

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

OCTOBER 16, 2013

ADVISORY COUNCIL ATTENDEES: Debbie Conway (Chair), Estelle Duncan (Recorder), Eve Bogan, Mitzi Proffitt, Rita Young, Sheryl Arno, Twana King, Lynnette Bragg (by phone), Nandi Isaac, William (Scott) Crain, Bobby Holcombe and June DiPolito

STATE OFFICE STAFF: Dr. Charles Li, Sara Case, Eddie Towson, Joseph Coleman and Beth Shaw

EXCUSED: Heidi Moore, Dr. Bruce Lindemann and Nicki Wilson

GUESTS: Elizabeth Jones (DOJ), Richard Haliburton (CCTC), Marion Olivier (Delmarva Foundation), Darcy Robb (GCDD) and Courtney Newman (Emory)

Topic	Outcome
<p>Welcome & Introductions</p> <p>Ms. Debbie Conway</p> <p>ADA Settlement System Improvement Projects New Initiatives</p> <p>Dr. Charles Li</p>	<ul style="list-style-type: none"> ❖ The meeting began at 10:05 AM. ❖ Dr. Li thanked the Council members for the good work in the community. ❖ Currently working with public health departments to set up dental clinics in the community. ❖ Dr. Li is working with GA State University toward developing ways for individuals to get a GED. ❖ Dr. Li encouraged families and providers to find ways to access assistive technology for those individuals who need it. ❖ Updates: <ul style="list-style-type: none"> • The Division has been reorganized. • Dr. Li will send the new organizational chart to the Advisory Council members. • Dr. Li will directly supervise the Office of Transitions and Clinical Services. • Ms. Beth Shaw is the new Transition Coordinator from the DC/VA area. • Ms. Catherine Ivy will begin on December 16th as the new Director of Community Services. • Ms. Sara Case will directly supervise Community Services. • Currently working on the DD Master Plan (5 year plan) <ul style="list-style-type: none"> ○ commitment to DOJ ○ Working on draft – Dr. Li will forward to Advisory Council members. ❖ ADA Transition Work: <ul style="list-style-type: none"> • Fulfill obligation to transfer individuals to community as well as provide quality /safe services that will enable people to live better lives. • Transitions were suspended until reviews on 79 individuals who had been placed had been done. • Quality is non-negotiable. • Transition is an enhanced, validated process. • It is critical to pass on information on how best to support individuals. • Competence-based training – staff of provider must be adequately trained to provide care and must do return demonstration. • We must provide quality care.

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	<ul style="list-style-type: none"> ○ Little things/knowledge can make a big difference in providing quality services for an individual. ○ There needs to be community education with general public, doctors, judges, dentists, police officers, neighborhood associations and health care providers. <p>❖ System Improvements:</p> <ul style="list-style-type: none"> ● Waiver Management ● Exceptional Rate Process ● Quality Management system ● Incident Management ● Emergency Capacity/Crisis Homes ● Provider Licensing ● ASO RFP <p>❖ System Innovation:</p> <ul style="list-style-type: none"> ● Housing/Integrated Housing (100 Housing Vouchers) ● Supported Employment/Customized Employment (250 slots) ● Dually Diagnosed Individuals – look at individuals as a person not MH/ DD/AD. ● Day Programs – what is a meaningful day? <ul style="list-style-type: none"> ○ Need to be more creative. ● Own home - own job – meaningful day.
<p>Business: Approval of Minutes Ms. Estelle Duncan</p>	<p>❖ There was a motion to approve the September 18th meeting minutes.</p> <ul style="list-style-type: none"> ● Ms. DiPolito motioned to approve the minutes. ● Ms. Bogan seconded the motion.
<p>DOJ Settlement Ms. Elizabeth Jones</p>	<ul style="list-style-type: none"> ❖ Elizabeth Jones is an independent Reviewer with the Department of Justice (DOJ). ❖ Role: fact finder, reports to the court and reports facts to the Judge. ❖ Does not get into role of Consultant. ❖ Current administration is very open to learning about what works well. ❖ Does not get involved in decision making. ❖ DOJ agreement opens itself to misinterpretation. ❖ DD section of the agreement has far less detail than the MH side. ❖ Trying to meet the required number for those transitioning out of the hospitals was the first measure of success, however, current leadership sees that the focus should have been on quality, support coordination and implementation of the ISP

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	<ul style="list-style-type: none"> ❖ Case is not about numbers; it is about allowing people who have lived in institutional settings to have the opportunity to live and become a part of their communities. ❖ Just pursuing numbers has caused some of the non-compliance problems. ❖ Non-compliant areas have continued with support coordination and implementation of ISP. ❖ Ms. Jones and departmental staff have detected gaps in quality. ❖ This administration has recognized that significant changes/reform must be made in order to avoid future compliance issues. ❖ There is a need to get it right; structure needs to be reshaped-need to move forward-cannot look back. ❖ Sustainability moving forward must be addressed. Georgia's General Assembly has been very generous in funding services to meet agreement. ❖ Will the current funding level continue after settlement agreement is over? ❖ Transition Planning is now in the forefront and very important; sometimes support needs change when person moves from institution to community (esp. in area of behavioral supports) – resources are different. ❖ Support Coordination – SC needs to be involved in process of transition from the beginning. ❖ Housing Supports – four person group homes are popping up – sometimes institutional practices are carrying over such as signage. ❖ Host homes seem to be more personal. ❖ Supported Employment has a quality gap. ❖ Quality Management: <ul style="list-style-type: none"> • Need to connect the dots. • Is the information that is collected/known being passed on to the people who need to make the change(s)? ❖ Effectiveness of Mobile Crisis Teams – email of call Ms. Jones with any feedback. ❖ Team of consultants have been going to the address for the 79 people placed this year – at least one person at each address is being reviewed <ul style="list-style-type: none"> • Review by consultants will be compared to review done by Regions. ❖ Ms. Jones will be looking at Support Coordination, ISP, and transition planning and quality management. ❖ Numbers are off the table. ❖ It will be problematic if there is still non-compliance in the areas of Support Coordination and implementation of ISP. ❖ We must get it right! ❖ Decisions must be made related to sustainability not numbers. ❖ The decision to stop placing people was the right decision; the system needed to be fixed/revamped before starting back up. ❖ Provider certification needs to be looked at and may take some time to re-work. ❖ Question was raised about how long it should take to truly implement changes; depends on state and issues, 5-10 years is a rough estimate.

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	<ul style="list-style-type: none"> ❖ DD needs to look at some of the MH resources. <ul style="list-style-type: none"> • ACT team might be a good resource for some DD individuals.
<p style="text-align: center;">Interpretive Guidelines for DD Standards</p> <p style="text-align: center;">Ms. Sara Case</p>	<ul style="list-style-type: none"> ❖ Ms. Case would like to receive input from Advisory Council members by email by October 25th regarding interpretive guidelines. ❖ Ms. Case would like to get information out to constituent groups for feedback. ❖ Ms. Case only wants feedback on interpretive guidelines, not standards. ❖ This is the first time the division has attempted to develop interpretive guidelines. ❖ Ms. Catherine Ivy will be the new Director of Community Services. ❖ Dr. Darlene Meador, Special Projects and Eligibility, reports to Dr. Li. ❖ The goal is to have one operational manual.
<p style="text-align: center;">Customer Focus:</p> <p style="text-align: center;">State Employment Leadership Network (SELN)</p> <p style="text-align: center;">Ms. Debbie Conway Mr. Scott Crain</p>	<ul style="list-style-type: none"> ❖ SELN: Looking at funding structure in other states. <ul style="list-style-type: none"> ○ Must pay providers adequately ○ Need to build in costs when person goes from CAG or PV to SE. ❖ Three (3) subcommittees: <ul style="list-style-type: none"> ○ Leadership-SE is a possibility for everyone – conversation must happen with individuals/families. <ul style="list-style-type: none"> ▪ Review data. ○ Capacity-need to build capacity at provider level and in community. <ul style="list-style-type: none"> ▪ 250 slots to individuals coming out of high school (all state funding). ○ Funding-looking at fair reimbursement for services rendered. <ul style="list-style-type: none"> ▪ Advocacy for 10454 rate. ▪ Collaboration with rehab services
<p style="text-align: center;">System Structure:</p> <p style="text-align: center;">Support Coordination</p> <p style="text-align: center;">Ms. June DiPolito</p>	<ul style="list-style-type: none"> ❖ Provider names that will meet with Ms. Robin Cooper, Support Coordination Consultant, on November 4th are being submitted. ❖ Looking at training for Support Coordination – need consistency across state and providers.
<p style="text-align: center;">System Design:</p> <p style="text-align: center;">Exceptional Rate</p> <p style="text-align: center;">Ms. Sara Case</p>	<ul style="list-style-type: none"> ❖ Exceptional rate changes will be in January 2014 manual update. ❖ If there are no changes in person’s status, it will not be necessary to submit full packet of information; just certification if no changes.

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System Design: Policy Review Protocol Dr. Darlene Meador	<ul style="list-style-type: none"> ❖ Need standing review committee/executive committee for Advisory Committee ❖ Ms. Catherine Ivy will review all policies, not just NOW/COMP.
System Performance: Quality Management Project Mr. Eddie Towson	<ul style="list-style-type: none"> ❖ “As Is Report” – have great data that has been collected, but nothing is happening with data. ❖ A meeting is scheduled on October 21st with Ms. Mary Lou Bourne to discuss changes that need to be made. Mr. Towson asked for volunteers from the Advisory Council, but stated that it would be a significant commitment of time. ❖ All work needs to be completed by November 25th. <ul style="list-style-type: none"> ○ Mr. Towson and Ms. Bourne will work two full days per week during November. ❖ It is going to be difficult to get people to commit to the timeframes.
System Performance: Psychotropic Study Mr. Eddie Towson	<ul style="list-style-type: none"> ❖ Currently looking at the frequency of use of psychotropic medications with individuals coming out of hospitals at discharge, then at 3 and 6 months. ❖ Often there is an increase in the use of psychotropic medications.
Conversations that Matter Ms. Rita Young	<ul style="list-style-type: none"> ❖ Five events are forthcoming on supported employment. <ul style="list-style-type: none"> ○ Two supported employment events were held in Gainesville and Dalton. ❖ How do we expand opportunities for individuals? ❖ How do we expand the number of people who care about this issue? ❖ People want to help and we should draw them in.
Person-Centered Principles	<ul style="list-style-type: none"> ❖ Dr. Li was presented with a “wordle” that was created during a recent conference. ❖ Ms. Mary Lou Bourne will hopefully attend the next meeting to discuss best practices. ❖ Ms. Bogan discussed concern about new regulations related to overtime for direct care; new law goes into effect in January 2015.
Public Comment	<ul style="list-style-type: none"> ❖ No public comments.
Adjournment	<ul style="list-style-type: none"> ❖ The meeting adjourned at 1:50 PM. The next meeting is scheduled for November 20, 2013. Council members will be notified of the time and location once determined by Ms. Conway.

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