

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

ADVISORY COUNCIL ATTENDEES: Estelle Duncan, Dr. Bruce Lindemann, Debbie Conway, Dr. Julie Kable, Marion Curry, Heidi Moore, Rita Young, Nandi Isaac, June DiPolito, Lynnette Bragg and Charles Harper

PARTICIPATED BY PHONE: Twana King

DDAC MEMBERS EXCUSED: Curt Harrison, Dorothy Harris and Sheryl Arno

STATE OFFICE STAFF: Dan Howell, Frank Kirkland, Mary Price (participated by phone), Dr. Darlene Meador, Byron Sartin, Ronald Wakefield, Esther Park, Dana Scott, Charles Hopkins and Nikki Douglas (**Recorder**)

Topic	Outcome
Welcome & Introductions Ms. Estelle Duncan	<ul style="list-style-type: none"> ❖ The meeting began at 10:08 AM. ❖ Ms. Estelle Duncan welcomed everyone and opened the meeting with a roundtable discussion of what is going well. <ul style="list-style-type: none"> • Powerful and enlightening stories with positive outcomes were shared.
Business: Approval of Minutes Ms. Estelle Duncan	<ul style="list-style-type: none"> ❖ There was a motion to approve the July 17, 2015 meeting minutes. <ul style="list-style-type: none"> ○ Ms. Bragg motioned to approve the minutes. ○ Ms. DiPolito seconded the motion. ○ Meeting minutes were unanimously approved.
Autism Update Dr. Darlene Meador	<ul style="list-style-type: none"> ❖ Dr. Meador discussed a partnership that DBHDD developed with the Emory Autism Center. ❖ The focus of this initiative is services for adults with autism spectrum disorder, specifically services provided by the division of DD. ❖ Dr. Meador distributed copies of a press release regarding the partnership entitled “State partners with Emory University to improve community-based care for adults with autism spectrum disorder. ❖ An advisory committee has been formed and is comprised of a broad-based, energetic group of people. <ul style="list-style-type: none"> ○ Self-advocates, family members, providers, etc. ○ DDAC members Ms. Rita Young and Ms. Debbie Conway are also members of this committee. ❖ The first year will involve a GAP analysis and will include focus groups beginning in the fall.
National Employment Conference Ms. Debbie Conway	<ul style="list-style-type: none"> ❖ Ms. Debbie Conway attended the National APSE (Association of People Supporting Employment First) Conference held in Philadelphia and included thousands of attendees. ❖ The focus was on employment with individuals with developmental disabilities. ❖ Ms. Sharon Lewis was one of the keynote speakers and discussed the settings rule and moving away from workshops. (from facility-

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

Topic	Outcome
	<p>based services to community-based).</p> <ul style="list-style-type: none"> ❖ The purpose of APSE is to facilitate the full inclusion of people with disabilities in the workplace and communities. <ul style="list-style-type: none"> ○ According to Ms. Conway, Ms. Lewis stated that the focus should be on people that are transitioning. ○ Also, assisting with informing the families on planning and making informed decisions. ❖ The biggest implications will be youth employment and post-secondary education. ❖ Individuals with more significant disabilities will be provided funding and help individuals go to work. <ul style="list-style-type: none"> ○ This will be a strategic, unified state plan that will address how to get to that point. ○ Collaborative impact is essential to systems and people working together. ❖ All presentations are posted on the website at http://www.apse.org/.
<p>Direction of DD with Day & Employment Services</p> <p>Mr. Frank Kirkland Mr. Byron Sartin</p>	<ul style="list-style-type: none"> ❖ Mr. Kirkland and staff would like to make employment the focus for the individuals that want to work. ❖ Community-based setting rules-the focus is on compliance and assisting agencies with this as well. ❖ The draft definitions will be shared. ❖ The second phase of the rate study is reviewing day services. ❖ Strengthening partnership with Vocational Rehabilitation <ul style="list-style-type: none"> ○ Mr. Kirkland stated that we will be entering into an updated Memo of Understanding (MOU). ○ Training and technical assistance will be provided to assist providers with this process. ❖ The process for the statement of need for the community service board has begun. ❖ Restructuring internal organizations to increase the focus on employment and day services. ❖ Developing sustainable support for post-secondary process and having post-secondary programs. ❖ Education about Supported Employment will begin in school at age 14. ❖ Employment must be addressed in every ISP. ❖ Mr. Sartin stated that there are certain criteria that Vocational Rehabilitation (VR) must follow that mandates VR have a formalized relationship with the division of DD. ❖ The local chapter is called Georgia Association of People Supporting Employment First (GAPSE). <ul style="list-style-type: none"> ○ Conferences are held once a year in October. ❖ Mr. Sartin is in the process of personally getting the MOU signed. <ul style="list-style-type: none"> ○ Mr. Sartin has been working in conjunction with Ms. June DiPolito in getting contracts signed for technical assistance. ○ They will identify the providers to receive technical assistance training. ❖ The MOU will accomplish the following: <ul style="list-style-type: none"> ○ Serve more individuals coming out of high school. ○ Have dedicated DD counselors in each field office.

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

Topic	Outcome
	<ul style="list-style-type: none"> ○ Make sure there are benefits and navigators to assist families when they choose to go to work. ❖ Once the MOU is signed... <ul style="list-style-type: none"> ○ VR will obtain additional staff; and ○ Joint training sessions will be held with VR, DD and providers. ❖ Mr. Howell stated that we are committed to providing the technical assistance and support necessary to help providers.
<p style="text-align: center;">Regional Reorganization</p> <p>Mr. Ron Wakefield</p>	<ul style="list-style-type: none"> ❖ Mr. Wakefield and Ms. Dana Scott have been working on the reorganization of the regions. ❖ Both of them have taken a comprehensive look at each region and agree that all processes should be consistent. ❖ As of July 1st, the name “regional offices” will be changed to field offices. ❖ A clinical person is necessary to guide clinical staff. This is not currently in place. ❖ Looking at centralizing possible functions and ensuring that staff will get the assurance and guidance needed. ❖ Looking at individuals applying for services and reviewing the length of time it will take before they get into services. ❖ Mr. Wakefield’s vision is to be clear on who to contact for a resolution on any issue. <ul style="list-style-type: none"> ○ Will have someone to keep track of all issues that are reported. ❖ Mr. Charles Harper feels there is no sense of urgency with the field office staff. ❖ Mr. Howell stated that Mr. Wakefield is ultimately responsible for each field office and he is committed to creating a sense of urgency, expectations and accountability in the staff.
<p style="text-align: center;">Planning List Redesign</p> <p>Mr. Ron Wakefield Ms. Esther Park</p>	<ul style="list-style-type: none"> ❖ A team has been developed to assist in the guidance of the planning list redesign. ❖ The initial focus will be on the prioritization process and the prioritization tool. <ul style="list-style-type: none"> ○ There are a lot of concerns about the tool and its objective. ○ Currently reviewing the overall process and why the process is so long. ○ The goal is to: <ul style="list-style-type: none"> ▪ Be able to track an individual’s process from application to getting services ▪ Make sure the process is effective. ▪ Identify the events that need to be tracked. <ul style="list-style-type: none"> • The individual should also be able to see what is being tracked. ❖ There are two key ideas with the prioritization tool: <ul style="list-style-type: none"> ○ Validity of the tool ○ Reliability of the tool ❖ A tool called a DD snap will be tested to ensure confidence when using; the tool would assist with prioritizing the

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

Topic	Outcome
	<p>planning list.</p> <ul style="list-style-type: none"> ❖ Trying to implement the tool with the implementation of the new waiver to stay in compliance. ❖ The goal is for all field offices to participate in a centralized waiting list process. ❖ It takes too long to get into services once a waiver has been awarded. Mr. Howell stated they are in the process of trying to shorten that timeframe. <ul style="list-style-type: none"> ○ Mr. Howell has asked Ms. Park and her group to figure out a way to shorten the timeframe once an individual gets the “golden ticket.” ❖ The individual most in need within the state of Georgia should take priority over individual regions most in need. . ❖ Mr. Howell asked Ms. Park if separating the waiting list into the NOW & COMP will be done. <ul style="list-style-type: none"> ○ According to Ms. Park, this is difficult but they are managing it and trying to make a decision.
<p>DD Director Updates</p> <p>Mr. Dan Howell</p>	<ul style="list-style-type: none"> ❖ Mr. Howell wants to know how to utilize the council in a more robust way. <ul style="list-style-type: none"> ○ Mr. Howell wants to listen and be advocates for the DD Advisory Council, but he also wants Council to reciprocate. ○ Mr. Howell wants to strengthen relationships and rapport with provider groups. ❖ Mr. Howell commended DD staff members for focusing on the things that matter the most. <ul style="list-style-type: none"> ○ This allows Mr. Howell the opportunity to be more strategic. ❖ Ms. Heidi Moore proposed the following question to Mr. Howell: <ul style="list-style-type: none"> ○ How can Mr. Howell and the organization better communicate with families? ○ Mr. Howell passed the question to Mr. Kirkland as he is passionate about supported employment and extremely skilled in family advocacy. Mr. Kirkland believes we should have... <ul style="list-style-type: none"> ▪ Better relationships with families. ▪ A more formal process for communicating with families. ▪ Have a contracted self-advocate on staff. <ul style="list-style-type: none"> • One part-time person at 2 Peachtree. • One part-time person at each field office. ○ Mr. Howell would like to speak further with Ms. Moore on how they can build relationships with families strategically. ○ Mr. Charles Harper feels families are uneducated about our services and he would like Ms. Rita Young and Mr. Frank Kirkland to come to his area twice a year. ❖ One DD priority is the DD Communication Strategy. When it gets to the division level, how do we communicate it? ❖ Pioneer Process:

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

Topic	Outcome
	<ul style="list-style-type: none"> ○ The transition guide should be completed in the next 30 days. ○ The first two components are stabilization and pre-stabilization of providers and community individuals. ○ An integrated clinical support team (Behavior Analysts, Social Workers, Physical and Occupational Therapists) has been created in region 2 which is a contracted service. <ul style="list-style-type: none"> ▪ An ISP fidelity review was completed for all individuals in services that are under the ADA settlement agreement. ▪ We reviewed what was written and what was actually being provided and found gaps. <ul style="list-style-type: none"> • Providers would go through the support coordination agency; • Support coordination would contact the integrated clinical support team; • The integrated clinical support team gets a referral to provide technical assistance or supported recommendations; <ul style="list-style-type: none"> ○ They have had over 60 referrals and done over 130 assessments in 2 1/2 months in region 2. ▪ One other role is to embed these tasks within the community providers. ▪ The goal of the integrated clinical support team is to train, teach and provide in region 2. <p>❖ GAP Analysis:</p> <ul style="list-style-type: none"> ○ Shows where the gaps in services are by county. ○ Will use this same approach when moving to another region. ○ Will be completing in the next 30 days in Region 2. <p>❖ The Department of Justice (DOJ) Update:</p> <ul style="list-style-type: none"> ○ The DOJ Settlement Agreement ended on June 30th. ○ Ms. Elizabeth Jones may have her final report completed by the middle of October. <p>❖ Enhanced Support Coordination:</p> <ul style="list-style-type: none"> ○ Early engagement has been very positive. ○ 14 individuals are currently involved in early engagement in Region 2 ○ Dan will be attending the Family Council Meeting at Gracewood tomorrow. <p>❖ Crisis System:</p> <ul style="list-style-type: none"> ○ The crisis system is in crisis. ○ Individuals are staying in crisis homes longer than they should be. <ul style="list-style-type: none"> ▪ The length of stay should only be 7-10 days.

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

Topic	Outcome
	<ul style="list-style-type: none"> ○ Some of the homes do not have kitchens. ○ How the crisis continuum is viewed in the state will be reviewed. ○ A larger, more strategic discussion regarding the crisis system will be held.
<p style="text-align: center;">Cost/Rate Study/Waiver Renewal</p> <p>Ms. Mary Price</p>	<ul style="list-style-type: none"> ❖ Mr. Howell briefly discussed the rate study, which is required by CMS. <ul style="list-style-type: none"> ○ Two town hall meetings have been held. ○ A rate study advisory group has been formed. (This is a different group from the waiver rewrite group). ○ Mr. Howell stated that Ms. Mary Price has been masterful with the rate study and has connected well with Burns & Associates. ❖ Ms. Mary Price gave an update on the current cost study being conducted for residential services (CRA, CLS and Respite). ❖ A PowerPoint presentation was distributed to the group. <ul style="list-style-type: none"> ○ It was created to provide high level information about the cost study. ❖ The current rate for residential services is one size fits all. ❖ Proposed a tier rate structure that will adjust to the individuals' specific needs. ❖ The exceptional rate process will not be completely eliminated; however, the hope is to significantly reduce the need for an exceptional rate. ❖ The goal is to hopefully better support individuals transitioning from hospitals because the current base rate does not always accommodate the hospital transitioned individuals and their higher complex needs. ❖ The plan is to have higher rates for a 3-person group home because some individuals will be better served in a smaller home as determined by clinical staff. ❖ Pay rate: the hope is the new rate will allow providers to increase the wage and benefits for frontline staff that support the individuals. ❖ Hopes to comply with HCBS rules. <ul style="list-style-type: none"> ○ The goal is to submit waiver renewals that will be acceptable to CMS and DCH. ❖ Overview: <ul style="list-style-type: none"> ○ Reviewed the service definitions and current requirements. ○ Established an advisory committee.

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

Topic	Outcome
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Ms. Heidi Moore and Mr. Melvin Smith are two family members that serve. ○ Engaged providers through a cost survey. ○ Provided multiple opportunities for technical assistance. ○ Proposed rate models and supporting documentation will be posted on www.dbhdd.ga.gov and the Burns & Associates website at www.burnshealthpolicy.com/CompWaiverRates. ○ The DBHDD comment session began on July 9th and will go through July 27th. <ul style="list-style-type: none"> ▪ Comments and feedback will be reviewed. ▪ Necessary changes will be made as appropriate. ▪ The submission of the waiver rewrite will follow to meet the September 30th deadline. ❖ Certification process has been proposed for those providers that provide residential services to individuals and will be based on site location. ❖ The status of SIS Training for staff and reassessments for individuals: <ul style="list-style-type: none"> ○ Reviewing designated regional staff to serve as SIS assessors. ○ Ensuring that their primary role will be to perform the SIS. <ul style="list-style-type: none"> ▪ The SIS will serve as the primary assessment tool because it benefits the whole individual. ▪ The HRST will be the supplemental tool to review the health and safety risks of the individual. ▪ The SIS, HRST, clinical staff and consultants will assist in identifying the appropriate resources and level placement for individuals. ○ The goal is to have 20-30 SIS assessors across the state. ○ Reassessments should begin in September 2015. <ul style="list-style-type: none"> ▪ Getting all individuals reassessed will be an 18-month project for residential services. ▪ Approximately 4,000 individuals will require reassessments. ▪ All assessments will be certified through the American Association on Intellectual and Developmental Disabilities (AAIDD). <ul style="list-style-type: none"> • Certifications will be maintained based on the requirements through AAIDD nationally. ❖ Ms. Price stated that they will provide the cost study information to families by having a recorded message set up. The Georgia Council on Developmental Disabilities (GCDD) will assist with the content of the message. <ul style="list-style-type: none"> ○ Ms. Moore feels that a webinar should be held for the families versus a recorded message. ○ Mr. Howell stated that they will figure out the best way to have the webinar with families.

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL (DDAC) MEETING MINUTES

JULY 17, 2015

Topic	Outcome
	<ul style="list-style-type: none">○ Ms. Price stated she is not opposed to having the webinar for families.❖ The next step is submitting the waiver rewrite to DCH by September 30, 2015.
By-Laws Review/Discussion	<ul style="list-style-type: none">❖ DDAC members were asked to send their feedback on any changes to the bylaws.<ul style="list-style-type: none">○ Everyone did not provide comments so Ms. Duncan extended the due date to Friday, July 24, 2015.○ After July 24, 2015, Ms. Duncan will make a final copy of the comments and move forward with the process.
Public Comment	<ul style="list-style-type: none">❖ Mr. Dave Zilles complimented the DD team on the cost study.❖ Ms. Kate Chandler reminded that families could be reached on Facebook.
Next Meeting	<ul style="list-style-type: none">❖ The next meeting will be held on Friday, September 18, 2015.❖ Ms. Duncan will advise of the meeting location and time.
Adjournment	<ul style="list-style-type: none">❖ The meeting adjourned at 2:15 PM.