

**ACQ DD Waiver Steering Comm.**  
**Minutes October 9, 2019**

Participants: Virginia Lynch, Angelique Tafoya, Chris Boston, Reina Chavez, Melinda Broussard, Lecie McNees, Daniel Ekman, Jason Gordon, Cathy Salazar, Todd Parker, Lisa Cisneros-Brow, Jim Shotwell (phone), June Montoya, Alice Liu McCoy, Lee Hopwood, Amira Rasheed, Daniel Ekman, Roel Adamson (phone), Krystal Ortiz (phone), Leah Manning, Chris Futey, Melanie Buenviaje, Casey Stone-Romero, Casilda Gallegos, Jen Rodriguez, Roberta Duran, Richard Weigle

Wendy Corry, Co-chair- ACQ DDW Steering Committee  
Christina Hill, Co-chair- ACQ DDW Steering Committee

1. Welcome and Introductions
2. Review notes
3. Update on Follow Up Actions
  - PCP/ISP discussion- Christina sent out CMS guidelines
  - Behavioral Health System-Referred to the ACQ
4. Native American input
  - HSD described the HSD formal tribal input process
  - Specific recommendations on who to invite to be part of the Steering Comm. (EPIC's, Coyote Canyon provider and if needed Dungarvin) The co-chairs will reach out to them
5. Reviewed and discussed implications of the listening sessions results

Themes that were identified:

- Decisions sometimes made without the participant's awareness or understanding
- Many participants have not seen their plans
- The staff say a restriction is in the person's plan, but this may not be accurate
- Lack of respect towards the participant
- Many people want to run their own meeting

- Some agency staff talk about why logistical things cannot happen instead of figuring out what's possible
- Many participants want to run their own life
- Finding and having friends is really important
- Many people want time alone (in their home, etc)
- Staff can be really important in people's lives

Comments from the listening sessions that stood out to members:

- I want to be treated like an adult
- The role play in ABQ was very powerful
- Why can't people stay home if they're sick?

Issues needing to be addressed:

- Conflicting rules
- Plans that are drafted to appease all the monitors, not what the person is really doing or wants
- How to include people who are less vocal or have significant disabilities
- Too much documentation, not enough time to spend with people
- ISP is a clinical document not a person-centered plan

Recommendations for residential services:

- More flexibility with participation in daily life
- Move away from training/goal orientation to what does someone want in their daily life
- Flexibility within families- living their lives
- Move away from clinical documentation
- Look at someone's daily life and then fit the schedule around that
- Need more flexibility in the ISP process

- Allow for a person's individual needs- some people are very medically fragile or need a lot of assistance with daily living skills. This should be taken into consideration. They may not want to be out in the community all day.
- Plan individually across the spectrum of people we support

Training needs:

- Need to do a better job of going deeper into person centered approach
- Have self-advocates teach part of the curriculum
- Find out what works well
- Emphasize the Pre-ISP mtg. It's ok (best) to write in the person's own words of what they choose. It used to be that the individual filled out some of the plan themselves.
- Now the person's wishes can be left out by the time the revisions to the ISP are completed.

Direct Support Professional (DSP) Crisis:

- Often there is no possibility of advancement (career ladder) within an agency
- Need to adjust our expectations- the training can be overwhelming
- Need to provide potential job seeker-s a realistic picture of the job and the expectations (one agency shows a movie and 50% of the candidates walk away)
- Need more respect by everybody for the DSP. Sometimes they can mistreat and disrespected
- Staff need to be trained on the basics- meal-time, not talking "baby talk" to individuals etc.

6. Review Focus Group schedule.

- We may only need 2 Focus Groups due to the consolidation of some of the priority areas. Many areas impact and influence the conversation in other areas.
- Therefore, we will cancel the Nov. 5 Focus Group mtg. (Voting Day) and stay with Nov. 4 and Nov. 19.

7. The Nov. 13 Steering Comm. mtg. is cancelled as we will be in the middle of the Focus Groups.

8. Next meeting dates:

November 13, 10:00-12:30 **CANCELLED**

December 11, 10:00-12:30 at **DDPC on 625 Silver Ave. SW Suite 100**

January 8, 2020 10:00-12:30 Bank of the West

February 12, 2020 10:00-12:30 Bank of the West

March 11, 2020 10:00-12:30 Bank of the West

Parking Lot:

- Provider meeting to discuss best practices on real person-centered planning and how it works. Members that have expertise in this could share their experiences on how to shift mindsets, business models, etc.
- Nursing and healthcare coordination specific to people with behavioral health needs to be explored during the Standards work.
- There is concern about implementing a new Supports Waiver with the existing provider network.
- Items for the Support Waiver and the DD Waiver Standards: Therap, family education services, creative living care arrangements and transportation, relaxing strict administrative requirements that don't related to outcomes of people, and provider use of technology for training purposes.
- Direct service professional crisis- need consistent caring people, they need to treated well and be respected and supported
- How doe we include the voices and needs of people on the waivers that are medically fragile, need more hands-on care?

Action Items:

Co-chairs will contact potential members for Native American representation