

Systems of Care

Meeting #5

November 7, 2007

Meeting called to order at 10:11 by Lee Yount.

In attendance: Lee Yount, Gary Edwards, Beverly Marson, Tom Holmes, Jennifer Sellers, Carl Nowell, Jennifer Muller, Charlena from DHMMR, Alicia Schiner from Easter Seals, Tuwana McGee.

Lee opened the meeting and introduced Gary Edwards the Executive Director of United Cerebral Palsy. She asked Gary to comment about his services for individuals with autism. Gary explained that UCP serves 500-600 families in EI, probably the largest EI provider in state, they have an inclusive preschool, they do training of day cares in 6 or 7 counties on how to include, work with school systems, employment-job placements, wavered day program, housing information (just formed a coalition on low income housing) opened a health and wellness center for persons to get care on sight. They are hoping to develop a statewide program to address the dental needs of this population.

Review of Last Meeting-Lee asks if there are any problems with including the need to adequately train individuals to increase the work force.

Work Force-need to look at 2 year junior colleges as places that could educate the work force, discussions have already begun. Gary asks if this would be patterned after STAR. He indicates that they are a program that trains day care workers. They have some courses in developmental disabilities but it is specifically focused on day care workers. Tom asks if we are familiar with a program out of Knoxville that trains direct care workers. The College of Direct Support. Tom will get us more information on this group. Beverly mentioned NARPA and their specific training that was being developed noting that they were working on a National Certification Program. Carl says they are looking not at needing staff but training existing staff. We need to recommend training for existing staff. Jennifer says they will have a practicum site soon at AU. Gary refers to the EI preconference that is coming up and suggests that we could add a preconference workshop next year. We could do a whole track or a whole day on autism. This year they have Rose Iovannaone speaking on autism. We could recommend that autism tracks be added. The group voiced support of including workforce training and development as part of our recommendations. Gary provided a handout entitled Supports for Persons with ASD. This information is from CARF.

## **Existing Systems**

Lee noted that in light of the financial limitations and the time it would take to prepare a new waiver to implement new programs and services that we should consider what changes we could make within the existing systems. This would not be a permanent solution but something we could do in a timelier manner.

For example there are 1743 individuals on the waiting list now, per Tom. Lee suggests that we recommend to SDMHMR that they try and identify individuals with autism that are on the current list awaiting services. We could then easily identify what resources are needed to serve those individuals. The group discussed the need to capture this data in the future if diagnosis is not currently being obtained. This recommendation will be included in our report.

Medicaid Rehab Option and the existing Medicaid Waiver should be carefully reviewed to determine if they can be opened up to serve more individuals. Gary Edwards noted the need to open up the Rehab Option to non mental health centers. He stated that he has tried to become an Option provider-it would open up so many opportunities -you could do so many things that might be helpful. Gary says he has a hard time finding ways to fund behavioral staff. If autism stands as a diagnosis that can be treated under Rehab Option then we should pursue opening it up to others so that more services can be rendered. This of course would require more state match.

Tuwanna asked about what happened to our discussion about another separate waiver be created. Lee says we would include this as a recommendation but this other way would provide some immediate relief. Tuwanna voiced her concern that if we do this as a way to make things happen now-it would stay that way. We concluded that our first recommendation should be a separate waiver.

Carl says that Easter Seals has a national project and they have facilities across the state and thought we should pursue them as a resource. Lee stated that we should make recommendations about the services needed and the system required but we should not select the service providers. That role would be up to the lead agency.

Tom asked if the rehab option allows for MR? Gary responded that it did not.

Lee stated that we should focus on amending the state plan or creating a waiver specific for autism. However, we should also offer other avenues to provide and improve the system of care since creating a separate waiver may take considerable time. Making changes to open up existing avenues may actually bring about more timely relief while the other changes are

Tom stated that it took about a year to get the Living at Home Waiver in place. CMS has to respond within 90 days. If they have questions that stops the clock.

Lee asked if we should not also recommend that we open up eligibility for State Rehab and acknowledge that supports can't fade like they can with others.

Carl says they (Rehabilitation Services) have the interest but they need the money and the training. Jennifer stated that just opening the door to make them eligible won't change that much. They pay on successful closure rates-if you take someone with more needs and aren't able to close the case to get paid you aren't as inclined to take those cases. Jennifer stated that Indiana has a model that provides incentives for people to take these clients. Carl indicates that the cases are closed after a certain time frame. They have had concerns on the cases that are closed and they aren't able to follow up. Carl says that closing a case is the regulation and it doesn't have anything to do with pay. Jennifer asked about the Milestone program. Beverly says that the problem is that this is really not rehabilitation but instead habilitation. Gary says they do the Milestones program; it is time limited by definition. The best way to use this is to use the rehab people to help with job coaching. The supporting organization agrees to keep these people for life with regular contact. If they are on a waiver and are placed they can use waiver dollars to pay for ongoing support. So you have to marry the rehab world with the waiver world. It is possible and can be very successful. Lee asks if there is a way to make it better or easier and to give them the ability to receive services at a younger age. For those that aren't on the waiver the agency is trying to keep them on the job without funding. Carl says based on their law they don't work on that phase of it. The group discussed that the fact that resources need to be developed for closures and ongoing supports. Beverly stated that where people live has a lot to do with where a person can work. Beverly further noted that we need to push down the living arrangements so that plan is in place. Carl adds transportation is also an issue. Jennifer stated we need to revise the instruments that are used. Carl noted that they are trying to do this at Lakeshore. They are looking for an appropriate tool.

Gary commented that in looking at state systems we are missing 2 systems-the Health Department is one of those-they have health clinics-if they might consider clinic day for primary healthcare. Jennifer says that we need to make our screeners available to the Health Clinics.

Lee asks what we could suggest to DHR; Beverly says that training for foster care is important. Lee says she would like to see them do more support for families and in home supports. Lee suggested that we recommend that children with autism be reviewed by a panel before they go into long term residential. She noted that children with autism should receive the same considerations for in home supports, foster care and adoption.

## Suggestions

Prior Discussions-review of the ideas from the last meeting.

Interagency Council-an overarching group that is made up of reps from the state agencies: suggestions-SDE, DHR, DMH, Med, Rehab. We would then have a state coordinator. We then talked about regional centers and how they needed to be University based or linked. The initial thought is that they should not be service providers but we did discuss the need for diagnostics and case management. We also discussed the need for a Center for Excellence-and if one of the regional centers could be the CE. There are 8 in the country, we do not give this to someone but they would compete for it nationally. We also discussed the need for advocacy and supporting it-education of the lay public and groups for example police/justice, etc. We had also talked about Case Management. We would recommend that there is an overarching body that is permanently established, there would be a State Service Coordinator. That person would be the contract person. Beverly says that she wants to see Case Management that knows local resources. It needs to be local-Lee asks her to define what she means-she has a case manager who connects her with the EI, with day care, respite, they are directing her and checking up-if you have a child with AS and they are needing friends you are able to connect them to groups for support. Case management might be able to be done under 310 Board per Tom. He suggests that if there was an incentive for them to have a specialist within the office. Tom says you could do this as a pilot project. Beverly says that if you had like people together they might be able to come up with solutions on their own. There is no mechanism now that brings people together. Lee stated her concern is that the current system would suggest that the logical home is within the 310 Board. You could then have those people meet regularly. Tom noted that you could also put a person in each regional office since there are five of them and far more 310 offices. Beverly says we need cradle to grave support that is specialized. Gary says we need to plan for 5-10 years down the road. The way people communicate now is face book, etc. We need to think of this and we need to think about how this can happen. If you have infrastructure and this web based system of support we will be ready for the future.

We have to have global picture for our recommendation and have some sort of objective/fair process? Could case management be under advocacy? Gary says that wherever they are they need to have access to expertise. Lee says she thinks that there is merit in the Center for Excellence not being a service provider.

We discussed the potential role of regional centers. Case management, people would go for training, community integration. The Universities would share their information. The coordinator would get the buy in-that has to be a strong person. We also talked about diagnostics. The communities are all different so they have to be local. You have to know the area and the people.

We discussed some concerns about what we might lose if we suggest that services be provided through a University. We concluded that we need to define the type of work

they would need to do and what your standards are. We would need to define that we would like to see. We concluded that case management does not belong at a University.

State Center for Excellence- all agreed that it was needed. We want some type of service coordination between the advocacy group and the case management. Tom asks if we know about IFS Councils, they are run by families and they get 500600K a year to disburse thru the regions. That was introduced by Senator Mitchell and virtually introduced over night and they get a state appropriation. The power is in the hands of the regional councils. Each regional council decides how they disburse their regional money-the state council has no authority over them.

Alicia from Easter Seals was asked what they did in relation to autism-they have 3 full time SLP, they do job placements many are referred to them by rehab-they have gotten a lot of referrals. Last year Easter Seals of Central AL had a workshop on the play project in Montgomery. They had applied to a national autism group to get money to train their people in that method. Beverly asks what National is doing-it is new and it has come up recently.

Lee stated that she will take these ideas and draft a document that we can review prior to our next meeting.

Taking a moment to go over the original recommendations, would we be looking at our waiver not being dependent on the parent's income? Yes, we do want it to be exclusive of the parent's income.

Carl says that before he took leave he was working on getting info on CA and WI.

Gary asks if Federal Legislation has anything on developing an ICC. We need to consider what is going to happen with the Federal Legislation.

We will meet one last time to tweak document before it is submitted.

The meeting was adjourned at 12:03.