



**Minutes**

Community Living Advisory Group

Tuesday, August 28, 2012

12:30 pm - 3:30 pm

History Colorado Center -Mountain View Room, 4<sup>th</sup> Floor

1200 Broadway

Denver, CO 80203

<b><u>Members</u></b>	<b><u>Present</u></b>	<b><u>Absent</u></b>
Senator Betty Boyd	X	
Representative Cheri Gerou	X	
Joscelyn Gay	X	
George DelGrosso	X	
Jayla Sanchez Warren	X	
Melody Wright	X	
Don Rosier	X	
Sam Murillo	X	
Shelley Hitt	X	
Liz Fuselier	X	
Senator Ellen Roberts		X
Representative Claire Levy	X	
Patrick Coyle	X	
Vivian Stovall	X	
David Ervin		X
Barry Martin	X	
Julie Reiskin	X	
Marijo Rymer	X	
Linda Worrell		X
Carol Meredith	X	
Senator Irene Aguilar	X	
Suzanne Brennan	X	
Nancy McDonald		X
Guy Dutra-Silveira	X	
Mark Emery	X	
Jack Hilbert		X
Jose Torres	X	
Chris Herron	X	
Jean Hammes	X	
Gavin Attwood	X	
Jeff W. Pryor – Pathfinder Solutions	X	

Abby Naglier and Josh Winkler were also involved as active participants.

## **I. Welcome & Introductions**

**Senator Betty Boyd**

Senator Boyd welcomes everyone and introduces herself, including her current in the Senate and past experiences in the community. She welcomes committee members. The committee members introduce themselves and discuss the interests and organizations they represent. Those present include committee members and representatives of the state that include Sue Birch (Executive Director of the Department of Health Care Policy and Financing), Reggie Bicha, (Executive Director of the Colorado Department of Human Services), and Jeff Pryor (Pathfinders Solutions).

## **II. Opening Remarks / Framing Our Work Together**

- **Senator Betty Boyd**

After again thanking everyone for coming, Senator Boyd continues by discussing how the group was formed, the purpose of the committee and the meeting. Her comments:

We brought together a people representing a broad array of experiences interested in joining an advisory group for the future for community living. We tried to be very inclusive of not only agency people and legislators, but many voices of consumers of long-term services – people with disabilities, seniors and family members to help us move forward and make it possible for all people to live together comfortably in Colorado.

Why are we together? There is a growing need for services, for long-term services in aging. We are all aging, aging pretty quickly, so we need to be concerned about the future. We also need to be concerned about budget issues as it becomes more and more difficult to find funds to meet the needs of people with disabilities. We look forward to coming up with policy solutions that will move the State forward. As we all come together, we hope to come up with policy solutions that will move the state forward. We need to create a climate of support in the community (everyone) for the kind of support services that are needed for many. We need to think outside of our silos; we all have silos and need to break out of them. At the same time, because we are an advisory group of about 30 people, we also expect as members we will have our ears open to our colleagues in the field and not only represent our own areas of experience, but also bring in the voices of those who are not present.

How did the committee come about? Well, it was certainly before legislative session last year that we started to be concerned with long-term services. There is a history of several committees that have been created within the Legislature and reports that have been sitting on the shelves that are referred to and perhaps in some cases not. At this point of time it was important that we come together. The Department of Human Services and the Department of Health Care Policy and Financing have agreed (thanks to both Reggie and Sue), and have been talking about how we can face the future, work together and just make this community a better place for all of us. As they started the work both agencies had staff work on a variety of initiatives, but it was important to include stakeholder in the process and started before the last the last Legislative year. I got

involved in that stakeholder process and in the end there were many, many meetings with stakeholders across the state. As a result of that stakeholder process, a report was created that you all have received via email from Amanda, and that stakeholder process is continuing through this group.

As you all know, I was working on legislation last year to try to create a group similar to this and also to create the Office of Community Living. I think that's a great name, given that the Department of Health and Human Services is moving forward nationally with a similar name for a group that they've consolidated services into: the Administration on Community Living.

A small group that we brought together did considerable work to come up with a draft of a bill that was 150 pages long or so. It was very long, and much of it focused on coordination of legislation. The core, a legislative declaration (about the first 13 pages) is what is important. As we move forward now, as a starting point we can look to the legislative declaration of that bill (you received an attachment in that same email), and use it as a beginning guideline.

- **Sue Birch**

**Sue discusses the importance of the committee and the policy solutions and advice that they will be offering. Specifically, she discusses the difficulty of the work to come, encouraging the group to be bold, think big, and never lose sight of the patient in their recommendations. Her comments include:**

Thanks Senator Boyd: you have been amazing pushing all of this forward. I want to make a few comments to open up our work together and I think it's really important that you guys take a deep breath in and really understand this journey that we're embarking on. This is really an exciting time.

So, just a bit about my history – I started as a nurse's aide – and really went out into the public health world after a few short stints in hospitals and institutions. And I tell you that because the bulk of my nursing career and the bulk of where I see things going, as many of you know, are home and community-based. I think that with the redesigns and revisioning that are happening with the Commission on Aging, health care is in home and community-based services (thank you for being here Vivian, and I know we have someone here on the council from the LTCAC). With this new group now, along with the Office of Community Living, the goal is to amalgamate and pull things together and that is so exciting. So we have an extraordinary base to work from move forward from, and it's mind boggling where we can go next.

So I'd like to share with you some of the fundamental components of your work that I think are really important. I speak on behalf of Nancy McDonald who is not here. The Health Department is clearly a player, so I am speaking on behalf of Dr. Urbina, too – my sister agency has given me that permission all of the time.

We want to inspire all of you to be bold. We want you to really think about how significant these

challenges are – you know them because you’re living them. And the formation of this group really allows all to work together and move into bold, untouchable areas that really need to be examined. We all know that our changing demographics are really compelling. We know that those over age 65 are really growing in number and they’re doubling and our able and disabled bodies are really changing as well. So we need to capture all of these waves of wisdom and levels of ability and we need to rethink what are the appropriate amenities and services - what we need to do as far as our workforce, our locals and our communities.

We want to challenge you to look across usual arenas. We want you to look at structural issues. We certainly need your concrete ideas, and we really need to build off the 3 E's that the Governor has charged us all with- efficiency, effectiveness, and elegance. We absolutely remain committed to making this a much more navigable system. We don't want to just hear about your problems rehashed; we want your solutions. We want you all to amalgamate those functions and then come back to us.

Of course, we need to be very realistic: we’ve got to have fiscally sound solutions. So while we want to be bold, we also need to be realistic about cost effective, fiscally sound solutions. Our abilities are going to be changing with health care reform. We’ll be serving many more numbers of clients; we need to realize this. We also need to acknowledge there aren’t any preconceived answers or solutions. So we have to get off our notion that money will solve it, or that case models or the therapeutic community will be the solution. We need to be open to this and answer what we need to do. The hardest part is that we are looking into the future.

The shared goal includes a coordinated seamless system that serves our clients that leverage all the abilities and strengths available, and confidence that we’ve got the right providers. We know that consumer direction is awesome when that’s appropriate, but we also know that there are a lot of folks that need all different types of providers. We’ve got to recognize that everything across the long-term care continuum has to be thrown into this mix of our planning process. And absolutely, I think it’s very hard with our nomenclature, to always get it perfectly right in long-term services and support, but we absolutely value all components, including everything from the home-like setting to nursing homes and beyond. We have to understand that it’s hard, because of some of our old nomenclature, but we value and need all components of service agencies. Everyone’s got a role to play – and we look forward to seeing some solutions coming together. I just really call on you to keep the client, the patient front and center. It's critically important. We will not go wrong if we keep focused on “person-centered.” It is really critical; we're at this critical juncture that we have this opportunity to rethink things and to really move the State forward and it’s going to be a long journey. While we will move as quickly as we can on things that are fixable, we will have to acknowledge that this will be decades of work. Please be patient with the process, build upon the work that the State has going on, and please forgive us up front for not capturing all the nomenclature and words right.

I pledge, from the three main health departments, that we will work with our local communities so that we can understand the nuances and the strengths, and we will work existing agencies and systems to get a more navigable work going. Keep working with and threading work of past

committees, and the other state committees. You really play a key role now and our Governor endorses this. We are excited about the recommendations that are going to be coming forward. I really encourage you to be bold, think big, and never lose sight of the patient. Thank you for being here and the hours of the work that you will put into this.

- **Reggie Bicha**

**Reggie discusses the difficult of the work ahead and the challenges the current system faces, which include an influx of people that are going to need services and the lack of new funds to give these services. His remarks include:**

So, good afternoon and thank you all for your commitments and willingness to serve on this very important group. Here's our reality: We have a damn good long-term supports and services system in the State of Colorado. That's something that we ought to be very proud of. We have a long and strong focus of serving folks in their own homes. Colorado has led the way towards moving people out of institutions and into their own homes.

Because we have strong emphasis on community-based care, we have created a strong provider system in this state. We have very effective advocates in Colorado, sometimes too strong of an advocate system. We have strong legislative support and administrative functions. Not just the current Governor and Legislature, but generations going back who has taken risks to move this system forward to better serve folks with disabilities and our aging population. We have a strong foundation on which to build and to be proud of.

The reality is our current system, no matter how good it is, is simply not good enough. Our current system, no matter how good it is, is not sustainable and leaves too many Coloradans waiting. It is not good enough.

Before I came over today I pulled up the report that was produced by the Alliance, last December I think, Focus on the Future and I just want to congratulate the Alliance again. I think they did an outstanding job of summarizing, particularly for folks with developmental disabilities, some of the challenges in our system today. I want to point out a couple of things that they mentioned.

First: person-centered care. We talk about person-centered care and we believe in person-centered care, but we don't do it right and we don't do it well all the time. We talk about self-directed services and we have self-directed services for certain populations but we don't have it available for everybody and we need to. Our system is simply too difficult to navigate – the way we have ourselves organized is too confusing for too many Coloradans. It's not sustainable. Senator Boyd, in her opening comments, talked about the growing number of seniors, she called it a tsunami of baby boomers who are going to be aging. At a time when human beings are going to live longer than any human beings in the history of the world, this a fantastic thing, but it's going to put new pressures on our system. At the state level, we are not prepared for the number of seniors living longer than ever before. The same is true for people with disabilities, both

developmental and physical disabilities. Due to great medical advancements, better health and nutrition, we have folks who would quite honestly not have been alive had then them been born ten years earlier. They are going to need services from us and that is only going to continue and become more of a pressure in our state as medical advancements, health advancements, and other social improvements continue to happen for folks. We aren't prepared for that.

And we are doing this at a time when we have no new money. I asked our folks in our Office of Long Term Care for an estimate of the people waiting for services. And if we take this estimate and go to the Joint Budget Committee and the Legislature, just looking at individuals with developmental disabilities waiting for services and if we just serve the people on that list, the projected cost is well over \$100 million. We don't have \$100 million new dollars to give everyone with developmental disabilities services. And that's only folks with developmental disabilities. We haven't even begun to talk about folks with physical disabilities or our senior population. We don't have the revenue to serve those in need in Colorado in our current system as it's organized. This leaves too many waiting. The cleaned up wait list still has over 2,000 Coloradans that we know are eligible for services and we don't have the dollars to serve all of them.

As I mentioned before, our seniors: We know our baby boomers are coming; they are already starting to move into that senior population and in the next 10-15 years we will have a huge increase in those needing services. They're going to expect and ought to have those services delivered in their own homes. We simply have too many individuals living in institutions. As I look around the room, I think we have a unique opportunity to come up with solutions that have strong bipartisan support. Imagine looking around the room and coming up with these solutions together, providers looking at advocates sharing a common solution. Imagine a day in Colorado when we could have 4 state agencies all coming together on a consensus to modernize our long-term care.

That's the opportunity we have. The work that you're going to do. I leave you with this. As you look at one another across this room, think about the challenges we have and the foundation that we're building upon, and you think about how all of us can list any number of Coloradans, maybe people in our own family who we know need support and can't get it today.

As you think about your grandmother, your mom and dad, your brother or sister who is going to be a senior within the next ten to twenty years and who will need services from local government and state government, are we prepared? Are you ready to join with us and do the hard work and finding compromise and real solutions to move our system forward to create a sustainable model for the 21<sup>st</sup> century? If not us; who? If not now, when?

- **Senator Boyd**

Asks if anyone on the phone didn't have the opportunity to introduce themselves. No response at this time.

### III. Membership of the committee

\*Note – skipping break for now, Lorez Meinhold has not arrived so remarks will be made by Joscelyn Gay. Also note – phone muted because of interference.

- **Joscelyn Gay**

**Joscelyn discusses the membership of the group, and addresses the concerns that there are some perspectives not being represented. She then opens it to the committee and then to the public for comment.**

I am the Director of Office of Long Term Care and am excited to be part of the process. We have a lot of work to do.

One of the things that has been brought to the attention about membership of this group is whether or not all stakeholders are represented. Specifically, how much is any one constituency represented? We really tried to balance out a number of different perspectives. The group is very expansive and broad. It covers service provision to advocacy, what consumers need to licensing and regulation. Trying to fit that into one committee was a challenging process. Given that, we did get a number of emails concerned that certain groups weren't being represented. Given who is on the membership list, are there perspectives that would be obvious or critical that aren't represented at the table? This is especially important as we'd like the members of this group to start and take ownership. We want to make this an open and transparent process, and make sure that we are addressing all of the pieces on the continuum, from home care to institutions. There's an element here where all of those pieces may be necessary. Let's open it up to folks - do you have concerns about a group not being presented adequately?

**The committee members express several concerns about those not represented on the committee. These include: insurance carriers with long-term care coverage, nursing homes, too few people represented that are receiving care, the Area Agencies on Aging (AAAs), a federal level representative, advocates for children with longer term needs, people who aren't in the system, the dually diagnosed, and representatives from the private sector. There was also concern expressed about the group becoming too big to get things done.**

**Senator Aguilar** – I commend you for having so many self-advocates. Do we have people here who represent nursing homes?

**Melody Wright** – I can speak on behalf of nursing homes.

**Carol Meredith** – I work for the Arc, and one of my concerns are children with long-term care needs and their families. They may require support that is maybe different than those with aging.

**Josh Winkler** – As one of those people who sent many of those emails, I see a lot of people who make a lot of money off the system, and very few people, that use the services of these systems.

It's a lot harder to get people receiving the care and services to understand the other side of it.

**Marijo Rymer** – The work that we are embarking on is complex for it involves many, including many organizations, state groups, the Legislature and agencies. Some of the people we are designing for aren't even in the system yet. Many have very different visions of their lives and not based upon what people experienced in the past. Far more people coming into the system urge us not about just fixing what's wrong today but what isn't there yet. My vision of life for myself is very different than what my mother experienced. We need to think about the future.

**Jose Torres** – What Josh said, it's exactly what we feel. It's not just about the pay but the commitment- are you committed from the right perspective (rather than just the pay)? We are committed because we believe in equality. We don't want to be in institutions and that care should be available. However, the group can't become too big that we cannot work. In order to maintain balance in the group and if we do need more perspectives - and we may - how do we go about it without compromising the ability to get work done?

**Liz Fuselier** – Many of my clients are dually diagnosed. Aren't there more advocacy groups, more specifically for individuals with mental illness on another level (other than George)?

**Vivian Stovall** – When we were looking at the transformation, the State Unit of Aging was part of that and we felt that we did not have enough representation. We need to remember to bring that perspective to the group. We need to work together and support each other and for those of us that are aged, all of us are not on Medicaid either. We use the AAA's - the State has services that are not just Medicaid.

**Guy Dutra-Silveira** – What's happening here is also happening at the federal level. Would some presentation from that body not be helpful?

**George DelGrosso** - Insurance carriers that have long-term care are needed. We don't have any representatives from insurance at this table - we need those for developing structures.

**Opening it up to public comments: The public expressed concern about several unrepresented voices. These include caregivers, centers for independent living, the child welfare system, business representation, PACE, and assisted living.**

**Daphne** – I am a caregiver: are there any caregivers on the system?

**Dawn** – I had a conversation with Lorez this morning about how it is very important in the State for someone to represent the Centers for Independent Living on this group and we will stick with that until we have someone on the committee. It's important to have local independent living centers represented in this group.

**Lynn Johnson** – I work at Jefferson County services – kids. There are a lot of kids in the system that need better transitions and there is no one from the child welfare system around the

table.

**Patricia Ziegler** – I work for the oldest independent living center in Colorado – it’s a glaring omission that independent living centers are not included in this committee. We are in the middle of a paradigm shift - the baby boomers are not going quietly into nursing homes. Even though a paradigm shift is happening, there is often a great divide between what we see is possible and what legislators see as possible. Having that perspective is different: independent living is possible with anyone as long as they are invested in the process.

**Corky Kyle** – There is no business representation. Whether we like it or not, this is a long-term plan and the more perspectives, the better it will be long-term.

**Tim Wheat** – Center for Disabilities in Boulder. Reinforced the value of involving centers for independent living.

**Fofi Mendez** – Mendez Consulting. Leading Age and End of Age are two different things. Is there anyone from assisted living on the committee? Why do we not have a PACE program?

**Joscelyn Gay acknowledges those voices that may be missing from the group and will take them back to the group for further investigation.**

Final comments - this has been a great discussion. Thanks to everyone for coming forward. We will take all of this information in and we may be soliciting people to help us do that. We will bring this back to the group and look for these perspectives and who possible representatives may be.

#### **IV. Break**

#### **V. Framing the Discussion and Discussing Work that has already been done**

**Joscelyn Gay discusses the handouts and how they plan to build off past reports. She also introduces Pathfinder Solutions, a Colorado nonprofit consulting and facilitating group, and discusses how this group will work with both the CLAG and the LTCAC. Her comments include:**

**Joscelyn Gay** There have been quite a few (3-4 reports) issued related to the long-term services and supports system. We want to build off of those reports. As Senator Boyd said, we would like this group to catapult that work forward. We really need help tracking out work, coming up with deliverables so that our work is action-oriented towards redefining the system and that we have as many people inform that work as possible. We also need other branches of government.

What politically do we need to do? When we form these recommendations, we have to consider what is politically feasible. That’s the purview of this group here.

We have gone ahead and contracted with Pathfinder Solutions - Jeff Pryor is here and he is very

much engaged with the Long Term Care Advisory Committee (LTCAC). The LTCAC has been engaged for a long period of time, so we would like to structure the Community Living Advisory Group to use the LTCAC as the operational board of redesign. We're going to talk about that in just a minute, but there are going to be many groups in the state that will need to be informed about the work we're doing. It's a complicated system that we're trying to change and with federal health care reform especially, there are a lot of moving parts we need to keep track of. Pathfinder Solutions and Jeff are going to help with that. The LTCAC is also working with Pathfinder Solutions. Jeff will be working with all of you moving forward.

Questions?

**Joscelyn Gay walks through the handouts, acknowledging that these are not set in stone, but rather tentative. She notes: "This is a draft, this is a draft, this is a draft"**

This document represents some of the potential subgroups that will be working.

(Describes flowchart)

Q: Are there going to be subcommittees? I said that the intention is that no, there won't be, there may be small time-limited work groups. There will not be additional committees within this group. This group is setting high-level policy and because of this there is certainly the possibility that some of the work we will need to flesh out more, for example how to operationalize. We want to talk about the Executive Order, the piece about the Office of Community Living. If there's legislation, we want to discuss how to help it be successful. And, we want this group to become action-oriented.

We need everyone represented here to be proactive and we need to coordinate with the LTCAC. That's why Jeff Pryor is here helping us coordinate with the LTCAC.

We need to check in and make sure the Governor's Office is on board. Not everything will be feasible at this time; we are not going to get everything we want 100% so how can we get things that we can live with? We begin by looking at local models, national trends. We have some terrific local models of service delivery in Colorado. We need to think about looking in our own back yard as well as nationally so we aren't reinventing the wheel. The recommendations will come to you and will be presented to you along the way so that there are no surprises. Essentially, we want come up with those compromises and have those conversations where we can recommend changes that will have the greatest impact.

Referring to the flowchart – she describes the work of the LTCAC: The LTCAC has four subcommittees and maybe a 5th that would deal with professional and facility licensure because we really want to make sure that our licensing is in support of community and that it is not in contradiction. Public Health and Environment doesn't have a place on this chart yet, and we really want to make sure that our licensing - we come up with some flexibility there, what can we live with and what compromises can we make to support community living?

This is a draft that will evolve as we start to ask the hard questions. Where do we start, what is politically feasible, a great opportunity, whatever it is, what can help us get things done?

I have received additional questions about how this group works with the other ones - decisions made here and looking through and deciding what recommendations are advanced. Health Care Policy and Financing has at least 20 different groups, grants, initiatives, etc. so there might be other areas where we need to gain perspective.

**Q: Vivian Stovall** – I have 2 questions. First, will there be a conversation for the role for those who are not part of the labor programs, but use the programs of the AAA's? I'm concerned they're getting lost here. Also, we're part of the community living, where do we fit? We need to address those seniors who are not Medicaid-eligible.

**A: Joscelyn Gay** – that's why the AAAs are here, to represent provider communities.

**Mark Emery** – In terms of work that's done before. I am wondering if we can't use CU's State of the States. We need to know what our outputs are and have comparisons with other states, to recognize where performance have been delivered. I wonder if we shouldn't look at that publication.

**Joscelyn Gay** – We have a data book, that addresses the waivers we currently have, cost per person, state planned services, but are there any other ideas like Coleman book? Any of those resources that will be helpful for all of you to make decisions, please bring those up.

**Melody Wright** – I represent a lot of different areas for care for patients, etc. and many of you do the same and many of you are residents and clients as well. My great hope as we go forward is that we can break down our silos. Everyone gets very scared of protecting what they already have. Sometimes we all need to work ourselves out of the job, create the future that doesn't have our reality in it, stop thinking about how we've done things and look forward to the innovative things happening in our nation. I want to encourage all of us to think very differently, because as long as we hold tight to what we have it will limit our ability to move forward.

**Josh Winkler** – We have to look at everything, and if a new and better opportunity comes along, we need to take it.

**Joscelyn Gay** – Absolutely, that's why this group is here. We need to decide how to lay these things out for Colorado.

**Carol Meredith** – The autism spectrum: that's another tsunami that's coming into the adult spectrum. You can see this from watching school and child welfare systems trying to deal with that, and some of the gaps I see in the current work done. People with those particular labels, there are huge gaps for those people to access behavioral supports. Also, we are using the same words to talk about different things. Definitions are becoming important

**Marijo Rymer** – We need to be cognizant of the people with autism. Perhaps the people who can look at the recommendations for these people are those that focus more on individuals with developmental disabilities. Second, creating a committee to look at the licensure issues on the LTCAC is very important and I would urge that. We are running into these competing interests: protection and safety while living typical lives in the community is normally done through institutions. Just don't put me on the committee.

**Jose Torres** – I'm look at the possibility of Community First Choice (CFC) as bringing together the values of cost-neutral and cost-effective. I want to ask or comment about how come we change the culture looking at these values not be compared to nursing home. We need to look at CFC as that opportunity

**Joscelyn Gay** – That's a great point. This is an opportunity for a paradigm shift and that can be included in the idea of a paradigm shift.

**George DelGrosso** – We need to be concerned about getting data. Where does the data support the decision-making that we're doing, some of the decisions may feel good but may not have data to back them up.

**Jose Torres** – CFC uses a lot of data showing how state uses data.

**Joscelyn Gay** – As I talked about before, we do have that data book that we can use. We can have the person who put that together to present it to us.

**George DelGrosso** – What the data shows is we've provided a lot of services, but how does this make a difference in people's lives?

**Jose Torres** – Saving money can still improve lives.

**Penny Cook** – There are also folks who are on the hospital back-up programs in Colorado, they're out there, and we need to consider those folks - the people that nursing homes can't take care of, hospital step downs program, they're living, the program is costly, but they need to be considered as well.

**Jose Torres** – CFC looks at that a little and according to our estimates, they can live in our communities.

**Barry Martin** – People with autism and other people with brain disorders have behavioral aspects and what is sometimes needed are behavioral therapies. The community mental health - for people with autism and other brain injuries needs to be able to get treatment other than general physicians.

**Don Rosier** - It's going to be a challenge here. Throwing out a macro-level observation. When

you get a group together it's very difficult to stay focused and easy to go into 27,000 different directions. The challenge is to stay as focused as we possibly can and keep in mind the goals as to why we are here. Can we solve all of these problems? No. The longest journey is the first step, we can tackle something so big (applause for George). I love looking at the date, Melody - paradigm shift - those comments I love to see, we have to have outcome based recommendations and solutions. I don't want to see another report that is put on a shelf and collects dust, but we have to be realistic, too, and know that we need solutions that are both politically and financially feasible.

**Joscelyn Gay** – We will include that in the other part of the membership discussion, and come up with a proxy structure that allows us to come up with integrity but doesn't limit it too much.

**Reggie Bicha** – This has been a great discussion and I'd just like to add a friendly amendment, said quite frequently: We keep saying folks in nursing homes. Can we broaden that to any institutional setting? How old is that philosophy? We're thinking about these people too, all folks.

**Sam Murillo** – I just want to make sure we circle back to the initial words, outcomes, data, action orientation, etc. all comes from the people we service. We will find all of these as long as we remember the people.

#### **Public Comment:**

**Anita Cameron** – I've taken all of this in - we do need data performance outcome drive - but what's in the back of my mind: it's all about civil rights. People with disabilities and seniors having the civil rights to live within the community. I understand there are monetary constraints, I would suggest that the rights of people guide the work we do, sometimes it almost feels as if we're putting a price on freedom for people to live within the community.

**Joscelyn Gay** – We've tried to come up with a date that might work so we send out a Doodle poll to set the same time every month. We're thinking we might start out with 3 hours and then move to 2. We're also working on a location. This room is expensive and hard to get, and we need to maximize participation. It's very important to us that folks are able to comment on work as it's happening.

If you have suggestions for a facility for a group of this size, those are appreciated, send them to myself or Amanda Allen - Doodle Poll. We are not meeting on the 24<sup>th</sup>. Keep an eye on your inbox.

In terms of our next agenda, we will work on these 3 possibilities: How to roll this group out and make sure the group members are well equipped and outcomes is a key component; data is a key component; and understanding other systems and existing systems is a key component. We will be setting the agenda based on that, and also discussing what's coming up with the next meeting - shoot for 2 weeks in advance.

