

**Grand Junction Regional Center Advisory Group  
Meeting Summary  
May 4, 2017**

<b>AG Member Attendees:</b>	Roberta Funk	Tim Hudner	David Monroe
	Michèle O'Toole	Tanya Skalecki	Gini Springmeyer
	Mike Thoma		
<b>CDHS Representative:</b>	Georgia Edson		
<b>Observer:</b>	Norbert Necker		
<b>Facilitator:</b>	Will Singleton		

**Meeting outcomes and follow up actions**

- Georgia will come back to the group with outcomes of research about rules on how close homes can be with each other.
- Will will reach out to members on new date for homes tour in Denver Metro
- A description of the difference between ICF and HCBS care should be provided to those who need it
- Members will work on their options one-pagers for distribution at COB on Wed. May 10

**Meeting Objectives**

- Gain full understanding of the options drafting process
- Agree on how options should be organized as outputs
- Brainstorm options and discuss potential improvements to ideas
- Agree on plan to get to the next meeting with developed options

Reimbursement: Members can ask for recovery of travel costs. For members who need hotel reservations, members are asked to contact Michelle Downs to make the hotel reservations for them.

Tour of homes in Denver Metro: A tour is being organized of three homes in Denver. One home is part of the WRRRC and two Imagine homes. Members are welcome to join the tour. The tour was organized for the consultant that is doing analysis as part of the transition process. (The originally given date needs to be changed because of conflicts at Imagine.)

- A member asked if the consultant would tour the facilities at GJRC. Will said that he would follow up with an answer.
- Can the tour be video taped for those who cannot attend?

Mike Thoma, Michèle O'Toole and Gini Springmeyer expressed interest in attending.

Report back on update with Reggie Bicha: Will and Georgia had an update meeting on May 3 with Reggie Bicha, Sarah Wager and Mark Wester. The two options (Allen Garage Hub and Tim Hudner's subsequently withdrawn option) that had been sent to Will were shared with the CDHS group. A couple highlights of the update were:

- How to look at the AG's recommendations

- Is this the right time to look at a specific building to meet the needs of the RC?
- Service choices need to be provided to HCBS clients if there was a decision to convert the services to ICF
- Looking at capacity within existing homes to help determine what the need is for additional development.

Home proximity: Looking at how close together the houses can be together is something that needs to be investigated further. So far, the materials on CMS rules that have been reviewed are unspecific beyond saying that the homes should not be adjacent to each other. There may be potential local zoning that could have an impact. A state regulation (rescinded in 2014) stipulated that the homes should be at least 750 ft apart. The change allowed municipalities to make their own determination.

- A member said that if CMS guidance on proximity is being followed, other guidance be followed as well, including that home size should be limited to 4 bedrooms. Other members voiced support for smaller homes.
- SB 16-178 says that new homes should be no larger than six individuals.

**Near Term Timeline:**

May 5-15	Members will work on the options that they would like to present to the AG
May 10	Draft options will be sent to the AG members
May 16	Options are reviewed at the AG meeting. Members will be polled for their support.
May 18 or 19	Options are forwarded to the Department for feedback
June 20	Department shares its feedback on options
July and beyond	The Department and the AG work to further define and refine the options

**Review of format for options**

A common format for the options writes up will make them more understandable for the audiences. Each option should follow this outline:

1. One Sentence Declarative Headline
2. Brief description of the action/s involved in the option
3. Description of what is necessary to make this happen
4. Discussion of benefit
5. Potential concern/s – This refers to what might go wrong in execution of the option.
6. Ways of addressing concern/s – This is how to avoid having something go wrong in execution.

Ultimately, the options may be best communicated as one-pagers with an introductory narrative. The options will be sent to the Department and shared with the Capital Development Committee and the Joint Budget Committee. The output will likely not be a narrative style report like the one that was completed by the AG in November. The effort should clearly package the options for easy consumption by the readers. A PowerPoint presentation could

also be used with slides for each option. A one-page list of the options would also help summarize the proposed options.

### **Options as parts of an integrated system**

Options should be considered as a package of services because of the wrap-around nature of the care under ICF. Picking and choosing the components without considering the integrated nature of the care could lead to poorer care.

The AG was asked provide the options that are a package of ideas that are linked. AG members voiced support for the approach. Moving forward with an option for one category means that other categories are possible. For instance, a centralized hub for services could enable distributed home. If there is no hub, a member said that she would not support an option that distributed homes.

Another AG member spoke in favor having options standalone so that potentially all members could support an aspect of a plan. This might not be possible if all options need to be packaged. Some ideas could be included in multiple packages because of the popularity. Popular components can be plugged into multiple packages – even if residential ideas are different. Members can take bits and pieces from others and create and submit their own options.

These person-centered services components would need to be:

- Residential
- Vocational/Day Programming (activities that happen during the day)
- Medical
- Social

At the May 16 meeting, members can present their options. Other members can provide feedback and the package's author can make any changes that they want. At the end of the meeting, the AG is polled on support for the different options and the number of supporters is communicated with the option to the Department and legislative committees.

The group also briefly discussed the context of thinking about the future of services to be offered. In addition to thinking about the 22 clients who are on the GJRC campus, the Department has asked that the future be considered as well. Thinking about what might happen in the next 20 years and how to provide the best services for people who are likely to come to the GJRC in the future is one of the factors that will make an option gain support from the Department.

Options should be drafted considering the information in documents that were handed out at this and the past meeting:

- [CDHS Considerations Document](#)
- [Evaluation Criteria](#)
- [CDHS Conceptual Options for Discussion](#)

“Integrated” in the context of this process: The word “integrated” can be used in two different ways. Could be “all inclusive services.” Some members use the term to refer to the ICF – based wrap around, team-based care for the person. Staff members communicate and cooperate to provide comprehensive care for the person.

Other members said that social opportunities are an integral part of the wrap around care and that the new arrangement should seek to maintain the benefits that clients receive today (such as being able to play pick up football).

As part of ICF, the state must have a doctor on contract to provide care 24/7. Regulations require that doctors be contracted. The doctor is part of the team that collaborates on care for the person. No one is prohibited from going to the doctor of their choosing. The Department has a responsibility to provide the care also. AG members highlighted the importance of having medical care that is experienced with working with I/DD patients.

Other AG members understand integration to mean something different, instead pertaining to community engagement and integration. Staff calls this concept “socialization.” It is being done as part of the lives that individuals in the GJRC are living. This concept might also be termed as community setting.

There was extensive discussion among the AG members about the underlying values that make up the positions on the next steps for clients. Some AG members believe that care should maximize community engagement. Clients should be able to access their medical care in the community (among other services). Others believe that care should be provided through the GJRC in a comprehensive and coordinated way. The reason the philosophical issues keep coming up because of the difference of core values.

### **Options brainstorming**

Some of the options discussed are briefly summarized. These are still in development.

- 4 New Clustered Homes with Services on Site: This is the recommendation found in the 2016 report should still be considered a viable option package.
  - One member said that they want something that is as close as possible to his daughter’s current living and care situation. Previously, the individual has tried three different residential settings in Grand Junction. Once a clustered campus-like setting is gone, she no longer has viable care and will be warehoused in the house.
  - Another AG member said that she supports having a maximum size of new homes being 4 bedrooms and that her option would reflect that. She also said that she can not support clustering the homes.
  
- Hospital Wing with Two New Houses and do not use 29 Road: Leasing a hospital wing for those who are medically fragile with outdoor space. Unclear whether the option could be available and for how long. The leased space could be most similar to what some clients are living now. 29 Road is on a busy, high-speed road. Day services for medically fragile would be done on site. The two new houses should be located near a park.

- DLC Option: DLC developed its option, which has the following attributes: Move residents to houses in community no more than six people each, hopefully four. Homes could be initially licensed ICF but could be converted to HCBS in the future. Medical/Dental services should be contracted for and provided in the larger community. Lease admin offices (as opposed to buying or building). Day programming in the community, not in a DHS building with congregate services. Moratorium on new admissions.
  - A member noted that the option describes aspects waiver of HCBS services not ICF.
- Day Services Hub: With distributed residences, a hub for services is necessary. There is a specific location that is informing the development of the option. The owner of the site is motivated to work with the Department and has said that she would be willing to do a lease-to purchase approach to minimize the General Fund request. The site is very modular and can be reconfigured to provide accommodations for medical and social activities in addition to vocational services.

The GJRC staff focus groups conducted interviews with other service providers in the community to see what kind of vocational services are being offered. They found that all agencies are struggling to provide vocational services. Mosaic and Areal both said that they need to have those services as well. It would be nice to be able to offer those services to the broader community.

Laundry services are also possible on this location. The existing equipment has another 8-10 years of utilization. Facilities management toured the location to see if the equipment could be used and powered in the location. This would buy time to get a sound day programming enterprise going. A coffee shop on the location could be a possibility. AG members said that a coffee shop for the broader community would be great. It is about broadening the community in which the clients live. It would also be important for the effort to be commercially viable.

Having a transition period for the transition could be very important to make the efforts work. AG members expressed concerns about taking away the laundry without a commitment to replacing it with viable work opportunities. A transition fund could help ensure that the commitment is there to make something happen.

Other AG members said that they like the idea of expanding the vocational effort. They said that instead of thinking of it only for the I/DD community, it should be inclusive of everyone, allowing “neurotypical people” to work there as well. The AG member highlighted the success of Arc Thrift Stores on the Front Range and encouraged that the group should think big.

- Converting Care to ICF in GJ: A member said that she supports converting all in GJ to ICF but she was unsure about how to articulate the option. The benefit of scaling so that there are 84 people instead of 22 is attractive. A variety of settings that could allow flexibility for

clients' care. An AG member asked about how the process would work and if the individuals who chose to stay HCBS would go to a private provider or if the GJRC would maintain two licensures (thereby negating the benefits of converting to ICF).

### **Observations on the discussion**

Will asked the group if they had any observations about the discussion. A member replied that it has been helpful to have Georgia Edson at the table and that it is very useful to be able to have face-to-face discussions with the Arc and DLC representatives. They are new participants and it is good to recap some of the discussions for their benefit.

### **Concerns over the process**

As explained above, the AG will develop options and send them to the Department in May. An AG member expressed his concern that the Department should be at the table with the Advisory Group so that the dialogue can occur on the intent of the options and that the integrated options aren't "cherry picked" towards a certain outcome that only the Department supports.

### **Next Steps**

Draft options will be shared with the Advisory Group in advance of the next meeting on May 16<sup>th</sup>. Giving AG members a few workdays to review the options is needed. Options will be sent to the full AG by COB Wednesday the 10<sup>th</sup>.

The options could be formatted as one-pagers. What are the actions and how should the services be provided in a changed location?

Will offered to help anyone who wants it to get the options written to their satisfaction.

The group will next meet on Tuesday May 16<sup>th</sup> at 8:00 am in at the GJRC campus in the Blue Mesa classroom.

### **Public Comment**

Norbert Necker: Consider how fragile some of the clients of the GJRC campus are. Any change is potentially lethal. Don't let philosophical considerations get in the way of thinking about the impacts of this proposed change on the medically fragile. Because of their low cognitive ability they will not understand the change. The individual discussed is getting what he needs now – security, continuity and love. Do not make individuals statistics. Plans need to have flexibility about caring for specific individuals.

