OPSA COMMITTEE MEETING
AGENDA/MINUTES

Date: 10.27.20 **Time**: 1:00 – 4:00 PM
Location: Online Mtg.

Committee: OPSA Quarterly Mtg.			
Scribe: Holly Riddle			
ATTENDEES			
OPSA Members	**PRESENT**	**OPSA Guests**	**Presenter? Y/N**
OPSA Members		Jonathan Martinis	Y
		Linda Kendall Fields	Y
		Lisa Corbett	Y
		Sherry Lerch	Y
		Holly Riddle	N
		Vickie Callair	N

Agenda:

1:00 – 1:05	**Welcome**	**OPSA Community Co-Chairs,** **Betsy MacMichael &** **Charmaine Fuller Cooper**
1:05 – 1:10	**Intro. of Guest Presenters**	**Lisa Corbett, Esq., DHHS** **General Counsel**
1:10 – 1:15	**Making Choice a Reality in NC**	**Linda Kendall Fields, M.Ed.,** **Clinical Ass't. Professor,** **UNC-CH School of Social Work**
1:15 – 1:50	**Supported Decision Making and the Right to Choose**	**Jonathan Martinis, Esq.,** **Sr. Director for Law & Policy,** **Burton Blatt Institute**
1:50 – 2:00	**Discussion/ Q&A**	**OPSA Members**

2:00 – 2:20	**Update on TAC Data Analysis**	**Sherry Lerch, Sr. Consultant, Technical Assistance Collaborative**
2:20 – 2:30	**Discussion/ Q&A**	**OPSA Members**
2:30 – 3:50	**Committee Report Outs (10 min. each)**	**OPSA Committee Chairs**
3:50 – 3:55	**Public Comment**	

Discussion:

Co-Chairs Betsy MacMichael and Charmaine Fuller Cooper opened the meeting. The DHHS General Counsel and Co-Convener for the Olmstead Plan Stakeholder Advisory (OPSA) Staff Work Group, Lisa Corbett, introduced the presenters, Linda Kendall Fields and Jonathan Martinis.

UNC-Chapel Hill School of Social Work Clinical Ass't. Professor Linda Kendall Fields reviewed her work with the NC Council on Developmental Disabilities (NCCDD) initiative, "Re-Thinking Guardianship," and discussed the contractual work she had done, under funds from Money Follows the Person (MFP), to develop an Informed Decision-Making Tool for the Transitions to Community Living Initiative (TCLI). Jonathan Martinis, Esq., Senior Director for Law & Policy, Burton Blatt Institute, presented on ways to enhance Supported Decision Making[1], an effort to give people with disabilities every opportunity to control their own lives and to afford an alternative to guardianship. He noted that people under guardianship had tripled since 1995, rising to over 1 million persons. Some 90% of this group are people with intellectual and other developmental disabilities (IDD) and are ages 18 - 25. Mr. Martinis noted that people with IDD who were *not* under guardianship were more likely to: have a paid job; live independently; have friends other than staff and family; go on dates and socialize; and to be part of a religious community. With regard to Supported Decision Making, he noted that it included informal support and that some approaches included written agreements, micro-boards and circles of support. He made special note of the University of Minnesota's Special Edition of IMPACT, focusing on Supported Decision Making, for which he was an editor: https://publications.ici.umn.edu/impact/32-1/cover . Ms. Fields discussed the limited, but growing, efforts in North Carolina to restore individuals' rights and the NCCDD's continued work to advance alternatives to guardianship across the state and among varied disability groups. Both Ms. Fields and Mr. Martinis offered to continue to work with the OPSA's committees, at the request of the committee chair, and offered to make their slides available.

The Technical Assistance Collaborative's (TAC) Senior Consultant Sherry Lerch updated the OPSA on TAC's work, to date, in assessing North Carolina's services and systems in the Olmstead context. She noted that the work was both cross-disability and across the lifespan, with the goal of creating a strong, data-driven foundation for the Olmstead Plan. She described the 15 Listening Sessions hosted by the TAC, stating that some 580 stakeholders had participated (count was not unduplicated). She briefly described the strengths

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[1] Supported Decision-Making (SDM) is emerging nationally as a recognized and preferred way to support people with disabilities and older adults in making their own decisions and determining their path in life. While there is no singular definition or model, SDM generally occurs when people work with friends, family, professionals, and others they trust to help them understand the situations and choices they face, so that they can make their own decisions (Dinerstein, 2012; Quality Trust for Individuals with Disabilities et al., 2014).

in the State's system, including most notably, the availability of a comprehensive, array of treatment and therapeutic services and supportive services. As to gaps, Ms. Lerch noted the lack of services/supports in rural areas; the lack of adequate options for independent living in the community; the lack of adequate, well-trained frontline staff; and the lack of adequate access to support services. Participants identified as the single, greatest challenge the extensive waiting lists for services and concomitant, inadequate funding of the community service array. Providers, Ms. Lerch said, saw as challenges high staff turnover; inadequate reimbursement rates (identified as the greatest challenge); and the lack of coordination across systems. Ms. Lerch concluded her presentation by advising that the TAC and Human Services Research Institute (HSRI), TAC's subcontractor, would soon been reviewing quantitative data. Members expressed strong interest in ensuring that self-advocates were involved in the TAC's processes; the Supported Living program was taken into account in the analysis; the plan addressed public guardians who relied too heavily on congregate care for people under guardianship; and that the analysis addressed inequities in funding between the community and institutions. Ms. Lerch said that TAC expected the analysis to be ready in March of 2021 and offered to make her slides available to the group.

Reports from the eight OPSA Committees followed:

Housing – Chair Mike Bridges reported that his committee had met once and was meeting again on Oct. 28 to explore what "housing" means in the context of Olmstead.

Employment – Chair Bridget Hassan noted that her committee was meeting weekly and had identified four target areas: 1) competitive integrated employment; 2) students receiving transition services; 3) informed choice and the use of Supported Decision Making in segregated settings; and 4) competitive wages, commensurate with industry standards.

Workforce – Chair Karen McLeod noted that her committee had a strong focus on issues concerning the frontline workforce, including competency-based training; statewide certification; recruitment and retention; addressing English as a Second Language among workers; training that emphasizes dignity of risk; self-directed hiring of Direct Support Professionals by individuals and families; and hearing from the variety of groups in the state addressing workforce issues.

Transition to Community – Chair Kerri Eaker reported that her committee's purview spanned developmental centers, psychiatric hospitals and skilled nursing facilities, among others. In an effort to understand how transitions from settings like these are currently taking place, she noted that the committee had heard from TCLI and MFP staff. Diversion, she noted, was the front line of defense for keeping people in the community and also emphasized the importance of relying on the lived experiences of families and peers, across disability populations.

Children, Youth and Families – Chair Chandrika Brown reported that her committee was scheduled to meet on Oct. 30. She emphasized the importance of listening to families; the length of waiting lists and issues this presented for families; and the lack of community-based services for children.

Community Capacity Building – DMH/DD/SAS' Mya Lewis reported for Chair Janet Breeding, who was unable to attend. Ms. Lewis discussed the survey her committee had developed and agreed to provide it to the TAC. The committee is discussing what "community capacity building" means, along with "informed choice," she noted. The group will next meet on Nov. 3.

Older Adults – chair Lanier Cansler noted that his committee had begun its work by hearing from the Division of Aging and Adult Services' Joyce Massey-Smith regarding the NC State Plan on Aging. The committee, he said, had noted the importance of supporting community caregivers, along with improving access to community services and supports. The committee observed that attention must be given to the services required if people with complex medical needs are to thrive in the community. The committee has also pointed out that social isolation is too often a part of transitions from congregate settings and has been made worse by the pandemic. Some of the solutions to such isolation (e.g., telehealth and Face Time or other online programs) are harder for older adults to manage. Nutrition, transportation and access to medicines are problems for many older adults in the community and are often even more of a challenge in rural areas. Representative Donna White noted that she was looking at options to address transportation through her work with the NC General Assembly and that access to data, supporting the goals put forward, would be essential. Linda Kendall Fields pointed to dementia-friendly hospitals as an area of strength for the State and Cherene Caraco emphasized that inclusion had to be valued, funded and tracked to become a reality.

Quality Assurance/Quality of Life – Chair Leza Wainwright reported that her committee had met twice and was looking at a quality assurance quality of life (QA/QOL) approaches that fit the Olmstead framework; they have reviewed a number of these already and, at their second meeting, called on Disability Rights NC's Corye Dunn, Esq. to assist. "What to measure and how" is a central concern for this committee. QA/QOL is vital to ensuring that the Olmstead Plan is a living, breathing document, Ms. Wainwright said. She also raised a barrier, the "old wives' tale" that an individual had to be under guardianship to secure an Innovations waiver slot. In their next meeting, this committee will look at person-centeredness as the key to community inclusion.

Scott Pokorny, from the Traumatic Brain Injury (TBI) Team at the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) asked, generally, that the committees address TBI issues in each of their topical areas.

Public Comment:

Guest presenter Linda Kendall Fields asked how implementation would be prioritized and conducted under the plan. Ms. Riddle advised that the question was one that would be determined by NC Department of Health and Human Services (NC DHHS) policymakers.

Senior Advisor on the ADA, Sam Hedrick, thanked the OPSA for its commitment and closed the meeting.