



**Idaho Council on Developmental Disabilities
SPECIAL INTERIM COUNCIL MEETING
Zoom Video Conference 3:00-5:00pm
December 5, 2019 APPROVED Meeting Minutes**

Thursday – December 5, 2019

Council Members:		
Art Evans - absent	Emily Petersen.	Deedra Hunt - absent
Carly Saxe	La Donna Tuinstra.	Adrienne Seamans.
Charlie Silva	Ian Bott.	Michael Sandvig - absent
Claudia Suastegui - absent	Jacob Head.	Nanna Hanchett - absent
Colleen Sisk	James Steed, CHAIR.	Natali Pellens.
Dina Flores-Brewer- absent	Danielle Reff (DR), VICE CHAIR.	Valerie Hurst - absent
Alan Hansen - absent	Julie Fodor - absent	
Staff Members:		
Christine Pisani.	Melissa Morales.	Tracy Warren.
Trisha Hammond	Marieke Edwards	Richelle Tierney.
Guests:		
Amy Cunningham – DisAbility Rights Idaho Presenters of issue: Cameron Gilliland, Deputy Administrator, IDHW FACS Stephanie Perry, Program Manager, IDHW FACS Blake Brumfield, Program Manager, IDHW FACS		

Welcome: James Steed, Council Chair called the meeting to order at 3:04pm

James turned the Chair duties of the meeting over to DR, Vice Chair.

DR asked for Council member roll call – eight (8) members present at start of meeting.

DR reviewed the meeting ground rules.

Review of Proposed Changes to ICDD Position Statement

Tracy Warren presented a proposed update to the language in the Council position statement on segregated and sheltered employment adopted in 2006. Changes include updated statistics related to wages of individuals paid under 14C certificates in Extended Employment work services in Idaho.

Members recommended additional changes to explain bullet about job skills training in workshops and include references to research/information.

ACTION: Accept Revised Position Statement

- James Steed moved to accept the changes/additions to the Position Statement.
- Charlie Silva seconded.
- Roll call vote. All members present voted yes. No abstentions, no nays.
- Motion passed.

Eleven (11) members present at time of roll call vote.

Report on SWITC Board Recommendations

SWITC Project – Stephanie Perry

Background of Southwest Idaho Treatment Center (SWITC) was provided. SWITC in Nampa currently has a census of 17 individuals (number of people living at SWITC) and it is one of the smallest Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/ID) in the nation. 9,300 individuals are served on the developmental disabilities waiver with 5,200 of those being adults. In 2019, 24 people served at SWITC, less than 1% of the population served. Ms. Perry provided a reminder of previous conversations with ICDD members around SWITC Advisory Board, what the Board was tasked to do, and the current needs of resident treatment.

Questions:

Question: What is the age range of individuals and how long have they been there?

Answer: Adults over the age of 18 are served at SWITC. Average age is 29-33. Average length of stay is 4 years, but this is skewed by individuals who receive very short-term transitional services, other people do not have an appropriate placement in the community and may stay longer.

Q: What age is the oldest resident?

A: There was a person in their 70's who recently passed, right now a person in their 50's is the oldest resident.

Q: Has the Advisory Board discussed the need to align the needs of individuals being served with state mental health system in order to prevent individuals from having to enter into the system of crisis services?

A: Yes, the Board has this discussion.

The current treatment model was described. When clients are in crisis, 85% of those individuals are served in the community with support from the Crisis Team. Individuals

not able to have their health and safety needs met in the community may be served in the 10 transition beds (located throughout the state) contracted with and managed by Crisis Services. Individuals with greater needs go to SWITC. Individuals transition to Supported Living in the community, Certified Family Homes, or community ICF's where they receive nursing and/or behavioral support. Blake Brumfield described the challenges to provide services and supporting some individuals who have high support needs.

Updates on work to develop a new treatment model was presented. The proposed treatment model was described. The IDHW Director has accepted the model.

A change in this model is the addition of two community services: Adult Autism Services - specialized level of care and Specialized Skilled Nursing. There is a need to train providers for both services to be effective.

Other services are Assessment, Observation and Stabilization (acute care) and Step-Down Treatment (subacute care). Step Down Treatment is very different from anything we have had in the past.

Individuals may have an easier ability to move back and forth between services if needed.

Questions:

Question: What would be the total number of beds available?

Answer: Proposed model shows 16 beds in different services. But these numbers are not firm.

Q: Is there an average length of stay in the other services?

A: It is early in the process. Assessment... 3-4 months (transitional) Step-Down would be provided as needed (average figured from previous services was about 4 years).

Q: Where will these buildings be located?

A: Too early to answer that now.

System of Care – existing systems were reviewed (see chart in presentation) related to four levels of care (acute, subacute...) IDHW staff reviewed six different licensing types and IDHW put out a Request for Information (RFI) asking provider networks for their response to system of care. They received two responses.

Questions:

Question: Comment from Amy – it does not strike me well that corrections – jail/prison – is included in this chart referred to as a “system of care.” Corrections is set up as punishment and seems odd to be included in a system of care.

Answer: To be candid – the last two admissions ended up in jail for two months. Blake and his staff were aghast at this placement because they would not be found competent to stand trial.

Creating Solutions – working now to create solutions related to levels of care and identification of gaps for people with complex needs.

Q: What are you proposing for filling that gap in the need for acute level of care.

Creating a cross divisional Project Team to develop treatment model components. Many questions will be worked through and proposals developed.

Q: Will that team include individuals with disabilities and families who have experienced lack of mental health services and ended up in crisis?

A: Team is sponsored by and within the Department. As part of that project, there is always a component for feedback. There will be rule/statute changes and those processes require stakeholder feedback. Additional stakeholder input (advisory boards, etc.) would still be considered.

Christine reiterated the importance of having individuals and families included in these real-time discussions who have had previous experience with crisis services, as you can not duplicate those conversations in the community meeting asking for public comment.

Q: Is there consideration for having multiple locations for services around the state so people can be near their families?

A: That point is part of the discussion and has not been determined yet.

Project Team members are being identified/assigned and a task plan and communication plan will be developed. Timeline was provided – seek approval in the 2021 session for parts of project. Transition to new services would begin July 1, 2021. Risks that would affect the implementation timelines were explained.

Cameron – we have not been invited to present any information about this to legislature this year, but there will likely be an update to the Office of Performance Evaluation report from last session.

Presentation of Proposed Legislation – Evaluation Committee Membership

Guardianship evaluation committee membership legislation was provided by Cameron Gilliland. Background and information about the evaluation committees was shared (see presentation). Members are selected by IDHW Director and training is provided. Department has been having difficulty filling membership of committees. Proposed changes were presented (see presentation slides).

Question: Is there potential to pull from pool of trained clinicians who attended Trauma Informed Care trainings?

Answer: Pull from the Department licensed counselors or use a contracted licensed counselor.

Q: What about a parent whose son/daughter is about to turn 18 – what would be recommended? Would guardianship be recommended for people with more significant disabilities and PCP for others?

A: Things have changed for the better. People seeking guardianship are asked what other least restrictive things have you tried? Don't want automatic guardianships just because someone has a developmental disability.

Q: How could someone end their guardianship?

A: May want to talk to an advocate from DRI. Seeing more guardianships overturned in recent times.

Q: Why is there a shortage of social workers?

A: The shortage is with social workers within the Department. Have targeted people (professionals) with specialization in disability to have the skills to do these assessments.

Amy Cunningham said this is consistent with other changes happening to guardianship in Idaho – getting away from the medical model and looking at alternatives to guardianship. LIP was added into other legislation about end of life decisions. In rural areas it can be hard to find a physician.

DR reminded members of the ICDD three levels of priority for policy issues. Need to make a decision about priority for the legislation just presented.

ACTION: Set Issue Priority

- Ian Bott moved that the guardianship evaluation committee membership legislation be set at priority two (2) – lending support.
- Carly Saxe seconded.

Discussion: If we do Priority 2 what would that look like? Lending support means the Council would provide testimony in support of the legislation when it comes up in committee during the session.

- Roll call vote taken. Motion passed.

ACTION: Adjourn Meeting

- Ian Bott moved to adjourn meeting at 4:56pm
- Jacob Head seconded the motion.
- Motion passed.

Due to technical difficulties Natali Pellens was unable to vote.

Meeting adjourned at 4:57pm.