

**DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES**  
**DIVISION OF DEVELOPMENTAL DISABILITIES**  
**DD ADVISORY COUNCIL (EXECUTIVE SESSION) MEETING MINUTES**

**JANUARY 17, 2014**

**ADVISORY COUNCIL ATTENDEES:** Debbie Conway (Chair), Estelle Duncan, Eve Bogan, Rita Young, Sheryl Arno, Heidi Moore, Dr. Bruce Lindemann, Nandi Isaac, Bobby Holcombe, and Twana King (Participated via Conference)

**STATE OFFICE STAFF:** Dr. Charles Li, Sara Case, Eddie Towson, Charles Hopkins, Fatma Ramadan-Jones, Doris E. Johnson, Nikki Douglas (Recorder) and Lynne Hutcheson

**EXCUSED:** Mitzi Proffitt, William (Scott) Crain, Lynnette Bragg, June DiPolito and Nicki Wilson

Topic	Outcome
<p style="text-align: center;">Welcome &amp; Introductions</p> <p>Ms. Debbie Conway</p>	<ul style="list-style-type: none"> <li>❖ The meeting began at 9:40 AM.</li> <li>❖ Ms. Conway welcomed everyone in attendance and asked members to share what is going well in their work and supports of individuals with developmental disabilities.</li> <li>❖ Council members recognized two exceptional staff members:               <ul style="list-style-type: none"> <li>• Ms. Veronica Rohrlack, Family Support &amp; Services Administrator, was commended for her attentiveness to the needs of the families and staff and the promptness in her responses to any requests.</li> <li>• Ms. Melissa Perlman, Support Coordinator, was commended for her positive attitude and accessibility to families and providers.</li> </ul> </li> </ul>
<p style="text-align: center;">Business: Approval of Minutes</p> <p>Ms. Estelle Duncan</p>	<ul style="list-style-type: none"> <li>❖ There was a motion to approve the November 20<sup>th</sup> meeting minutes.               <ul style="list-style-type: none"> <li>• Dr. Lindemann motioned to approve the minutes.</li> <li>• Ms. Arno seconded the motion.</li> </ul> </li> </ul>
<p style="text-align: center;">Division Report</p> <p>Dr. Charles Li</p>	<ul style="list-style-type: none"> <li>❖ Dr. Li expressed appreciation for the hard work of Advisory Council members in 2013.</li> <li>❖ The Department of Justice lawyers made a surprise visit to DBHDD.</li> <li>❖ Dr. Li believes that a new strategy would be required in order to reach physicians.               <ul style="list-style-type: none"> <li>• One individual passed away while in the care of a provider for three days.</li> <li>• Individuals require a lot of care (repositioning, suctioning, etc.)</li> <li>• There were 489 individuals that transitioned into the community with only medically fragile or behaviorally challenged individuals remaining.</li> <li>• Is it best to keep these individuals in a home or in a skilled nursing facility (SNF)?</li> </ul> </li> <li>❖ Dr. Li would like the council to take on more leadership roles on initiatives and continue to focus on accomplishing goals and getting positive outcomes.               <ul style="list-style-type: none"> <li>• What can we accomplish in 2014?</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• Dr. Li will provide needed resources to assist in accomplishing goals and outcomes.</li> <li>❖ <u>Quality Management System:</u> <ul style="list-style-type: none"> <li>• How can quality performance be measured? Need to create a culture of quality</li> <li>• How can we ensure the safety of individuals? DD Advisory Council could be involved in this area</li> <li>• Dr. Li believes that quality work should be rewarded and there should be consequences for poor work.</li> </ul> </li> <li>❖ <u>Support Coordination Reform:</u> How can the needed changes be achieved?           <ul style="list-style-type: none"> <li>• Dr. Li met with Ms. Elizabeth Jones to discuss support coordination</li> <li>• Ms. Robin Cooper made good recommendations during her visit to DBHDD.</li> <li>• Dr. Li asked Council members for recommendations on having a comprehensive plan for the state.</li> </ul> </li> <li>❖ <u>Autism Project:</u> <ul style="list-style-type: none"> <li>• Currently, there are no specialized services to support autism.</li> <li>• Dr. Li and others are working with Emory and Medical College of Georgia to determine if capacity can be developed in Georgia.</li> </ul> </li> <li>❖ <u>System Improvements:</u> <ul style="list-style-type: none"> <li>• Ms. Catherine Ivy has been hired to assist with community services.</li> <li>• Ms. Ivy feels that we are moving in the right direction but there is still a lot of work to be done.</li> <li>• How do we support individuals with autism?</li> <li>• Intensive in-home behavioral supports are desperately needed to assist individuals with autism. Emergency respite is needed but is not the only answer.</li> <li>• A spirit of partnership across the state should be promoted.</li> <li>• When we are not in partnership, we are working against each other.</li> <li>• The Commissioner is supportive of Participant Directed Services and Supported Employment.</li> <li>• Mr. Charles Hopkins spoke with Ms. Elizabeth Appley, an Attorney, regarding Supported Employment and has scheduled to meet with her on Tuesday, January 21, 2014.               <ul style="list-style-type: none"> <li>▪ \$1.9 million was requested for Supported Employment for FY'15.</li> </ul> </li> <li>• Mr. Eddie Towson stated that there will be subject matter training for roll-out of new ISPs.               <ul style="list-style-type: none"> <li>▪ Experts will provide training to providers in all regions in March and April (more extensive training).</li> <li>▪ There will be 12 sessions.</li> <li>▪ Training will be offered to individuals and families.</li> <li>▪ ISP testing and revisions will be held in February and March.</li> <li>▪ The new ISP will be:</li> </ul> </li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• More person-centered</li> <li>• Able to access through CIS.</li> <li>• Goals can be changed:               <ul style="list-style-type: none"> <li>○ without completing an addendum.</li> <li>○ to more closely suit the individual.</li> </ul> </li> </ul> <p>❖ ADA Settlement:</p> <ul style="list-style-type: none"> <li>• Dr. Li has dedicated 90% of his time working on the ADA Settlement.</li> <li>• Dr. Li is optimistic that we are moving in the right direction and he thanks council members for their support.</li> </ul>
<p style="text-align: center;"><b>Review Priorities Evaluate &amp; Plan Work for 2014 Workgroup/Sub- committees</b></p> <p>Ms. Debbie Conway Council Members</p>	<p>❖ Initial Key Priorities for the Advisory Council are:</p> <ol style="list-style-type: none"> <li>1. Communication at all levels across the state.</li> <li>2. Support Coordination</li> <li>3. Supported Employment – SELN/Rates to support</li> <li>4. Quality Management           <ul style="list-style-type: none"> <li>▪ Multiple Oversight</li> <li>▪ Quality management system that is streamlined.</li> </ul> </li> <li>5. Policy Revisions – Opportunity for input, even prior to implementation.</li> <li>6. Exceptional Rate Process</li> <li>7. Rates for Day Programs</li> <li>8. Best Practice – Define</li> </ol> <p>❖ Council members were given group assignments to discuss the key priorities.</p> <ul style="list-style-type: none"> <li>○ Group 1 discussed key priorities <b>1-4</b> – Ms. Heidi Moore, Ms. Twana King, Ms. Rita Young and Mr. Bobby Holcombe.</li> <li>○ Group 2 discussed key priorities <b>5-8</b> – Ms. Debbie Conway, Ms. Eve Bogan, Ms. Estelle Duncan, Ms. Nandi Isaac and Ms. Sheryl Arno.</li> </ul> <p>❖ What tasks were <b>tried</b> by the Council?</p> <ol style="list-style-type: none"> <li>1. Submitted plan/recommendations for communication</li> <li>2. Workgroups were put on hold to work with consultant. Regarding SC and the redesign of the quality management system</li> <li>3. Started a workgroup on Support Coordination but placed on hold due to Consultant involvement.</li> <li>4. DD Division wrote method, developed calendar for policy changes; DD Advisory provided feedback</li> <li>5. Participated in Exceptional Rate workgroup.</li> <li>6. Council has not heard anything formal as Council however, day rates for the most part appear to have been adjusted.</li> <li>7. Newsletter with best practice highlights, presentations at meetings, in put by self-advocate and Ms. Isaac will participate in training at Georgia State University.</li> </ol>

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	<ul style="list-style-type: none"> <li>❖ What did the Council <b>learn</b> based on activities they undertook and were there any factors that held the system back?               <ol style="list-style-type: none"> <li>1. Opportunities at all levels for improvement effects entire system.</li> <li>2. Support Coordination is very complex and needs support of regions/division and services should be consistent from Region to Region.</li> <li>3. Continuing services.</li> <li>4. Opportunities at all levels to be streamlined (i.e. reports at regional and division level)</li> <li>5. It takes a while for the department to respond to requests.</li> <li>6. Group was great; all levels of staff were committed.</li> <li>7. Rates not consistently adjusted.</li> <li>8. Important to continue to focus on best practice.</li> <li>9. Council needs to expand efforts.</li> </ol> </li> <li>❖ What are some things that the Council is <b>pleased about</b>? If there was progress, what were the contributing factors? What made the progress possible and who was benefited?               <ol style="list-style-type: none"> <li>1. Input from everyone; the final product.</li> <li>2. Support Coordination being a priority.</li> <li>3. Looking at using all funding.</li> <li>4. Mary Lou's and the groups' utilization to find answers.</li> <li>5. Commitment now.</li> <li>6. Final updated Exceptional Rate process – webinar on January 30, 2014</li> <li>7. Day Services Rates have been adjusted for most individuals</li> <li>8. Newsletter is out and Council is talking about it.</li> </ol> </li> <li>❖ What is the Council <b>concerned about</b>? If progress was not made, what were some things that prevented it? Who was not involved but should have been involved?               <ol style="list-style-type: none"> <li>1. Feedback status of implementation of Communication Plan</li> <li>2. Status of Robin Cooper's report.</li> <li>3. Status of next steps as detailed in the Quality Management report</li> <li>4. Administration of dollars and getting people into services</li> <li>5. Inefficiencies of the system.</li> <li>6. Internal coordination/lack of response (this may be fixed now).</li> <li>7. Some groups are still not happy. Until rate setting and DD issues are fixed, it will not be totally fixed.                   <ul style="list-style-type: none"> <li>▪ Participant directed families were excluded from the issues.</li> </ul> </li> <li>8. Has taken too long to fix day services rate issue-still having to advocate for the correct rates.</li> <li>9. Broaden distribution of information.</li> </ol> </li> </ul>

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	<ul style="list-style-type: none"> <li>❖ What to <b>do next</b>:               <ul style="list-style-type: none"> <li>○ Ask for formal status of reports and update</li> <li>○ Ask about status of Robin Cooper’s report and help with implementation and look at reimbursement rate.</li> <li>○ Where are we now?</li> <li>○ Need updates from Division on implementation.</li> <li>○ Ask department for timeline for completion/close the loop. The Division should report back to Council.</li> <li>○ Webinar-monitor the process to ensure it is working as expected – seek feedback from providers.                   <ul style="list-style-type: none"> <li>▪ Ask Catherine Ivy about participant direction. Ensure providers are being alerted to renewals for exceptional rates.</li> </ul> </li> <li>○ Monitor to make sure rates remain at needed level.</li> <li>○ Prioritize, select and take action on identified projects.</li> </ul> </li> <li>❖ In addition to last years’ priorities, council members recommended other priorities that should be added to the list:               <ul style="list-style-type: none"> <li>○ Ms. Moore Participant/Self-Direction has a workgroup that meets and brings advice to council members.                   <ul style="list-style-type: none"> <li>▪ Some members feel that problems still remain and there should be a better understanding of their choices.</li> </ul> </li> <li>○ Council has decided to make Participant/Self-Direction a standing agenda item.</li> <li>○ Hopes to incorporate DD staff attendance during Advisory Council meetings to answer any questions.</li> <li>○ How was information distributed after Dave Blanchard’s departure?</li> <li>○ What should their level of involvement be?</li> <li>○ Needs more clarification from Dr. Li regarding the projects he would like to see for the Advisory Council</li> <li>○ Questioned the name “Exceptional Rate”; why this name?                   <ul style="list-style-type: none"> <li>▪ Explained: Exceptional rate is for those individuals that need to receive above the maximum rate.</li> </ul> </li> <li>○ Would like status reports for all recommendations made so far by DD Advisory Council</li> <li>○ Review bylaws for members meeting attendance.</li> <li>○ After council members have served their 2-year term, how are other potential members chosen and does everyone leave at once?</li> </ul> </li> <li>❖ Core Purpose:               <ul style="list-style-type: none"> <li>○ Assist with adherence to standards of “best practice.”</li> <li>○ Assist with facilitation of communication at all levels of the system.</li> <li>○ Make recommendations for improvements to current services.</li> <li>○ Make recommendations for new and additional services</li> <li>○ Assist with assurances for quality services that are cost effective.</li> <li>○ Review policy and policy revisions.</li> </ul> </li> <li>❖ Outside of the Scope of the Council               <ul style="list-style-type: none"> <li>○ Avoid speaking negatively of the system.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Avoid getting involved in personal situations.</li> <li>○ Be aware of how issues are handled. <ul style="list-style-type: none"> <li>▪ Objective: <ol style="list-style-type: none"> <li>1. Avoid personal situations.</li> <li>2. Keep focus on the whole situation.</li> <li>3. Council can make recommendations but ultimately not responsible for implementations.</li> </ol> </li> </ul> </li> <li>❖ Core Responsibilities for Council members: <ul style="list-style-type: none"> <li>○ Attend meetings. Define how many meetings can be missed.</li> <li>○ Respond to requests from Division.</li> <li>○ Actively participate.</li> <li>○ Focus on freedom, independence and happiness of people we support. (Need mission and vision)</li> <li>○ Complete assignments and come to meetings prepared.</li> <li>○ Maintain confidentiality.</li> <li>○ Support final decisions and recommendations made by Council.</li> <li>○ Avoid personal involvement.</li> <li>○ Practice objective listening.</li> <li>○ Maintain consistency across the state.</li> <li>○ Communicate back to the group you represent.</li> <li>○ Message needs to be consistent across the state.</li> <li>○ Members to bring feedback to council.</li> <li>○ Respect for varied perspectives.</li> </ul> </li> <li>❖ Judgment &amp; Creativity: <ul style="list-style-type: none"> <li>○ How do we maintain unity by supporting decisions? <ul style="list-style-type: none"> <li>▪ Ensure communication because we do not need divisiveness.</li> </ul> </li> <li>○ How do we prioritize the needs we address? <ul style="list-style-type: none"> <li>▪ Identify top issues, select and take action.</li> </ul> </li> <li>○ Showcase for best practice or events to raise awareness.</li> <li>○ Other People to serve on workgroups.</li> <li>○ Using our expertise to identify solutions.</li> <li>○ Coming up with creative solutions for the divisions' challenges/oppositions for improvement.</li> </ul> </li> </ul>
<b>Person-Centered Thinking</b>	<ul style="list-style-type: none"> <li>❖ Ms. Fatma Ramadan-Jones, Training Specialist, has been charged with leading the “Person-Centered Thinking” training.</li> <li>❖ Three initiatives of the Person-Centered Thinking (PCT) training are to develop:</li> </ul>

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<p><b>Training</b></p> <p>Ms. Fatma Ramadan-Jones</p>	<ul style="list-style-type: none"> <li>○ PCT trainers – 2 day training session for staff.</li> <li>○ Person-Centered Organizations (PCO) coaches – will meet every month using learned material from the 2-day training session in everyday life. <ul style="list-style-type: none"> <li>▪ Support Development Associates (SDA) will certify PCO coaches by the end of June.</li> </ul> </li> <li>○ People Planning Together (PPT) trainers – self-advocates become trainers to teach other individuals. <ul style="list-style-type: none"> <li>▪ Mr. Bob Satler from Support Development Associates will be leading the webinar for PPT.</li> </ul> </li> </ul> <p>❖ The difference between PCT and PPT is that different instruments are used based on an individuals' needs.</p>
<p>Ms. Catherine Ivy</p>	<ul style="list-style-type: none"> <li>❖ Ms. Catherine Ivy is the new Director of Community Supports for the Division of DD.</li> <li>❖ Ms. Ivy has a background in waivers –primarily geriatric.</li> <li>❖ Ms. Ivy is currently learning where the gaps are in service.</li> <li>❖ She explained that private dollars can be used to fund services in excess of Medicaid.</li> <li>❖ Ms. Ivy is currently reviewing the entire process with the new ISP.</li> <li>❖ Ms. Ivy has agreed to a conference call with council members if the need arises.</li> </ul>
<p><b>Adjournment</b></p>	<ul style="list-style-type: none"> <li>❖ The meeting adjourned at 2:50 PM. The next meeting is scheduled for March 21, 2014. Council members will be notified of the time and location once determined by Ms. Conway.</li> </ul>

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