I. Welcome
   • The meeting was called to order at 9:12 am.
   • The September minutes were approved as written.

II. Goal Review and Commission Member Prioritization
   • Rita Landgraf discussed the process to be used for the prioritization of twelve objectives.
     The commission members each have the opportunity to select twelve goals for discussion
     for prioritization for inclusion in the five-year plan.
   • Questions were asked about the goals that are not selected within the twelve priority
     goals.
   • Rita explained that no work or goals will be lost.
   • The Commission should make an effort to include all subcommittee goals. Vince Meconi
     clarified that the Commission needs to make decisions, so that goals and objectives are
     concise and prioritized for reporting to stakeholders and policy makers.

III. Overview of the Retreat
   • Rita clarified the process for the day.
   • The role of a Commission member is to look broadly at the goals and objectives and
     provide perspective to this process. The subcommittees are represented to provide the
     expertise to the Commission members as needed in their decision making process.
   • Renata Henry asked whether twelve was the number they needed to stick with or whether
     they had flexibility.
   • Rita explained that the number was a starting point to make the discussion more
     manageable.

IV. Discussion of the Goals Prioritization
   • Each Commission member present chose twelve priority goals (in no order) out of the
     group of 27 goals submitted by the seven subcommittees.
   • The first goals streamlining activity produced fourteen priority goals to be discussed.
- Housing Goal I (11 votes)
  Assure there are a sufficient number of safe, affordable, integrated, and accessible housing options for individuals with disabilities
- Transportation Goal I (10)
  Ensure that reliable transportation services and choice are available
- Money Follows the Person (10)
  Implement Money Follows the Person (MFP) program
- Healthcare Goal I (9)
  Provide services, education, and access to healthcare to allow CBA
- Employment Goal I (9)
  Establish a Medicaid buy-in program
- Workforce Development II (8)
  Ensure fiscal and human resources necessary to develop a professional workforce
- Workforce Development I (7)
  Fair and adequate compensation and benefits for Direct Support Professionals
- Healthcare II (6)
  Expand infrastructure to accommodate medically, emotionally, and mentally fragile children in-state
- Healthcare V (6)
  Provide affordable health and dental insurance
- Assessment III (6)
  Develop a common assessment model for screening, eligibility, and care planning
- Healthcare III (5)
  Effectively treat mental illness as a medical condition requiring the same quality of care as physical illness
- Employment II (5)
  State will provide funds and resources for long term support for all people with disabilities to maintain employment
- Housing III (5)
  Develop assessment and discharge protocols allowing support needs to be identified and provided for
- Housing IV (5)
  Establish coordinated system to develop, administer, and implement housing programs for people with disabilities

### Housing
- Goal I
  - Michael Gamel-McCormick commented that Housing Goals I and IV reflect both sides of the needed services – one focuses on provider-side development and the other on the user. This is a way to better ensure systems change.
  - Sandy Johnson said the assessment piece should be highlighted with respect to housing and homelessness.
- Goal III
  - Rita asked if III and IV fall under the Assessment’s Goal III, within the priority list. Discussion followed.
Sandy Tuttle added that assessment was highlighted in the homelessness committee report.

**Goal IV**

- Sandy Tuttle highlighted that the challenge for the committee and the community is the lack of a point of entry to the housing system.
- Sandy Johnson explained the DSHA’s GIS system that should be online in June 2007 which will identify housing available via the internet. The "e-housing" technology needs to be accessible to people in discharge and transitioning. Homeless Management Technology System has a centralized data collection where people can apply for housing. The DSHA is campaigning to collaborate with the three other housing authorities in Delaware, which have been slow to support a collaborative effort to track housing via electronic resources. Sandy reported apparent opposition from other housing authorities that resist the idea of "giving hope" to clients. Despite this, Sandy reported that the other housing authorities are involved in the process and there are measures she has considered taking to force involvement. (The Delaware Code states that DSHA has the right to take them over. Each has a board-level management (with exception of NCC, reports to county executive) with a Governor-appointed person. Sandy's next step is to approach the Board. The challenge in the current system is that individuals to go to each housing authority to apply for housing (with different types of paperwork), so a master list of all people looking for housing does not exist. This complicates the tracking of homelessness and housing, and the intake process.
- Rita added that the assessment goal addresses this area by looking at the common domains.
- Sandy Tuttle added that the foster care children transitioning need to be included.
- Rita asked about the shelters that have chosen not to use the system, as mentioned in the paper. Sandy reported that some shelters do not participate on confidentiality and religious bases.

**Transportation**

**Goal I**

- Stephen Kingsberry highlighted that Transportation Goal I has twelve objectives.
- Stephen suggested the group shorten the list of objectives. He believes that an accessible taxi program might be easily achieved. He reported that there are no accessible taxis in Delaware. Other states have legislative mandates to provide accessible taxis. An accessible taxi initiative could include some legislative and fiscal priorities. This goal also relates to Goal IV – Accessible locations, which is very important to mention because some of the neighborhoods and house driveways are inaccessible.
- Marianne Smith asked if accessible vehicles are available for driver’s education. Kyle Hodges reported that DOE does not have those vehicles available. Pat Maichle added that the GACEC has worked in this area. Marianne added that the low-interest loan program for vehicles that is not
being used. Stephen added that UCP is working with AAA to market to people with disabilities about the services they could provide.

- Dori Connor asked where a pilot program for minivans for accessible taxis should fall within the state – DHSS or under DART? Vince deferred to Transportation to address the question. Stephen said he could work with Senator Connor on details for a pilot project.

**Money Follows the Person**

- Pat updated the Commission that the MFP grant application is with CMS and notice should be received in April. Sandy Johnson asked why last year's original grant needed revisions. Pat explained that the rebalancing portion of the grant needed to be clarified and other minor changes were made for the supplemental application. If the grant is not funded, discussions with the General Assembly to create legislation are planned. Daniese added that MFP can be funded through federal means or state means and group's momentum should continue even if the CMS grant is not received. The MFP materials in the binder describe the different objectives, including the 211 system that other groups are currently working on in the state. Kyle added that the money from the funding would need to be matched by the state. The match funding is not allocated in the Governor’s budget.

  - The MFP grant’s first step is to develop a process for how this plan would be implemented in Delaware.

  - Andrea Guest added that the MFP Goal and Housing Goal I are very high priorities and key reasons behind the development of the Commission. She added that other goals fall underneath these two goals.

  - Sandy Tuttle stated that she sees MFP and Assessment as priorities and that the other goals fall under those two.

**Healthcare**

- Tim Brooks discussed the importance of Medicaid Buy-in, the family support objective, training health care providers, and respite care.

- Pat passed along a copy of the Mental Health Commission plan to the Healthcare subcommittee and Commission chairs.

- **Goal II**

  - Tim offered some additional information about Goal II. Based on subcommittee research, he believes the cost associated with building the infrastructure to provide services in Delaware for the low number of children with severe disabilities is prohibitive. He reported that approximately 20 children are sent out-of-state by the Department of Education. He explained that his support of this goal as a priority as it is stated has changed based on the new information regarding this low number of children sent out-of-state that he recently learned. Pat added that her concern is that these children do come home (at 18 or 21) to a system that is not equipped to support them.

  - Kyle suggested a MOU might be developed between the Kid’s Department and DOE about the connection between the two departments to address this Goal.

  - Vince added that it is more cost-effective to provide specialized services for some children outside of Delaware.
Rita asked Tim and Kyle if it would be appropriate at this time to revise this goal, per the Commission's discussion. She asked if the committee would continue to promote this goal as a priority. Tim and Kyle felt that more discussion about the level of prioritization within the subcommittee is needed. Rita suggested the goal be addressed as a transitional services objective that addresses the gaps.

Dori asked for the number of children who are sent out-of-state for treatment by a court order versus parental agreement and what happens to the court-mandated cases when they reach the age of 18. Renata said that many of the children sent out-of-state for treatment are likely in need of medical services unavailable in Delaware.

Andrea explained she voted for Goal II based on her assumption that the numbers were much higher.

Rita mentioned the children at Vorhees have been transferred to Exceptional Care for Children, which has reduced the number of children in out-of-state care.

Marianne added that a MOU with Child’s Mental Health, Family Services, and DDDS will help address the transition issues.

Michael expressed hesitation about altering a priority goal in a Commission meeting without all the members of the subcommittee present to address the questions. Kyle agreed that he would like to take it back to the Health Subcommittee.

Rita clarified that the Commission is the governing body responsible for the comprehensive plan and needs to reflect the committees, but goals should be ultimately determined by the Commission.

Sandy Tuttle stated that her vote was based on the need to build the capacity of Exceptional Care.

Pat suggested adding the statement “children that are transitioning…”

Kyle and Tim were comfortable using the revised statement, as suggested.

Goal V

Tim summarized information presented at a meeting he attended held with Matt Denn, who is working on this goal. Kyle added that Delaware's insurance committees come up with insurance rates, a very subjective process. Other models (California, as an example) give authority to nonbiased groups like university entities to provide objective cost estimates, which is an objective included under this goal.

Pat added that this goal addresses both private providers and Medicaid.

Sandy Tuttle is working with a committee to address coverage for assistive technology by insurance companies.

Andrea would like to make an overview statement from the commission for universal health care coverage. Michael added he feels it is an overarching goal, as well.

The Disability determination model provides some disability benefits for those without insurance, but that does not qualify them for any health insurance. Some pass away before they qualify. This is a federal policy issue.

Goal III
- Tim stated that the subcommittee was clearly supportive of this priority goal.
- Pat added that parity does not solve this problem.
- Renata stated that this is a quality of care issue, and one in four Delawareans have some form of mental illness. The goal encompasses an insurance coverage issue, treatment issue, early intervention, integrated care issue, competency issue, and workforce issue. The objectives under this goal reflect these issues.
- Andrea added that there are disparities in the coverage based on the insurance company coverage.
- Pat asked that this goal stand alone and should not be folded into the others.

**Employment**

- **Goal I**
  - Medicaid Buy-in – Number one employment subcommittee priority, included in the Governor’s budget, which is funded by the Healthy Life fund, which requires passage of a cigarette tax increase.
  - Andrea thanked everyone for their advocacy and support for MBI, as well as the concern that we need to continue supporting MBI in light of any budgetary issues.
  - Pam Maier asked if the costs are included for this goal. Rita clarified that the fiscal information has not been provided for the objectives, so later analysis by the Office of Management and Budget will be needed.

- **Goal II**
  - Andrea added that the statement seems general about long-term supports. She emphasized the need for these services for multiple populations. The fiscal resources have high upfront costs, but have long-term effects on employment for many people. Some employers pay for these services themselves. Some services are provided by nonprofit agencies.
  - Pam asked if these organizations can be thanked for their support of individuals.
  - Marianne asked if the services include the “Early Start” programs for children transitioning to supported employment.

**Workforce**

- **Goal II (becomes priority goal)**
  - Renata asked if the two workforce goals can be consolidated into one goal – can II be an objective step under I? Michael addressed Renata’s request that the Goals can be combined into one goal, and added that the subcommittee would likely push for the fair and adequate wages to be a priority objective under Goal II.
  - Tim mentioned the need to look at full-time and part-time DSPs.
  - Pam asked for clarification on how much the workforce is making on average. Ranges vary depending on qualifications. Fair and adequate wages can be determined looking at regional data.
  - Michael added that addressing the quality of the work environment, training, and policies is included in Goal II. Including fair and adequate wages as a priority of this goal makes sense.
Ginger Nobles added the discussion about the professionalism piece was very important to the committee.

Pam asked if there were ways the legislators could acknowledge the work that is happening. Michael mentioned the DSP conference in May honors these people with support from the legislature.

Ginger added that benefits are also important to the group.

Renata asked to revise “resources to develop and retain a professional…” to the Goal.

### Goal I
- Becomes #1 priority under Goal II

### V. Full Commission Voting on Twelve Priority Goals
- The commission members prioritized the 13 remaining goals in order of importance. These were prioritized as:
  - Housing I
  - MFP
  - Employment-MBI
  - Transportation I
  - Health Care I
  - Workforce Development II
  - Housing III
  - Assessment
  - Housing IV
  - Employment II
  - Health Care V
  - Health Care III
  - Health Care II

- Some of the commission members felt that some of the 13 goals could be collapsed together.
- Rita asked Renata to explain her rationale for consolidating and subsuming some goals; recommendations:
  - **Under Housing 1 to put Housing 4 as an objective**: Rita asked for consensus regarding the recommendation; Kyle stated that it was important to make sure that certain goals were highlighted and he didn’t want to lose certain goals.
  - Rita recommended that Housing 4 could be the first objective of Goal 1.
  - Vince asked how the objectives under Housing Goal 4 would be addressed or prioritized.
  - Renata suggested that the objectives of Housing Goal 4 could become either objectives or action steps.
  - Daniese McMullin-Powell wanted to make sure that the integration of housing for persons with disabilities not be lost; Pam asked whether these steps are going beyond the last HR 90 Commission plan; Rita ensured that the Governor’s Commission Executive Order 50 plan would extend beyond the HR 90 plan.
  - A formal recommendation was made by Renata to make Housing Committee Goal IV the first objective of Housing Committee Goal I; Vince seconded; the motion was carried unanimously.
• A discussion ensued about the connection between Health Care Goal V and Health Care Goal I
  o Renata motioned to collapse Health Care Goal V and Health Care Goal I into one goal; the motion was seconded by Pam with Yeas 8, Nos 4, Abstentions 0
  o Marianne made a recommendation to collapse Health Care Goal V into Health Care Goal I; Renata seconded the motion.
  o Mary Kate McLaughlin commented that the commission may want to focus on the disability health care issue (a narrower focus) rather than the broader overall health care issue.
  o Andrea suggested that the Commission report make sure that the concept of health care for persons with disabilities be noted.
  o Sandy Johnson commented that the health care objectives need to be prioritized as well and that there is a timeline for implementation of the objectives.
  o Marianne asked if the group would address the priorities of the objectives.
  o Rita called a vote on the motion made by Marianne to collapse Health Care Goal V into Health Care Goal I: Yeas 8, Nos 3 Abstentions 1; motion carried.
• Renata recommended that under Assessment Goal 3, Housing Goal 3 become the first objective.
  o Question raised: Are there differences in the assessment process?
  o Sandy Johnson mentioned that the housing screening and assessment processes might be highlighted, in order to strengthen both goals.
  o Daniese added that people who live in nursing homes are not considered homeless, so they are not included in the assessment process.
  o Sandy Johnson also recommended that the Commission use the language from the Breaking the Cycle: Delaware’s Ten-Year Plan to End Chronic Homelessness And Reduce Long-Term Homelessness (page 16) that states, “Recommendation 3: Improve Discharge and Transition Planning to Prevent Homelessness Following Transition Between the Children’s System of Care and the Adult System and Discharge or Release from Hospitalization, Institutionalization and Incarceration”.
  o Rita suggested that the assessment goal should not use the term “model”, but “common domains” in the report.
  o Andrea is concerned about using the term “screening” and asked that it be removed.
  o Renata moved to use the language in the 10 year Homelessness Plan – Andrea seconded, pass unanimously.
• Renata recommended that Employment Goal 2 is rolled under Employment I.
  o Decision made that they remain separate.
• Resulting ten goal priorities
  o Housing I
    • Housing IV as objective 1
  o MFP
  o Employment I
  o Transportation I
  o Healthcare I
  o Workforce Development II
  o Assessment III
VI. Discussion of the Objectives of the Twelve Priority Goals

- Pam asked if any of the objectives are being accomplished.
- Objectives of the resulting ten goal priorities
  - **Housing I**
    - Housing IV as objective 1
    - Identification and screening of people with disabilities begun.
    - Sandy Johnson asked if Objectives A, B, and C of Goal II could be included in the objectives under Goal I.
    - Proposal to add “supportive” was not supported by the committee.
    - Renata supports include Goal II as an objective of I.
    - Sandy Tuttle included the vision statement and asked for it to be included in report narrative.
    - Michael noted that all of the other committees have a cross-cutting impact within this goal and objectives.
  - **MFP**
    - Pat and Pam gave an overview of MFP. If we do not get the funding, the plan moves to Objective D. Tim asked what the plan for getting the state match for MFP is if the federal grant is awarded. Commitment of match funding would be needed by the end of June. The amount needed is more than one million dollars.
    - Sandy Johnson asked if the grant includes any cost avoidance. Pat stated that is what CMS asked for in the rebalancing, however it does not reduce the match costs. The state money is a percentage of the amount given to the state; approximately 3.5 to 4 million over 5 years. In FY08, a planning year, the money is probably less than in later years. This funding is not in the Governor’s budget or in DHSS’ budget. Vince cautioned that the budget process would result in cuts to budgets this year.
    - Sandy Johnson asked what will happen when a match is not available. Answer: Delaware loses the funding. The funding is a one-time only grant from the federal government. If the state does not match the funding, state legislation options would be pursued.
    - Pam and Dori both mentioned the need to promote this initiative at the JFC and with legislators.
  - **Employment I**
    - There are no objectives under MBI, but action steps were discussed and supported.
  - **Transportation I**
    - Stephen stated that E would be the highest priority of the committee. He questioned if H could be included under E, but others felt that it addresses different audiences.
    - Stephen made a motion to include Goal IV into Goal I, as an objective with planned actions included, Vince seconded, passed unanimously.
  - **Healthcare I**
Tim stated that V.D. is being addressed by Matt Denn, so should be reflected high. Dori added that the Senate passed the bill to fund last year, but it did not pass in the House. An increase in funding from 1 million to 5 million in funding may persuade the House to pass the bill.

- Objective I.D. is another priority, but in light of funding will probably not make it this year.
- Mary Kate added that Matt is working on a bill to address the rate setting for health care.

- **Workforce Development II**
  - Goal I objectives captured under this goal.
  - Request to have Goal IV be included as a Guiding Principle that individuals direct their own care. Pam reflected that the MFP has the same overarching vision.
  - Consumer choice, self-management, self determination, support for universal health care are other Guiding Principles
  - Request to collapse Goal III under Goal I. Renata agreed these are strategies to address the human resources, Pam seconded, passed unanimously.

- **Assessment III**
  - Removed screening from goal and rewrite to state “Develop common assessment domains for eligibility and care planning.”
  - Rita proposes to put the other goals and objectives (with the Housing III goal as the priority) to fall under Assessment Goal III, Marianne seconded, passed unanimously.
  - Pam asked about DTI and their relationship between other Departments and within DHSS’ divisions. The Governor’s current budget includes funding for DSAAPD to improve data systems.
  - Sandy Johnson asked for a user-friendly term for “domains” for the report.

- **Employment II**
  - Challenge for DVR is keeping people employed.
  - Sandy Johnson asked how these goals and objectives line up with the Delaware Workforce Investment Board, but their goals do not include people with disabilities. Need to raise these issues with DWIB and DOL.
  - Rita asked if the Objective B under Goal II is necessary to have employers provide opportunities. Andrea agreed that employers need educated on how to provide natural supports and long-term care, but the funding needs to be in place.
  - Rita made a motion to add the objective “Increase employers providing opportunities” to Goal II, seconded by Renata, passed unanimously.
  - Sandy Johnson motioned that the DWIB funds be used for long-term employment supports, Stephen seconded, passed unanimously.

- **Healthcare III**
  - Tim highlighted that Objective D and C have been continuing priorities in the state. Renata commented that she feels Delaware is really supportive of medications and this area is not an issue. Pat commented that the system is set up as a step program for the formulary in the state, but there are differences between the state and private providers.
Renata supports keeping Objective C as a needed objective, but is concerned about Objective E, regarding CTTs and CCCPs because it specifies one program only and should be for all of the programs. Rita motioned to remove the objective and to have a guiding principle for outcome data for all services, Pam seconded, passed unanimously.

- Add “when appropriate” to III A to highlight that people do need hospitalization – but should be in the least restrictive environment. The broader issue is “least restrictive environment” – add to the guiding principles.
- Kyle highlighted the planned actions underneath the objectives that could be brought to an objective level – replace A with planned action IIIA1.
  - Healthcare II
    - Add transition language to the goal to reword: “Expand infrastructure to accommodate medically, emotionally, and mentally fragile children transitioning to adult service system.”

VII. Finalizing Objectives by Prioritized Goal

VIII. Wrap Up, Next Steps, Thank you

- Revised priorities from today’s meeting will be circulated back to the commission for review and comment by mid-April.
- Public meetings will be held in all three counties. Times to be confirmed and will be sent to all Commission members.
- Councils that would like to have presentations should contact Rita. Pat asked that someone present at the DDC.
- At the June meeting we will have the draft plan that includes the public comment available for review by the Commission members, which will include the Guiding Principles, Executive Order, etc.
- Rita and Secretary Meconi will discuss the process for how the fiscal numbers are assigned to the priorities.
- Pam asked that we promote a number one funding priority of MFP because of the one-time funding timeframe with the federal grant.
- Rita reminded everyone that this Commission is ongoing and will be looking at systemic change beyond the five years. The Executive Order stays in place unless the next Governor takes it away.
- Mary Kate updated that new people will be approved as soon as possible and will be in place at the June meeting to fill the two open positions.
- Pam asked that we send a card to Joe Connor from the Commission.

Meeting adjourned at 2:50 pm.
Minutes by Tracy Mann, Center for Disabilities Studies