

Background:

The Council will review the minutes from the May 4, 2012, Council meeting and May 3, 2012, Committee of the Whole meeting.

Council

Agenda Item 3. A.

Expected Action:

The Council will review, revise as appropriate, and approve the minutes from the May meetings.

**COUNCIL MEETING
DRAFT MINUTES
MAY 4, 2012**

COUNCIL MEMBERS PRESENT

Mary Durham, Chair
Hunter Adkins
Kimberly Blackmon
Gladys Cortez
Kristen Cox
Frank Genco, HHSC

Kathy Griffis-Bailey, DSHS
Jeff Kaufmann, DADS
Cindy Johnston
Diana Kern
Scott McAvoy
Dana Perry

Joe Rivas
Cindy Swain, TEA
David Taylor
Lora Taylor
Richard Tisch
Susan Vardell

COUNCIL MEMBERS ABSENT

Mike Benz/Amy Sharp, A&M CDD
Kristine Clark
Brenda Coleman-Beattie

Andrew Crim
Mateo Delgado
Mary Faithfull, DRT

Sara Kendall, DARS
John Morris
Penny Seay, UT CDS

STAFF MEMBERS PRESENT

Roger Webb, Executive Director
Martha Cantu
Joanna Cordry

Cassie Fisher
Sonya Hosey
Melissa Loe

Jessica Ramos
Melissa Rosser
Koren Vogel

GUESTS PRESENT

Nancy Davenport
Michelle Dooley
Leteshia Finley
Gina Fuller

Jennifer Jordan
Wade Jordan
Carissa Paschall
Cindy Paschall

Heiwa Salovitz
Joe Tate

CALL TO ORDER

The Texas Council for Developmental Disabilities convened on Friday, May 4, 2012, in the Majestic 1 room of the Sheraton Dallas Hotel, 400 North Olive St, Dallas, TX 75201. Council Chair Mary Durham called the meeting to order at 8:33 AM.

1. INTRODUCTIONS

Council members, staff and guests were introduced.

2. PUBLIC COMMENTS

The Council received public comments from Michelle Dooley of *Community Now!* regarding issues with the Austin State Supported Living Center and asked the Council to address the state's institutional bias and support community living. She also stated that the time of public comment on the agenda was difficult for residents in the Dallas/Fort Worth area. Chair Durham and Executive Director Roger Webb responded that the position of the Council was in support of community living and that it is a high priority for the Council.

3. CONSENT ITEMS

Chair Durham reported the excused absences for the meeting which include John Morris, Kristine Clark, Brenda Coleman-Beattie, Andy Crim, Mateo Delgado, Mike Benz/Amy Sharp (Tx A&M Center for Development and Disability), Sara Kendall (DARS), Penny Seay (Center for Disability Studies-UT),

and Mary Faithfull (Disability Rights Texas). Durham asked for a motion to approve the excused absences and the minutes of the February Council and Committee of the Whole meetings.

MOTION: To approve the excused absences as noted and minutes of the February 9-10, 2012, meetings as presented.

MADE BY: Rick Tisch

SECOND: Lora Taylor

The motion **passed** unanimously.

4. CHAIR'S REPORT

Chair Durham expressed her gratitude to Eric Jacobson, Executive Director of the Georgia DD Council for his presentation at the Committee of the Whole and his participation in the Project Development Committee meeting.

5. EXECUTIVE DIRECTOR'S REPORT

Executive Director Webb reported that Council Vice-Chair John Morris and Council member David Taylor and staff members Cassie Fisher and Joanna Cordry have been approved to attend the ADD Technical Assistance Institute in Arlington, VA in June. The NACDD Fall Conference will take place in Los Angeles in October and members who are interested should contact Webb or Durham.

Webb discussed the ADD Self-Advocacy summit and referred members to a handout that highlights the purpose of the summit as well as goals set by the team from Texas. He noted that the Minnesota DD Council is celebrating its 25th anniversary of Partners in Policymaking with just over 800 graduates in its 25 years. There are over 21,000 graduates nationwide and Texas graduated over 500 in its 13 years of the program.

Webb reported that the Arc of the Gulf Coast has decided to not accept an award for a Leadership and Advocacy Skills Training project that was approved in November. The Arc of the Gulf Coast has had a change in leadership, and found that partnerships anticipated on the project were not secure. Their Board decided to forego the grant since they were not comfortable that it could be managed successfully. Funds for that project will thus be available for other DD projects.

6. FUTURE FUNDING ACTIVITIES

Project Development Committee Chair Susan Vardell discussed an executive summary for Building Community Capacity through Collaboration projects that is potentially a 3-phased project. The Committee recommends approval for funding for the first two phases. Phase 1 will establish a network of organizations and individuals committed to developing and supporting inclusive communities and developing a strategic plan to build the capacity for those communities. Phase 2 will implement the strategic plans developed in Phase 1. Phase 3 would review the information from the first two phases and determine how it can be used for future activities.

MOTION: To approve grant funding for four (4) Building Community Capacity through Collaboration projects with funding up to \$75,000 per project for up to 18 months for Phase 1 and funding of up to \$150,000 per year per project for up to five years for Phase 2.

MADE BY: Susan Vardell for the Project Development Committee (motions from a Committee do not need a second)

The motion **passed** unanimously. (Attachment 1)

Vardell next discussed the TCDD Outreach and Development grants. Five projects were previously funded for \$10,000 each. The RFP for additional projects was placed on hold at the request of TCDD grants management staff due to the time intensive nature of the projects. Staff are now ready to begin accepting applications for these projects again and the Committee agreed to continue with the RFP. TCDD will review applications and has funds available for up to \$10,000 per project for up to one year for five additional projects.

Vardell next discussed a Support for Community Leaders to Build Informal Supports project. This project is proposed to be in collaboration with the Hogg Foundation for work in the Behavioral Health Network. Cordry added that this proposal came from a group of pastors who recognized the need for supporting members of their congregations with developmental disabilities and/or mental illness. Staff plan to bring an executive summary for consideration at the July 2012 meeting but this is contingent on input from the Hogg Foundation.

Vardell discussed the executive summary for Support of Self-Advocates at Texas Conferences activities. She noted that TCDD has long had a stipend program to assist self-advocates and family members to attend conferences. The first project would provide funding for a grantee to recruit and coordinate self-advocates who would like to be conference speakers. Funding for this grant project would be at \$125,000 per year for up to four years which includes \$75,000 for direct support of speakers. Two additional projects would provide sponsorships for plenary and concurrent/track speakers at conferences through a grant to conference or event sponsor organizations. The Committee further recommended that a disclaimer be developed to say speakers are sponsored by TCDD but may not necessarily represent the positions of the Council.

MOTION: To approve grant funding of up to \$125,000/year for up to 4 years to recruit and coordinate self-advocates participating as conference speakers. To further approve \$75,000 to sponsor plenary speakers on developmental disabilities issues and \$75,000 in to sponsor concurrent/track speakers on developmental disabilities issues.

MADE BY: Susan Vardell for the Project Development Committee

The motion **passed** without opposition. David Taylor abstained from voting. (Attachment 2)

Public Policy Committee Chair Joe Rivas reported that the Committee discussed a Public Education and Outreach campaign on accessible parking. He noted that staff research has determined that reserved spaces may be designated as a "van" space but it is not illegal to park a standard sized car in those spaces as long as it has a placard. The Committee recommends Council approval for a public education campaign surrounding accessible parking.

MOTION: To conduct a public education campaign focused on accessible parking.

MADE BY: Joe Rivas for the Public Policy Committee

The motion **passed** unanimously.

Vardell discussed Future Funding Priorities. She noted that the two new projects (Building Community Capacity through Collaboration & Support of Self-Advocates at Texas Conferences) are placed as number 7 & 8 on the priority list with expected “roll-out” dates of June 2012.

7. PUBLIC COMMENT – continued

Chair Durham recognized members of the public who arrived to provide public comment after the start of the meeting and invited them to provide comments at this point.

Cindy Paschall expressed concerns regarding the lack of knowledge of person-directed planning. She asked that education surrounding this issue be made a priority. She also expressed concern for grass-roots organizations to access TCDD grants. She noted that it is difficult for many small organizations without paid staff to navigate the paperwork and administer the grant. She found it to be overwhelming when attempting to apply for stipends.

Heiwa Solovitz of Adapt of Texas spoke about the lack of funding for community services. He also mentioned that he did not know about the meeting until 24 hours prior and asked for alternative means of submitting input. Solovitz also submitted written comments on behalf of Adapt.

Joe Tate of *Community Now!* spoke about the ADD Self-Advocacy Summit and added that TCDD grants are difficult for self-advocates and grass-roots organizations to access. He encouraged the Council to continue projects with a community-living focus.

8. TCDD POSITION STATEMENTS

Public Policy Committee Vice-Chair Kristen Cox presented the position statements as reviewed by the Committee. She noted that the alternative draft Access to Health Care statement was chosen by the Committee with minor revisions. She also noted that the Service Coordination and Guardianship statements are recommended for Council approval as presented. She noted that the Family Support Services statement was renamed as Family Support and a minor technical revision was made to the Children and Families statement.

MOTION: To accept the proposed revisions to the Access to Health Care, Service Coordination, Guardianship, Family Support, and Children and Families position statements as presented by the Committee.

MADE BY: Kristen Cox for the Public Policy Committee

Council member Kathy Griffis-Bailey questioned the new Access to Health Care statement in that it does not have language regarding “medical homes” and stated that it is important to have that topic included in the statement. Executive Director Webb suggested adding language regarding “medical home” from the previous statement to the new statement and Griffis-Bailey was in agreement to this. After discussion about process, it was agreed to add the language regarding “medical home” to the statement for approval and the statement will be reviewed again.

The motion **passed** unanimously. (Attachment 3 as approved.)

9. PROPOSED AMENDMENTS TO TCDD RULES

Chair Durham and Executive Director Webb reviewed the proposed amendments to TCDD Rules to be posted for public comment. They noted that the only substantive change is regarding Council procedures in considering unsolicited ideas and requests for funding. The amendments and Rules for review will be posted for public comment and considered for final adoption at the next meeting.

MOTION: To approve the posting of proposed amendments to TCDD Rules for public comment.

MADE BY: Mary Durham for the Executive Committee

The motion **passed** unanimously. (Attachment 4)

10. EXECUTIVE COMMITTEE REPORT

Chair Durham reviewed the stipends approved during the following quarter to:

- Texas Parent to Parent was awarded \$6,000 for the 8th Annual Texas Parent to Parent Conference on June 29-30, 2012, in San Marcos.
- American Association on Intellectual and Developmental Disabilities – Texas Chapter (AAIDD-Tx) was awarded \$6,000 for the 2012 AAIDD-Tx Convention on July 24-27, 2012, in Corpus Christi.

Durham reported that a new grant project was awarded in the amount of \$35,000/year for two years and \$15,000 for the third year to Helpful Interventions to provide support for the Gulf Coast of Texas African American Family Support Conference.

Durham also reported that continuation grant awards were approved for the following organizations:

- Community Healthcore for up to \$37,635 for the final three months of a customized self-employment project
- Region 17 ESC for up to \$120,000 for the fifth and final year of the Positive Behavior Intervention and Supports – Head Start project
- Region 17 ESC for up to \$115,000 for the fifth and final year of the Positive Behavior Intervention and Supports – Disproportionate Impact project
- Texas A&M University for up to \$150,000 for the fifth and final year of the Texas Advanced Leadership and Advocacy Conference
- VSA Texas Artworks for up to \$25,000 for the final two months of the Creative Industries Self-Employment project.

TCDD Operations Director Martha Cantu reviewed the quarterly financial report and noted that current year operating expenses are being expensed to the previous year's funds to allow those funds to be fully expended. TCDD has two years to obligate funds and three years to spend but it would be a risk to obligate the prior fiscal year funds to new grant projects that do not always have a stable and predictable spending pattern. Cantu noted that by FY 2013, the increased number of grant projects should allow operating expenses to be funded by that current fiscal year. She also discussed the grants and projects summary of funds which indicates which fiscal year funds are

obligated to which projects. Durham expressed the importance of approving grant projects in an expedited manner to avoid a gap in activities therefore creating an excess of funds.

The Executive Committee reviewed the Conflict of Interest disclosure reports and had no concerns. Durham reminded members to review their information and provide updates as necessary.

11. PROJECT DEVELOPMENT COMMITTEE REPORT

Vardell reported that the Project Development Committee reviewed the peer review input on the 2012-2016 State Plan. Committee members also discussed feedback received in the public input forum.

12. PUBLIC POLICY COMMITTEE REPORT

Cox reported that the Public Policy Committee received updates on state and federal policy issues as well as State Supported Living Center Monitoring Activities. The Committee also made technical revisions to the minutes of the February 2012 Committee meeting. Rivas reported on the Public Information report and discussed the progress of the re-design to the TCDD website. He noted that the new site will be better accessible through mobile devices as this is becoming a more prevalent way to access the internet. Rivas also reported on the progress of the TCDD Biennial Disability Report and noted that the technical writer is reviewing data from state agencies and staff will prepare recommendations to be presented at the July meeting.

13. ANNOUNCEMENTS AND UPDATES

Council members reviewed the dates and locations of upcoming meetings. Durham noted that legislative advocacy training will be presented at the October meeting.

ADJOURN

Chair Durham adjourned the Council meeting at 10:38 AM.

Roger A. Webb
Secretary to the Council

Date

Attachment 1

Funding Proposal

Building Community Capacity through Collaboration

Background

Texans with developmental disabilities report various barriers to receiving the services and supports they need to fully participate in their communities. Obvious barriers include the inability to pay for needed services and difficulty finding qualified providers. Large numbers of Texans are uninsured and/or living in poverty. The Texas Medical Association reported in 2010 that less than 42 percent of physicians accepted Medicaid. In the mental health arena, although Community Centers typically serve more individuals than the number for which they receive state funding, only a portion of those in need receive services. The Hogg Foundation for Mental Health estimates that in FY10, only 34% of adults with serious, persistent mental illness and 29% of children with severe emotional disturbance received treatment through community mental health services. These are barriers that may be beyond TCDD's ability to significantly impact through grant funding.

Less obvious but still challenging barriers arise from characteristics of the service system that may be more amenable to change. Supporting communities to integrate and coordinate the services and supports available at a local level may address fragmentation of the service system and could lead to identification of additional informal community-based supports and resources. In fact, the state-level Integration of Health and Behavioral Health Services Workgroup, established by the Texas Health and Human Services Commission (HHSC) and comprised of individuals representing various constituencies, found that strategies were needed to encourage integration in both private and public sectors. The workgroup recommended that support be given to providers and healthcare entities integrating their practices, perhaps in recognition that it is unrealistic to assume that providers have the resources to do this while also adapting to the changing expectations of funders and continuing to provide services to their local community.

The diversity of the needs and resources present in local communities makes it difficult for the statewide system to drive integration and coordination of care in local communities. Texas is home to nine counties that are more populous than some states; it is also home to the least populous county in the country - Loving County, population 82 (in 2010). The Houston metropolitan area is now the most ethnically diverse large metropolitan area in the country, and Harris County, where Houston is located, is more populous than at least twenty other states. Four Texas counties are among the 100 counties with the highest median income in the country, and seven Texas counties are in the 100 poorest counties in the country. The HHSC FY 2011-15 Strategic Plan identifies disparities in care among groups of people: "Minority populations are often underserved or served inappropriately...Disparities in care also affect residents of underserved or rural areas." HHSC notes that Texans in rural areas face limited access to affordable health care and to trained health professionals; increased need for geriatric services; prolonged response times for emergency; limited transportation options; and limited economic development.

If the capacity of some communities wasn't already stretched thinly enough, natural disasters, such as Hurricane Ike, wild fires and tornadoes have substantially impacted some local service systems. The HHSC FY 11-15 Plan notes the damage from Hurricane Ike "caused severe strains on community capacity to provide...basic health care, specialty health services, child care, public education, and senior support systems. Hurricane Ike compounded the impacts on individuals with disabilities... Longer-term, these communities may continue to face challenges in areas such as mental health, individual physical health, and a variety of epidemiological hazards."

The TCDD 2012-2016 State Plan noted these needs, identified related opportunities, and listed Council strengths that could be used to support communities to develop their own individualized solutions. The Council noted strengths related to participation by representatives of state agencies and the DD Network partners on the Council; access to information; and the flexibility to fund different strategies and to partner with many and varied organizations. These strengths allow the Council the opportunity to facilitate change in communities by collaborating with community organizations and service providers and to apply knowledge from, and build on, past successes.

TCDD's related successes include: providing funding for a group of collaborators to establish EveryChild, Inc., as its own entity focused on preventing institutionalization of children; supporting the expansion of the Baylor College of Medicine Transition Clinic to meet the needs of the local community; developing multiple Project DOCC sites tailored and/or adapted to the communities in which they were located; and participating in the Texas Integrated Funding Initiative, which established Systems of Care communities in areas around the state. TCCD has shown that collaboration between self-advocates, families, providers, and other non-traditional partners can positively impact communities in lasting ways.

Organizations and individuals in some communities around Texas have already developed collaborative initiatives, successfully tapping into the existing strengths of their community, and are working on shared goals. The following are examples of existing community collaborations that reflect the type of collaboration that might be developed through this project:

- The Community Action Network: A partnership of Central Texas agencies, organizations and individuals who work together to achieve sustainable social, health, educational and economic outcomes through engaging the community.
- The East Texas Behavioral Healthcare Network: A network comprised of 11 community mental health and IDD centers that cover 70 Counties in Texas. The network was established in 1998 as a response to the unique challenges that these organizations face in delivering care effectively and efficiently to consumers living in the region. The network has been effective in developing economies of scale, assisting with quality of services, and delivering training initiatives for the member centers since the inception of the program.
- The Intellectual and Developmental Disabilities Needs Council of Tarrant County: A collaboration of public and private agencies, as well as individuals who have IDD and their caregivers. The organization works to revolutionize the service delivery system in Tarrant County, Texas, for people with IDD and their families. Its members develop plans for long-term changes in the system while addressing key issues and providing immediate solutions where possible.

- Texas Integrated Funding Initiative Communities: Local Systems of Care that meet the needs of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations so services and supports are effective, build on the strengths of individuals, and address each person's cultural and linguistic needs.

TCDD has the resources to fund and provide technical assistance to local communities that are interested in developing and/or strengthening collaborative efforts such as these “networks.” Additionally, TCDD can ensure that networks established through TCDD funding reflect TCDD’s values and philosophy, and address the issues identified in Goal 5 of TCDD’s State Plan.

State Plan Goal

Goal 5: Demonstrate how to prevent unnecessary admissions to State Supported Living Centers (SSLC) by supporting community organizations in at least 1 HHS Region to increase their capacity to provide community-based services that support people with developmental disabilities to improve and maintain their health and to have access as needed to necessary healthcare, behavior supports, and/or respite, by 9/30/2016.

Objective 2: Provide funding to enable at least 10 organizations working in the target region(s) to implement plans that will increase their capacity to provide healthcare services, behavior supports, and/or respite to support people with developmental disabilities living in the community by 9/30/2016.

Expected Outcome(s)

- Four communities will establish or strengthen a community support network of diverse organizations and individuals collaborate to increase their community’s capacity to provide culturally appropriate, person-centered or family-centered healthcare services (including both physical and mental health), behavior supports, and/or respite to community members who have developmental disabilities and their families.
- Four community support networks will support people with developmental disabilities and their families to take leadership or other active roles in creating change in their communities.
- Four community support networks will ensure that individuals and organizations involved in creating change in their communities reflect the diversity of that community.
- Four community support networks will each develop a strategic plan and identify resources necessary to build the capacity of their community to provide culturally appropriate, person-centered or family-centered healthcare services (including both physical and mental health), behavior supports, and/or respite to community members who have developmental disabilities and their families.

Project Description

Phase 1

Award up to 4 grant(s) to support a group of organizations/individuals in a certain geographic community to:

- (1) Establish and/or strengthen a network of appropriately diverse organizations and individuals who are committed to developing and supporting inclusive communities; and
- (2) Develop a strategic plan and identify resources needed to build the capacity of the community to provide high quality, community-based, person-centered and/or family-centered healthcare services, behavior supports, and/or respite to support people with developmental disabilities.

The recipient of each grant will be the community organization responsible for identifying and seeking the commitment of organizations and individuals in the community; convening an appropriately diverse network that includes self-advocates and family members; facilitating the network to assess the strengths and needs of the community; ensuring the development of a strategic plan and identification of resources needed to implement the plan; and complying with TCDD's grant monitoring and reporting processes. Other organizations or individuals participating in the network will be responsible for participating actively in the process; contributing resources (including in-kind) to the process as they are able; and ensuring that the strategic plan builds on the strengths/assets that exist in their community to address the identified needs.

TCDD expects that the network members will include self-advocates, family members, behavior analysts, providers, local authorities, local colleges or universities, and/or local medical providers.

Phase 1 funds may be used for staff to coordinate the process; consultant services; materials needed to conduct outreach; training and technical assistance; a community survey; travel; and/or other activities or items necessary to support the development of the network and the plan.

Phase 1 may take no longer than 18 months, but may be completed sooner.

At the completion of Phase 1, the network is responsible to complete and submit the strategic plan describing the communities targeted issue(s) and planned approach as noted above. Each network will have the opportunity to request additional funding from TCDD to implement their plan when the strategic plan is submitted. Implementation of the plans is Phase 2.

Phase 2

TCDD will review plans completed by the recipients of Phase 1 grants and applications for grant support to implement that plan and may award funds for all or part of the strategic plans presented. The recipient(s) of each Phase 2 grant will be the organization responsible for the implementation of the plan and compliance with TCDD's grant monitoring and reporting processes. Only one organization from each network developed through Phase 1 may apply for the funds to implement the plan. The network members should select the organization that will apply for Phase 2 funding.

In the application for funding for Phase 2, the network would be required to include information from the community assessment to support their strategic plan. The proposed plan must address:

- (1) How the plan's relates to Goal 5 of the TCDD FY 2012-2016 State Plan;
- (2) How the change achieved through the plan will either be sustained beyond the funding period or will result in permanent systems change;
- (3) How specific public policy implications will be identified, and if they will be addressed, the strategy to be used;
- (4) How people with developmental disabilities and people who are members of groups who are identified as being underserved or unserved were involved in the planning process; and
- (5) How people with developmental disabilities and people who are members of groups who are identified as being underserved or unserved will be involved in meaningful ways in the implementation of the plan.

Phase 3

TCDD will discuss the information and understanding gained through the process and determine how to use the information to inform future activities and/or public policy recommendations.

Proposed Funding Amount

Phase 1: Up to \$75,000 per grant, for up to four (4) grants.

Phase 2: Exact amount to be determined. For planning purposes, up to \$150,000 per grant, per year, for up to four (4) grants, would be reserved.

Phase 3: Funding to be determined.

Proposed Duration

Phase 1: Up to 18 months.

Phase 2: Up to 5 years, depending on plans submitted for funding.

Phase 3: Duration to be determined.

Other Considerations

Priority would be given to projects that propose to address identified disparities in access and/or quality of services.

Attachment 2

Funding Proposal Executive Summary Promotion of Self-Advocacy at Texas Conferences

Background

TCDD stipends assist more than 500 individuals with developmental disabilities and/or their family members to attend various conferences and seminars each year. Additionally, TCDD occasionally receives requests from other organizations to provide financial assistance for or to “co- sponsor” conferences. Although TCDD has funded, hosted, and/or contributed to the support of various types of conferences, the Council rarely provides financial support to bring in individual speakers or panels.

Currently, the types of support that TCDD staff provide to organizations holding conferences include:

- Providing handout materials (such as the People First Language Materials);
- Disseminating promotional information about conferences via media releases and materials;
- Presenting at the conference when possible; and
- Registering and staffing an exhibit table or booth at events.

One impact of current financial times is that it is increasingly difficult for organizations holding conferences that benefit people with developmental disabilities to have the financial ability to pay speaker fees and at times, even to reimburse their travel expenses. Unfortunately, this means both that fewer Texans have the opportunity to hear from and meet nationally known speakers, and that individuals who do not have disposable income are unable to present or serve on panels at conferences if it would require travel and/or an overnight stay. This situation creates the opportunity for TCDD to promote an increased understanding of the importance of self-advocacy, self-determination, and full inclusion by offering financial assistance for organizations who wish to contract with speakers who are experts in these topics or in related topics that are consistent with TCDD’s philosophy.

Three different mechanisms could be used to facilitate these outcomes:

1. Supporting self-advocates to serve as speakers at in-state conferences;
2. Sponsoring plenary speakers at in-state conferences; and/or
3. Sponsoring concurrent sessions or “tracks” at in-state conferences.

Council Procedures, as noted below, currently allow: the Executive Director to approve stipends for financial assistance for individuals attending a conference; the Executive Director and Chair to jointly approve “non-financial sponsorship” of conferences; and the Executive Committee to approve financial sponsorships.

Council Procedure #4: TCDD Co-Sponsorship of Conferences

Financial Sponsorship. *If financial sponsorship is requested, the Executive Committee will review each request individually and can take various actions, including disapproval;*

approval of sponsorship for a specific function such as a speaker, stipends, etc.; or approval of other types of support as appropriate

Non-Financial Sponsorship. *If Non-financial sponsorship is requested, the Executive Director and the Council Chair will make a decision based upon the program's consistency with the Council's philosophies.*

-Approved by the Council February 7, 1997

The DD Act Amendments of 2000 **require** Councils to include a goal and/or an objective in their State Plans to “support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities.” Currently, TCDD addresses this requirement through peer to peer advocacy training projects. However, the TCDD FY 2012-2016 State Plan includes an activity to promote self-advocates as speakers.

TCDD staff propose developing a grant project to increase the number of Texas conference speakers, mentors, or facilitators who are self-advocates; and propose developing a process through which TCDD can sponsor plenary session speakers and/or concurrent session presentations or “tracks” that are related to advancing self-advocacy, self-determination or inclusion. Such opportunities can promote the Council’s vision and values and can further self-advocacy efforts in Texas.

State Plan Goal(s)

Goal 6: Work with others to double the number of identified leadership development and advocacy training programs that are able to provide culturally appropriate training for people with developmental disabilities without ongoing grant funding from TCDD, by 9/30/2016.

Objective 2: *Each year of the plan, support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders.*

Activity 1: Each year provide opportunities for groups organizing disability-related conferences to apply for stipends to support speakers, mentors, or facilitators who have developmental disabilities and who have a philosophy consistent with that of TCDD.

Expected Outcome

1. TCDD would sponsor at least 50 different self-advocates who have diverse backgrounds to speak and/or serve as a mentors or facilitators at in-state conferences by 9/30/2016.
2. TCDD would sponsor at least 20 general or concurrent session speakers at conferences by 9/30/2016.

Project Description

1. **Support for Self Advocates as Speakers:** TCDD would develop a Request for Proposals (RFP) for an organization to provide administrative support, outreach and promotion for this activity. The selected grantee will:

- Use a range of communication strategies that are culturally appropriate for multiple different cultures to locate, evaluate, and promote self-advocates who are public speakers and/or facilitators;
 - Advertise and promote self-advocates as speakers and provide information, using a range of culturally appropriate communication strategies, about how organizations hosting conferences may apply for financial support for self-advocates to serve as speakers;
 - Review and evaluate applications from organizations hosting conferences for support of self-advocates to present, and provide information to TCDD for final review and approval;
 - Ensure that:
 - Any one speaker is be supported by TCDD funds more than 3x per year in the first year of the grant and 2x per year each year after that.
 - Presenters show evidence that they have presented previously at a reasonably similar event and provide references.
 - No more than 5 self advocate presenters or panelists, and not more than 20% of the total number of presenters or panelists, are supported per conference.
 - No organization would be eligible for support for speakers for more than 1 conference yearly. Conferences could also apply for a stipend grant to assist attendees.
 - Awards do not exceed \$7500 per event, and conference hosts provide a 10% match.
 - Reach out to existing Speakers' Bureaus to promote inclusion of self-advocates in their pools of speakers.
 - Disburse funds; and
 - Provide quarterly reports to TCDD.
2. **Sponsorship of Plenary Speakers:** TCDD staff would develop a process through which organizations could apply for TCDD sponsorship of a plenary session speaker. The proposed process will be reviewed by the Executive Committee with final approval by the Council as appropriate. The process would outline application requirements, guidelines by which applications would be evaluated, limitations on funding amounts, expectations and responsibilities of the applicant organization, and a recommended review and approval procedure. Staff propose that Plenary Speaker sponsorship requests would be approved jointly by the Council Chair and the Executive Director.
 3. **Sponsorship of concurrent session speakers or "tracks":** TCDD staff would develop a process through which organizations could apply for TCDD sponsorship of concurrent session speakers or tracks. The proposed process would be reviewed by the Executive Committee with final approval by the Council as appropriate. The process would outline application requirements, guidelines by which applications would be evaluated, limitations on funding amounts, expectations and responsibilities of the applicant organization, and a recommended review and approval procedure. Propose approval jointly by Council Chair and Executive Director. *This would likely be a very staff intensive process, which must be taken into consideration.*

Proposed Funding Amount

Support for Self Advocates as Speakers: Up to \$125,000 award (that amount would include up to \$75,000 per year for direct support of speakers).

Sponsorship of Plenary Speakers: Up to \$75,000 available for all speaker supports in this category, per year; up to \$7500 per event, for up to one event per year per organization. This is consistent with the current stipends policies.

Sponsorship of concurrent session speakers or “track”: Up to \$75,000 available for all stipends in this category, per year; up to \$7500 per event; and not more than 5 sessions per event.

Proposed Duration

Support for Self Advocates as Speakers: Up to four years.

Sponsorship of Plenary Speakers: To be determined from review after first year; quarterly reports to Executive Committee and Council.

Sponsorship of concurrent session speakers or “track”: To be determined from review after first year; quarterly reports to Executive Committee and Council.

Other Considerations

Related projects that might be considered include working with an organization, or organizations, that provide training to help people to develop presenting skills, to enable them to include and supports self-advocates to participate fully in their trainings.

Attachment 3



Access to Health Care Position Statement

The Texas Council for Developmental Disabilities supports the position that all people, regardless of their disability, age, or ability to pay, should have access to affordable, comprehensive health care. TCDD supports healthcare initiatives and efforts to increase the access and affordability of health insurance for everyone.

The Texas Council for Developmental Disabilities supports the position that in any consideration of changes to the health care financing and delivery system in the United States, the well-being of the patient must be the highest priority. The Council strongly supports the reform measures and principles set forth in this statement as providing individuals consistent access to patient centered, timely, unencumbered, affordable and appropriate health care and universal coverage while maintaining physicians as an integral component to providing the highest quality treatment.

The Council supports the position that as policymakers considers health care reforms they should:

- Ensure patients are empowered to control and decide how their own health care dollars are spent;
- Eliminate pre-existing condition exclusions;
- Ensure unencumbered access to specialty care;
- Make health care coverage more affordable;
- Improve value and increase quality on our healthcare system;
- Extend both coverage and access for the uninsured and under-insured;
- Avoid establishing new unsustainable programs;
- Provide comprehensive, culturally and linguistically appropriate behavioral health services and supports;
- Provide services in the context of a medical home, where the clinician works in partnership with the individual and/or family to ensure that all of the medical and nonmedical needs of the person are met;
- Ensure that children and adults with behavioral or mental health concerns have access to screening, diagnosis and treatment that is not subject to arbitrary limits on coverage and integrated into the broader health care system;

- Ensure that people with disabilities of all ages and their families have access to health care that responds to their needs over their lifetimes, and provides continuity of care that helps treat and prevent chronic conditions;
- Ensure that people with disabilities and their families receive comprehensive health, rehabilitation, and long term support services provided on the basis of individual need, preference, and choice;

(Continued)

- Ensure that people with disabilities and their families have equitable access to health coverage programs and not be burdened with disproportionate costs;

The Council is concerned about proposals that call for deep reductions in Medicare and Medicaid payments. Reforms are necessary to strengthen the Medicaid program so that it provides accessible, high-quality health care services to people with disabilities enrolled in the program examples include, but are not limited to, evidence-based practices and payment structures that attract providers.

Reviewed May 3, 2012



Children and Families

Position Statement

All children belong in families that provide love, caring, nurturing, bonding and a sense of belonging and permanence that best enables them to grow, develop and thrive. Children with disabilities are no different from other children in their need for the unique benefits that come only from growing up in a permanent family relationship. All children benefit and are enriched by being part of an inclusive environment that promotes physical, social, and intellectual well-being and leads to independence and self-determination.

Families of children with disabilities often need supports and services to sustain family life and keep their children at home and included in the community. Family support services are intended to strengthen the family's role as primary caregiver, prevent expensive out-of-home placement of individuals with disabilities, maintain family unity and foster self-determination.

The Texas Council for Developmental Disabilities supports the position that:

- All children can and should live in a family. All children need a family to best grow, develop and thrive. All children deserve the love, nurturing and permanency that are unique to family life.
- Families come from many cultures and are multidimensional. No matter its composition or cultural background, a family offers a child a home and a lifelong commitment to love, belonging and permanency. Parents with disabilities are capable of and do provide loving families and homes to children.
- Families, including parents with disabilities, should have available the level of supports and services needed to keep children with disabilities in their own homes. Family support services should include, but are not limited to, respite care, provision of rehabilitation and assistive technologies, personal assistant services, parent training and counseling, vehicular and home modifications, and assistance with extraordinary expenses associated with disabilities. In addition, since the vast majority (over 85%) of individuals with disabilities reside with families in their own households, families of children with disabilities need access to appropriate child care and to before- and after-school programs. Child care for children with disabilities should be affordable, safe, appropriate and in the most integrated setting.
- Providers of family support services must have education and training that will prepare them to work with people with disabilities in inclusive settings to achieve this goal.
- To be effective and beneficial, supports and services must be easy to access, family-driven, individualized, flexible to changing needs and circumstances, culturally sensitive and based on functional needs rather than categorical labels.

(Continued)

- ❑ When children cannot remain in their own families, for whatever reason, they still deserve to live and grow up in a family. The first priority should be to reunite the family through the infusion of services and supports. When that is not possible and the family can remain actively involved in the child's life, the natural family should be a key participant in selecting an alternate family situation for their child, including foster families, co-parenting and adoption.
- ❑ When families cannot be actively involved in their children's lives, permanency planning must occur to allow each child to live in a family.
- ❑ School districts and health and human services agencies are integral sources of information and training for parents. Coordination among school districts and outside agencies is critical to provide parents with accurate, timely information regarding services and eligibility requirements.
- ❑ The state Child Protective Services system is essential to guarantee that all children are safe from abuse and neglect. Support of the families of children with disabilities from this system is critical to make sure children remain in a safe, family environment and are not unnecessarily removed from families due to the absence of necessary services and supports.

The Council also supports the position that when children with disabilities grow up in families, the community at large accepts the value of providing supports to children and families at home so that children become and remain participants and contributors to their communities.

The Council supports the public policy statement adopted by the State of Texas recognizing the value of families in children's lives and supports the development of programs, policies and funding mechanisms that allow all children to live and grow up in a family.

Reviewed May 3, 2012



Family Support Position Statement

National caregiver studies estimate that more than 85 percent of individuals with developmental disabilities reside with and rely on their families for care. Family caregivers need support throughout the lifespan of a person with a disability. Emotional, social and economic challenges accompany a family's commitment to their family member with a developmental disability. To provide sustained care for a child, a sibling, or an adult with disabilities, families need access to supports and services.

Services and supports to families with a family member with disabilities have a dual focus. Those services support the health and integrity of family units, and they maximize the strengths and potential of individuals with disabilities to independently participate in and be included in their communities. During childhood, family support services are intended to strengthen the family's role as primary caregiver and prevent institutional placement of individuals with disabilities. Throughout an individual's life span, family support services are intended to strengthen and maintain family connections while fostering self-determination, independence, and participation in school, job, recreational and community activities. Adequate support services must be available to people with disabilities so that they can remain in the community rather than face inappropriate institutional placements.

The Texas Council for Developmental Disabilities supports the provision of a full array of flexible, culturally competent family support services that include but are not limited to:

- adaptive equipment and specialized clothing;
- assistive technology devices and services;
- counseling services;
- financial assistance with the extra expenses of providing support;
- home modifications;
- leisure-time planning;
- person-centered comprehensive planning for transition from early childhood to school, from school to adult life, and from adult life to retirement;
- personal assistance services/direct care services;
- respite care that is affordable, safe, age-appropriate and in the most integrated setting;
- service coordination including information and referral services;
- training to empower people with disabilities and their families to advocate for lifestyles they choose and skills to effectively support their family member at home;
- transportation; and
- vehicular modifications.

Providers of family support services must have education and training that will prepare them to work with families and people with disabilities of all ages in inclusive settings to maximize each individual's potential and inclusion with their peer groups.

To be effective and beneficial, family supports and services must be affordable, easy to access, designed by the individual and their family, individualized based on functional needs rather than diagnosis, flexible to changing needs and circumstances, and culturally appropriate.

Reviewed May 3, 2012



Guardianship Position Statement

The appointment of a guardian is a legal proceeding designed to promote and protect the well-being of the person.¹ Establishing a guardianship removes rights and privileges from the individual and assigns control to someone else. The Council believes guardianship should be granted only if all other alternatives are insufficient, and only to the extent and only for the length of time determined to be necessary, with annual reviews to determine if the guardianship can be terminated or reduced. The Council supports the position that individuals should receive support, education or training to develop their capacity to make decisions for themselves, so that the guardianship may be averted.

The Texas Probate Code requires that all guardianships be as limited as possible. The Council also supports the position that guardianship must be demonstrated to be the most appropriate and least restrictive alternative. When determined to be necessary, a guardianship should be tailored such that it is limited to only those specific areas in which surrogate decision making is likely to be needed. The individual's ability to make decisions should be developed and supported to the maximum extent possible, and guardianship should not decrease an individual's dignity or the right to make choices if there is no undue risk.

According to Texas Probate Code, Chapter XIII, a court may appoint a guardian with full authority over an "incapacitated person" or may grant a limited authority over an "incapacitated person" as indicated by the person's actual physical or mental limitations and only as necessary to promote and protect the well-being of the person. Texas Probate Code further defines "incapacitated person" to mean (A) a minor; (B) an adult who, because of a physical or mental condition, is substantially unable to provide for their own food, clothing or shelter; to care for their own physical health; or to manage their financial affairs; or (C) a person who must have a guardian appointed to receive funds due the person from any government resource.

The Council supports the position that such limitations in abilities must be carefully evaluated, with a presumption that persons with disabilities are competent and individual's decision-making abilities can be supported with education, training and/or assistance. Individuals may require assistance from others or accommodations based on their disability but still be able to make informed decisions based on their own preferences. Most importantly, the presence of a physical or mental disability or the age of an individual does not indicate the need for guardianship. The Council supports the position that the evaluation of a person's mental status must take into consideration and rule out any reversible conditions that can cause confusion and seeming incapacity before certifying the need for a guardian.

(Continued)

¹ Texas Probate Code, Sec. 602. Purpose of Guardianship.

The vast majority of people with disabilities, including intellectual disabilities, do not need guardians. An in-depth capacity assessment must be conducted prior to any guardianship hearing, focusing on the person's decision-making skills, experience, capacity and support system. The assessment should be conducted by a professional trained to administer and interpret an appropriate instrument related to need for guardianship. Additionally, there must be a mechanism for individuals to provide input during their own capacity assessment and guardianship reviews.

There are a number of alternatives to guardianship that should be explored before proceeding with a guardianship hearing. In the financial area, multi-party contracts, trusts, powers of attorney, representative payees, and money management programs may enable an individual to successfully manage financial issues without the necessity of having a **guardian of the estate** appointed. For health and programmatic concerns, the use of advance directives or surrogate decision-makers (under the Health and Safety Code) might prevent the need to establish a **guardian of the person**. Consideration should be given to providing education and support to develop decision-making skills and opportunities for additional experience.

If the alternatives are not sufficient to protect the interests of the individual, a guardianship hearing may be necessary. It is important that a judge carefully evaluates the qualifications and interests of a proposed guardian and gives special consideration to the nature of the relationship. It is also essential that an appointed **attorney ad litem** adequately represent the interests of the person for whom guardianship is being proposed, and that all attorneys ad litem appointed by judges in guardianship proceedings have been certified in guardianship law by the State Bar of Texas as required by the Texas Probate Code. Further, a professional evaluation of the individual by a physician or psychologist must clearly indicate how the individual's disability affects his or her ability to make and communicate informed decisions and what proactive measures have been taken to maximize the ability of that individual to make and communicate informed decisions.

The Council supports the position that if a **guardianship of the person** is granted, it should be of the limited type in which the specific areas of needed assistance are listed in the order by the judge. The guardianship should encourage the development of maximum self-reliance and independence for the individual. Further, the required annual review of the guardianship must involve a serious consideration of whether it needs to be continued, modified or terminated, and a yearly report of this review must be filed in each guardianship. It is essential that annual reviews are not limited to a financial review, but also consider the individual's capacity and needs. Additionally, the judicial system must have the resources needed to make and review guardianship assessments. The Council further recommends that participants in the annual review should include, but not be limited to, the individual, the guardian, attorney ad litem, and an outside advocate/ombudsman.

It is estimated that many of the Texans with disabilities who do not have the capacity to provide informed consent for services, treatments or legal issues have no one to provide assistance in decision-making or even to serve as a guardian. Financial barriers (bonds and court costs) often prevent family members from serving in this role. The Council supports the position that the state of Texas should remove these barriers. Local guardianship and money management programs (supported in part by the Health and Human Services Commission) plus surrogate consent committees (for ICF-MR residents only) fill part of this gap, as do services provided by the Texas Department of Family and Protective Services. However, more resources are sorely needed in this area. Additionally, the Council believes that the state needs to establish statutory authority to regulate private professional guardians more closely.

Reviewed May 3, 2012



Service Coordination Position Statement

The Texas Council for Developmental Disabilities believes that the full inclusion and participation of people with disabilities in community life requires that individuals be aware of the services and supports available, that they have an array of service and support options from which to choose, and most importantly, that they have the central role in planning and directing their own future. These goals are most readily achieved when individuals and their families receive the benefit of effective, conflict-free service coordination.

Service coordination involves assisting individuals through planning, coordinating, locating, accessing and monitoring services and supports that will result in an optimal quality of life and level of community participation. It is the responsibility of the service coordinators to also serve as advocates for the individuals and their family and provide support for people who are receiving services to advocate for themselves. Service coordination should be viewed as a distinct benefit available to people with disabilities who require assistance, information and advocacy to obtain access to various services and supports to participate fully and be fully included in their communities.

TCDD believes that the service coordination system should be independent from service delivery such that, the service coordinator is free from conflict of interest, and independent or separate from the direct delivery of other services received by the individual and/or family. Service coordinators who are employees of public or private agencies, family members or individual contractors should be independent from conflict of interest. An independent service coordination structure also enables service coordinators to maintain the integrity of their advocacy role. Individuals should be able to choose a qualified service coordinator.

Service coordination must be available on an ongoing basis and support individual(s) rights to:

- access or refuse specific services and supports, as desired;
- develop their own service plan;
- request alternate services and supports, providers or service coordinators; and
- appeal decisions made about the services and supports they receive.

Access to service coordination should be available as necessary and upon request to all persons with disabilities who have functional needs for an array of services and supports. Eligibility should not be based on specific diagnosis. Service coordination must be readily accessible and must have sufficient staff to provide assistance to individuals in a timely and responsive manner. Service coordination should be provided by one person who:

- is committed;
- is well trained;
- is culturally competent;
- serves a reasonable number of individuals; and
- spends most of the time in support and coordination activities.

It is the responsibility of the service coordinator to: (1) advocate on behalf of the individual; (2) help the individual become empowered to act on his or her own behalf; and (3) support the right of that individual to make decisions and to take risks based on informed choice and individual goals and values.

Service coordinators should: (1) be knowledgeable about public and private resources; (2) be creative in their ability to make public and private supports and services work to meet the individuals' needs; and (3) serve a facilitative role in bringing individuals, families and providers together. While service coordinators should be available to assist and consult with providers to ensure services are delivered, they also have a responsibility to monitor the quality of services and supports received.

Attachment 4

TEXAS COUNCIL FOR DEVELOPMENTAL DISABILITIES

ADMINISTRATIVE RULES

TEXAS ADMINISTRATIVE CODE TITLE 40, PART 21

Chapter §876 General Provisions

Chapter §877 Grant Awards

**Proposed Review Schedule
and
Draft Proposed Amendments**

February 2012

Texas Administrative Code

Title 40 Part 21

Social Services Texas Council for Developmental Disabilities

Chapter §876	General Provisions
§876.1	Definitions
§876.2	Legal Authority
§876.3	Administration
§876.4	Responsibilities of the Council
§876.5	TCDD State Plan
§876.6	Powers and Duties of the Executive Director
§876.7	Committees of the Council
§876.8	Standards of Conduct
§876.9	Charges of Access to Public Records
§876.10	Petition for Adoption of Rules
876.11	Applicability of Open Meetings Law
§876.12	Alternative Dispute Resolution Process
Chapter §877	Grant Awards
§877.1	General
§877.2	Application and Review Process
§877.3	Suspension or Termination of Funding
§877.4	Appeal of Funding Decisions
§877.5	Confidentiality of Records

TITLE 40. SOCIAL SERVICES AND ASSISTANCE

PART 21. TEXAS COUNCIL FOR DEVELOPMENTAL DISABILITIES

Chapter 876. GENERAL PROVISIONS

§876.1 Definitions

The following words and terms, when used in these sections, shall have the following meanings, unless the context clearly indicates otherwise.

(1) Council --Texas Council for Developmental Disabilities.

(2) Designated State agency -- the State agency designated by the Governor to provide administrative support to the Council.

(3) Developmental disability – The term "developmental disability" has the meaning as defined in federal law, the Developmental Disabilities Assistance and Bill of Rights Act as amended (42 USC 6000 et seq).

(4) Executive director -- Chief administrative officer of the Texas Council for Developmental Disabilities.

(5) Grant – An award of financial assistance, including cooperative agreements, in the form of money, property provided in lieu of money, or other financial assistance paid or furnished by the Council to an eligible recipient to carry out a program in accordance with the rules, regulations and guidance provided by the Council.

§876.2 Legal Authority

(a) These rules are adopted under provisions of the Texas Human Resources Code, Title 40, Chapter 112.

(b) The following federal laws and regulations are adopted by reference into this part:

(1) Developmental Disabilities Assistance and Bill of Rights Act as Amended (U.S.C. 6000 et. seq.); and

(2) Developmental Disabilities Program, 45 Code of Federal Regulations, Parts 1385-1387.

§876.3 Administration

(a) The Texas Council for Developmental Disabilities is a joint state-federal program designed to **assist people with developmental disabilities and their families to participate in the design of and have access to needed community services and supports, and to** promote the development of a consumer and family-centered, comprehensive system and a coordinated array of culturally competent services, supports, and other assistance designed to achieve independence, productivity, and integration and inclusion into the community for individuals with developmental disabilities.

(b) The Council performs its responsibilities through staff activities, grants or contracts to public, or nonprofit, or private for-profit organizations and in other ways as determined by the Council to carry out the state plan.

(c) The Council shall enter into a memorandum of understanding with the designated state agency which sets forth their respective roles;

(d) The designated state agency carries out the functions set forth in applicable federal and state laws and regulations and the memorandum of understanding with the Council.

§876.4 Responsibilities of the Council

The Council is an agency within the executive branch, but functions independently within its statutory authority to serve the long-term public interest. The Council is responsible for

establishing the policy framework through which the agency carries out its statutory responsibilities. Specifically, the Council shall:

- (1) exercise the authority provided by law to adopt policies and rules governing Council activities;
- (2) develop and implement policies that clearly separate the policymaking authority of the Council and the management responsibilities of the executive director and staff of the Council;
- (3) approve the state plan and amendments;
- (4) serve as an advocate for state and federal legislation, appropriations and policies on behalf of individuals with developmental disabilities as authorized by federal law;
- (5) oversee operations of the Council for integrity, effectiveness, and efficiency;
- (6) approve personnel policies that provide for the selection, supervision, and evaluation of the executive director and staff
- (7) ensure projects and activities comply with all applicable federal and state requirements; and
- (8) **carry out** other responsibilities as provided by Council policies.

§876.5 TCDD State Plan

The Council develops and submits the "TCDD State Plan for Texans with Developmental Disabilities" in a manner consistent with federal law and regulations. The state plan may be revised and updated after public review and comment as provided by the federal requirements. The plan is available from the offices of the Texas Council for Developmental Disabilities.

§876.6 Powers and Duties of the Executive Director

The executive director is responsible for the effective and efficient administration of the affairs of the Council subject to applicable laws and this chapter and under the general direction of the Council. The director shall select, supervise and evaluate staff to implement Council approved activities consistent with policies approved by the Council. The director may delegate responsibilities to Council staff as appropriate.

§876.7 Committees of the Council

The Council may establish standing and special committees of Council members to expedite the work of the Council. Members shall be appointed to Committees in the manner provided by Council policies.

§876.8 Standards of Conduct

- (a) Standards of conduct of members and employees of the council are governed by Texas Government Code Annotated, Chapter 572, and by Human Resources Code Chapter 112.0161.
- (b) Council members and staff shall adhere to the conflict of interest policy approved by the Council.

§876.9 Charges of Access to Public Records

- (a) The charge to any person requesting copies of any public record of the Council will be the charge established by the Buildings and Procurements Commission at 1 TAC §§111.61-111.70.
- (b) The Council may reduce or waive these charges at the discretion of the executive director if there is a public benefit.

§876.10 Petition for Rules or Changes to Rules

Any interested person may petition the Council for a rule or rule change by submitting a request to the executive director in a manner and form as directed by the Council, consistent with state law.

§876.11 Applicability of Open Meetings Act

(a) The official minutes of all Council and committee meetings are kept in TCDD staff offices, are posted on the TCDD website, and are available for public review as authorized by the Open Meetings Act.

(b) Opportunities to provide public comments are provided at each Council and committee meeting. The chair of the Council or committee may limit each person presenting public comments or public testimony on any agenda item to a certain number of minutes by announcing the period when comments or testimony are given.

§876.12 Alternative Dispute Resolution

The dispute resolution process provided for in Chapter 2260 of the Government Code shall be used by the State and any other party to attempt to resolve any claim for breach of contract made by any party against the State as applicable.

Chapter 877 GRANT AWARDS

§877.1 General

(a) As authorized by Human Resources Code Title 40, Chapter 112.020 (a)(3), the Council may contract or provide grants to public or private organizations to implement the TCDD State Plan for Texans with Developmental Disabilities, if funds are available.

(b) The Council may solicit proposals from state agencies, non-profit organizations, or private for profit organizations that have organizational expertise related to the requirements of the proposal.

(c) **The Council may accept unsolicited** ~~Unsolicited proposals~~ **or unsolicited ideas for future projects** ~~may be submitted by organizations and will be considered~~ consistent with Council policies and procedures.

(d) The Council may develop projects with organizations without competitive proposals as allowed by state and federal requirements and Council policies.

(e) All grantees shall comply with applicable state and federal requirements including the Texas Uniform Grant Management Standards, Office of Management and Budget (OMB) circulars, and Council grants procedures.

(f) Independent audits of grantees are required for each year of funding in accordance with the requirements of OMB Circulars and Texas Uniform Grant Management Standards. Project specific independent reviews and other procedures may be required of grantees not subject to annual independent audit requirements of OMB or UGMS consistent with Council policies. The Council shall reimburse the grantees for the reasonable cost of the required audit activities.

(g) Grant awards shall contain appropriate provisions for program and fiscal monitoring and for collection and submission of evaluation data and related reports.

(h) The Council may limit by policy the amount of Council funds allowed to reimburse indirect costs of projects. Any indirect costs of a grantee above those amounts may be allowed as part of the required non-federal participant share.

(i) Donated time and services may be included as a financial match contribution unless otherwise restricted by a specific request for proposals or by state or federal requirements.

(j) No organization shall receive more than three (3) direct grants from the Council at any time.

§877.2 Application and Review Process

(a) All requests for proposals will be published in the Texas Register and posted on the Council's website, and a notice will be provided to interested parties.

(b) Proposal information for each request for proposal shall be available upon request from Council offices and will be made available at the Council's website.

(c) Proposals received after the closing date will not be considered unless an exception is approved in a manner consistent with Council policies.

(d) Projects seeking continuation funding may have separate application forms, instructions, and procedures, as determined by Council staff.

(e) Grants shall be awarded based on guidelines that reflect state and federal mandates. Selection criteria shall be designed to select applications that provide best overall value to the state and to the Council and meet the requirements and intent of the Council as provided in the request for proposals.

(f) Final approval of organizations to receive grant funding shall be determined by the Council consistent with Council policies.

(g) Council staff may negotiate with selected applicants to determine the final terms of the award.

§877.3 Suspension or Termination of Funding

(a) If a grantee fails to comply with the terms of the grant, the Council may suspend authority to obligate or receive grant funding pending the result of corrective measures.

(b) The Council, in its complete discretion, may terminate authority to obligate or receive grant funding prior to the end of the funding period if corrective actions are not taken during the suspension period, or if the deficiency is serious enough to warrant immediate termination.

(c) A grant, or portion thereof, may also be terminated at the grantee's request by approval of the Council executive director.

(d) The procedure to request reconsideration of a suspension or termination of funding shall be included in grant award materials.

§877.4 Appeal of Funding Decisions

Appeals may be submitted from applicants for grants who did not receive funding or from grantees whose grants have not been awarded continuation funding. The appeals process adopted by the Council shall be included in grant application materials.

§877.6 Confidentiality of Records

A grantee that provides direct services to individuals under a Council grant must have a system to protect client records from inappropriate disclosure. Disclosure of confidential information must be in accordance with applicable law.

**COMMITTEE OF THE WHOLE
DRAFT MINUTES
MAY 2-3, 2012**

WEDNESDAY, MAY 2, 2012

CALL TO ORDER

The Committee of the Whole of the Texas Council for Developmental Disabilities met in Majestic 1 Room of the Sheraton Dallas Hotel, 400 North Olive Dallas, TX 75201. The Committee convened on Wednesday, May 2, 2012, at 6:30 PM for a public input session. The session was attended by approximately 8 members of the public, 10 Council members and 9 TCDD staff. Interpreters provided simultaneous Spanish translation for individuals who did not speak English. Council member Andy Crim facilitated a discussion that focused on barriers to obtaining services for people with developmental disabilities. Individuals spoke of a lack of knowledge within their communities regarding the services that are available, case workers who hesitate to coordinate services for which an individual is eligible, and school systems who do not provide appropriate services to students with disabilities.

The Committee of the Whole recessed at 8:00 PM.

THURSDAY, MAY 3, 2012

COUNCIL MEMBERS PRESENT

Mary Durham, Chair
Hunter Adkins
Kimberly Blackmon
Gladys Cortez
Kristen Cox
Andrew Crim

Frank Genco, HHSC
Kathy Griffis-Bailey, DSHS
Jeff Kaufmann, DADS
Cindy Johnston
Diana Kern
Scott McAvoy

Dana Perry
Joe Rivas
Cindy Swain, TEA
David Taylor
Lora Taylor
Susan Vardell

COUNCIL MEMBERS ABSENT

Mike Benz/Amy Sharp, A&M CDD
Kristine Clark
Brenda Coleman-Beattie

Mateo Delgado
Mary Faithfull, DRT
Sara Kendall, DARS

John Morris
Penny Seay, UT CDS
Richard Tisch

STAFF MEMBERS PRESENT

Roger Webb, Executive Director
Martha Cantu
Joanna Cordry

Cassie Fisher
Sonya Hosey
Melissa Loe

Jessica Ramos
Melissa Rosser
Koren Vogel

GUESTS PRESENT

Lee Brown
Amanda Dunnavant

Leteshia Finely
Gina Fuller

Lashonda Jackson
Eric Jacobson

RECONVENE

Council Chair Mary Durham called for the Committee of the Whole to reconvene at 9:30 AM on Thursday, May 2, 2012.

1. INTRODUCTIONS

Council members, staff and guests were introduced.

2. CHAIR'S REMARKS

Chair Durham reviewed excused absences for John Morris, Kris Clark, Mateo Delgado, Sara Kendall, Mary Faithfull, Penny Seay, Mike Benz/Amy Sharp, and Brenda Coleman-Beattie. Durham introduced new Council members David Taylor of El Paso and Scott McAvoy of Cedar Park. Both members have attended orientation and are eligible to vote on Council business.

Durham and Executive Director Webb recognized TCDD Executive Assistant Koren Vogel for ten years of service to TCDD.

Durham discussed Committee appointments and noted that Gladys Cortez has been assigned to the Project Development Committee at her request. New members McAvoy and Taylor will attend both Committee meetings before being assigned to a Committee. The Audit Committee is also in need of a new member and interested persons are encouraged to contact Durham or Webb.

Council member Kris Clark and Public Policy Director Jessica Ramos recently attended the Disability Policy Seminar in Washington, D.C. Ramos provided comments on their experiences, noting that the conference blended basic advocacy issues with more complex budget items. She indicated that Clark was excited to learn about the "Achieving a Better Life Experience Act" which would allow individuals and families to save funds while protecting Medicaid benefits. Ramos accompanied Clark for meetings with staff from the offices of Congressman Lamar Smith, Congressman Lloyd Doggett and Senator John Cornyn.

Council member Cortez discussed her attendance at the recent media event regarding the launch of Project HIRE (Helping Individuals Reach Employment). Project HIRE is funded by a collaborative effort between TCDD and the Department of Assistive and Rehabilitative Services (DARS) to provide "wrap-around" supports for college students with disabilities. She commented on the appreciation expressed by the community.

Council member and Department of Aging and Disability Services (DADS) representative Jeff Kaufmann informed the Council of new reports that are available from DADS including a mortality report with data on individuals who died while in institutional settings. A report is also available on physical and behavioral health services in the HCS and CLASS programs.

3. PUBLIC COMMENTS

No public comments were received.

4. SUMMARY OF PUBLIC INPUT SESSION

Council member Andy Crim provided a summary of the public input session Wednesday evening. Crim felt that a lack of communication was the biggest issue discussed - consumers did not know about services or how to access services; interagency communication and communication between providers and consumers are lacking. Consumers indicated a lack of cultural competency from providers. Chair Durham discussed input on the education system and felt that even though work has been done to translate materials and provide information in other languages, information is still not being received. Council member Lora Taylor added that Leadership Development and Advocacy Skills training projects are vital for consumers and family members. Susan Vardell added her

impression about how much financial need there is for small organizations and that any funding would be appreciated. Members felt that the input session was productive and would like to have more throughout the state.

5. PRESENTATION – GEORGIA DD COUNCIL REAL COMMUNITIES INITIATIVE

Executive Director Webb introduced Eric Jacobson, Executive Director of the Georgia Council on Developmental Disabilities (GCDD). Jacobson provided a presentation on the Georgia DD Council's Real Communities Initiative. He emphasized that the initiative is a grass-roots community building effort for people with and without disabilities. He noted that the major issues for people with disabilities such as housing, transportation, education, access to health care, etc., are the same for people without disabilities. Jacobson shared the GCDD year-long development of goals to promote Real Communities and told stories of communities where these values are being promoted. He noted that the components of a Real Community include establishment of a core group that meets and identifies what the group wants to improve. A community builder for each community receives a stipend to coordinate the activities of the group. He explained that the GCDD has supported the Real Communities activities for two years and has learned that it is difficult to shift from individual to collective actions but they continue to work toward the goals. Council members discussed these projects with Jacobson and agreed to continue to discuss in committee meetings how the ideas can be applied in Texas.

6. GRANT PROJECT HIGHLIGHTS

TCDD Grants Management Director Sonya Hosey provided highlights of the Paso del Norte Expansion of Leadership Development and Advocacy Skills Training. This project is in the first year of a two year project and has recruited graduates of the Leadership Academy for Families to become mentors, has held 13 training sessions and coordinated mentor activities such as visiting schools, doctors' offices and meetings with other parents to promote the Leadership Academy.

Hosey also provided brief highlights of the Community Healthcore Customized Self-Employment project. This project is in its fifth and final year. She then introduced the Program Director and Project Manager from Community Healthcore to offer an overview of the project.

7. COMMUNITY HEALTHCORE EMPLOYMENT PROJECT

Lee Brown and LaShonda Jackson of Community Healthcore provided a summary of Community Healthcore's customized self-employment project and shared stories of individuals who have been assisted through the project. Over 150 individuals have been trained on the process for self-employment and 38 businesses have been launched with funding from the project. The program is certified through DARS as a new supported self-employment model.

ADJOURN

Council Chair Durham adjourned the Committee of the Whole at 1:29 PM.

Roger A. Webb
Secretary to the Council

Date