

GOVERNOR'S COMMISSION ON COMMUNITY-BASED ALTERNATIVES
FOR INDIVIDUALS WITH DISABILITIES
ASSESSMENT SUBCOMMITTEE MEETING
MARCH 15, 2006 – 1PM
Rm 301-Main Annex

PRESENT: Rita Landgraf, Co-Chair, Greg Heckert, Dupont Co; Alan Keohane, DHSS (HIPAA); Lottie Lee (DMS); Kyle Hodges, SCPD; Kim Brockenbrough, DSHA, Daniese McMullin-Powell; Scott Phillips, DDDS; Roy Lafontaine, DDDS; Larry Henderson, IRI; Becky Allen, The ARC, and Victor Orija, DSAAPD. Alan Ackman (VieBridge) and Mona Grier made a presentation.

BUSINESS

1. Welcome and Introduction
2. Minutes and Agenda
3. New contract
4. Concept—Assessment tool.

Meeting was called to order at 1pm. Minutes and agenda were adopted.

Rita announced that the contract for Alan Ackman was being processed.

About two weeks ago, Mona and Alan met with Rita, and Gary to discuss the scope of services for an assessment tool model. Alan translated the output of that meeting into this presentation- a potential model of an assessment tool.

The Model will:

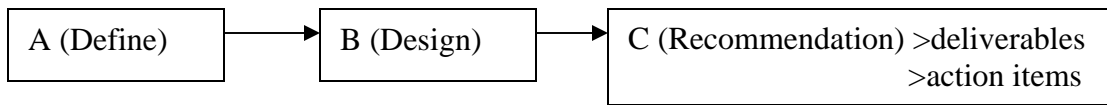
1. Embrace housing, assessment, and services. As such, it will foster communication and collaboration among all divisions of the department.
2. Reflect the mission of the Commission
3. Have the capacity for an integrated delivery service
4. Not be the theory of an assessment, but the theory and application. It will be a concept, design, and implementation.
5. Embrace general will embrace general functions by defining the population, intake, and quality of programming.
6. Merge assessment methodology with data creation which may create deliverables.

Alan discussed other characteristics of the model. Specifically, it should have the capacity to keep data on 5 Tasks namely: transportation, health, employer, housing, and other. Assessment will be under the task “other” because it is the link between need, plan, and activity.

Path forward:

Subcommittee must define:

1. Define the delivery model. This will be the current business process in use or a future process.
2. Design the concept
3. Recommend the beginning point.



<p><u>Assessment</u></p> <ul style="list-style-type: none"> >Identifies needs >Identifies how needs change >Tool will be intelligent enough to be interactive and ask questions. <p><u>Screening</u></p> <ul style="list-style-type: none"> >Capacity for self management. Will identify service deficit so that system/program can respond 	<p><u>Accountability</u></p> <ul style="list-style-type: none"> >Recommendation must place accountability >Show how to achieve outcomes >Must measure outcomes >Be self-regulating >Be cost effective 	<p><u>Methodology/Business Process</u></p> <ul style="list-style-type: none"> >Looks at people the same way business process does >Machinery must be accessible >Identify who will perform care planning >How will care planning be performed >Process must plan to integrate at assessment NOT at coordination
---	--	--

Under **Task 3**, a consumer should have the capacity for choice.

Goal will be to the implementation of a system for self-assessment with a personal capacity for self-management. tool will be intelligent enough to be interactive and ask questions.

Task 4 will identify the types of screens. Case managers should educate users to self-manage. Automation is a requirement for this task to be developed and implemented. Goal is not to destroy but integrate current system into the new system.

Task 5 – subcommittee must determine a path forward.

Also, subcommittee must:

1. Identify barriers to implementing a self-managing system
2. Decide what is achievable now
3. Decide and identify deliverables with corresponding dates
4. Decide whether to cost out deliverables
5. Discuss path forward with divisional directors for their input.

Alan Ackman's e-mail address: aackman@viebridge.com

Next meeting is on April 27, 2006; 1:00pm-3:00pm; Conference Room 301,

Main Annex, Herman Holloway Campus, New Castle, DE.