# **DBHDD Region 6 Regional Advisory Council Minutes**

Minutes: September 11, 2019

### **Present:**

Ted Kirk	Fayette	Jeffrey Cantor	Coweta	Tomika Sales	Marion
<b>Edith Haney</b>	Carroll	Mike Patterson	Macon	Lisa Fort	Stewart
<b>Beverly Richter</b>	Dooly	Natalie Belcher	Troup	<b>Geraldine Jackson</b>	Spalding
Kattie Kendrick	Peach	Irene Cheyne	Fayette	Alan Everidge	Houston
Siddiga Gibson	Henry			•	•

## **Conference Call:**

Sher'Londa Walker	Talbot	Cynthia Smith	Muscogee	Mya Cullins	Henry
Maggie McGruther	Sumter				

### **Absent:**

Celeta Cavender	Carroll	Jodie Goodman	Carroll	Chanda Moore	Coweta
Neydi Belmonte	Coweta	Cathy McGill	Crisp	Jim McCarten	Fayette
Starla DeSaussure	Harris	Ryran Traylor	Lamar	Marlene Rozell	Meriwether
<b>Annie Davis</b>	Muscogee	<b>Beverly Garland</b>	Muscogee	BJ Lawrence	Pike
Syntel Brown	Spalding	Melissa Johnson	Troup	Lori McSwain	Upson
Nikki Bryant	Webster	Valerie West	Troup		

### **Guest:**

Toyia Mather	Respect Institute Speaker	Emily McFarland	Respect Institute
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### **DBHDD Staff:**

Ann Riley	Regional Service Administrator (RSA – BH)
Lawonna Parks	Administrative Assistant/ RAC Assistant
Valona Baldwin	Regional Services Administrator (RSA – IDD)

<b>AGENDA ITEMS</b>	PRESENTER(S)	DISCUSSION

Call to Order	Ted Kirk, Chair	Meeting called to order – 1:00PM  A. Welcome and Introductions  • Ted Kirk – Welcome, I'm Ted Kirk from Fayette County. Let's take a minute and introduce ourselves and state what county you represent.  B. Review of May 8, 2019 Meeting Minutes  • Ted Kirk – Everyone should have had an opportunity to review the meeting minutes from last meeting. If there are no objections, I like to
		<ul> <li>motion to accept the minutes.</li> <li>Cantor – (Motion to accept)</li> <li>Kirk – All in favor (show of hands accepted the meeting minutes for July 10, 2019)</li> </ul>
Membership Updates and Actions		Review of Roster – Membership Changes  Lawonna Parks – I have just a few updates. Ms. Tomika Sales, Marion Co. is here with us today. We have two re-appointees: Ted Kirk, Fayette Co. and Beverly Richter, Dooly Co. We had two members to resign: LaVonne Harn, Houston Co. and Ed Barnwell, Muscogee Co.  Edith Haney – Hello everyone, Probate Judge Betty Cason will be retiring soon, and I believe I will be her replacement.  Jeff Cantor – Lawonna, have we heard from Neydi Belmonte, Coweta Co. I believe the policy states, if we miss three or more meetings, we can be removed from the board.  Lawonna Parks – Yes, if you miss three or more meetings, I must bring that to the attention of the board, the board will decide to either try to contact that member or vote to remove that member and request for the vacancy to be filled.  Irene Cheyne – We cannot vote to remove her until she has been given a ten-day notice.  Ted Kirk – I will reach out to her and let her know about her membership status. If I am unable to reach her, a ten-day notice letter will be mailed out to notify her that she will be removed from our roster and we will request to have her seat filled. I motion to contact her and send the letter.

	Jeffrey Cantor – (Motion – to accept)
	• Irene Cheyne – (Accept)
Guest Presentations –	Respect Institute Speaker
Public Announcements	<ul> <li>Toyia Mather, Respect Institute Speaker (Presentation)</li> </ul>
	Public Comments (3 minutes per comment)
	• N/A
	Region 6 Surveys – Final Report
	• Jeffrey Cantor – Irene and I collaborated for a couple of months and we pulled to together a report, which everyone has, and I would like for Irene to explain the breakdown and how the findings were tallied.      • Irene Cheyne – In this meeting, we will decide if we accept this Region 6 report so we can send it forward as a template for the other Regions to utilize. I did not hear back from anyone concerning additions or added strengths, so we will move forward with our findings. We will also need to finalize our priorities and strategies we worked on last time and present those to the Leadership Council and the Commissioner. I suggest we look at our talking points, there were two strong key points I would like to focus on with one being Awareness Prevention and Early Intervention and of course we will review the entirety of the survey findings. When we decided to use the survey as a voice for the communities to voice needs of individuals with disabilities, our goal was to complete seven thousand and twenty-five surveys. We reached and surpassed our goal by collecting eight thousand stinddred fifty surveys all done by volunteers. The goal for our Region was twelve hundred twenty-five, we collected two thousand thirty-two, we surpassed our goal by eight hundred and seven surveys. Of the thirty-one counties we serve, surveys from twenty-two of those counties were collected and tallied.  Expanding Workforce Training/ Employment Through Apprenticeships Joining with DOL and Vocational Rehab  • Jeffrey Cantor – One of our Region 6 priorities was to expand employment opportunities and focus on apprenticeship. Apprenticeships is not internships, cooperative education or work shadowing. It is gainful employment and training combined. We speak about it in terms of Registered Apprenticeship, the trainee and employer are in contract Through the states DOL. The department will

register the apprentice (trainee) and the employer for a specific occupational focus for a specific period. The apprentice is earning a salary or wage as part of the contractual relationship. The salary or wage, minimum, is set under the US DOL Barden Act of 1939 48% of the average wage set for that geological location with the start of a minimum wage. What that means is, the apprentice is learning and mastering a trade and every six months that the apprentice is progressing, the wage is raised until a certain amount and upon graduation that apprentice graduates with an average minimum wage for that occupation. The employer trains the apprentice for the work their company and upon successful completion or graduation with a certificate or industry certificate documenting their competency the employer will offer the apprentice employment within the company. This is a wonderful opportunity for the individuals we serve. Not only are they being trained for employment but if successfully employed, can also gain full benefits the employer offers to every other employee. As a side note, the US is the only industrialized country in the world who does not recognize apprenticeship as a means of higher education in training for people. On June 6<sup>th</sup>, the US DOL just released a grant availability of one and half million dollars each to those states that are looking to expand apprenticeships for disadvantage, disabled or nonadvantage individuals who are looking to get into non-traditional occupations. In the 2017, Georgia was the only state who did not apply for the grant. One of the problems is that Georgia does not have a state apprenticeship council. Twenty-five states have apprenticeship councils, the other twenty-four states use the federal programs through the DOL. I would like to suggest, as a Council or as the Region, we participate in the next grant opening to see if we can get some funding to do a demonstration project to demonstrate that apprenticeship is a viable means of helping disabled and or disadvantage individuals to enter gainful workforce and emerge in occupations that have some future behind them.

- Edith Haney Has anyone talked with our Labor Commissioner
  - Jeffrey Cantor Before the holidays I have tried to contact someone from DBHDD to get a dialogue going between DOL and Vocational Rehab.

- Irene Cheyne Do you think GSU would be interested in their development program?
- **Jeffrey Cantor** Actually the University of Georgia's department of vocational education might be a good organization to talk to because they are in the business of training workforce educators.
- Edith Haney What about our Technical Schools, this seems like something they would be interested in and what about contacting the Georgia Chamber of Commerce as well.
- Ted Kirk Post Secondary is great but what about those in high school? I think the exposure should start there. Then those who do not want to move on to post-secondary, they have the resources to move forward in the workforce. The apprenticeship programs are probably one of the best things that could have happened. I think this is a topic we can present to the Leadership Council and hopefully we can move forward from there.
- Jeffrey Cantor Maybe Valona can help in this aspect by giving me the
  contact info for the person who is over workforce education or
  something similar at DBHDD, where maybe we can start a cross over
  agency dialogue to see what kind of state interest we can get because
  ultimately the Commissioner or Commissioners would have to sign off
  on the grant applications, if we went down that road.
- Valona Baldwin It would be Supported Employment and the contact person for that department would be Gloria Jackson – McLe. She has attended the RAC meeting before and I can reach out to her for that purpose.
- **Irene Cheyne** Jeff do you know of any apprenticeship programs we can review online or model?
- **Jeffrey Cantor** Yes. I know a few from the previous research I've done.

#### 2019 - 2021 Region 6 Priorities & Strategies

 Irene Cheyne – The following priorities for 2019-2021 were selected and as follows: Access to Information, Employment and Transportation. Each Region is only allowed to present three priorities along with one strategy for each priority. We wanted everyone to have an opportunity to review the DBHDD Region 6 Independence and Recovery Needs (based on the findings from the survey) before we make a final decision on the strategies. Let's take

	this time to review and make revisions as needed. If everyone has had the opportunity to review the survey report, I would like to move forward with selecting our strategies.  • 2019-2021 Revised Region 6 Priorities  1. Access to Information 2. Employment 3. Access to Treatment & Services  Awareness & Intervention, Apex Program  • Irene Cheyne – I have a short five-minute video I would like to share with each of you to help those who do not understand the true benefits of the Apex Program and how the individuals we service benefit from it. (video is shown to Council)  The Apex Program was established to address the behavioral health needs of Georgia's students. The program was launched in 2015 by DBHDD to create partnerships between community-based mental health providers and local schools to provide school-based mental health services. Three main goals of the Apex Program are: increase access to mental health services for children and youth, provide early detection of child and adolescent mental health needs and increase coordination between community-based mental health providers and the local schools and district they serve. The program provides services like screenings, assessments, counseling and therapy and referrals to community support services like youth club houses. In addition to increasing access to care for students in need, the program has demonstrated success by integrating into a variety of school settings and improving coordination and communication between providers and school staff. Providers can bill 75-90% of the students served each month. The program brings mental health
	between providers and school staff. Providers can bill 75-90% of the
Reports Field Office	Intellectual Developmental Disabilities
	<ul> <li>Valona Baldwin – IDD Connects launch is up and running as of June 19<sup>th</sup></li> </ul>

notify the mobile command system through Beacon Health. We also have weekly conference calls where we report the status of those issues, which the field office cannot resolve. This new system allows person to complete the waiver application online and re-visit the website to check the status of the application as it moves through the waiver process.

- Irene Cheyne Are they able to upload supporting documents?
- Valona Baldwin Yes, they scan then upload into the system under supplemental documents.
- Irene Cheyne Were individuals from the old system as of the nineteen in terms of the application online and are now in the new system database.
- Valona Baldwin Yes, all previous individuals in the former database system migrated over to the new system, however, there was a two-week dark period where the system had not launch yet and the new system was only----- access, therefore applications had to be manually entered by staff. Families who sent applications during the blackout period were handled in the same manner as before. Applications received after the system went live did not take president over those entered manually. We have a new system called IMAGE and it's a critical incident reporting system which launched September tenth. The new system replaces an old system known as ROCI. It is supposed to be more user friendly and better access for the provider network
- Irene Cheyne Who is responsible for managing that site?
- Valona Baldwin The Office of Performance Analysis who review submitted reports daily. For those of you who did not know, Interpreter Services are offered through DBHDD and sometime back Irene asked what language interpreters are available for DBHDD individuals and families and how are the services accessed. In our Field Offices, we have a staff who serves as Field Office Access Coordinator. That staff is responsible for coordinating accommodations to facilitate effective communication with DBHDD Field Office staff for individuals accessing services provided by DBHDD. We have several agencies who provide language interpreter services to DBHDD and those agencies are: Astra, All World Language Consultants, Interpreters Unlimited and Lion Bridge.

- Irene Cheyne How are families made aware that they can access language interpreter services
- Ann Riley DBHDD policy regarding language interpreters was recently updated. All contracted providers through DBHDD were distributed handouts and posters where they are to be posted throughout their facilities and per their contract with DBHDD, must notify families the service is available. Those posters are also posted in the Field Office as well.
- Valona Baldwin Support Coordination is obligated to pass this
  information along as well. All new intakes who may have difficult
  hearing and so forth, a communications assessment is available and a
  staff from the Office of Deaf Services will assist them through the
  application process and make sure they have access to interpreter
  services as well.
- Irene Cheyne A year or two ago, there was a consensus where
   Support Coordination needed strengthening. Is that still happening?
- Valona Baldwin Yes, DCH had a mandated training in certain areas for all Support Coordination agencies on fundamental management training skills. Training was provided for: Fundamental Case Management Skills, Case Management Roles and Responsibilities, Case Manager Roles in Waiver Quality Insurance, Integrated Person-Centered Planning with Case Management Caps and lastly Waiver Quality Management Requirements for Case Managers. The training was not just geared towards the NOW/ COMP waiver program but for all waiver programs in the state of Georgia to include, Source and CCSP. DBHDD has facilitated between Support Coordination and service providers, the entities that deliver the care such as Community Living Supports, Respite and a variety of residential services. The previous process, Support Coordination would go in with a check off list and if Providers did not meet certain requirements, Support Coordination could rate them with one being acceptable up to 4, with four meaning you would have to contact the Regional Office and the individual could be removed from the home. That process is now replaced with the model, Recognize and Refer. Support Coordination now has a Quality Management tool which has over fifty plus quality service items and areas, that's where they interact with the individuals, the families, providers and any other

supports in that capacity, to determine is this individual getting the supports they need. If there are any deficiencies, the new process is not to wreck the provide but to refer them to the Field Office or make recommendations to help aid in making better choices or decisions to help the individual progress. I have just a few more updates. We are in the process of reducing case loads to forty or fewer per Support Coordinator to allow more individualized supports and advocacy. If an individual is receiving Community Access services, Support Coordination will make quarterly visits instead of monthly visits. For individuals who are receiving services per Community Residential Alternatives (Medicaid base) will continue to receive monthly visits. This allows the Support Coordinator to allocate services required or needed for the individual as the relationship between the two is now more than just a visit. We have a new tool in circulation, the Individual Quality Outcome Tool. It has fifty-five plus areas where it evaluates the individual's health, safety, community integration, satisfaction with services, quality of life and how they feel about the services they are receiving from DBHDD. This tool is now a requirement and it helps the department to measure if the person is doing well with their services or if they like their services and so forth.

- Irene Cheyne Last question, how does a family access Intensive Supports?
- valona Baldwin Intensive Support Coordination services is a clinically necessary service. It is not something they can elect. They must meet specified criteria to meet that level of care. It typically surrounds the individual's health care needs and or behavioral support needs. To access those services, we have clinicians who conduct clinical reviews annually or as needed and they indicate within their assessment if that individual meets criteria based on DBHDD policy fir intense coordination. Once the clinician documents the individual meets criteria, the clinician then alerts the Field Office. The Field Office then facilitates what's called Intensive Support Coordination Selective Form. The form lists all agencies that offer Intensive Support Coordination within Region 6 and the families have the choice of selecting which agency they would like to receive services from, and the Field Office enrolls them.

	Behavioral Health
	• Ann Riley – I do not have any updates, but I would like to expand on the incident reporting. I was able to attend one of the trainings and they walked us through what it looks like when someone is filling out the report. We do not fill out the incident report, we receive them. The provider completes the form based on the incident or incidents within their agency. For example, the question asks if someone was injured, if answered no, then there are several questions you skip or would not have to answer, but if the answer is yes, someone was injured, then the next set of questions pertain to the injury and must be descriptive. The system also has the capability to pull more reports from the mass of data that has been entered into the system where they can do more analysis and review it on a broader spectrum.
Other Business	County Attractions
	<ul> <li>Ted Kirk – I would like to encourage each Council Member to tell more about their county or area. My recent visit to Stewart County Lil Grand Canyon was a most gratifying experience. I encourage each of you take a trip and visit, if you have never been before. At the end of each meeting, I would like to highlight some of our county attractions by sharing information or maybe pamphlets, to promote and bring awareness to our counties.</li> </ul>
VIII. Adjournment	Next Meeting  • Meeting Adjourn – 3:25PM  • Next scheduled meeting – January 8, 2020 - Upson Co. Senior Center

RAC minutes prepared by Lawonna Parks