

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

FEBRUARY 15, 2013

ADVISORY COUNCIL MEMBERS ATTENDEES: Debbie Conway (Chair), Sheryl Arno, Rita Young, Twana King, William S. Crain, Heidi Moore, June DiPolito, Estelle Duncan, Dr. Bruce Lindemann, Lynnette Bragg, Eve Bogan, Nandi Isaac, and Mitzi Proffitt

STATE OFFICE STAFF: Dr. Charles Li, David Blanchard, Sara Case, Annie Webb, Dr. Darlene Meador, Robert Bell, Mai Tan, Eddie Towson, Charles Hopkins and Nikki Douglas (Recorder)

FACILITATOR: Mary Lou Bourne

Topic	Outcome
Welcome & Introductions	<ul style="list-style-type: none"> ❖ The meeting began at 9:10 AM with Ms. Conway welcoming all attendees. ❖ Ms. Mary Lou Bourne, functioned as the facilitator. <ul style="list-style-type: none"> ○ An introduction session of each Council member and state office staff was held. There was an opening round with each attendee stating what they were most proud of in their work and how they define the best DD system in the nation. Three themes emerged from the answers to the question about defining the best DD system: transparency, equitable access, and consistency (or minimal inconsistency) ❖ There are currently 13 members on the council. However, regions 4 and 6 are not represented and the Commissioner has decided to add two additional members.
Business	<ul style="list-style-type: none"> ❖ Dr. Bruce Lindemann was nominated for Vice Chair by the nominating committee. <ul style="list-style-type: none"> ○ Ms. Lynnette Bragg motioned and Mr. Scott Crain seconded the motion. ❖ Ms. Estelle Duncan was nominated for Secretary by the nominating committee. <ul style="list-style-type: none"> ○ Ms. Sheryl Arno motioned and Ms. Eve Duncan seconded the motion.
Role of the Members	<p>All members were asked to work in small groups of four people to discuss the six areas of authority and purpose described in the by-laws. As a result of this discussion, each group was asked to identify concerns or questions they held related to these areas. What are your thoughts on these areas?</p> <ul style="list-style-type: none"> ❖ Facilitate systems change ❖ When receiving calls from individuals, refer them back to the division and ask to call back if not resolved. ❖ What is our authority? ❖ Distribution of information at a systems level. ❖ Not functioning at the individual level so we contribute to improving the system. ❖ How do we know what best practice is? ❖ What is currently considered best practice and is it available statewide?

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	<ul style="list-style-type: none"> ❖ Policy review, revisions and recommendation-how will this be done? How will costs be managed? ❖ To know cost effectiveness, we will need information on current budgets/expenditures. ❖ Method for people to know what has been billed/paid for their service. ❖ Need access to data to avoid duplication of data that already exists. ❖ Need clear expectations of how communication occurs in the field. ❖ Method to evaluate the cost of implementation of new policies.
Roles of DD Staff	<ul style="list-style-type: none"> ❖ Staff will provide assistance/information to Council. ❖ Any changes to policies will be sent to Council. ❖ DD staff will not dictate the votes made by the Council. ❖ Dr. Charles Li – Assistant Commissioner of DD <ul style="list-style-type: none"> ○ Oversees the operation and processes for DD within the state of Georgia. ❖ Ms. Sara Case – Director of DD Programs and supervises five areas. <ul style="list-style-type: none"> ○ Waiver Services; Clinical Services; Transition ADA Settlement; State Contract Services; and Community Support ❖ Mr. David Blanchard – Director of DD Service Support and supervises two areas. <ul style="list-style-type: none"> ○ Provider Performance and Quality Management ❖ Ms. Annie Webb – Acting Director of Community Services <ul style="list-style-type: none"> ○ Waiver Services; Exceptional Rates; Manages funding for DFACS; Match Facing – DFACS pays for 38 people to get waiver services; and State Funded Services ❖ Dr. Darlene Meador – Director of Strategy and Special Projects <ul style="list-style-type: none"> ○ Works closely with the Department of Community Health (DCH); NOW/COMP Waivers; Appeals & Eligibility- complete division reviews on eligibility when requested; Handles appeals that deal with individuals. DCH handles appeals that deal with providers. ❖ Ms. Mai Tan – Director of Provider Performance <ul style="list-style-type: none"> ○ Performs community standards reviews; Implements NOW/COMP Compliance; Reviews regulations by updating, refining, and modifying to meet best practice. ❖ Mr. Robert Bell – Acting Director of Community Support <ul style="list-style-type: none"> ○ Provides oversight for Family Support; Provides oversight for Support Coordination ❖ Mr. Eddie Towson – Director of Quality Management and the Crisis System <ul style="list-style-type: none"> ○ Delmarva; QI Council; State QI Council; Human Rights Council

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Roles of Advisory Council Members in Detail	<p>The council held small group discussions to identify three areas of responsibility of members and the council as a whole:</p> <ol style="list-style-type: none"> 1. Areas of Core Responsibility- basic and clear expectations, without ambiguity 2. Areas of Judgment and/or Creativity – issues, activities or topic areas that will require exercising sound judgment and or require the use and application of creative thinking 3. Outside the scope of our role as council members – those areas which fall outside of the council’s responsibility; these typically are the responsibility of others, and must be respected to assure there is no confusion or duplication of effort. <p>The results for each area are included here:</p>
Core Responsibilities (Basic, Clear Expectations)	<ul style="list-style-type: none"> ❖ Attend all meetings; notify Chair the day of the meeting if not able to attend. ❖ Respond to all requests from Council. ❖ Actively participate and contribute. ❖ Focus on freedom, independence and happiness of the people we support. ❖ Complete all assignments and come to meetings prepared. ❖ Maintain confidentiality. ❖ Support the final decisions and recommendations made by Council. ❖ Avoid personal involvement in peoples’ lives ❖ Practice objective listening ❖ Maintain State and Regional consistency across the whole state. ❖ Communicate the work of the Council to the group you represent. <ul style="list-style-type: none"> ○ Use meeting minutes to be consistent. ○ Bring feedback to the Council. ❖ Respect and demonstrate sensitivity to varied perspectives.
Judgment and Creativity	<ul style="list-style-type: none"> ❖ Avoid becoming personally involved in individual situations. ❖ How we maintain unity by supporting council decisions. ❖ How we will prioritize the needs and what we address. ❖ Showcase for best practice or events to raise awareness. ❖ Suggesting other resources (people) outside of the council to serve on workgroups. ❖ Using our expertise to identify solutions. ❖ Coming up with creative solutions for the Division’s challenges/oppositions for improvement.

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Outside the Scope of Council's Role	<ul style="list-style-type: none"> ❖ Avoid speaking negatively of the system ❖ Avoid getting involved in personal situations. ❖ Fixing an issue.
Council Relationship to the DD System, Organizations & Individual People	<p>Advisory Council members were asked to discuss in small groups how they viewed the Council's relationship to the DD system at large, to individual organizations which make up the system, and to individual people associated with the statewide DD system. As a result of these discussions, the following insight was shared:</p> <ul style="list-style-type: none"> ❖ Communication is the main focus. ❖ Focus on an advisory capacity. ❖ Does the function of authority need to be recognized. <ul style="list-style-type: none"> ○ The Council requests a membership guidance document. ❖ Distribution of information at a system's level. ❖ Best practice <ul style="list-style-type: none"> ○ What is currently considered as best practice and is it available statewide? ○ How will policy review, revisions and recommendations be done? ❖ Need current information on budgets/expenditures to know what is cost effective. ❖ Avoid duplicating data that already exists.
Workgroups	<ul style="list-style-type: none"> ❖ All members of the Council will sit on at least one workgroup. ❖ Members will be chosen for workgroups based on the following: <ul style="list-style-type: none"> ○ Area of expertise ○ Interest and what they can contribute to the workgroup/sub-committee.
Committee Structure	<p>After a lengthy discussion regarding the structure of the Division, the structure of the Department of DBHDD, the priorities identified by both council members and Division staff, the complexity of the work was apparent. Several Council members expressed concern that they did not have enough knowledge of the system to yet make recommendations about subcommittees. To assure the system stays at a high level, the following subcommittee structure was suggested.</p> <ul style="list-style-type: none"> ❖ Systems Structure – Contracts, provider enrollment, etc; examples of what holds things together. ❖ System Design – Strategic Planning ❖ System Performance – Quality/Provider Performance ❖ Customer Focus – All other works.

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	Council members were asked to report their top two interest areas to the Chair, Debbie Conway.
Future Meetings	<ul style="list-style-type: none">❖ A learning component will be added to future meetings.❖ Time for creative thinking will be added to future agendas.❖ The next meeting will be held on Wednesday, March 13, 2013 at 10:00 AM. Location will be announced.
Adjournment	<ul style="list-style-type: none">❖ The meeting adjourned at 3:25 PM.