**OPRA BOARD MEETING RETREAT NOTES**



**Participants:** (Please add list if desired.)

**DAY ONE**

**OPRA’S Value Proposition Presentation and Discussion Points**

Mission Statement and The Vision of Excellence are the foundation of OPRA’s value proposition.

* Trusted voice of providers. Honest, effective brokers.
* Respect members and customers
* Challenges: “preponderance of service providers in the state” “mentoring system”

Member observations:

* When first drafted, OPRA did not have current standing in State. Now live up to being “the voice.”
* OPRA sets its sights on assisting providers and persons with disabilities.
* Intrigued by possibility of mentoring system
* Like characteristic of “outspoken.” Our willingness to fight for the “right” deal is important.
* OPRA is established as a strong voice in the system. Challenge is “preponderance” and what we do to keep providers and keep our standing going forward.
* Remember crafting this. Reviewing it now, our vision is still relevant.
* Incredible how we have grown. We are at a cross roads with ACA and all the issues hitting members. We may have to have the fortitude and vision to change/adapt.
* Third paragraph resonates. Working in alliance with other groups has been important, i.e. OACB, DODD, AOF, Partnership Committees.
* It is great that we have a Vision. Not all organizations do. We need to keep a focus on the Code of Conduct and avoid conflicts of interest. We cannot represent everybody. The appearance of a conflict of interest may happen as we represent our own agencies and serve on a Board representing the interest of all members.
* The second paragraph is strong on integrity, honor and respect for each other and those we serve. As we face tough choices, maintaining these values is part of what sets us apart.
* Having been on the Board when we did not have a strong voice, we need to meet the challenge of staying strong.
* We have come very far. We are willing to be forceful and effective with Directors when necessary. This is important to achieving goal.
* Representing the “preponderance.” We do this, but we just don’t get paid by all of them for the service. How do we help people who receive benefits become dues-paying members? OPRA is worth it. Make an investment. On a legislative path, OPRA has the relationships to make change. We are doing the right things. We need to convince people to invest.
* We have not focused on children’s issues very much. It is important for us to be at the forefront of those issues. There are also children service providers to court.
* We could expand on supporting members on innovative business practices and implementation technical assistance. This may be an area that adds benefits to dues-paying members. This would take us beyond advocacy and conferences. We are at a cross roads. We have to be ready to push forward to the next level. Other association may also be identifying those opportunities.
* This is my second time on OPRA board, and I remember celebrating winning a seat at the table. Now it is natural which is good. We are good at the State level. How might we do things at the county level? The faith-based alliance in NW Ohio means we have to be clear about our value.
* As an original participant, it is interesting consider what I thought we meant then versus now. Alliances then were very different. How do we have to think about alliances now?
* One constant for OPRA is conducting interactions with highest integrity, honesty and respect. This mode of operation has served us well and helped people regard us as a high-quality organization. We are definitely at a cross-road. Mentorships may be a key to our future with retirements and as a way to differentiate OPRA.
* Our Vision may be too long a statement. As a Board, I worry about how many of us are going to retire. Do we have enough member leaders for OPRA’s future? Also concerned that OPRA focuses too much on residential. We need to embrace employment as where things are going.
* A lot of caregivers become directors who are not business-minded or trained. OPRA can help with this kind of member growth. More focus on sound, innovative business practices.
* This is too long and needs updated based on where we are going emphasizing health and welfare and succession. OPRA is a mentor, but it needs to be more promoted. People do not want to look like they fall short in an area, but they want knowledge. Need to emphasize that we represent the individuals and the direct service staff who serve them.
* We were striving for a place at the table. We have achieved this.
* OPRA has rounded out my perspective. OPRA, the providers, are what will make a difference in the system. This is an exciting element in the vision/ future approach. Provider staff is committed. OPRA is at the table. The next natural step is driving system change. We are positioned to do this.
* OPRA as a forceful voice is reality. There was a time when we had to stand up to make that happen. We now own this. Now it is time to set a different tone and take a stronger path.
* From 15 years ago to now, we have had significant success for our members and the people we serve. Our success has bridged both political parties. It also reflects the depth of the Board and the membership. We impact public policy.
* We are OPRA. Collectively we bring this together and represent each other. Agree we are at a crossroad. We are better positioned now to leverage the crossroad. We are at the table. We have a level of influence and visibility that opens the window of opportunity at this point in time. We have a couple of years to capitalize or the window could close.

In response to discussion, it was noted that OPRA has a Code of Ethic for Board members to address business interest conflicts. OPRA also has a procedure regarding how to achieve consensus.

Overall, the Board believes OPRA is a value-added organization to its membership and the system. Board members discussed promotion, new services and potential changes to pursue in light of the current “crossroad” facing OPRA and the system.

**Defining “The Crossroad”**

* Direct care staff wage issues. Below 138% poverty. Turnover up. Wages down.
* Increased incidence of children born on autism spectrum.
* Increased incidence of children born with disabilities with increased life expectancy.
* Overall population living longer.
* Baby boomer generation means aging caregivers
* 40% of population receives formal services. 60% live in own home or with family supports. (100,000 people)
* Funding has to be more than Medicaid. Should we be separate? Go with aging? We are long-term services and supports, not a health care program for the poor. It is habilitative not rehabilitative.
* State has a surplus. One reason is cut in local government funds. This results in pressure on our system from the county level. Boards of County Commissioners are more reluctant to place levies on ballots; particularly those at higher rate.
* Prevalence of managed care principles for health care; how do those principles apply to us via waivers and other programs? Most decision makers understand that our mission is different that health care. However some managed care principles make sense in our system, so what reforms should we initiate to avoid formal State constructs?
* ACA affords opportunities. Health homes, etc.
* DC and ICF downsizing provides options and opportunities to serve individuals.
* Employment First, integrated employment
* Privatization of adult day services; unmatched funds
* Opportunities for Ohioans with Disabilities Agency (RSC); anyone representing those providers?
* Other trade associations forming, county board association changes, home health agencies moving into our service sector. Pipeline references an organization forming to help Boards privatize. OACCA members as opportunity (Alliance? Court members?)
* Self-advocates are stronger, more vocal and more organized which pushes us toward person-centered planning and outcomes.
* OPRA success in current budget makes receiving a rate increase again in the short run very difficult. As economy improves the stress on workforce increases.
* Medicaid expansion: $20m annually for us. Flip side: increases demand/competition for direct care staff throughout the system.
* More pressure from federal government. They could just walk in and change our services overnight. Department of Justice, for example.

**Areas for OPRA Re-organization -** Confidential information and subject to change

**The Rights of People with Cognitive Disabilities to Technology & Information Access**

The Board reviewed a statement to determine if OPRA will sign on as an endorsing organization. The Board will consider during upcoming conference call.

**Strategic Plan Update**

1. **Efficiencies and Simplifications** (Anita)
	1. Work to standardize billing process and simplify the billing *(department initiative)*
		1. Played out in waiver process
	2. Reduce duplication of surveys, including ODH licensure, Nursing QA and pursue deeming for CARF and other national accreditation
		1. Long, complicated process. Currently new process at CMS awaiting approval
		2. Deeming was approved for waiver certification.
		3. Not moving as fast on accreditation.
		4. Department incremental approach. Now new MIAS system. The nursing QA function is to be next function. Ongoing effort.
	3. Align the SSA program management functions to clarify who does what and to pursue program specialist as a distinct, separate waiver service *(department initiative)*
		1. SSA rule to become effective soon
		2. Health Home Initiative could also provide additional billable options for case coordination

DISCUSSION: If this Focus Area list had been accomplished would things have been simpler and more efficient? What does this mean going forward? The rule process cites the need for “common sense” and 88 counties complicate the situation…even getting to more statewide basis would be helpful.

Members are disheartened with overall tone of new rules, processes, compliance efforts, etc. Overall sense is that State approach is less-business friendly or understanding of bottom-line pressures. Members do not believe this tone is reflective of a lack of effort on part of OPRA.

1. **Reimbursement and Transformation for Workforce Sustainability** (Mark)
	1. Implement the waiver pilot and achieve waiver rate(s) increase for provider viability
		1. Secured the rate increase. The weekly rate is being implemented and appears to be working. Next step is to analyze data to determine savings.
		2. Technology grants secured and remote monitoring starting.
		3. Outcome-based cost piece has not begun.
		4. Looking to expand waiver pilot to include more participants. The structure is established, and OPRA is preparing a White Paper.
			1. May only work if applied across the provider span to achieve economies of scale.

Overall on track these activities are on track.

* 1. Stabilize and modernize ICF reimbursement
		1. Reduced rollback and adjusted timing
		2. Administration would like this out of statute.
		3. Medicaid Reform proposals; State goal is to constrain overall Medicaid growth to 3% or under.

DISCUSSION: OPRA is pulling data to make the case. Are we clear on our future intention? Medicaid claims data shows people in waivers are less costly than ICF. DCs cost more. Driver is Medicaid claims.

* 1. Build capacity for data collection and analysis
		1. Part of new policy analyst position
		2. Intern to further assist as needed
1. **Future Opportunities and Unmet Need** (Jeff)
	1. Implement Supported Employment Policies to create a viable, private alternatives
		1. Strategy for reorganization; sense of urgency
	2. Create and implement a comprehensive, collaborative statewide policy aimed at effectively serving individuals with behavioral challenges/autism in their home communities
		1. Share with DODD and OACB the availability of providers / make the connections
		2. Stark County Board Project: Collaborate on a four-person, licensed setting for this target population. Two providers collaborating on service provision.
	3. Seek system policies that create capacity and effective incentives, including access to capital, to support initiatives (DC downsizing, remote monitoring, private day services)
		1. Part of DODD ICF Committees
		2. Remote monitoring may be advanced by waiver pilot. Need to determine how to make it reimbursable. OPRA may need to initiate a recommendation. How can CMS be more friendly within the ICF setting? ICF-DC downsizing created the “community resource center”. The job description may illustrate opportunity. How to redefine our “Qs” in the waiver program.
2. **Membership and Member Services (**Teri)
	1. Increase membership with a primary focus on personal approaches by Board, staff and members
		1. Shared plan with Board previously and discussed facets this morning.
		2. Goal is 40 new members, etc. Requires coordinated, targeted approach leveraging relationships. Time to go on the offensive with a “big bang” approach.
	2. Explore options of a flexible dues structure to attract new members and maintain existing membership
		1. Dues exploration
			1. Aggressive dues approach for new members in 2014.
		2. Survey results informative
		3. No new membership services recommended at this time.
	3. Develop a comprehensive communications plan
		1. Plan is completed. It is on track. Challenge is to now implement.

**DAY TWO**

**Membership and Dues**

* Regional video conferencing implementation: prefer those locations be at membership locations.
* Discussion of Day One proposal to re-brand OPRA to expand the customer base via employment services and bring in new members due to that topic relationship. Growing membership grows influence and grows industry. OPRA remains the “trusted, strong voice for providers” “honest broker that is at the table”.
	+ Affirmation to go forward on Employment/Vocational front/Day Services
	+ Emphasize message that providers offer full-spectrum of services (continuum, full-service) and a full-service association supports us.
	+ Consider if OPRA needs to strengthen linkages to other national associations that cover facets of the service delivered by member providers.
	+ Actual Income, Dues and Expense 2010-13 shared with the Board.
	+ New Member Targets and Dues Impact Analysis shared with Board.
		- Discussion if goal is attainable. The targets are ambitious. Clarification that potential to lower overall member dues in 2015 should not be shared since it is an unknown at this time. OPRA needs to see 2014 results to make a 2015 determination.

The Board affirmed following the September Board-approved plan to build membership. New members have an incentive program to join and existing members receive $500 per recruit. Existing members need to understand this proposition.

* + - Members agreed that extra effort needs to be focused on how OPRA promotes the value of joining with new members in year one. Some ideas contained in Focus Area Four plan.
		- Members discussed that increased communication is needed to ensure that all provider members see the value of membership.
* Members agreed that a discussion regarding dues is 2015 conversation.

**Nominating Committee Report**

* The terms of Trustees in Districts 1, 4, and 7 will be over at year end.
* Incumbents have been spoken with already. A call for nominations will be released to solicit new interest in service.
* The terms of Officers end 2013. Slate of officers for 2014: interested parties should share interest with Anna, Monday, November 4th by 5pm. Terms are two-year terms, eligible for up to three terms or a total of 6 years in any one role.

**Strategic Plan 2014-15 Development**

Members reaffirmed commitment to the four, ongoing Focus areas. In small groups, members followed an inclusive process to identify three goals per Focus Area. Members also provided strategic guidance on potential objectives and performance measures as well as offering advice on how to deliver the value members expect from each priority.

The following plan outline was developed:

**OPRA Strategic Plan**

**2014-2015**

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| **Mission Statement** |
| To support and provide advocacy for community-based service providers to ensure the availability of programs, services, and funding adequate to support and assist individuals with developmental disabilities as they strive to achieve a life of increasing independence, productivity and integration. |
| **2014-15 Focus Areas & Goals** |
| **Efficiencies and Simplification** | **Reimbursement Transformation for Workforce Sustainability and Quality** | **Future Opportunities and Unmet Needs** | **Membership and Member Services** |
| 1. Push to align the SSA and Program Management functions to clarify who does what and to pursue program specialist as a distinct, separate waiver service.
2. Pursue corrective action for a regularly-updated, prioritized list of member concerns.
3. Champion the reduction of duplication of surveys, including ODH/Licensure and nursing quality assurance, and pursue deeming for CARF and other national accreditation.
 | 1. Advocate for re-investment of County Boards of DD/DODD budget savings accrued from waiver budgets or efficiencies in County Boards and State systems in DSP wages, benefits, training and supervision, and waiting list.
2. Advocate for annual adjustments to ICF and waiver reimbursement tied to inflationary index and unfunded mandates for provider viability.
3. Using data provided by OPRA, advocate for implementation of data-informed reimbursement policies/systems that provide positive incentives for achieving desired outcomes / policies.
 | 1. Develop an OPRA strategy that identifies willing County Boards of DD and provides assistance to continue the trend of County Board divestment of direct services.
2. Persistently and consistently pursue service planning reform with our system partners.
3. Support the realization of the Employment First Initiative.
 | 1. Implement the Communications Plan with tangible achievement by March 2014 and full implementation by March 2015.
2. Retain membership at 90% level.
3. Recruit 40 new members by December 2014.
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**Next Steps**

A number of issues have been identified for the November Board conference call. The December Board meeting will be December 11, 2013, 10:00 a.m. to 2:00 p.m. The Board will have a holiday lunch at a restaurant TBD.

Please share what you appreciated about our time together.

* Finally learned everyone’s name and the nice welcome.
* Liked the format of less paper and more discussion.
* Open and full discussion about membership.
* Enough time to have in-depth discussion.
* The agenda worked, but what was really important were the off-agenda conversations about business strategies, etc.
* Impressive focus of Unmet Needs group.
* Robust discussion helps us put together a comprehensive set of goals.
* Appreciate time for discussion when we usually so fast paced.
* Enjoyed dinner conversation.
* Social time was fun on top of real work. This type of discussion is what makes us a great Board. It is good to have intense discussion in a friendly manner.
* Helpful to be together. Always learn from bright, committed folks. Like that we are willing to stretch and ask questions. It is good that we challenge in discussion and come up with a plan.
* Nice to get together and share ideas in a casual format. We worked on some pretty impressive tasks.
* We have not lost our focus on what we do and who we serve.
* Appreciate how committed people are… when approached about continuing to carry a heavy load, they help.
* Liked less paper, more discussion. Dinner and out-of-meeting discussion was also very beneficial.
* Great to get to know colleagues better. Also, appreciate passion of staff.
* Like being included in this room because of the wealth of knowledge and chance to learn. Can’t match the experience in this room.
* Appreciate that any question can be asked. No question is too little or big or wrong. We are a respected team.
* The group has let me stay. This is where my heart is.
* Love being part of the OPRA family. Grateful to be here.
* It is an honor to do what we do. Very grateful to work with this group of passionate, volunteer Board members. This group functions at the policy-setting and governance level in a respectful, purposeful way.
* Appreciate the maturity of the group. Openness, honesty and comfort level we have with each other speaks well for us all. Lots of good ideas and confidence that we can work together. There is a responsibility for being a Board member. Growing in my comfort level as “WE.” We are OPRA!