



**INTELLECTUAL AND DEVELOPMENTAL DISABILITIES COMMITTEE  
VIRTUAL MEETING  
FEBRUARY 28, 2022  
11:00 AM**

| <b>MEMBERSHIP ATTENDANCE: X - Denotes Attendance</b> |   |   |   |
|--|---|---|---|
| x  | Chair – Cindy Levi                      |   | Douglas County CSB - Monraye Lightford  |
| x  | Vice Chair – Jennifer Hibbard           |   | Gateway CSB - Rufus Johnson             |
|  | Advantage BHS - Rebecca Grissom         |   | Georgia Pines CSB - Christine M. Mayer  |
| x  | Aspire BHDD - Caroline Chandler         |   | Haralson BHS (Non-voting) - Jamie Brown |
| x  | Avita CP – Hariah Hutkowski (Secretary) | x | Highland Rivers Health - Dena Payne     |
| x  | Avita CP - Hannah Quinn                 | x | Legacy BHS - Heather Hatchett           |
|  | Clayton Center CSB - Paula Tyler        |   | Lookout Mountain CS – Jim Moon          |
|  |   | x | McIntosh Trail CSB - Amanda Brown       |
| x  | CSB of Middle Georgia - Stephen Smith   | x | Middle Flint BHC - Kerri Roberts        |
|  | DeKalb CSB – Fabio Van Der Merwe        | x | New Horizons CSB - JoAnn Mosley         |
| <b>GACSB:</b> Robyn Garrett, Cameron Vickers         |   |   |   |

**Guests:**

Erin Ray - Advantage  
Barbara, Clayton CSB  
Stacy McNair – CSB Middle GA

**Committee Chair, Cindy Levi, called the meeting to order at 11:02 AM.**

**Approval of Agenda** – The agenda was approved as presented upon unanimous vote of motion by Hannah Quinn, second by Greta O’Dell

**Approval of Minutes** – The minutes were approved upon unanimous vote of motion by Stephen Smith, second by Dena Payne

**IDD Advisory Council – June DiPolito** – N/A None given

**Quarterly Trade Association Meeting – Robyn Garrett** – Expect an update in March

**Legislative Advocacy Update – Cindy Levi**

- In session, year identified as year of mental health
- SPADD sent out an announcement regarding a press conference being held on Feb. 28<sup>th</sup> @ 2:00pm
- Robyn Garrett, House passed out amended budget, FY23, 5K is still in there for FT staff.

**GACSB Ad-Hoc workgroups Update – Jennifer Hibbard**

- Clinical Operations – CCBHC initiative with 4 CSB's
- Continue to discuss the Reprocurement from CMO's.
  - Strategic plan of the Association was to work with external organization to write a white paper so we all can speak the same, hopefully one of the two groups will be approved. Likely not going to include IDD.
- Legislative Update on all the bills.
- Shared CSB's update on opioid settlement. 9 CSB in opioid settlement.

### **Operational Challenges – Group Discussion – Staffing**

- Ideas:
  - Joann from New Horizons spoke about her problem of group homes having to be moved and find new placements. Had to give 30-day notices. She is utilizing word of mouth and wondering where they were going to put their staff.
  - Kerri Roberts said she had difficulty getting group homes approved and getting neighbors on board as part of zoning.
  - Dena Payne had similar situation on zoning for group homes. Providers were giving up their homes from fear of those guidelines.
  - Laurie had the Federal authorities get involved (ADA attorney) sending letters when zoning may impact services.
  - Dena Payne reported that Highland Rivers decided not to operate any more group homes.

### **IDD Workforce Committee Meeting** \*PowerPoint document was sent out and covers most of the following:

- Cindy Levi shared that there was robust conversation—generally all difficult hurdles to overcome and some of the proposed solutions. Shared the presentation on **direct workforce providers** from the IDD workforce meeting. DSP's were 70% full time and 30% PT. Increased need of 48% by 2024 in this workforce. This is due to longer life expectancy, population growth, aging family caregivers. Demand is outpacing supply. Frequent turnover; more than 50% leave within 1 year! Leaving because of pay and benefits, 88.54% was primary. Stress was 66%, lack of advancement was 50%, supervisory support was 42%, and insufficient training was 29%. The wages were poverty level. Those as a DSP for years or decades are getting same wages as those who just started. Pandemic impact has hit all areas. Deployment to new settings is lacking. Some localities did not consider staff working in IDD programs as essential workers; therefore, didn't have access to free PPE supplies. Vaccine hesitancy contributed to lack of workers with paid time off if got ill after the injection. Unemployment nightmares contributed too. Other industries raised their salaries by raising their pricing of their products, which creates the private sector competition. 66% of providers turned away new referrals, particularly those with higher needs. 65% of providers are delaying the launch of new programs or services. Average provider spends an additional \$904,000 annually to fill vacancies and train new staff. Most was probably overtime. \$11.07 average wage prior. 26% of peers left job due to pandemic. 2018 stats show average pay is 1/2 of a living wage. Reimbursement rates rarely go up, so the wage usually doesn't either. National approaches to the crisis have included: Wages and benefits by Medicaid, when double wages retention goes up to 74%, Competency-based training, credentialing/certification for DSP (none currently exit). GA recommendations urge the creation of a SOC for DSP's to both the US DOL and BLS and the GDOL, create task forces, consider innovative recruitment incentives, expand competency, develop a career ladder, have reimbursement rates include professional development, increasing reimbursement rates that use cost of living indexes, create a public facing DSP registry and other ideas. Other proposals include creating an employee resource networks.

### **ARPA funds update: Cindy Levi**

- GA did get notification on Feb 14 that there was conditional approval. There are questions regarding the "conditions" and therefore will not know more until later this week to see how these funds can be utilized and when we will have access to them.

### **NADD Certification: Heather Hatchett**

- Has anyone taken steps to pursue the application? Erin Ray at Advantage started the process to get the clinical NADD certification. She says it is scary and intimidating. Greta reported that river Edge also started the agency requirement to become a NADD member, price break, but no staff is doing individual yet. Very costly, more than CARF.

**Adjourned at 12:16 p.m.**

**Next Meeting – Monday, March 28, 2022, at 11:00 AM**

DRAFT