**OPRA Policy Committee Meeting Notes**

**January 17th, 2017**

**10a-2pm**

**OPRA Offices-Goodale Blvd.**

Those in attendance: Refer to the signature sheet

1. **Introductions of all in attendance and those on-line or via phone**
2. **POWERPOINT-OUTLINE OF MEETING (REFER TO ATTACHED)**
3. **New Chairperson for Committee: Becky Sharp, CCHS, Inc.**
4. **Guest Speaker: Teresa Kobelt, Deputy Director, DODD- Division of Policy and Strategic Direction**

Handout-Attachment A: DODD-Division of Policy & Strategic Direction

This diagram is meant to show what lies under this division and the division of labor within the department.

1. **Understanding and Supporting People with Intense Support Needs-**

Behavior Support

Trauma Informed Care-grant work related to new approaches

Mental Health/Mental Illness

Liasion-regional (technical assistance and training)

1. **Critical issues**-

Interagency work group on Autism, Roll out OCALI Autism Certification Center (Online/ video based training modules for supporting those with Autism)

Workforce Crisis-DODD is aware of this huge problem with DSP Workforce issues. They are working on ways to assist through on-line training, Reviewing waivers in rules proposed by OPRA and OADSP

1. **System Outcomes-**  
   NCI Survey Participants  
   NCI Survey-Staff Stability

Epidemiology-new area focused on data related to health outcomes, hospitalizations, and treatment

1. **Early Intervention-**

Just recently transitioned from ODH to DODD (DODD now lead agency)

Updating rule and work on regulations

Working on getting developmental services added to State Plan-in natural settings

1. **Work and Community Life-**

Employment Redesign-Employment First Initiative

OOD Partnership

Adult Day Service Redesign

Training and roll-out

1. **Person-Centered Planning**

Regional trainings on Person Centered Planning (twice in every region per year)

Targeted technical assistance (Imagine IS)

Liaison with those needing extra assistance/or those doing well to use as examples for success

1. **Family Engagement and Support**

Received technical assistance from UCEDD in Missouri

Training through work with the National Community Practice for Supporting Families

**Life Trajectory Worksheet-ATTACHMENT B**

**VISION FOR A GOOD LIFE WORKSHEET**

Family Advisory Council-new core team of attendees; DODD seeking more family involvement and direction-applications are out now and next meeting should take place within the next three weeks.

**SERVICES AND SUPPORTS ARE EVOLVING-ATTACHMENT C**

1. **2017 PRIORITIES:**

**Continue 2016 initiatives listed above**

1. **Workforce**
2. **EPSDT-get into State Plan (without requiring prior auth, etc…) for Early Intervention Developmental Services (in past directed towards going to a facility to receive services—want to have in-home and other supports added).**
3. **National Core Indicators Staff Stability Survey-**Baseline data gathered last year for DSP wages, benefits, etc. prior to 6% increase. Approximately 89% response rate to baseline survey.

New NCI Staff Stability survey will be sent out in the next week or so to capture 2016 calendar year data from all providers. It is mandatory for all providers to participate-due within 30 days of receipt. Should be completed by HR staff (data should be easily obtained). The survey data will be aggregate showing overall impact on wages, benefits for Direct Care. NOTE: Non-completion or compliance with survey is grounds for citation as it is now in rule. This survey data will be used to determine impact of the increase on provider investment in DSP wages/benefits, etc. This has huge implications with legislatures.

The following concerns were discussed by members:

1. Shared living providers-questions geared towards FT-PT DSPs-under this model, all employees are contractors. So, most questions were answered, “0” or ”NO” or unable to answer. Even though 6% was passed through to Direct Care, survey does not capture this.
2. Rates have only increased 7% in last 13 years. There are many factors to consider:
3. OSOC-increased use of this service has huge effect since minimum wage has increased several times in that period
4. Some providers provided increase in advance of the increase due to necessity to address hiring/retention for DSPs-this is not captured in only using one year data
5. Some providers used bonuses or benefit increases for employees
6. ACA, DOL, Work Comp changes and other external factors have created hardships and increased costs which limited a few providers capacity for increases in other areas
7. Many providers invested in DSP wages/benefits long before the increase-not captured in data
8. With Workforce issues, vacancies, and turnover rates, providers are forced to pay excessive overtime (which is increased wages). The survey does not capture this factor
9. Members asked that OPRA have the opportunity to review the data and also collectively assist DODD with how to message and include the considerations above when addressing the impact of the increase on DSP investment.
10. Teresa stated that she would send the baseline results to OPRA to distribute again to members.
11. **Behavior support/Significant challenges:**
12. Coordination of care and hospitalizations have been the recent discussions.
13. Epidemiology work group created to review data of hospitalizations and follow-up treatment
14. Dual Diagnosis Treatment Teams-established in approximately 42 of Ohio’s counties to assist with those with dual diagnosis. Teresa to obtain list of the counties/resources to provide to OPRA to distribute to the members. (all members indicated that they have not experienced these teams or heard of them)
15. Mobile Treatment teams have proven to be a successful treatment method
16. MIDD-CCOE-offers second assessments through Dr. Gentile out of Wright State (through Access in Dayton and central Ohio)
17. Telepsychiatry can help as it does not require travel, scheduling, etc.
18. Teresa reviewed that they are currently looking into how many providers are dually certified in MH and DD. There are very few. This may be an option to assist with those with significant challenges as you could have an HPC staff and a CPST staff providing the therapeutic intervention at the same time. It was expressed that the auditors in the past have brought issue with this approach. Teresa assured that this has been discussed through all departments and will review again.
19. **Trauma Informed Care**
20. Third year of this initiative-took off in first year in MH-picking up momentum in DD this past year
21. Many providers participating in grant work. Discovering benefit in reviewing DSP trauma in the support of individuals, as well…assisting with matching staff/individuals based on these findings. (incorporating in new hire/retention strategies)
22. Shifting from WHAT IS WRONG WITH YOU to WHAT HAPPENED TO YOU? Behavior caused by symptoms of trauma.
23. Debriefing strategies for Individuals and staff involved
24. Regional trainings continuing-Teresa will send list of trained trainers for TIC to OPRA to distribute.
25. TRAUMA SUMMIT coming up-more details to be sent.
26. **Autism-(to be reviewed at future meeting-invite Teresa back)**
27. **MUI DISCUSSION**

**REFER TO SLIDES IN MEETING POWERPOINT**

* **OPRA led meeting with Scott Phillips, DODD MUI and Eric Metzger, Hamilton Co. BDD.**
* It was agreed that the current MUI system has become one considered punitive and scary. This has led to unintended consequences resulting in negative impact on workforce hiring and retention. DSPs in fear of taking risks (which are greatly increased by community initiatives) and leaving due to MUI process/fear.
* Members expressed concerns regarding:

1. It seems that it is now GUILTY until proven innocent-but even when unsubstantiated, it is only because they haven’t dug far enough—“Something had to happen” mentality. The process doesn’t end because even unsubstantiated events are being brought up when there are more than one, going back to past.
2. Even with unsubstantiated events, provider must provide prevention plan, underlying causes, and follow-up.
3. Providers being directed to pull staff from schedule (excessive amounts of time); being directed to fire staff, etc.
4. Community integration and current initiatives in our field requires risk taking. The rule/process does not allow for risks, in fact, supports protections of a congregate facility.
5. There needs to be more awareness of the actual rule and not what others tell us it is.
6. How can you get failure to report substantiation when the MUI itself was not substantiated?
7. Staff getting investigated; families, communities, and others doing same thing-not receiving any scrutiny.
8. Unapproved behavior supports have been an issue with new behavior support changes.
9. There is such stigma around incidents and MUI.

* OPRA is planning to continue work in this area as a PROCESS system change. (this will not be a one day fix-culture change)
* The focus areas:

1. Rename MUI-reflect true purpose behind rule (Health, welfare, quality, etc.)
2. Neglect
3. Hospitalizations (Nursing committee reviewing hospitalizations-possible funding for Coordination of Care to present)
4. Provider training
5. Culture of Investigative agents/those in process
6. Failure to report when allegation not substantiated
7. Unapproved behavior support

* There was a memo distributed reportedly by DODD MUI in summer 2016 outlining procedures surrounding pulling staff from schedule during incident investigations. (ATTACHMENT D) Members do not recall receiving this correspondence. OPRA to re-send this to all members as it has strategies for assisting with returning staff to schedule for many situations.
* Members who expressed interest on working with OPRA for this MUI area: Lisa Reed, Sarah Hall, Jerri, Mary V., Chris Link, Jo

1. **DSP WORKFORCE**

* Cheryl Jacobs (OPRA) reminded members that the grant provided by DD council for DSP awareness is covering commercials-billboards-etc. OPRA sent out for member input on tag lines, pictures, etc... Focus on education of the public on DSP, why it is a great career, and the work that we do. The close of input from members is this Friday. OPRA will choose top 5 ideas and forward to members through a survey for final vote-majority wins.

1. **OSDA-PROJECT STIR**

* **Dana Charlton: Ohio Self-Direction Association**

Presented to group on Project STIR (REFER TO ATTACHMENT E) which is partially funded by DD council for last 5 years. Focuses on training for individual with DD and an ally on self-determination, rights/responsibilities, setting up advocacy groups and certifies them to train upon completion.

Asked for assistance and support from private providers. Would like to increase participation through creative ways to provide funding for the program. (Waiver services discussed) Dana to work with OPRA to determine possible course for funding discussions. OPRA will send regional training offerings to members.

In 2017, OSDA will be providing Community Collaborative teams in many areas in the state (made up on businesses, community organizations, supports, etc. to increase advocacy, employment, community networking opportunities).

1. **PROVIDER CERTIFICATION**

Continues to be a huge problem. OPRA has met with DODD on many occasions. OPRA has received countless examples of system flaws regarding Provider Certification resulting in Lapse/loss of payments, etc. DODD has not addressed this properly through many discussions and recently said only 50% of the providers are lapsing. OPRA has presented a proposed amendment regarding Provider Certification. (REFER TO POWERPOINT FOR FULL LANGUAGE) DODD was also provided with this proposed amendment and told that something has to be done-have not heard back yet. OPRA is also preparing a document outlining all of the correspondence from providers reflecting the systemic issues related to Certification to present to legislatures, if necessary. OPRA is being told that the Provider Certification Wizard should be ready in third quarter 2017.

1. **STATE BUDGET**

Director Martin has openly discussed that he expects this budget to be non-controversial. It is expected that ICF Reimbursement be a focus. Director wants to be in effect by July 1, 2017. OPRA and OHC both have expressed concerns with implementation date of July-due to feeling that it is not fully developed yet. It is projected to include money for ICFs for Outcome/Performance Measures, Waiting lists, Day Service redesign, and wage/rate increases. The Governor has already made claims not to expect any new monies statewide. New committee member for Health and Human Services is Sarah Latourette. New Chairperson: Romanchuk, Sykes, Sprague, Antonio to return who did a fabulous job during last budget cycle. OPRA will continue to work on keeping them informed on our issues. Will be interesting to see what will occur with President-Elect and Governor.

1. **BUILDING CODES**

OPRA has had discussions with Ernie Fischer (Capital Housing Administrator DODD) regarding proposed changes to Ohio Building Codes outlining/defining Custodial Care. This essentially requires if any 4 people with DD are receiving services in same setting, that the setting MUST have sprinkler system installed. This would include day service settings, as well. This is raising many issues and will greatly affect the cost of housing/day service settings. There is a meeting scheduled tomorrow to discuss further and OPRA will be keeping members informed.

1. **SHARED LIVING**-OPRA preparing meeting to discuss Shared Living successes and procedures open to all members. MORE INFO TO COME SOON…

**ACTION STEPS/FOLLOW-UP:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # |  | Person(s)  responsible | Target Date |  |
| P1 | Provide information to members regarding Building Code changes and updates | OPRA | 2/1/17 |  |
| P2 | Resend MUI correspondence from Scott Phillips regarding strategies for returning staff to shift during investigation, etc. | OPRA |  |  |
| P3 | Invite Teresa back to discuss Autism work DODD | Jeff |  |  |
| P4 | Send email reminding Teresa K. to send to OPRA for distribution:  -list of Dual Diagnosis Treatment Team resources/contacts and info on second assessments  -Handouts from meeting via email  -Autism OCALI training information  -Trauma Informed Care trainers-training resources  -NCI Staff Stability survey results baseline survey  -Trauma Summit information | Becky  OPRA to distribute to members when received |  |  |
| P5 | MUI workgroup set up | OPRA and members who indicated they wanted to be involved |  |  |
| P6 | Send any certification issues/ information to Jeff so that it can be compiled for discussion with legislatures/DODD. | All members |  |  |
| P7 | DSP WORKFORCE AWARENESS-send in responses to OPRA by Fri | All members |  |  |
| P8 | OPRA to distribute info to members regarding Project STIR | OPRA |  |  |