

Policy and Quality Committee Meeting Summary

June 7, 2023

1030am-12pm

Attendees: Kate Nash, Selina Leyba, Andrea McNeilley, Juanita Salas, Susan Forbes, Chris Leroi, Jim Copeland, Tracy Perry, Cassandra Decamp, Heather Clark, Shannon Conkle, Deanna Herrera, Karen Garcia, Anthony Bonarrigo, Renee Valerio, Frank Gaona, Robert Kegel, Selma Dobson, Jennifer Rodriguez, Dominic Jaramillo, Chinda Lucoski, Elaine Hill, Daniel Lucero

1. Systemic Issue Concerns Related to:

- **Guardianship:** Discussion occurred specific to the need to have ongoing communication about people served on the waiver that do not have a guardian, cannot make decisions on their own and do not have a family member caring for them. The recommendation is to have ongoing communication with case managers about people that need guardianship. Per DDS this is a topic at case management meetings, and this will continue to be discussed. There is a need to provide information to younger people that are now served on the waiver. People that are 16 and 17 years old may need information about guardianship so that families are prepared. Things like having a state ID are important to have. Recommending that DDS consider updating informational packets around guardianship specific to younger waiver recipients.
- **Nursing:** Discussion occurred about the nursing shortage. Discussion occurred about the amount of documentation that nurses are required to complete and how this impacts their ability to complete actual nursing tasks. Increased ER use occurs because of nursing shortages.
- **Service Coordination:** This agenda items were originally indicated as care coordination but was changed to service coordination. It was indicated that service coordinators are used as DSPs due to the DSP shortage.
- **Individual Specific Training:** It was discussed that individual specific training needs to be recurring. DDS did indicate that the training does occur for new staff, when there are changes to the plan and annually. It was discussed that it is a challenge for therapists to routinely provide the trainings, there is cost, and time involved. It was indicated that we lose DSPs due to the amount of training and that the IST needs streamlining. From a DSP shortage perspective, it was indicated that the Department of Safety changed their vendor contract and there is a delay in fingerprint processing. There are supposed to be 50 new vendors in place by July. Right now, some providers are overnighting fingerprints to Tennessee for processing.
- **Effective Behavioral Plans:** It was indicated that behavior support plans are not effective. Many times, behaviors that are communication are not treated that way. People are receiving BSC services when what they need are outside psychiatric care. It was indicated that there are BSPs, crisis plans and risk assessments. It can be difficult for

DSPs to know where to track down information. When a person sees an outside therapist, the information may not always be communicated to the BSC. It was indicated that we need to make sure that there is a release signed for that Therapist to share communication with the BSC.

- Tracking Neglect Cases: It was indicated that when an ANE report is filed, there is not a way to track the progress of that case and it disappears into the system. DDS indicated that IMB does have a notification process once the case is closed. If there is further information needed on this then IMB should be contacted. It was indicated that regulations have changed at IMB and that APS was removed from the investigation process in 2014. DDS indicated that no regulations have been changed and if there are further concerns, to please contact IMB.