

COMMUNITY LIVING QUALITY IMPROVEMENT ADVISORY COMMITTEE

Laradon Hall, 5100 Lincoln St, Denver, CO 80216

Call In Number: 1-877-820-7831, enter 143385#

Wednesday, February 17, 2016 1:00pm-3:00pm

Meeting Minutes

Attendees: Lois Munson (aging individuals- allow them to age); Jen Hale Coulson (access to care-licensed providers barriers); Ryan Zeiger (communication of quality); Candie Dalton (flexibility around how those with intellectual disabilities want to live their life- choice); Renee Walbert (clear, simple and comparison shop); Annie Green (accessible transportation for people with any type of disability); Iva Prinsen (navigating system); Mary Anne Harvey (navigation of the human services system); Danielle Culp (individuals unable to embrace quality of life due to barriers); Gary Montrose

On the Phone: Ian Engle (cafeteria lie choice of long-term services and supports- consumer driven model); Kenneth Maestas (mechanism to incorporate individual's disabilities into the actual work force)

Spark Staff: Laura Trent; Jacob Bornstein; Natalie Portman-Marsh

Action Items:

Spark:

Cement a new location and send out a corresponding calendar invite

Committee:

Danielle, send out bulleted data point to discern points of action and concern; send out Executive Summary and the full report before hand; Provide track changes to the Executive Summary and feedback from the Committee in the interim

Welcome and Introductions, Natalie Portman Marsh

- See attendees above to discern who was present and their general magic wand wishes



Charter Discussion

- Spend time reviewing purpose and scope, walk through meeting norms as a large group and then split into two groups of five and the group on the phone to walk through some of the other pieces of the charter.

Purpose read aloud and subsequent discussion:

- Is there an economic element to this committee or is it outside of this committee- in terms of economic viability
- Can consider any mission of vision statement from HCPF- sometimes quality encompasses economics and meaningful lives
- Recognize the work involves funds and monetary support
- The work of CLQIC is communicated back to HCPF through the CLQIC chairperson
 - Are there regular agenda items you would like to see- feedback loops around sharing of HCPF activities etc.
- Having participated in a number of these groups- there is a process in there where the group makes formal recommendations in a document to ensure there is a formal flow of communication and will allow for a natural flow of communication
- Important to look at things in a sophisticated way in terms of financing- one person may be contributing back to the community despite having a job and another may be taking their share of resources- key in quality to look at aspects not just to look at the cost and let us get it less expensive rather contributing back is a key piece of the economics
- We represent the quality aspects of the largest line item on the budget – need to add in CLAG mandate to the purpose
 - Would like to look at the words in the CLAG document and ensure it is covered by the Purpose

Scope read aloud and subsequent discussion:

- Scope is the broader brush of issues to advise on and identify level of authority
- The word disabilities versus the disorder term used in the DSM- is it considered the same thing or should we clarify
 - Disability means a judge or medical doctor has deemed this as a disability
- No one in the real world uses the word disorder because it is a medicalized term
- Elements of a quality strategy?- kept this broad because it could vary
- How does the priority list get set- HCPF and then items brought to the Committee by members and discerning how priorities get set
- Is the Office of Community Living broad enough to ask us to give input on those individuals who fall in the in between because there are those who do not fall into Medicaid eligibility or on a waiver?



- In developing the LTSS strategy those populations are taken into consideration and do collaborate quite a bit- HCPF is already making a strong effort to incorporating other populations and not just those who fall under Medicaid
- Are we looking at anyone under the age of 18? How broad are we then we need to include children in our categorization.
 - All people including children and while there are differences the earlier we get community living into an individual's life the greater the benefit long-term for the child
 - Would like to take back the element of children's committees etc. to ensure we are all connecting and communicating to avoid duplication
 - At a minimum realistically we need a parent on the committee whose child is under 18 reliant on supports because we all hope our children will grow up and live happy and healthy, need a representation of a parent form one of the other committees because of the cross-over
 - Children's committees are not looking at broader strategic issues
- IDD Division at HCPF recommended that we include cognitive separate from IDD
- Does not address how we proceed with finding a continuum between the home and community based providers and the institutional models
 - Would not be able to find this as part of the charge given how wrinkly that problem is- put it in the charter and struggle with it
 - People with behavioral and cognitive do not fit neatly in a medical model and it would be good to articulate because people generally have an orientation to one or the other but rarely all of them at the same time
 - Could be inclusive within the scope but need more information- suggest to bring thoughts from the group to identify appropriate terminology that HCPF would be comfortable with be presented to the group and vetted here in the committee
 - Bring back a red lined copy to discern changes and get consensus around changes and add clarity around the population definitions

NCI-AD Survey

- Just awarded vital research the contract because they will conduct IDD and the AD survey- National Core Indicators Aging Disabilities
- Touch almost 1600 clients by phone but typically only complete 400 interviews.
- Thinking about how to expand the survey mode- how to make more meaningful for the end user and how to more adequately reach the consumer
 - Vendor is comfortable working with these populations



- First state to implement a research component with this survey- peer based survey and have same trainings as the vendor that HCPF hire
- NCI IDD is more challenging to reach clients and the difference in desired mechanism of communication and defining populations and the ways to reach them
- Develop better strategy for the peer to peer clients- include them but not to their detriment
- Community participation- no engagement due to health limitations (CO had highest rate)
- Choice in decision making- no difference b/w CO and other states
- Relationships- health limitations
- How to disseminate the results in a meaningful way
- EBD waiver populations and paid support staff changes – significantly higher with older Americans act
- If you do a survey people only care about if you actually do something about the findings and then communicate in a memo this is what we heard and this is what we are trying to address- this is the type of the information
 - Nothing has ever been done with information in the past- when you ask for it communicate upfront what you are going to use the information for
 - If there are certain things that bubbled up the department needs to articulate priority areas based on the pressing nature and be clear around that
 - We are way behind in X than other states and we are way off the mark in Y and will address that accordingly
- Significantly less EBD 43% felt their case managers talked to them about unmet needs or goals and they are supposed to
- Most people find out about services available to them through families- lowest percentage was case managers and doctors were higher
- Goal: Use standard measure across states to assess the quality of life of individuals who are accessing publicly funded services...very lengthy goal
- Was not a representative sample for brain injury individuals
- Need to be better with providing services in their preferred language
- Higher than any other state, 72% of surveyed individuals have concerns about falling- no idea why this is the case
- Higher than average that health/wellness has improved within the last 12 months



- Less than average on some rights and respect and feeling they are treated with respect- slightly lower than average
- Self-direction of care- significantly higher number of clients in CO participating in some type of self-directed system
- Volunteer work for all survey participants was higher
- 18% of EBD waiver clients have to skip a meal daily
- Less than average the clients feel in control of their life

Drill down:

- Comment around staff turnover and look into the type of services received by the survey participants and whether this is a bad thing
 - Change too much- clearly something you do not like about it, clearly some clarification needed here
- Any idea around when people said that health is the most important things in their lives whether it was a positive or negative, what is being compared within this context
- Is it realistic to share an Executive Summary the next time this group meets- share this out prior to the meeting
- Need to allow committee to look at the Executive Summary and provide their feedback, without changing the meeting
- How to get down to the provider level of detail- at least say within scope of charter that to get down to a provider level is a need of stakeholders
 - Survey has the capability to do that and have to align it with the state needs and discern the goal

Adjourn 11:27pm

