is a bilateral below knee amputee, and has diabetes. Due to his end-stage renal disease, he needs dialysis 3 times a week for 4-6 hours. When Hurricane Maria hit Puerto Rico, many individuals seeking medical attention could not receive the attention they needed, and Jose was one of them. He went from receiving full dialysis treatments to getting the treatments cut to 2 hours a day and having a very low oxygen supply. Jose is a bilateral knee amputee who used the resources he had to make two homemade prosthetics. That is when Cary and her husband Luis took action and brought him to live with them in Maryland. As soon as he arrived, Jose ended up in the hospital where he needed emergency dialysis due to not receiving adequate medical attention in Puerto Rico. This was an overwhelming and stressful time for Cary as she was trying move her family into a home that could accommodate her father. In the midst of trying to find the right home, Cary had to also locate resources to help her father live autonomously in the community. During this time, Cary received word from Harford County Local Health Department regarding Community First Choice (CFC) services.

This is when Supports Planner Alysia Amoriello came into the Rodriguez Diaz family's lives. Not only has Alysia assisted in helping Jose get CFC services in place in a short amount of time, she has been there to support the family in this transitional period. One thing that was a challenge with the new home was that there are a couple of steps that lead up to the front door and Jose's wheelchair would not be able to make it in and out safely. Since Jose lives with Cary, Luis, and their daughters, he could never go out to watch them play. To assist, Alysia connected with the Office on Aging to inquire about a ramp that the family could utilize temporarily until they could get a more permanent adaptation. Following the inquiry with the Office on Aging, Alysia secured a temporary ramp which will not only allow Jose to enter and leave the house safely but will also help him to spend time outside with his granddaughters. After getting the great news of the temporary ramp, Jose then received the even greater news of his very own professionally made prosthetics. During the past 4 months Jose's life has changed drastically. He has come very far since the devastating hurricane in Puerto Rico. Jose, with the help of his family and Alysia, has been able to find the services needed to help him live autonomously in the community.

CARL LONG



In the fall of 2016, Carl Long was hospitalized for treatment of a devastating anoxic brain injury due to a heroin overdose. This brain injury left him unable to move his extremities and swallow on his own, as well as with many other physical and mental challenges. Upon discharge from the hospital, Carl was transferred to a nursing facility for rehabilitation and 24-hour care.

After several months of rehabilitation, most of the nursing facility staff doubted Carl's ability to return to the community and live successfully. His needs are many including: tube feeding, oral suctioning, wound care, physical and speech therapy, repositioning, bathing and hygiene, mechanical lift use, etc. However, Carl's fiancé Jean Oliver was determined to find a way to take care of him at home. And although she was dedicated to caring for him, she alone would not be able to provide him with the 2+-hours care he needed. That's when they learned about the Community Options (CO) Waiver and its services. Upon applying for the Waiver, Carl was assigned a Supports Planner, our very own Nicole Weller.

Nicole jumped right in and advocated for Carl and Jean when others had doubt regarding his move to the community. She assisted the couple in developing a comprehensive Plan of Service (POS) that included both CO Waiver services and Medicaid State Plan services. The CO Waiver services included 60 hours of personal assistance service per week, monthly nurse monitoring, 2 hours+ of supports planning monthly, an environmental assessment (to determine if in-home safety adaptations are needed) and personal emergency response systems for fall alerts. The Medicaid State Plan services included Disposable Medical Supplies (tube feeding, suctioning, incontinence supplies, etc.), Durable Medical Equipment (hospital bed, air mattress, tube feeding pump, suction machine, etc.), and Home Health Care (wound care, physical and speech therapy. Everyone's hard work paid off as the POS was approved for Carl's transition back to the community. Throughout this process Nicole kept in mind that one of Carl's goals was to return to the community before his one-year anniversary of being admitted to the nursing facility. Guess what? They made it! Carl transitioned from the nursing facility to his and Jean's apartment in the community on October 31, 2017 and spent the holidays in his home with his caring family. I am happy to report that with Nicole's assistance and coordination of services, Carl and Jean continue to live successfully together in the community.

SUPPORTS PLANNING IS MORE THAN SERVICES, RASIMGUL'S STORY

Rasimgul is a 63-year-old loving grandmother of 11 grandchildren who resides in Washington County with her son Alim, daughter-in-law Mukhabat, and three small grandchildren ages 6-8 years old. Rasimgul has a supportive and caring family. She has suffered from memory impairment for many years and after the recent death of her husband of 40 years, she relies heavily on Alim and Mukhabat to assist her.

Rasimgul speaks Ahiska Turkish as her native language and no longer understands English due to her memory issues. She has trouble recognizing some of her family members but has developed a trusting bond with Mukhabat and will only allow her daughter-in-law to assist her with personal care. Working with Supports Planner, Angie Brambley, Rasimgul is now able to receive 42 hours of personal care assistance weekly through the Community First Choice program. Through this program, Rasimgul is able to receive assistance with her daily hygiene routines including toileting, showering, dressing, brushing her teeth, grooming, and nail care. Other services Rasimgul is able to receive include assistance with cleaning that may be associated with her ADLs such as laundry and changing of her bedding, medication management, as well as assistance with the preparation and serving of her meals.

These services will assist with keeping Rasimgul safe in her home and may prevent the need for nursing home care. As an added benefit, she was able to select Mukhabat as her care provider. This allows Rasimgul to receive help from the person with whom she is most comfortable. Mukhabat has lovingly cared for her mother in law for many years, but now she is able to receive a financial benefit that allows her to support her family and remain home during the day where Rasimgul relies on her for care.

Photo: Rasimgul (seated) with one of her young granddaughters (back left), daughter-in-law Mukhabat (center), and SP Angie Brambley (right).

MEET CALVIN AND STACY TITCHENELL

Both have been diagnosed with spina bifida. They had been living together on their own in the community for several years with the assistance of Community First Choice (CFC) services up until about a year ago. Within months of each other, both Calvin and Stacy developed health complications resulting in the need for nursing facility care.

Since that time, Calvin and Stacy applied for the Community Options (CO) Waiver hoping to be able to transition back to the community together. Their Supports Planner, Shonna Livengood, has been actively assisting the couple in developing plans of service that would allow for them to have their needs met in the community in a cost-effective manner. The CO Waiver approval and transition process can be a lengthy one ensuring that all the needed medical services are included in the plans of service, proper documentation is provided proving the need, and accessible housing is located.

During this process, Calvin and Stacy have been living in the same nursing facility and got married this past July! A huge frustration for the couple has been their nursing facility would not allow them share a room. They were used to living together in the community and now they are legally married – how does that make sense? Although they were able to visit each other and eat meals together, they were not being afforded the same basic rights that married people have in the community.

The SPS team strives to advocate the rights for all those we serve. Knowing that nursing facility residents have the right to choose their own roommates, Shonna was able to assist the couple in reporting the situation to the local ombudsman. It just so happens that before the ombudsman could respond, the state surveyors visited the facility. Calvin and Stacy spoke with the surveyors and effectively advocated for themselves. Within 15 minutes, they were moved into the same room together. After being apart for over a year, they were elated to finally share a room together once again. Calvin and Stacy both stated that even though it is hard being in the nursing home, at least they are in the same room together now. They can sleep, eat meals, and watch movies together like a real family!

It is uncertain at this time if Calvin and Stacy will be able to return to the community, however Shonna can feel proud that she was able to help this couple in advocating for themselves and improving their quality of life.

VETERANS SERVICES

SERVICES RENDERED THROUGH SCI VETERAN CASE MANAGEMENT SERVICES

SCI Case Manager (CM), met Michael at a local veteran social and physical engagement group known as Team Read White and Blue. Michael is a post 911 veteran living with his wife and child in the Frederick Area. After the group activity (meeting at a café), Michael inquired as to what services a Veteran Case Manager provides. I gave Michael a quick description of possible services and linkages and gave him one of my business cards. Several weeks later, Michael called to inquire if we could get together and discuss his needs in his household and community.

An appointment was made to meet. CM asked an available veteran mentor to join him at the meeting. After a more in-depth discussion on how the wrap-around services could work, the case manager asked if the veteran would mind if an Authorization and Consent Agreement could be signed. Michael appeared comfortable about joining in on the agreement. An information sharing, assessment, and intake were completed at this meeting. Michael needed assistance in the following areas due to multiple diagnoses that he shared, several of which occurred during military service. Michael first shared the need for some in-home direct care services.

The team assessed he needed about 15 hours of direct care to assist with healthcare appointment management, medication management, transportation, communication assistance with providers, and other professional health care

provider options. Michael is VA connected and does receive some medical services through the VA, but also has private health insurance coverage through his wife's employer. Michael said he struggled in all of these areas, plus some household care and management. CM found a few services in the area that could meet the expressed needs. Michael interviewed both service providers and was connected to the provider of his choice. Michael had a need to connect with more of what he refers to as Battle Buddies or Veteran Mentor Support. CM has successfully connected Michael with a mentor who he meets with on a regular basis. Michael also needed assistance with health and safety concerns in his household as he is at risk of falling down stairs. He has requested assistance in finding a service to assist with financial management and understanding of veteran benefits. CM was able to connect him to a local veteran, who agreed to provide him these services at no cost. Michael does not work or feel he can with his many mental and physical health conditions, however he does have an interest in getting information on classes at a local community college. Michael is open to community involvement through volunteer opportunities, but they will need to have very specific environmental control for him to be successful. CM has been meeting with Michael and has developed a working person-centered plan that is reviewed and updated on a monthly basis. There is open communication with Michael throughout the month by phone, emails and texts. Michael has expressed his satisfaction with the relationship and services provided.

CASE MANAGEMENT STORY - SPECIALIST STEVE SMITH:

Specialist Steve Smith, post 9/11 Army veteran was referred to the Veteran Support Network (VSN) of Western MD. The Alliance SSVF Housing Program came to his immediate rescue back in December 2017. He and his two young children were abandoned and displaced by the wife/mother. Having to relocate with little income ($133/month, 10% Service connected), loss of job due to lack of child care, and no other family support, Steve was on the last rung of his rope. He was provided with housing and other expenses paid through this Federal Housing Program. A SCI Case Manager (CM) was able to connect him to the Just Serve Initiative, who provided him with a $150 gift card for food and other necessary expenses right before the seasonal holiday.

The SCI CM assisted Steve with connection and navigation of Department of Social Services, Washington County and the Community Action Agency. Emergency SNAP program was approved, and resources for some child care were given. Steve was facing an uphill battle. He had all of his household belongings in a storage unit that was non-accessible because he could not afford the fees. His auto insurance was on the brink of being discontinued. One of his children is on the Autism Spectrum and needed special education services at school. Steve battling with PTS and the anxiety it manifests was doing everything he could to try and survive, but he felt he was in a no-win situation.

Steve was further assisted by CM with continued connections to resources at the local and State level. Steve was given assistance at Social Security to apply for benefits for himself and his family. Meanwhile employment options for a desired job in HVAC were being explored. We submitted an application for a Veteran emergency relief fund and Steve received $300 in the mail with which he bought a little more time with his auto insurance company. Steve was provided veteran peer support, and group Post-Traumatic Syndrome (PTS) counseling through Building Veterans, a local veteran support group in Brunswick, MD. This group also assisted with emergency kitchen and household supplies until Steve could access his storage unit. Home Front Battles, a national veteran support group, assisted with negotiations and payment for owed fees giving him access to his storage unit through March 2018. Steve was referred to the additional disabilities services provided by SCI. in Washington County for assistance with supports for his son. When Steve was closed by Supportive Services for Veterans Families (SSVF), CM was able to assist with the transition to the State Hud-Vash housing voucher program. Steve was able to locate and move into a new residence provided through Hud-Vash. Help with Steve's move was provided through Building Veterans and Help You Move Vets, a moving company owned and operated by a veteran in Myersville, MD; both of these resources were located by the CM. Steve's job exploration was also assisted through the CM and network, allowing Steve to connect to employment options. Due to the CM and collaboration and cooperation of the Veteran Support Network, Steve is seeing the light at the end of this disastrous situation. CM will continue to monitor Steve's individual plan and provide the family with other resources to remain stable and navigate into a desired lifestyle.

PARTNERS

SCI successes and day-to-day operations would not be possible without a strong team of organizational and program partners. The strong relationships SCI has established and built with these external partners allows us to carry out our mission. Below is a short list of our partners.

DDA & DD COALITION:

MARYLAND Department of Health
Developmental Disabilities Administration
http://dda.health.maryland.gov

The Arc Maryland
http://www.thearcmd.org

MACS
http://www.macsonline.org

Maryland Developmental Disabilities Council
EMPOWERMENT • OPPORTUNITY • INCLUSION
https://disabilityrightsmd.org

PEOPLE | OnTheGo
http://people-onthego.com

UNIVERSITY OF BALTIMORE
KNOWLEDGE THAT WORKS
http://www.ubalt.edu

Disability Rights Maryland
https://disabilityrightsmd.org

The National Leadership Consortium on Developmental Disabilities
http://nlcdd.org

NASUAD
National Association of States United for Aging and Disabilities
http://www.nasuad.org

HUMAN RESOURCES:

ADP
https://www.adp.com

AssuredPartners
BENEFIT ADVISORS
http://www.APBenefitAdvisors.com

Cigna
http://www.cigna.com

PSA
INSURANCE & FINANCIAL SERVICES
https://www.psafinancial.com

NEWPORT GROUP
https://www.newportgroup.com

nonprofitready.org
a Cornerstone OnDemand Foundation initiative
http://www.nonprofitready.org

ORGANIZATIONAL:

Medicaid.gov
Keeping America Healthy

https://www.medicaid.gov/medicaid/managed-care/ltss

FCB Frederick County Bank

https://www.fcbmd.com

Standards for excellence Institute

http://standardsforexcellence.org

Celebrating 25
Maryland Nonprofits

http://marylandnonprofits.org

CEO report
Connect • Inform • Inspire

https://www.ceoreport.com

INFORMATION TECHNOLOGIES

DELL

http://dell.com

SAMSUNG

http://www.samsung.com

Microsoft

http://www.microsoft.com

at&t
Your world. Delivered.

https://www.att.com

ORASES

https://orases.com

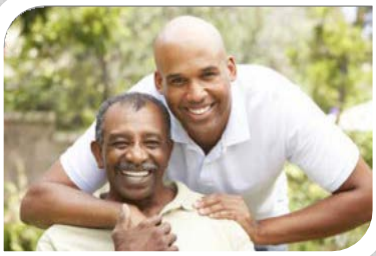
CITRIX®

http://www.citrix.com

SERVICE COORDINATION
CHOICES. CONNECTIONS. COMMUNITIES.

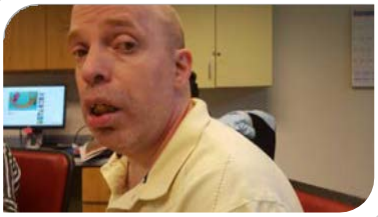
We work in communities throughout Maryland to support more than 12,500 individuals:

With our fully mobile workforce, we work in areas of the state that are most convenient and important to you, including your work or home. We provide our case management services to individuals residing in the Southern, Central and Western Regions of Maryland.



WESTERN AND SOUTHERN HEADQUARTERS

5283 Corporate Drive, Suite 103
Frederick, MD 21703
301-663-8044, 888-240-6835
Fax: 301-663-9609



CENTRAL REGIONAL HEADQUARTERS

9 Park Center Court, Suite 301
Owings Mills, MD 21117
410-235-8110
Fax: 410-235-9475

Email: info@sc-inc.org
Web: servicecoord.org

facebook.com/ServiceCoordination

twitter.com/servicecoord

linkedin.com/company/service-coordination-inc

STANDARDS FOR EXCELLENCE