

*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.*

**Grand Junction Regional Center Advisory Group  
March 17, 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

**Observers:** Norbert Necker John Hamler Tim Kreinberg

**Facilitator:** Will Singleton

*Public Notice: This meeting time and location was announced on the Regional Center parent's and guardians forum on March 6<sup>th</sup>: <http://regionalcentersforum.weebly.com>*

**Outcomes and Next Steps**

- The next meeting will be on April 18<sup>th</sup> at 8:00 a.m. at the Grand Junction Regional Center.
- The AG agreed to meet at 8:00 a.m. on the third Tuesday of every month in 2017.
- Members are asked to send their criteria for the evaluation matrix by March 31<sup>st</sup>. The criteria facilitate whether options put forward will help or hinder the broad support for decisions on new facilities.
- Will Singleton should check on how communications should happen with the Legislature. Perhaps there should be some sort of regular reporting that is built into the system to provide information to the committees and the staff.
- Will Singleton should revise the dates of the outputs in the timeline to align with the scheduled meetings of the Advisory Group (third Tuesday of every month).
- Will Singleton will ask the Department the questions signified with a "Q" to in this summary. These questions will include asking the Department to provide feedback on what was and what was not acceptable among the recommendations in the November report.
- Will Singleton will revise the Advisory Group Protocols and send them to the members for review and approval at the next meeting.
- AG members are asked to review the meeting summary to make sure that it can be sent out and be accurate.
- For the next meeting, the agenda should include time for a brief description of the positions of the advocacy organizations related to the individuals at the GJRC. What are the advocacy organizations concerns about the way that care is given at GJRC? This would mean that DLC and Arc Mesa will help build understanding of what is acceptable for outcomes.

**Discussion: What prevented the adoption of the Advisory Group recommendations?**

The group started the meeting with post mortem for the process and events of the last few months. Will Singleton sought feedback from the group about what prevented the free adoption of the recommendations in the report. The highlights of the discussion are below:

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- One of the AG members did not attend the meeting and this meant a lack of involvement. Some said that there should be a stipulation that lack of attendance should be grounds for having membership revoked.
  - This entails organizational commitment so that all can be at the meetings.
  - Attendance is important for joint learning and building understanding.
  - It would be helpful to meet in Denver a couple of times during the process.
- It seemed like members of the CDC hadn't read the AG's report. They asked questions that did not reflect an understanding of what was in the report. It appears that the report and what it meant was not explained to the CDC members.
  - New information should be presented in a more user-friendly manner.
  - The Department did not actively explain what was in the report. AG members may need to do the engagement with legislators themselves.
  - Holding the drafts as confidential meant that the AG members did not keep their legislative contacts fully up to date on the development of the recommendations.
- Members of the Legislature also expressed an unwillingness to spend money on the GJRC.
  - One of the assumptions that went into the report was there would be general fund appropriation for new facilities to implement SB 16-178.
  - Next steps should describe how the costs of new facilities will be made up by the savings in maintenance related to the large current GJRC campus.
- Some members of the CDC also asked very basic questions about the need for ICF care that were not answered.
- The Department's support was not clear and this was a snag. There was no declarative support from the Department for the request to build the facilities at the hearings. Instead, the message was that more planning was needed. The request for funding was not clear enough and left CDC members wondering what the plan for new facilities actually was.
- The Advisory Group's recommendation did not appear to have clear support by the Department and the advocacy groups.
- The letters from the advocacy groups had an impact on the take up of the report. The letters were noticed.
  - Because of the privacy of records, the lack of understanding of each of the residents of the GJRC led to some of the assertions in the letter.
- A lack of information on what the acceptable amount of money for facilities would be for facilities handicapped the group. \$12 million was the assumption based on the budget planning steps that had happened between the Department and the Legislature.
  - The AG may need to develop different options at different costs.
- It is not clear how to approach the discussion. Should the AG discuss costs first or take a person-centered perspective and go through the bill step by step?
  - There may be dissonance because some are thinking about state-level policy while others are focused on what to do with the 22 specific individuals.
  - Concern over implications of decisions on new facilities in Grand Junction for the rest of the state.
- The term "least restrictive" can be perceived in different ways – investigating this concept could help lead to new options.

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### **Discussion: What is needed to navigate the snags?**

With the understanding that there are concerns of decision-makers at the Department of Human Services, the Governor's Office (including OSPB), the Joint Budget Committee and the Capital Development Committee that can hinder implementation of the AG recommendations, the group was asked what could help address some of those factors. Some of the points made were:

- There needs to be dialogue with the Department Executive Management Team. To facilitate this, Georgia Edson and Will Singleton will provide regular updates. Reggie Bicha also said that he would like to come and meet with the Advisory Group.
- Putting forward options will prevent the decisions from being made without input.
- For Disability Law Colorado, they found that the 2016 process did not allow the people in Denver to feel like their perspective was represented in the process. New communications will be much more of an exchange with the Denver executives with the intention of representing their views in the process. It would also be helpful to have a provision for the advocacy group to say – “we respectfully dissent.”
  - The hope is also that there is potential for the perspectives to change with greater learning of what some of the valuable aspects the GJRC that has been misperceived by the advocacy groups.

### **The charge from the Department**

There are a couple of documents that constitute a request for more work by the Department from the Advisory Groups and gives guidance on how to consider the task. These documents are: the February 3 letter from Reggie Bicha and the document named “Grand Junction Regional Campus Considerations.”

The “Considerations” document provides specific feedback on issues that should be considered in the development of options. The document was created to assist the Advisory Group with understanding the significant issues. Follow this [link](#) to access the “Considerations” document. AG members had the following questions or comments about the “Considerations: document:

- The Regional Center Task Force report did not say that Regional Centers are “supplemental” to care in Colorado. The report emphasizes that the regional centers are an integral part of disability care in the state. They will remain an integral part of the system until the recommendations made by the Regional Center Task Force have been funded, implemented, and proven to be effective.
- Personal choice was not listed as an important consideration. This is the first bullet item of the bill. Advisory Group should keep personal choice front and center.

#3 – Concern was also expressed over the term “short term” as if there is a set and short amount of time that someone should be in the care of the Regional Centers. Brief for this type of population could be years rather than weeks and months.

- None of the current population of the GJRC can be considered to be short term but the document describes the current population as being short term.

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- The concept of short term may be a misnomer but the idea that people are no longer coming to the RCs for their lifetimes. The concept of admissions changed, they would still be connected to their communities and the plan is for them to return to their communities.
- A few people have been returned to their communities from GJRC.
- Even if some individuals are found to be ready to be transitioned, the caregivers still need to be found. Sometimes there is not a place for individuals to go that have the kind of care that they need.
- Sending some residents to situations with new staff could lead to staff being injured. This is a consideration in the decision to transition people – not letting other people (including staff) get injured.

**Q:** What implications does the short-term stabilization model have the way the Department considers new facilities? What is the difference between facilities for “short-term” stabilization vs. the recommendations that were made in the report?

#7 – Aligning with the per diem cost of other ICF facilities. This may show that there needs to be more work done to show savings and the ability to lower per person costs.

- The current cost for GJRC per day is \$1150 vs. Wheat Ridge with is \$650. This can help provide a structure to what might be an acceptable option.

#8 – Consider off-campus capacity in Grand Junction

- Does this reflect an understanding of the kind of care that is needed by the residents of the GJRC campus?
- **Q:** What are the similarities and differences between HCBS and ICF care?
- **Q:** How many beds are open for use in Grand Junction HCBS homes? Is there currently excess capacity in Grand Junction?
- The AG may want to ask: What might make current capacity improved to meet the needs of residents?
- Should the waiver homes actually be in ICF care? What are the impacts of some of the waiver homes to their neighbors because of limits on the setting in waiver vs. ICF? Would neighbors choose the environment around some of the waiver homes?
- It would be great to see capacity used in a way that did not mean losing ICF licensure.
- It would be useful to use 29 Road for crisis stabilization.
- It may be useful to have the two types of facilities (clustered and 29 Road) so that more options are available for addressing the needs of clients.

#9 – Minimize General Fund request. This reflects the feedback a lower General Fund request will mean that the overall effort may be more successful. It makes a difference the degree to which a request is minimized and justified.

- Perhaps using a portion of the campus would help minimize the cost/GF request.
- Potentially renovate existing buildings, if that would be less expensive.

### **Review of the proposed outputs from the 2017 plan**

Will reviewed the slides that help describe the 2017 plan. This [link](#) can be used to access the slides that were reviewed. The focus of the 2017 process is to develop options that meet as many criteria for success as possible. This includes drawing from the previous

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recommendations and developing new options. There are three outputs for the Advisory Group:

1. Create an evaluative framework that will inform evaluation of options' prospects for being proposed and implemented successfully.
  - a. The evaluation matrix may include a way of measuring the broad support (or lack thereof) of the Advisory Group. The Legislature might be interested in who supports what options.

Timeline: to be provided as a comment draft to the Department in mid April

2. Develop options or concepts for transitioning the residents. These options are sent to the Department. The options development will occur through dialogue with the Department.

Timeline: to be provide as drafts for review and comment in mid May

3. With the selection of options, they will be further developed into detailed proposals.

Timeline: to be provided in their final form to the Department at the beginning of October.

Comments and questions related to "Considerations" document and the process:

- It would be useful to know specifically what the Department thinks about the recommendations that were given so that the Advisory Group doesn't have to "shoot in the dark". **Q:** What specifically, was not supported in the report? **Q:** What are the specific reasons why the Department can't move forward with the recommendations as written?
- **Q:** When will the RNL cost comparison (staying on a portion of campus vs. acquiring a new site) be completed?
- It seems like the problem is that no one wants to "own the outcome." At what point in the process is someone actually going to own a decision to move forward with a plan?
  - There are points in this process when the Department will make decisions about how to move forward based on the options that are provided to them.
- Could clarifying the ICF resident evaluation process help alleviate some of the concerns of the advocacy groups? If their concerns were addressed this way, would this allow for more flexibility for evaluating options for the facilities and future care?
  - **Q:** Are there individuals in ICF care ready for transition?
  - A participant said that he had heard that there are individuals in the GJRC who are ready to transition to a community setting. Other participants pointed out that "regional center" includes residents who are both in ICF and HCBS licensure. While discussion of the Regional Center refers to both ICF and HCBS, all of the residents of the GJRC campus are in ICF care. To clarify, the following question will be asked: **Q:** What is the basis to the rumor that some residents are ready for transition? Are they actually in HCBS waiver care?
  - The difference between ICF and waiver care perhaps needs to be discussed further so that all can understand implications of facility decisions.
  - Advocates can be reticent to agree to clustered facilities because even if the procedures are good today, they might not be good in the future.
- The options that are developed can either be all encompassing or how to address one particular issue. For example: how to minimize a general fund request. The option can then be applied to any facility plan.

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## **Communications**

The group briefly discussed how the ideas of the AG will be communicated differently in this phase of the process compared to 2016. These main points include that there will be no single “report”. Outputs will be produced and sent out as they become available.

Additionally, there will be monthly updates and questions from the AG to the Executive Management Team. The EMT will provide feedback on the evaluative framework, the options and the proposals before they are finalized so that the Advisory Group can be fully informed about what might be successful.

Attendees are free to report back to their organizations on the meetings – the meeting summaries will be a specific and accurate way for the events in the meetings to be reported.

Meeting summaries will be completed quickly (within a week). Those summaries will be sent around as a draft to the attendees to be reviewed for their accuracy and completeness. AG members will have a workweek to review the summary before it is finalized. Once it has been finalized, the document is public, can be distributed. It will be posted on the CDHS Weebly site.

- An AG member said that it would be useful to build in communications with the legislators. Perhaps there should be a process that is built into the system to send information to the committees and the staff. They are asking for the information.
  - The timeline needs to be shared with the legislators.
  - Note that the dates on the timeline are general and not intended to be exact deadlines. The outputs should actually align with the scheduled meetings of the AG.

## **Ground rules and protocols**

Note: Citing the ground rules, an Advisory Group member asked that it be put in the record that as facilitator, Will Singleton had cut off people twice during the meeting – Advisory Group members are there to express their opinions and should not be cut off.

Revised protocols with ground rules will be sent to the Advisory Group members. The revisions will be informed by the discussion during the meeting. Some of the changes will include:

- While no longer being facilitated for consensus, the group is going to try to get to the building blocks of interests and to try to meet as many of those interests as possible.
  - An AG member commented that the group should still try to get as much agreement as possible – as an important value for the group.
- Draft reports will not be held confidential.
- Even options that are not selected by the Department will be shared in reporting on the AG process.

## **Task for the Advisory Group before the next meeting**

The Advisory Group members are asked to consider what the criteria should be for evaluating options that would help measure the option’s potential to find support through the Department and the Legislature (in addition to the interests represented in the Advisory Group). How can we predict “snags” and rate options based on avoiding snags? The

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consideration of options should include incorporating an understanding of the constraints on achieving the best options. For example, this might include minimizing costs, minimizing general fund request.

Advisory Group members are also asked to consider options to put forward. These options could include:

- How to go about addressing the needs of each individual
- Changing policies to provide ICF care for those who need it
- Procuring facilities that might minimize the up-front investment by the state

Members are welcome to reach out to whomever they wish to pull in ideas on the options.

### **2017 Meeting Dates**

The Advisory Group members reviewed the following dates for

### **Public Comment**

Norbert Necker:

It is important for the AG to think about what is happening with the federal and state budgets. At this time Colorado is \$675 million short and there are proposed draconian cuts in the President's budget proposal. This committee should move quickly because there is small window of opportunity.

There is a reservoir of good in legislative committees but they don't "own" what has been proposed. An educational process is necessary by this group to get support from the Legislature.

Don't lose track of Olmstead and how it can guides addressing the needs of the 22 individuals at GJRC.

John Hamler

The process raises optimism that there will be a positive result.