

This is a summary of discussions at the meeting. Many points may need further clarification or discussion and do not reflect anything other than the discussions among the Advisory Group members and other participants.

**Grand Junction Regional Center Advisory Group
April 18, 2017 Meeting Summary**

Advisory Group Members in Attendance:

Roberta Funk	Tim Hudner	David Monroe	Michèle O'Toole
Tanya Skalecki	Gini Springmeyer	Michael Thoma	

Department Representative in Attendance:

Georgia Edson

Department Personnel (Speaking):

Reggie Bicha

Mark Wester

Department Personnel (Observing):

Tony Gherardini

Kate Green

Observers:

Jane Nair

Norbert Necker

Melody Potts

Leanne Thoma

Facilitator:

Will Singleton

Public Notice: This meeting time and location was announced on the Regional Center parents and guardians forum on March 28th: <http://regionalcentersforum.weebly.com/>

Note: This summary is not a transcript; it is a detailed summary of the discussions at the meeting to allow others to understand what was discussed at the meeting. Attendees are given an opportunity to submit changes that make the summary more complete and accurate.

Q: Signifies question for follow up.

Outcomes and Next Steps

- Reggie Bicha, the CDHS Executive Director, spoke to the Advisory Group to clarify the role that its members are being asked to play and the perspective of the Department on the transition from campus.
- The criteria discussed at the March 17th meeting and on the April 10th conference call will be used as a facilitation tool to help spur the group to fully develop their ideas.
- CDHS representatives reviewed potential options for the transition that are intended to spur ideas and discussion among Advisory Group (AG) members. These written options are included with this summary as an appendix.
- Department representatives answered the questions that were submitted by the Advisory Group as a follow up to the March 17th meeting. The group discussed the answers with the CDHS Executive Director, Reggie Bicha and OCAI Director, Mark Wester. These written answers are included with this summary as an appendix.
- An AG member introduced an option for housing all day services, facilities maintenance services, and administration through the purchase of an existing location. The handout is included with this summary as an appendix.

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- The AG agreed to meet around the beginning of May in Eagle (this has now been scheduled for May 4) to discuss options so that the mid-May deadline for providing the Department with options can be met. The intermediate meeting will be held in Eagle.
- Reggie Bicha offered that he or Tony Gherardini would be happy to come to AG meetings as needed.
- Will is asked to get the CMS guidance on how closely homes can be located to one another and still qualify for waiver designation and other materials that are listed at the end of this summary.

Review of objectives for the day

Will reviewed the agenda and its objectives. These were:

- By the end of the day, the AG will be talking about options and how to make them more real and ready for substantive development
- Discuss the context of the options evaluation criteria
- Reggie Bicha's perspective on the issues pertinent to the Advisory Group scope
- Discuss ideas with Department representatives to help bring clarity about the types of ideas that have a better potential for success
- Answer the questions that were posed by the AG at the last meeting
- Introduce options ideas among the AG members and discuss next steps

Options evaluation criteria

Criteria were synthesized by Will Singleton based on the input of the AG members and the guidance from the Department that was discussed at the March 17th meeting. The intent is for the criteria to be used as a way of discussing options in more depth. The criteria document that was handed out at the meeting is included as an appendix.

The criteria can be considered as describing two continua on an X/Y Axis. One set of criteria describes what is *desirable* – reflecting core concerns. The other set of criteria describes how *practical/feasible* ideas can be. Options can be made more feasible by applying ideas that meet some of these criteria.

Transition comments by Reggie Bicha

Reggie Bicha came to the Advisory Group meeting to discuss the transition and the perspective of the Department. Highlights of his comments were:

- Sincere thanks for the work that was done by the AG members in 2016. While the Department did not agree with the recommendations 100%, it was good work and a sound proposal. Thanks also for being willing to continue with the AG process in 2017.
- Recommendations were passed on to the Capital Development Committee (CDC) as required by law. Funds were included in the Governor's budget to implement the recommendations. The Department indicated to the CDC that further recommendations need to be developed and more detailed analysis needed to be done. The Department asked for additional time to submit its plan and that time was granted.

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- CDHS reassembled the AG to consider additional recommendations and factors that would begin to cost out the options and evaluate programmatic feasibility. The hope is that options are identified that all AG members and the Department can agree to.
- The Department is taking an active role in this phase: A CDHS representative is actively participating; the Department has prepared ideas for consideration by the AG.
- The goals of the Department are to: meet the Legislature's requirements to vacate the campus; meet the needs of the current residents; and to meet the needs of people who require ICF care on the Western Slope for the next 20 years – plus. This may require some consideration about how to provide care differently.
- (Later Reggie Bicha said) The options put forward by the AG in November are still possible. Department staff has been tasked with costing out the options so that they can be seriously considered. It would be good to come up with two or three other options. (47)

Department ideas about potential options

A sheet entitled "Conceptual Options for Discussion" was handed out to the AG members. The document puts forward some potential ideas for how a transition might be successfully accomplished. Georgia Edson reviewed the ideas. The concepts are not intended to exclude other ideas. Highlights of the review are:

- To enhance day services through renovating the Development Center. Reggie added that day programming could potentially be opened up to the broader community in addition to the 83 residents of the ICF and HCBS. This is a way to think about the potential of day programming.
- Leasing a wing of a hospital to provide Intermediate Care Facility (ICF) care.
 - The benefit of this idea might be able to capture some of the factors that are considered to be successful elements of the current campus. Care would be provided under one roof and a more secure setting.
- Convert all Grand Junction (GJ) Home Care Based Setting (HCBS) capacity to ICF settings.
 - ICF care provides all of the needs for the client (medical, dental, day services, etc).
 - For some of the new HCBS clients, that type of care could be very helpful.
 - This would also allow for professionals (such as doctors) to be fully utilized to care for GJ residents.
- Build or lease 1 – 4 homes off campus as ICF with day program operated within the homes so that all care can be provided in one site.
 - Homes can be a similar proximity but would not be clustered.
 - Day programming could be done in each of the homes as opposed to providing services at a single location and necessitating a major renovation to the Day Center.
- Consider shifting service model to stabilization. Develop staff skills to stabilize clients and help them be successful through community-based services. 43

Comments and questions from the AG members:

- Q: Other Western Slope residents (Delta, Montrose, etc) have appreciated being able to use the specialized dental clinic that is run by the GJRC. Would the Department consider investing in other facilities – such as medical – as well?

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Comment: Dental care is currently being provided to STRIVE clients and it is very successful.

A: Part of this concept is about changing the business practice and how billing is done. More thought needs to be given to how the Department can provide services to the broader community. The Department needs to make sure that the service complies with Medicaid billing practices.

Q: If clustering is not allowed, then why put forward the hospital wing idea?

A: Brainstorming can be where viable ideas can be developed. If the hospital wing doesn't make sense, where can the discussion move from there? Also, it may be a solution that can be done more quickly and cost effectively than building new homes. 57

There are residents of campus that have high medical needs. The care all under one roof with concentrated services could be delivered through this option. The other need that could be helped could be for stabilizing clients who need to be observed. This is not THE solution, it may be part of a suite of solutions.

Comment: Any move should be for the long term because every significant change can bring behavioral problems.

Q: Is clustering not an option?

A: The Legislature ultimately decides. The clustering idea is still possible; it is not the preferred option for the Department.

Q: Is there a form of clustering that could be OK? Could a hybrid work? Is there anything that the Department can't support?

A: There are benefits and problems with clustering – especially in considering a 20+-year solution. The AG was reconvened was to see if we can move towards a set of recommendations that all can support; recommendations that meet the needs of the 22 residents and future generations. Thinking through what is behind the ideas can help draw out ideas that will work towards solutions.

Q: Is anyone looking at possible acreage to site the clustered homes?

A: The cost comparison that was requested by the AG is in process. RNL (a consultant to the Office of the State Architect) is just getting started with their analysis. Will promised to get a sense of a timeline on their analysis so that it can be incorporated into the deliberations.

Questions

Mark Wester reviewed the questions that were submitted by the Advisory Group after the March 17th meeting. The written answers to the questions can be found as an appendix to this summary. The top line comments and discussion that came from the questions is captured below. 57

Ref Q 1: Concerns of the Department related to the AG recommendations:

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Ref Rec 1: The Department wants to avoid developing a smaller version of the campus. The Department does not support segregation of people with disabilities. The Department is concerned about the long-term viability of clustering homes even if this is the preferred option of parents and guardians because community integration represents the current and future practice.

Ref Rec 2: Ancillary services are driven by the person's need in ICF. Staff focus groups have been describing what clients will need in the future.

Comment: The intent of the AG was not to be prescriptive; it was really to defer to the planning process to decide some of the specifics. There are a lot of details that would be worked out as planning moves forward. The AG was saying that expertise needs to be engaged and that the AG wants to be part of the planning discussions.

Ref Rec 3: Convening the three departments (CDPHE, HCPF, CDHS) to discuss ICF care and how it should be provided may add time to the deliberations. Scheduling a meeting with the three departments can take about six weeks. The other departments would need to support questions related to licensing.

Ref Rec 4: The Department does not envision continuing the laundry in its current operations. Employment services for people with disabilities are important. The Department wants to engage all 83 residents of the GJRC in employment services, rather than focus on one single option. 1:07 Now that the campus has to be vacated, does it make sense to replicate a program that serves a relatively small number of people or should efforts be made to develop options for a broader number of GJRC clients and potentially to the broader Western Slope II/DD community?

Ref Rec 5: The Department is concerned about admitting new individuals to a setting that is temporary. With the deadline of July 2018 vacating of the campus, the moratorium is a way of defining the scope of transitioning individuals.

Q: What are the conditions in which the moratorium would be lifted? People are used to moving from one setting to another (just not one licensure to another). Isn't there supposed to be a three-month turn around time? *Will asked the Department to consider the answer to this question and get back to the AG after the meeting.*

Q: We are planning for the 22 residents, how do we know what the future need will be?

A: There is data (that was provided to the AG at the end of the meeting) and the AG is encouraged to look at that to consider what type of capacity to create for future needs. The Department keeps careful track of new clients. Based on the data, there are not many referrals waiting to come into the GJRC campus from the Western Slope.

Ref Rec 6: The Department is looking at the phasing in of new capacity but at a system wide level. The Department does not see an increased need for additional beds on the Western Slope. The increased need is on the Front Range. There are one to two referrals per year from

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the Western Slope. Capacity is not just the number of beds; it is also about addressing the needs of a changing client population.

Comment: The AG wanted a deliberative process to determine what the capacity should be. We wanted to have a process that can meet the needs of the community.

Ref Q 2: The Department submitted the original AG recommendations and included it in the Governor's budget. The Department saw the original recommendations as viable options and did move forward with proposing the recommendations to the Legislature.

Ref Q 3: Where people live in the stabilization model does not impact the consideration of facilities. The facilities need to be small settings that are designed to meet the needs of clients. The suite of care and options within the Regional Center system is the focus of planning for the Department because of the changing client population. There are two populations: one is a group who are long time clients of the RCs who expect to get that care for the rest of their lives. The Department accepts its role in caring for this group. The other population is people who are coming for temporary stays for stabilization. They are more likely to have co-occurring mental illness. How to construct homes that address the needs of both groups of clients?

The clustering model does not fit the model for how the second population should be served.
1:25

Ref Q 4: ICF is a benefit that wraps all services around the client. It provides greater flexibility to providing services. HCBS provides the services in the community and clients get to pick and choose the services that they get. The Department provides both types of care. The ICF model has a cost-based and normally higher rate. The handout provides a description from Medicaid.gov. There is a significant bureaucratic barrier to shifting clients from one designation to another.

Q: Are there any differences in the homes between ICF and HCBS?

A: No

Ref Q 5: There is capacity in GJ of 80 beds of which 60 beds are occupied. One of the homes is offline. Historically, the census has been in the low 50s. The ideal is to create a small, homelike setting. There are a few homes with shared bedrooms but clients are selected based on their ability to share a bedroom. There may be some people for whom living with seven other people are OK but there are others who need to be in a smaller setting.

Comment: If this capacity is putting 8 people in each home, that is not ideal. We don't want to fill up each of those houses. We are really trying to get to six people total.

Comment: SB 16-178 calls for homes to have a maximum capacity of six.

Ref Q 6 and 7: Five clients have been identified as ready for transition. No ICF residents are currently pursuing transition. One individual has selected Wheat Ridge and is waiting for an appropriate location to move to. Because some of the individuals are ready for transition, it is significant for planning because they may be transitioning out of ICF care in the future.

Q: If there are five people who are ready for transition, why have they not transitioned?

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A: Guardians have the right to determine placement. The system provides for an independent third-party review process. State statute requires an Imposition of Legal Disability (ILD) to provide court oversight of placement in regional centers and an every six-month review of the ILD. The Department provides a progress report to the courts. The guardians have an opportunity to state their case. The court determines whether to continue the ILD designation.

Options discussion

Will asked the group to go back to the "Conceptual Ideas" sheet to follow up with questions or comments about the ideas provided by the Department. 1:43

Q: Would the Department be open to going back to the Legislature and asking to stay on a portion of the campus if the cost comparison is favorable?

A: The preference would be for the recommendations that the AG develops to assume that the campus will be vacated. If the Legislature eventually decides that the AG's recommendation to stay on campus (if the costs are favorable), they will also have had additional ideas provided to them on which to base their decision.

Comment: The idea of converting all of the beds to ICF would provide scale for ICF capacity. There are lots of benefits. It provides a pool of ten houses and provides more flexibility on staffing. It does not necessarily mean that the answer is to fill up the waiver homes. The individuals still have individual needs but it provides flexibility to consider what those individual needs are. With one licensure it is a lot easier to move people around to give them the setting that will provide them the most benefit.

It also helps justify maintaining ICF capacity (doctors, nurses). It may also help with the per diem costs if there is a larger census and allow a better cost comparison with Wheat Ridge.

Q: The bill says that the deadline can be addressed with quarterly report instead of adhering to the strict deadline of July 2018, correct?

A: The CDC requires action. Administration and other functions need to be moved as soon as possible and we need to be working to transition the residents even if meeting the deadline is not possible.

Q: Is the twenty-year timeline related to maintenance that would need to be done?

A: Maintenance is not a major concern for new homes. Any facility needs to have programmatic flexibility to change or be sold to adapt to the needs of the future population.

Comment: Having clustered homes could be ideal for the long term.

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Response: That option has already been put forward. The AG is being asked to develop other options because it is not the long-term solution in the view of the Department.

Q: Would it be OK for houses to be in the same neighborhood perhaps backing up to each other?

A: The Department is committed to ICF care in GJ for the foreseeable future, but it is possible that in the future the Department may need to convert homes to waiver. CMS guidance should be used as a framework on building homes that qualify for community-based waivers so that the decisions made now don't preclude decisions in the future.

We can have conversations about parameters of design to address the concerns that drive the recommendations for a campus or clustering while still being in a neighborhood setting (such as freedom of movement and a buffer from streets/neighborhoods). Specific discussions do not have to be put off to later in the planning process.

Q: If the homes were distributed, would the staff be able to call in clinical security officers?

A: The Department is working to improve the response to crisis situations. The clinical security officers are actually float staff to maintain staff/client ratios when staff takes clients on outings. There are many different ways to approach the responsiveness of staff.

Q: Programming in the laundry area pays for the other clients who are paid minimum wage for their work. It also pays for the laundry that needs to be done for the RC at a lower cost. There are no jobs for people with II/DD and this has an impact on their well-being. Replicating the real work at the laundry is not being replicated elsewhere in the state. What are the specific ideas that the Department will provide?

A: Duplicating the laundry elsewhere is not viable when it is only benefiting eight clients. The Advisory Group can help communicate the struggles that people with behavioral concerns have in making money. The Advisory Group can help figure out how to enhance the employment opportunities. The process can tap national authorities on how to do this.

Comment: When my daughter was transitioned to the community, she was more isolated. She just stayed in the house. On the campus she is actually much freer and is able to participate in a community that she was not able to when she was in a house in a neighborhood. The staff has to be creative on how to get clients out and interacting with the community.

Response: This sounds like poor and ineffective programming. The team's responsibility is to be providing safe opportunities to be in the neighborhood.

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Comment: There is a sense of community on campus. Centralized services means that people can walk instead of having to get in communities. Distributing residences in neighborhoods that don't want to accept the clients puts the responsibility on the clients for societal change. A centralized location is endorsed by its success. After 20-40 years (once they are no longer needed) facilities could potentially be sold as a senior center or as student housing.

The AG member was asked to give feedback on the ideas put forward by the Department. Providing day programming in some of the houses is a very good option because then those individuals would not need to be transported.

Leasing a hospital wing for long-term residents has merit.

Converting to all ICF is also a good idea. This might help attract the professionals that are needed for care once it is known that there is the commitment to assist a stable and substantial population.

Comment: It was helpful to hear that the previous recommendations are still on the table and that the AG is being asked to come up with some additional options.

Options discussion

As the last discussion of the day, Will asked the group to introduce any options that they are thinking about.

Option on Day Programming

An AG member discussed an option that came from engaging the GJRC staff focus groups. The facilities focus group has been working to look at properties that could provide compatible services.

The Day Programming Focus Group put together a handout (which is included with this summary as an appendix). The handout describes the benefits of the laundry. The handout also describes an option to purchase the old Allen Auto, which could provide a hub where everyone could go to get their services instead of being on the existing campus and the Day Center. The focus group was excited to be able to have a vision for what could take place outside of campus.

The option proposes that a 4.12-acre site at 2285 River Road be purchased. This should be considered before Admin and other functions are moved. Some of the assets of the site include:

- The electrical infrastructure to move the current laundry equipment to the new location.
- It would allow for a more smooth transition without a gap in time in which clients would not be able to work.
- The site is gated and the additional land would allow for free movement of clients on the site.

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- All functions could be housed there allowing clients to be able to get to their social workers and payroll providers and nurses.
- The lobby area could be used as a training area for an actual store. It could be used as a location to serve coffee to community members.

An AG member said that the idea sounds similar to what STRIVE is doing for employment services. Another AG members said that it would be useful know more about what vocational opportunities are being provided for I/DD individuals in the Grand Junction area. Different service providers have businesses that they have established.

Comment: The Advisory Group should look outside of the Western Slope for models to create employment opportunities. There are examples of restaurants and jewelry shops in Longmont and elsewhere where businesses are created that create jobs. Recommendations could be to incentivize new businesses to employ people with disabilities. The solutions need to be practical for people. If there were an employment agency, perhaps it could help connect the needs with capabilities.

Comment: This is an opportunity to come up with something on the Western Slope. This could be an opportunity to have a business in Grand Junction that makes real money. The Arc Thrift Stores on the Front Range could be a model. They employ people with and without disabilities. Everyone is paid minimum wage or above. This could be an opportunity for a business that makes real money. How can it be opened up to the community beyond the 80+ clients of the GJRC? How can we serve the most people and get the community involved? (2:35)

Comment: Opportunities need to fit the capabilities of the individual and many of the ICF residents are more impaired than other people with I/DD. Not everyone is high functioning.

Comment: The staff focus group has done extensive interviews with local businesses. It would be great to have David Monroe and Tanya Skalecki see what the responses have been from businesses in Grand Junction.

General Comment

Tanya Skalecki said that she had listened to the April 9th conference call. She said that she wanted to clarify that the perspectives expressed to the Advisory Group are hers and Arc Mesa County's. Arc of Colorado is consulted on the issues but the views expressed are hers.

Next steps

AG members should work with Will to present ideas / options for discussion and potential improvement. The AG would have dialogue and discussion and then discuss what steps need to be taken to improve the options before they are sent to the Department.

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Members are asked to work with Will to articulate their ideas and put them into a format that represents their ideas and promotes discussion among the AG members and then beyond to the Department and the Legislature.

Will will:

- Send an outline/format for the options that are developed by the AG members.
- Develop a timeline for drafting, vetting and finalizing options.
- Send an online poll to schedule an intermediate meeting of that Advisory Group. The request was that the group meet face to face instead of a conference call. The group will meet again at the beginning of May to vet options with each other.
- Get the CMS guidance on what constitutes a community setting – how closely the houses can be located together.
- Send the link to the product of the day programming focus group to David and Tanya.
- Help connect AG members with the reimbursement process.

Public comment

Observers were asked to provide any comments that they had. The comments included the following points:

- The option outlined on Day Programming was excellent. It represents a lot of work.
- Vocational services are non-existent for people with disabilities.
- On the option discussed at the meeting, the state is not going to appropriate the funds purchase the facility but they might be willing to enter into a lease agreement. This allows them to better control their budgets.
- No one is talking about the jobs that are going to be lost as a result of closing the GJRC campus.
- The house on 29 Road is not homelike. Other beds are also in bad locations.
- Be careful that the buildings are not in bad locations because other agencies will be part of the process and they may locate the homes in poor locations. Find a way of maintaining the connection as the process moves forward.
- The discussion of the census for the Regional Centers should include the fact that there are many people in jail or prison that should be under Regional Center care. The cost is very high to keep these people in prison.
- This regional center is exemplary. To change this, we are all going to look back and wonder why we did it.

APPENDICES (to be attached to the final meeting summary):

- April 18, 2017 GJRC Draft Meeting Agenda
- GJRC AG Options Discussion Criteria
- CDHS: Conceptual Options for Discussion
- CDHS: AG Questions from March 17, 2017 with Referral to Consideration Document

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- Grand Junction Regional Center Campus Considerations
- Day Services Focus Group: Options for Day Programming
- Data sheets on GJRC population trends