

**Florida Statewide Quality Assurance Program
Year Six Second Quarter Report
July – December 2006
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Attachment 1
Internal Quality Assurance Report
July - December 2006

The Florida Statewide Quality Assurance Program continues to implement its plan for internal quality control. The plan involves many activities, some of which occur simultaneously.

CORE Consultant Training on POMs

Delmarva consultants who conduct CORE consults were trained on the Personal Outcome Measures, December 4 – 8. The training was conducted by The Council on Quality and Leadership. Three participants have already completed and passed the reliability test, with the remaining consultants to be tested on reliability in January.

Bi-Weekly Conference Calls

Conference calls with all consultants on a bi-weekly schedule have continued throughout the second quarter of this contract year. Through this venue, Regional Managers ensured that consultants received consistent information regarding procedures, interpretations, and system updates. Managers reinforce and supplement this information through telephone and face-to-face contact with the QICs. Consultants are also provided with any additional information or changes related to the CORE and WiSCC processes and, if necessary, clarification on different elements. Feedback was solicited from consultants on the CORE and WiSCC modifications—possible impacts to them in the field.

The conference calls are also used as an avenue to update consultants on key Delmarva initiatives at the corporate level. This may include policy clarification and interpretation, when appropriate. Mandatory corporate training is also accomplished at these times.

In addition, when questions arise from analyzing the data, the conference calls are often used to gather anecdotal information from the QICs in an attempt to explain what we may be seeing in the data. Feedback from the consultants in this area has been very valuable in interpreting results from analysis of data for reports and studies.

Consultants continue to share Best Practices, which are ultimately posted to the FSQAP web site so the positive experiences/processes identified by consultants can be viewed by the public.

Reliability Assurances

Reliability for QICs conducting Personal Outcome Measures (POM) interviews continues to be maintained through The Council on Quality and Leadership (CQL). This occurs formally through the reliability process and through on site monitoring of five percent of the consults throughout the year. All consultants who were tested this quarter passed POM reliability.

Reliability activities for the CORE and WiSCC processes consist of two activities. First, the Regional Managers observe consultants while they are conducting consultations periodically throughout the year. They accompany each consultant to an onsite visit, attending all onsite activities. Second, formal reliability testing has been initiated this year, to be completed once per year for each consultant. Delmarva's formal reliability procedures include the individual CORE interview, scoring the CORE tool (currently 25 elements), and scoring the WiSCC tool (11 elements). All regional managers have passed the CORE and WiSCC reliability tests. In addition, 2 consultants have passed CORE reliability.

Manager Review (Gold Standard)

Delmarva Foundation managers continued to review and approve 100% of all WiSCC, CORE and PPR Desk Review reports prior to their distribution. Direct feedback was provided to individual QICs as questions or concerns were identified, and more general concerns were addressed on the bi-weekly conference calls.

Another internal system related to this area is the Medical Peer Review system. Linda Tupper, the Nurse Reviewer, has the opportunity to correct any errors or issues identified with the content or data included in the report. Based on the results of the monitoring process in the early part of the year, Linda Tupper worked with Pamela Wainwright to improve the Medical Peer Review system, implementing new processes to enhance the reviews and better comply with contractual arrangements.

Weekly Manager Meetings

Delmarva managers meet bi-weekly to discuss any new or on going issues related to the FSQAP. IT staff from both Florida and Easton offices also participate, enhancing communications between managers and staff in Easton who provide vital technical and database management support. These meetings provide a valuable forum for managers to track productivity, monitor contractual obligations, discuss any concerns or issues that have developed, and generally share information from across the state.

Manager's Annual Retreat

While the bi-weekly manager's meetings are essential and productive, they do not allow time for in-depth work on strategic planning. The Delmarva managers held a two day retreat in October 2006, to discuss improvements to the current processes and to strategically map out plans that will benefit the FSQAP program over the next several years.

IT Initiatives

IT continues to support several initiatives within the Florida project. IT developed the new Barriers and Strengths drop down menus for the revised CORE application and is working on the new CORE application based on the revised procedures and scoring. IT has also developed and implemented a new WiSCC application. The Easton IT group continues to participate in the weekly managers meetings that address on going needs and issues for the WiSCC and CORE processes.

Consultants and managers have directed all computer and phone issues, previously handled by Mike Hereon, to IT in Easton. They have been responsive to all our needs in a timely manner, with very little down time problems due to hardware or software issues.

POM Monitoring and Annual Reliability

The Council on Quality and Leadership (CQL) provides on site monitoring of five percent of all POMs conducted annually. CQL representatives accompany consultants on interviews and observe the administration of the POM as well as the overall WiSCC process. Monitoring is designed to ensure reliability in conducting the POM interviews is maintained as well as to provide on going technical assistance as needed. All consultants who were monitored this quarter passed reliability.

Consumer and Family Feedback

Distribution of the revised AHCA Recipient Survey continued throughout this quarter. These are distributed to individuals who receive a POM or individuals who are interviewed for the CORE consult. However, the response rate to these surveys has dropped dramatically and therefore AHCA and APD have decided to temporarily stop distribution of the surveys to determine their feasibility and the usefulness of the data.

Provider Feedback Surveys

Delmarva continues to provide a feedback survey to all providers who are reviewed. The Results are provided to the Regional Managers on a monthly basis and used to track any problem areas that may exist. To date responses have been very positive.

Medical Peer Review

The Medical Director completes a quality assurance review on a random selection of five percent of individuals who received a Personal Outcome Interview. The Medical Director reviews the claims data, summary comments of the consultants and the decisions of the nurse reviewer. Results of these reviews (41 this quarter) continue to be 100 percent in accord with the decisions of the nurse reviewer.

Timeliness and Submission of Deliverables

Delmarva and its program partner (CQL) are continuing to upgrade internal management systems to ensure that required timelines for conducting reviews and consults are being met and that data are being gathered in a format that can be analyzed in an aggregate form. Bob Foley and the Delmarva managers worked closely with each consultant in an effort to complete all reviews targeted for Year Six. Updates to the “target v completed” spreadsheet are discussed weekly on the manager’s call and biweekly on the CORE and WiSCC conference calls. With this system, managers are able to easily track QIC activities and how closely that aligns with projected volumes.

The Regional Managers are now able to extract reports from the Florida database which indicate the percentage of reports that consultants generate within the timeframes

established by management. The RMs share these reports with each consultant, thereby providing additional feedback.

Sampling Reports for Billing

Processes were initiated to ensure that no consults or reviews are billed in error. The database manager searches the Health elements in the POM interviews to ensure all seven have been completed and the Regional Manager with IQAP responsibility sample five percent of the FSQAP website (private side) to ensure that reports for which the program has billed are being posted as required. This activity has proved useful as during this quarter the procedure revealed instances where reports were not posted correctly. The RM reported this to IT and the situation was resolved across the website before billing occurred.

Individual and Provider Interviews and Reviews

Regional Managers continue to function as coaches by following the consultants during their consultations. During this quarter the RMs spent a good deal of time in the field providing coaching and feedback as a result of their observations of the consultants' performance. Also during this quarter, coaches consciously observed improvements that the consultants demonstrate in their skills. Of particular note, the RMs have noticed improvements in efficiency, decision-making, and job knowledge (for newer consultants).

The Nurse Reviewer assisted consultants with two agency consultations (CORE) in the field. She also provided assistance to WiSCC and CORE consultants via phone and email.

Data Oversight

Each Regional Manager has been assuming the responsibility for reviewing the data distributed via CDs to each Area office on a monthly basis. This is to ensure the data are accurate. In addition, the Regional Manager with IQAP responsibility, on a quarterly basis, reviews the data before they are sent out to the Area offices to ensure the information is correctly organized and labeled.

Attachment 2

CORE Outcome Element Evaluation Levels

Achieving

- Implementing components are present.
- The organization is assisting individuals to achieve outcomes, or to complete increments toward achieving the outcomes.
- Results that communicate choices and preferences that matter most to the person being served are observable.
- Consistent practices of self-determination/person-centered supports are evident in the organization's mission and practices.
- Provider knows the people they serve, includes their choices and preferences that matter most to each person, and continuously probes to ensure that this information is current and accurate.
- Education, Experience and Exposure are present, practiced and evident on a consistent basis.

Implementing

- Consistent action toward achieving outcome increments is predominately present, with only a few sporadic inconsistencies present.
- Strategies and organizational practices are in place to effect change and focus on the individual, but the results have not yet been achieved.
- Provider has general information regarding the people they serve and has methodologies in place for continued probing to update their knowledge about the person. However, this methodology is not consistently applied to all persons served.
- Education, Experience and Exposure are generally taking place and are being integrated into service delivery, but not all opportunities are being addressed.

Emerging

- Some or sporadic action toward achieving outcome increments may be seen, but overall outcomes are not being achieved.
- The provider has some systematic practices that relate to the individual's outcomes but they are implemented sporadically.
- Provider has general information regarding the people they serve but has no consistent system in place for continued probing to update their knowledge about the person.

- Some Education, Experience and Exposure may be taking place. However, the provider is not systematically and consistently implementing these concepts.

Not Present

- Little to no appropriate action has been taken related to the individual's identified outcomes.
- Any implementation related to the achievement of the individual's outcomes is either inconsistent or without direction.
- There is little or no evidence regarding the organization's mission, coordination and practice in the principles of self-determination/person-centered supports.
- The provider has limited information about the individuals and their choices and preferences.
- No planned or directed Education, Experience and Exposure are taking place.

Attachment 3:

CORE Outcome and Minimum Service Requirement Elements

Outcome Elements

1. The individual is educated and assisted by provider to fully exercise rights.
2. The individual is treated with dignity and respect.
3. The individual's personal privacy is observed.
4. The individual actively participates in decisions concerning his or her life.
5. Individual is provided with opportunities to receive services in the most integrated settings appropriate to his/her needs and according to his/her choice.
6. Individual is afforded choice of services and supports.
7. Individual is free from abuse, neglect and exploitation.
8. Individual is healthy.
9. Individual is Safe.
10. The individual is developing desired social roles that are of value to the individual.
11. A personal outcome approach is used to design person-centered supports and services, and to enhance service delivery in order to assist each individual in achieving personal outcomes.
12. Individual directs the design of his/her implementation plan, identifying needed skills and strategies to accomplish personal desired goals.
13. The provider organizes resources, strategies and interventions to facilitate each individual's outcome achievement.
14. The individual participates in the routine review of his/her implementation plan and directs changes desired to assure outcomes/goals are met.
15. Individual is achieving his/her desired outcomes/goals or receive supports that demonstrate progress toward personal outcomes/goals.
16. The provider takes responsibility for addressing individual outcome areas beyond the provider's mission and scope through referral, advocacy or consultation.
17. The provider actively coordinates the dissemination of information to the individual/family/guardian and other providers in order to promote a cohesive person-centered planning and support process.
18. Individual is satisfied with services.

Minimum Service Requirement Elements

19. Provider meets service specific projected service outcomes(s) as identified for each service: Adult Day Training, Non-Residential Support Services, Residential Habilitation, Supported Employment, Supported Living.

20. Level 2 background screenings, and five-year re-screenings, are completed for all direct service employees.
21. Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports. NOTE: New providers have the required training and qualifications required for the service.
22. Proof of required training in recognition of abuse and neglect and the required reporting procedures are available for all independent providers and agency staff.
23. Provider is authorized to provide the service.
24. The service is provided and billed as authorized.
25. The provider maintains required documentation. NOTE: New providers maintain required documentation to include all required policies and procedures.

Attachment 4

WiSCC Outcome Element Evaluation Levels

The following offers an overall description of the WiSCC evaluation levels. However, the levels are also defined more specifically, relevant to each of the six outcome elements, in the WiSCC tool. The complete tool can be reviewed at http://www.dfmc-florida.org/docs/AA-WiSCC_Tool7-22-04.pdf.

Achieving

Implementing components are present and results are observable for the individual being served.

Implementing

Clear strategies to effect change are in place but the results have not yet been achieved; Education, Exposure and Experience (EEE) are taking place and are being integrated into service delivery; WSCs demonstrate advocacy, empowerment, action, responsiveness, and flexibility in their efforts to support individuals to achieve results.

Emerging

WSCs know the people they serve, have methodologies in place to continue to learn more about them and can define existing barriers. However, little to no appropriate or effective action is being taken on their behalf. Any implementation that may exist is either inconsistent, without rationale, or without direction. No EEE are taking place.

Not Present

WSCs do not know the preferences, likes or dislikes of the individuals they serve, nor whom the supports or important people are in their lives. The WSCs may have no method in place to learn about the individuals or gather pertinent information regarding their life.

Attachment 5:

WiSCC Outcome and Minimum Service Requirement Elements

Outcome Elements

1. Waiver Support Coordinators (WSC) have an effective method for learning about the people who are receiving their supports and services.
2. The WSCs are aware of the health, safety and well-being of the people they serve and advocate and coordinate in concert with them to support and address identified needs or issues.
3. The support plan is developed with the person and is reflective of the communicated choices and preferences that matter most to the individual.
4. The WSCs have evaluated the effectiveness of all supports for each person they serve and have implemented strategies to address any barriers that have been identified.
5. The WSC have facilitated educational opportunities, practical experiences, and exposure to ideas (EEE) to increase opportunities for choice and promote self-determination.
6. The WSCs have facilitated the accomplishment of positive results that reflect communicated choices and preferences that matter most to the person.

Minimum Service Requirement Elements

7. Level 2 background screenings, and five-year re-screenings, are completed for all direct service employees.
8. The WSC has attended required training.
9. WSC services and all other service providers are authorized by an approved cost plan and service authorization (or purchasing plan for individuals on CDC Plus).
10. The provider bills for the service at the authorized rate.
11. The provider maintains documentation required for billing.

Attachment 6
Delmarva Contacts
October - December 2006
Area, State and National Contacts

Begin Date	End Date	Description of Activity	Area	Participants and Topic
10/4/06	10/5/06	HCBS Conference, Minnesota		Charmaine Pillay and Beth Townsend presented on the Transition from Quality Assurance to Quality Improvement and Charmaine Pillay presented in collaboration with Steve Dunaway (APD) on Data driving changes in the Support Planning process. The audience included providers, individuals and families, and state representatives from a variety of states.
10/11/06	10/11/06	Quarterly Meeting	4	DFMC - Beth Townsend, Shiela Butler, Denese Anderson; APD - Kay Lawing, Terry Mothershed Neuman, Janice Cromwell, Cathy Geury, Sherndina Moreland, Chris Chruscill, Pamela Armstrong, Alethea Oliphant
10/12/06	10/12/06	Quarterly Meeting	12	DFMC - Beth Townsend, Shiela Butler; APD - Laura Kraljev, Melissa Brooks, Cliff Robertson
10/12/06	10/12/06	FASC Conference, Orlando	7	Christine Stevenson and Charmaine Pillay presented an educational session to support coordinators and providers of other services on Person Directed Services with Quality Management.
10/13/06	10/13/06	Quarterly Meeting	7	DFMC - Beth Townsend, Brenda McConnell, Francie Young, Cheryl King; APD - Lara Grant, Flo Ray, Paula Bowser, Jackie Mescavage, Steve Roth, Laura Lucas, Carol Solomon
10/13/06	10/13/06	Presentation at FASC Conference		Bob Foley presented with Janice Phillips at the FASC conference to 100+ WSCs and providers on the new Support Plan process as well as general Delmarva updates.
10/16/06	10/16/06	Training, Ft. Lauderdale	10	Charmaine Pillay, Beth Townsend, Jose Navarro and Mario Arreaga provided training on Functional Documentation to providers and support coordinators.
10/18/06	10/18/06	WSC Training	11	Training on the WiSCC process with WSCs by Berta Santos.

10/18/06	10/18/06	Family Care Council (FCC) Training, Orlando	7	Charmaine Pillay and Cheryl King provided training to FCC members at their annual conference on Abuse, Neglect and Exploitation. We brainstormed ways to collaboratively address the problem.
10/20/06	10/20/06	Quarterly Meeting	8	DFMC - Beth Townsend, Krista McCracken; APD - Alda Saul, Beverly Benkhatan, Rodd Ryan, Jeff Smith, Bob Steinhauer
10/26/06	10/27/06	Manager's Retreat		All Delmarva Managers convened to discuss the status of the program and future strategies to meet the ongoing contract requirements
10/30/06	10/30/06	Telephone meeting, IQC workgroup		Charmaine Pillay, members of IQC workgroup on Training and Education discussed strategies for improving educational materials and delivery systems.
11/7/06	11/7/06	West Palm Beach	9	Charmaine Pillay and Linda Tupper provided an educational session to providers and support coordinators on Person Directed Planning and Health and Behavioral Indicators.
11/8/06	11/8/06	Quarterly Meeting, Tampa	23	Charmaine Pillay, Christie Gentry, Chris Kulaga, Barbara Hawkins, Susan Von Fossen, Trudy Acevedo, Area staff.
11/9/06	11/10/06	NASDDDS Conference		Bob attended the NASDDDS Conference in Crystal City, Virginia in an effort to learn about the quality management efforts being utilized in other states.
11/13/06	11/13/06	Training, Person-Centered Planning, Orlando	7	Charmaine Pillay and Beth Townsend provided training on Person Directed Planning to support coordinators and providers.
11/15/06	11/15/06	Quarterly Meeting, Lakeland	14	Charmaine Pillay, Christie Gentry, Barbara Hawkins, Area staff.
11/22/06	11/22/06	WSC Training	11	Training on the WiSCC process with WSCs by Berta Santos.

12/2/06	12/2/06	Quarterly Meeting	2	Marion Olivier-Ruelas, Sandra Rowe, Kara Cowart and 7 Area Office staff attended the meeting. We reviewed the data from the last quarter. We discussed and reviewed provider concerns, trends for technical assistance and the positives seen. We discussed the revisions to the CORE, WiSCC and Desk Review procedures. An overview of the CORE Tool modifications was also discussed. We talked about the Area's role with the Family Care Council. We talked about their new pre-service training where they are utilizing break out groups to work on IP development.
12/12/06	12/12/06	Employment Work Group		Bob attended the Employment Work Group conducted by J.B. Black, and attended by about 10 other members of the group.
12/13/06	12/13/06	Quarterly Meeting	11	Meeting with Area 11 staff Kirk Ryon, Carolyn Elleby, Rachel Siegel. Also Delmarva staff Berta Santos, Jose Navarro, Mario Arreaga, and Barbara Langford Moore. Discussed concerns with specific providers; data trends; new provider training from the area; training session Delmarva can provide the Area; and the status of the Areas Steering Committee.
12/13/06	12/13/06	Orlando--training and education work group	7	Charmaine Pillay, Linda Mabile, Bob Wessels, Martha Martinez, Beverly DeStories, Beth Townsend, and Pamela Kyllonen met to discuss next steps for the workgroup on Training and Education.
12/13/06	12/14/06	IQC Quarterly Meeting		Bob, Sue, Charmaine, and Beth attended the IQC meeting in Orlando, Florida, presenting on topics such as: Abuse/Neglect, Delmarva Updates, and Barriers Study updates.

12/14/06	12/14/06	Quarterly Meeting	1	Marion Olivier-Ruelas, Dena Johnson and 4 Area Office staff attended the meeting. We discussed the updates from the Steering Committee activities. We discussed and reviewed provider concerns, trends for technical assistance and the positives seen. We discussed the revisions to the CORE, WiSCC and Desk Review procedures. An overview of the CORE Tool modifications was also discussed. We talked about the Area's role with the Family Care Council. We reviewed the quarterly data.
12/15/06	12/15/06	Quarterly Meeting	15	Meeting with Steve Stoltz. Discussed Steve's retirement and who would be acting in his place. Discussed trends with providers and the areas actions to improve services.
12/15/06	12/15/06	Quarterly Meeting	9	Had to be rescheduled due to weather.
12/18/06	12/18/06	Quarterly Meeting	3	Marion Olivier-Ruelas, Theresa Skidmore, Christine Stevenson, a WSC representative from a WSC agency and 5 Area Office staff attended the meeting. We reviewed the data from the last quarter. We discussed and reviewed provider concerns, trends for technical assistance and the positives seen. We discussed the revisions to the CORE, WiSCC and Desk Review procedures. An overview of the CORE Tool modifications was also discussed. We talked about the Area's role with the Family Care Council. We discussed discrepancies related to background screening requirements. The APD Area AQL gave an update on the Steering Committee activities.
12/18/06	12/18/06	Quarterly Meeting	13	Marion Olivier-Ruelas, Christine Stevenson and 3 Area Office staff attended the meeting. We reviewed the data from the last quarter. We discussed and reviewed provider concerns, trends for technical assistance and the positives seen. We discussed the revisions to the CORE, WiSCC and Desk Review procedures. An overview of the CORE Tool modifications was also discussed. We talked about the Area's role with the Family Care Council. We discussed some new policies coming out of APD related to recoupment and PD 0101.

12/19/06	12/19/06	Gainesville	3	Christine Stevenson and Marion Olivier Ruelas presented an educational session to support coordinators and providers of other services on Person Directed Services with Quality Management.
12/21/06	12/21/06	Quarterly Meeting	10	Meeting with Martha Martinez, Jameela Abdul-Malik and other area staff. Representatives from Maximus also in attendance.
10/8/2006	10/8/2006	APD Area Office	4	Beth Townsend attended. The steering committee listened to three presentations. Related to Supported Employment project, there is a transition program called the On-campus Transition Program which is being developed for individuals in high school, who do not want to complete the additional 4 years. For those who qualify, they are auditing college classes with supports from a Mentor in order gain this life experience. Additionally, Occupational Therapy students are assisting these individuals with instruction on community and employment skills. There is a two year and four year track they can choose from. The goal is for the individuals to obtain employment and participate in college classes and recreational social activities on the college campus. A new project begun related to Nursing services in conjunction with University of North Florida. Nursing students are providing services to waiver recipients as an internship and in return they are receiving course credit hours. The last presentation was on building Social Capital. Lastly, updates were given by Delmarva on the latest data for the Area.
10/11/2006	10/11/2006	Wildwood	13	Christine Stevens attended. After reviewing last meeting's minutes, we welcomed a new member. We renamed the project to 'Community Life,' a better reflection of the intent of the project. We formulated a plan to meet November 15th in Citrus County with the five volunteers of the project and their circles of support to commence breakout brainstorming sessions for community possibilities based on their preferences, goals, and life visions. Our secondary project of increasing HCBS Dental providers was discussed, and an initial plan was formulated based on contacting IFS dental providers and making the enrollment process more attractive.

10/12/2006	10/12/2006	APD Area Office	7	Cheryl King attended. The group wanted a video on the police training on interacting with people with Autism. The committee chair person discussed the upcoming activities of the local Autism Society. The steering committee discussed how it could support the efforts for training planned in April for police officers on the topic of Autism and Developmental Disabilities.
11/7/2006	11/7/2006	APD Area Office	8	Krista McCracken attended. This was a meeting of the Training and Quality sub committee of the Steering Committee. The intention of the meeting was to identify the recommendations for training and improving quality. Several of the committee members are parents of individuals with disabilities. They recommended that we focus our training efforts on getting information about the Waiver process out to parents. We also discussed offering training to individuals receiving services on how to identify their expectations for a provider and interviewing questions and techniques. We also discussed offering training to direct care providers to boost the Core Competency as well as person centered philosophy. The Communications Committee is in the process of developing a website where information regarding resources and link to other sites will be posted.
12/5/2006	12/5/2006	Area 8 APD office	8	Krista McCracken attended. This was a Committee Meeting to discuss the annual goals for the three Sub-committees. There are two officer positions open, Vice-Chair and Secretary. The Chair, Betsy reviewed the requirements of the positions and requested that those interested develop a paragraph denoting their qualifications. She will forward to all members and there will be a vote at the next meeting February 6, 2007 at 10:00 a.m. The meetings will be held the first Tuesday of the month.

12/12/2006	12/12/2006	Area 8 APD office	8	Krista McCracken attended. This was a meeting of the Training and Quality sub-committee of the Steering Committee. We identified first steps towards meeting the goals over the course of the next year. The focus for the next several months will be the Area 8 Symposium scheduled for 05/23/2006. The committee will work together to identify training topics and schedule speakers. The meetings will be held every month on the 2nd Tuesday.
10/24/2006	10/24/2006	APD Area Office	8	As a part of the Training and Quality Sub committee, Krista McCracken presented information explaining POM's, a brief history of the two tools, a brief overview of content of tools, training requirements and policy requirements per the Core Assurances. I briefly identified general trends for the WiSCC and CORE consults completed in Area 8. I answered questions regarding the process, data gathered, impact and contact Delmarva has with APD in Tallahassee. I reviewed Data Set information comparing Area 8 office with Statewide information. Karen Jones the Licensing Coordinator for Area 8 also presented information on the process they use for licensing group homes. The committee chair reported on the other subcommittee progress. There is another T&Q subcommittee meeting on November 7. The next full steering committee meeting is December 5, 2006.
11/15/2006	11/15/2006	Citrus County DCF Building, Inverness, FL	13	Christine Stevens attended. Community Life / Valued Social Roles Project: We formed break-out groups centered around five people receiving services who volunteered to take part in this pilot. We proceeded with mini person-directed planning sessions. As a representative of Delmarva, I was asked to visit all the groups. When all rejoined, the persons or their designated spokesperson shared their preferences and desires, as well as, the 'opportunities for exploration' resulting from the group brainstorming. Next: The collective information is to be sent to stakeholders for additional ideas/opportunities. Then the support coordinators and team members will follow-through with the plans.