



The Individual and Family Support Program

IFSP State Council

June 30, 2023, 12-2:30 p.m.

Registration link: <https://dbhds-virginia->

[gov.zoomgov.com/meeting/register/vJlscuyvqzwqH15IHpzRIRfNRcLOZj3ntNI](https://dbhds-virginia-gov.zoomgov.com/meeting/register/vJlscuyvqzwqH15IHpzRIRfNRcLOZj3ntNI)

Attendees: Heather Hines, Rhonda Gaines, Rachel Vamenta, Donna Robel, Katherine Rice, Renee Soniat, Nickie Brandenburger, Sean Campbell, Rebecca Stickler, Tiffany Cobbs, Angela Lello, Christi Stafford, Heather Norton, Susan Moon, Nichole Pangle, Jennifer Rockwell, Joan Brunner, Lisa Richard, Tammara Herbert

I. Introductions and agenda

- a. Staff introductions and welcome
 - i. Rhonda Gaines' first State Council meeting in the IFSP Community Coordination Supervisor position. Rhonda was most recently the IFSP Support Specialist.
 - ii. Heather Norton: Welcome and DBHDS update
 - DBHDS meets monthly with DOJ judge to ensure that DBHDS progresses toward meeting the Settlement Agreement. There will be an open court status meeting on July 27th at 1 p.m. at the Federal Courthouse for anyone interested in attending. To identify and resolve issues in the DD system, DBHDS meets with different constituent groups like the IFSP State Council and the DD systems issues resolution workgroup.
- b. Icebreaker: What is one word that describes "summer" to you?
- c. Educational presentation: Katherine Rice, DBHDS Office of Integrated Health
- d. Council survey feedback
- e. FY 2023 highlights: State Plan, IFSP-Funding, and IFSP FY 2022 Annual Satisfaction Survey summary
- f. IFSP communications update
- a. Wrap-up and adjourn

II. Educational presentation: Healthcare Advocacy for Individuals with Intellectual and Developmental Disabilities (DD) at DBHDS Office of Integrated Health's Health Supports Network (OIH-HSN)

- a. Katherine Rice, RN is a Registered Nurse Care Consultant (RNCC) within DBHDS OIH-HSN. She brings a personal connection to her work within the I/DD population. Additional support is provided by Susan Moon, RN and the Director of OIH.
- b. Katherine reviewed health disparities and inequities faced by individuals with I/DD in a healthcare environment, and shared several health advocacy tools and tip sheets that self-advocates and those supporting them can use.

- c. Please see the attached PDF of Katherine’s presentation following these minutes.
- d. There is an RNCC assigned to each of DBHDS’ five service regions. To contact the RNCCs for small group and 1:1 technical assistance, please email communitynursing@dbhds.virginia.gov.
- e. Questions:
 - i. Tammara: How can folks spread awareness of how to best serve people with I/DD to people with and without healthcare backgrounds?
 - Katherine: There is a systematic need to provide training for hospital staff. There is a workgroup to help address that, but there is nothing specific developed at this time. For now, it is important for self-advocates and those supporting them to feel comfortable advocating and knowing who to talk to (nurse managers, patient navigators, etc.). The health care passports and tip sheets can also be helpful tools to explain roles and needs to healthcare professionals.
 - Heather H: IFSP has recognized that medical professionals also need more information about the DD system. The IFSP: First Steps document gets mailed to a growing list of medical professionals each year.
 - ii. Lisa: What are the laws in Virginia about guardianship? Do you have to present paperwork for someone who is over the age of 18?
 - Katherine: Guardianship and decision-making is a barrier to making care decisions in a hospital environment. Recommends that the paperwork is always taken with someone who is the legal decision-maker, whether that is the individual or another legal decision-maker (MPOA, authorized representative, legal guardian, etc.). Having this in a legal form is the best course of action.

III. Council survey feedback: Discussing survey responses from the Council survey that was completed after the April 2023 All-Council meeting

- a. What does it mean to be an ambassador for IFSP? – Councilmember recommendations included use of social media, outreach to different community partners, webinars, and identifying regional experts for unique and specific needs on specific topics to support self-advocates and families by sharing their lived experience, knowledge, and professional expertise.
- b. Meeting format – 63% of State Council would like to have routine meetings on the 3rd Friday of the month, beginning at 12pm, and most prefer virtual meetings. We will continue with this format for now.
- c. Meeting topic – Topics are currently being addressed via this State Council meeting and at the upcoming Coordinated Regional Council meeting.
 - i. Council meeting topics of most importance:
 - 75% - What happens when you get a waiver
 - 63% - Getting help from the CSB
 - 44% - Health advocacy
- d. IFSP will continue to provide support to Councilmembers as we work together to redefine roles and structure.

IV. FY 2023 Highlights and IFSP 2022 Satisfaction Summary: IFSP provides the State Council with these updates at the end of the fiscal year each June. Everything IFSP is sharing with the State Council can be found on the DOJ Library Website:

<https://dojsettlementagreement.virginia.gov/dojapplication/provisionreporting/iii.c.2/>

- a. IFSP State Plan progress since June 2022: State Plan refresh; successful redesign of Funding Program guidelines and moving away from “first-come, first-served” (prioritization now includes “risk of institutionalization” as determining factor; State Plan includes criteria for determining applicants at risk of institutionalization); successful execution of IFSP-Funding Program; update and implementation of IFSP Communication Plan (Annual Notification reached 95% of people on the Waitlist); continued collaboration with VCU RNCs to reinstate IFSP Regional Councils and appoint members; continued collaboration with IFSP’s stakeholder partners (SeniorNavigator, VCU CFI, The Arc of Virginia); collaboration with DBHDS Epidemiology and Health Analytics to enhance the IFSP Satisfaction Survey
- b. IFSP-Funding Summary
 - i. 4914 applications received, 3,770 applications approved and 1,144 denied.
 - ii. The average amount awarded was \$664
 - iii. 3,174 applicants were under the age of 18; 1,740 applicants were 18 and over
 - iv. Priority status breakdown:
- c. 1,261 applicants with Priority 1 Status were awarded \$1,249,984.59
- d. 1,413 applicants with Priority 2 status were awarded \$703,178.98
- e. 1,096 applicants with Priority 3 status were awarded \$546,456.63
 - i. Funds awarded by request category:
 - Safe Living Environment \$923,133.55 (37%)
 - Improved Health Outcomes \$797,585.68 (32%)
 - Community Integration 778,900.97 (31%)
 - ii. Regional breakdown:
 - Western: \$484,192.63 (19%) to 903 applicants
 - Northern: \$903,622.55 (36%) to 1,599 applicants
 - Southwestern: \$273,591.30 (11%) to 583 applicants
 - Central: \$519,043.72 (21%) to 1,067 applicants
 - Eastern: \$319, 170.00 (13%) to 762 applicants
- f. IFSP Satisfaction Survey results: This survey was designed to assess FY 2022, but because of the timing of its release, respondents tended to answer based on their assessment of Funding Program changes for FY 2023. Moving forward, IFSP will target fall launch dates for the Funding Program so it can occur during a known and expected time. The survey is meant to be completed by someone on the Waitlist, or the responsible party for someone on the Waitlist, regardless of whether they have ever received IFSP-Funding.
 - i. 96.8% of respondents indicated they were the responsible party for someone on the Waitlist.
 - ii. 94.9% of respondents reported ever completing an IFSP-Funding application
 - iii. 22.5% of respondents reported completing one IFSP-Funding application, while 77.%% of respondents reported completing two or more applications in previous years
 - iv. 29.7% of respondents reported they received IFSP-Funding one time, 67% of respondents reported they received IFSP-Funding more than once, and 3.3% of respondents reported that they never received IFSP-Funding.
 - v. Overall, 538 (83.3%) respondents reported overall satisfaction with IFSP-Funding, while 108 respondents (16.7%) reported they were not satisfied overall with IFSP-Funding. Most respondents reported satisfaction with the various components of the IFSP-Funding Program. The highest level of dissatisfaction was 94 respondents who were not satisfied with the level of funding provided, and it is possible this was due

to the timing of the survey release, which coincided with the new guidelines in the FY 2023 Funding announcement.

- vi. 318 respondents learned about IFSP-Funding through CSB staff, 237 respondents learned about IFSP-Funding from the IFSP email list, 144 respondents learned about IFSP-Funding from the DBHDS website, and 125 respondents learned about IFSP-Funding via word of mouth from a friend, parent, relative, etc.
- vii. Overall, most respondents did not indicate awareness of the family and peer mentoring services offered by VCU CFI and The Arc of Virginia. The results indicate that there is more opportunity to develop consistent, high-quality outreach strategy and materials.
- g. Funding Program update: Some of the IFSP-Funding messaging and Portal enhancements were developed after feedback from this survey, Councilmembers, and stakeholder partners. There is no date yet for the next Funding cycle, as these changes have just been brought to the vendors. IFSP continues to work with DBHDS policy experts and Attorney General's office to have the flexibility to adjust the guidelines in the future, as they are attached to regulation and the regulatory process. Although there will be no changes for FY24, IFSP hopes to have this flexibility after that so that changes can be made as needed.
- h. Questions/comments:
 - i. Sean: This is one of the smoothest Funding cycles he has seen. How can this process stay consistent? Can we get stories about the people who receive this funding and how they use it? This could be helpful to bring to legislators.
 - IFSP staff agrees that this is worth exploring after hearing this feedback from other Regional Councilmembers and other stakeholder partners.

V. Communications update

- a. MLMC Council portal status: IFSP is working on getting the page updated with a new password and updated materials. This will be shared with Councilmembers when it is ready. IFSP has used different document storage solutions in the past, so we are working to find something that is secure and easy to access and use.
- b. Getting feedback from Councilmembers: How can IFSP accomplish this without overburdening Councilmembers on things that are realistic and actionable? Whether it is in Council meetings, recommendations via email, or some other way, it is important that IFSP and Councilmembers can collaborate effectively and meaningfully.
 - i. Sean: Is a Google Drive an option? Could Teams/Sharepoint be an option?
 - Google Drive is not an option for the agency, but a Teams channel could be a solution if it is not deemed a security issue. IFSP will explore this.
- c. Communications Plan: This plan is informed by our State Plan, with emphasis on getting feedback from those with lived experience. IFSP is also continuing to develop outreach strategies for different stakeholder groups, and are starting to attend 1 outreach event each quarter. IFSP is considering adopting a standing Communications update at each State Council meeting. Councilmembers can share suggestions about resources and events via email to IFSP staff inboxes, the IFSP Community inbox, and the IFSP Com box.
- d. Social Media: Activity 4.4.2 in the IFSP State Plan states that Regional Councils post information at least twice per month on their Regional Facebook pages, so this
 - i. Rebecca: Have you considered other social media sites besides Facebook?
 - Rachel: Facebook groups tend to be more active than Facebook pages. We are open to exploring ideas, but we also want to keep in mind that some

oversight is important because IFSP's pages are government-affiliated.

- e. Annual mailer: Ahead of this meeting, IFSP emailed State Councilmembers draft versions of the FY 2024 Annual Notification for individuals on the Waitlist for review. The Communications and Program Coordinator ran out of time to formally solicit feedback from Councilmembers, but offered the opportunity for them to provide feedback via email.

VI. Wrap-up

- a. Any questions or feedback about anything discussed (State Plan, Regional Councils, meeting format, stakeholder outreach) can go to IFSPCommunity@dbhds.virginia.gov. Communications questions or resources to share with IFSP can go to IFSPCom@dbhds.virginia.gov.
- b. Next Coordinated Regional Council meeting: Thursday, July 13th from 6 to 8 p.m.
- c. Next State Council meeting: Friday, September 22nd from 12 to 2:30 p.m. This time was determined through the April Council feedback survey
- d. The Council had no further questions for Katherine.

NOTE: Although this meeting was scheduled for 12 to 2:30 p.m., it concluded early around 2 p.m. due to a timekeeping error by IFSP staff. The Communications update will resume at the September 2023 meeting, and will become a standing part of each State Council meeting thereafter.



Virginia Department of
Behavioral Health &
Developmental Services

Healthcare Advocacy for Individuals with Intellectual and Developmental Disabilities (DD)

Developed and Presented by:
The Office of Integrated Health – Health Supports
Network (OIH-HSN) at the Virginia Department of
Behavioral Health and Developmental Services (DBHDS)

Introduction

- Advocacy can be defined as:
 - Speaking.
 - Acting.
 - Supporting.
 - Writing as a representative for another person in order to assist.
 - Defending the wellbeing of the individual in a way which is forceful and insistent.
- The Individual relies on their caregiver to assist them to:
 - Schedule.
 - Access.
 - Receive the most appropriate care for their physical needs.



Introduction continued...

- Quality holistic healthcare is vital to each individual's continued health and well-being which should include:
 - Oral care.
 - Preventive care.
 - Primary care.
 - Specialty care (if needed).
 - Routine screenings.



Healthcare Disparity and Inequity

Healthcare Disparity and Inequity

- Healthcare disparity and inequity experienced by individuals with intellectual and developmental disabilities:

- Limited healthcare delivery flexibility.
- Negative attitudes about disability.
- Stigmatization and disapproval of disabilities.
- Diagnostic overshadowing



Attributing most of an individual's symptoms to their mental, behavioral or DD conditions. This practice results in symptoms being dismissed or not taken seriously; delays in care or treatment; and/or health problems being totally overlooked or missed. All of which may lead to a more serious or prolonged illness, more frequent hospitalizations, and poorer outcomes overall.

- Inaccessible medical facilities & equipment.
- Communication breakdowns between healthcare professionals, caregivers, providers and individuals.

Healthcare Disparity and Inequity continued...

- In Medicine...
 - Symptoms presented by an individual with disability may be attributed to their disability and not recognized as symptoms of a new concern.
 - Very few physicians receive training on developmental disabilities.
- In Nursing ...
 - Only 8% of practicing nurses have received any specific disability-related nursing training.
- In Dentistry ...
 - Dental education does not adequately prepare dentists for managing patients with special needs, intellectual disability and/or autism.



Healthcare Disparity and Inequity continued...

- Some primary reasons for most premature, preventable and avoidable deaths of individuals with DD are:
 - A poor understanding and education regarding caregiving needs of individuals with disabilities.
 - A lack of training for healthcare professionals regarding the DD diagnosis.
 - Inequity and reduced inclusion leading to discrimination.
 - Lack of understanding about disabilities leading to indifference.
 - Insufficient experience dealing with the healthcare system.



Healthcare Disparity and Inequity continued...

- Many healthcare professionals do not actively engage families and caregivers who support an individual with disability to make decisions.
- Many healthcare professionals do not understand the laws relating to consent surrounding individuals with DD.



Healthcare Advocacy

The Best Healthcare Advocates...

- Have a positive relationship with the individual.
- Have spent a quality time with the individual.
- Understand the individual's personal preferences and concerns.
- Have knowledge of the individual's present and prior health history.
- Are respectful, polite and courteous to healthcare practitioners.
- Help individuals prepare in advance for healthcare appointments.



Advocacy Training

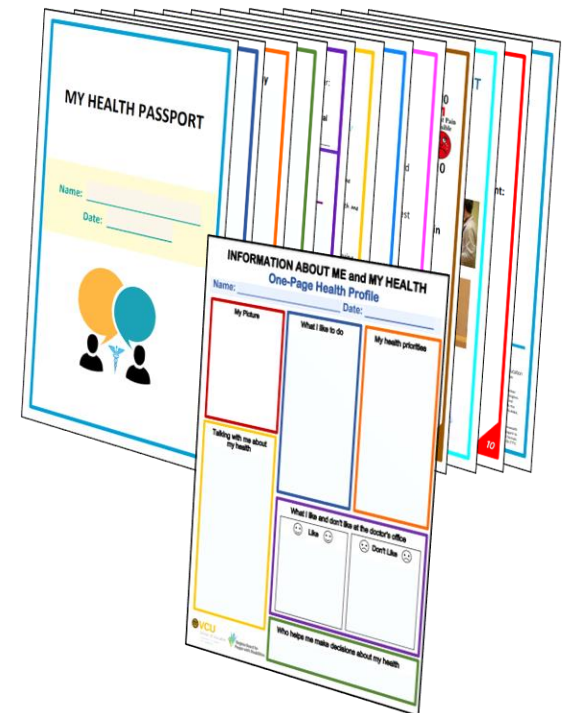
- DBHDS OIH-HSN offers small group and 1:1 Technical Assistance. This is by request; this is especially valuable to providers and families supporting individuals with DD.
 - Contact Tammie Williams at communitynursing@dbhds.virginia.gov
- VCU Partnership CHAT Program.
 - CHAT provides health literacy training to adults with disabilities. CHAT has two parts, the first is training for adults with disabilities, the second is a guide for supporters and families.
 - Participants will learn about:
 1. How to better communicate health concerns with doctors, healthcare providers, and supporters.
 2. How to speak up and ask specific questions about their health.
 3. How to prepare for medical visits and identify health priorities.
 - Contact Parthy Dinora at VCU. <https://cdl.partnership.vcu.edu/health-advocacy-training-chat/>



Helpful Advocacy Tools

A passport is a great advocacy tool.

- DBHDS “My Care Passport” is a 4-page fillable document which can be found at: <https://dbhds.virginia.gov/wp-content/uploads/2022/09/DBHDS-My-Care-Passport-9.25.22.pdf>
- VCU Partnership “My Health Passport” is a 12-page fillable document which can be found at: https://cdl.partnership.vcu.edu/media/center-for-disability-leadership---partnership/HealthPassport_final.pdf
- VCU Partnership “Health Profile” is a 1-page fillable document which can be found at: <https://cdl.partnership.vcu.edu/health-advocacy-training-chat/chat-partner-guide/one-page-health-profile/>



Advocates in the Community...

- Different types of Advocates in the community who can help...
 - The individuals assigned Support Coordinators at the Community Service Boards (CSB).
 - Managed Care Organizations (MCO) Care Coordinators if the individual receives Medicaid benefits.
 - The DBHDS licensed Human Rights Advocate within the region if receiving a DBHDS licensed service.
- Community Healthcare and other professionals who can help are:
 - Local Health Department.
 - The Arc of Virginia.
 - The Area Agency on Aging (AAA).
- Hospital Advocates who can help are:
 - Patient Advocate.
 - Pastoral Office.
 - Nurse Manager/Director of Nursing.
 - Patient Navigator.



Improved Healthcare Encounters

To improve the experience in any healthcare setting...

- Be prepared for appointments or visits to the hospital by:
 - Consider going in advance of the first visit to ensure you know how long it will take to travel there, where to park, and how to enter the build.
 - Write down any questions or current symptoms.
 - Select a healthcare passport, fill it out and bring it with you.
 - Bring a list of the medications and treatments the individual receives (what, when, dosage, route, frequency, etc.) to share with the health provider.
 - If the individual gets anxious consider bringing an object which provides comfort.
 - Bring a picture of the individual when they are feeling well.

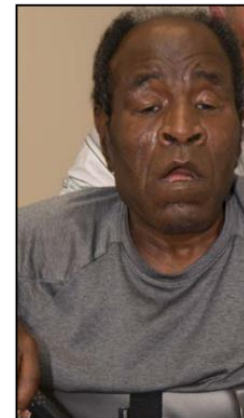
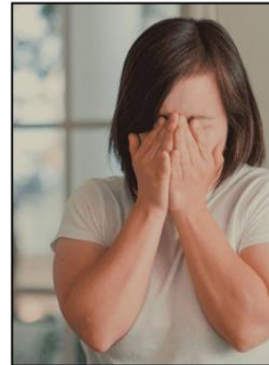


Well versus Sick

- A picture is worth a thousand words.



Well, happy individuals.



Unwell, unhappy individuals.

Well Check-Ups and Preventive Care Appointments

- Individual with DD experience high rates of emergency room (ER) visits, inpatient admissions and readmissions.
- Their care tends to be reactive rather than proactive.
- Best practice is to ensure complete annual comprehensive assessments.
 - Well checks should include preventive care, a physical examination, and receive age-sex specific screenings, just as they are for adults in the general population.
 - Caregivers are fully prepared to support the individual and able to provide needed information effectively.



Sick Visits

- If the caregiver is not sure about instructions the healthcare practitioner has communicated during the appointment, they should ask questions until there is a better understanding and clarity.
- Ask the health practitioner to write their findings and recommendations on the office visit form, sometimes called a post visit form.
- If the information is confusing, ask the nurse or manager to help explain for better understanding the information after the appointment.
- Document the appointment so future caregivers understand the reason for the appointment, what the health practitioner recommended, and how recommendations have been implemented.



Emergency Room (ER) Visits

- A caregiver who knows the individual well should accompany them to the ER.
- To obtain treatment for the individual quickly, advocacy is key.
- If the individual is seriously ill, but you feel as though healthcare professionals are not taking your concerns or the concerns of the individual seriously, focus your attention on advocating for diagnostic testing which is part of the standard process for determining a diagnosis.
- This might include, but may not be limited to:
 1. Assessment for all seven fatal conditions.
 2. A full set of vital signs.
 3. Diagnostic tests.
 4. Observations of well versus sick.



Emergency Room (ER) Visits continued...

While in the ER, consider advocating for an assessment of all seven conditions that evidence has shown, when left untreated or missed can become very serious and even lead to death in the individual with DD.

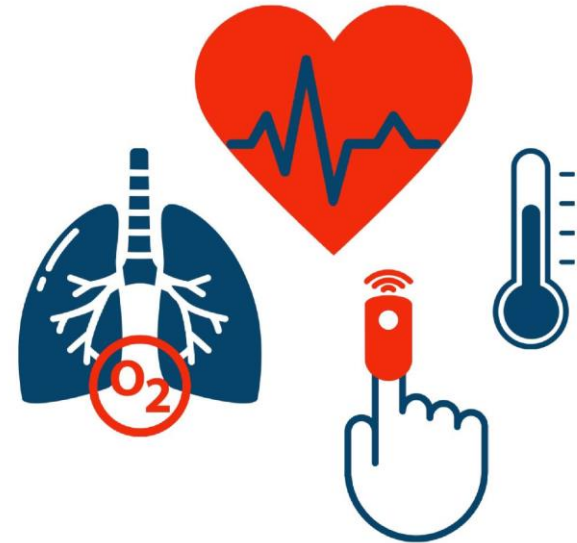
The conditions/disorders are:

1. Constipation/Bowel Obstruction/Fecal Impaction.
2. Aspiration Pneumonia.
3. Sepsis.
4. Dehydration.
5. Pressure injuries.
6. Falls.
7. Seizures.



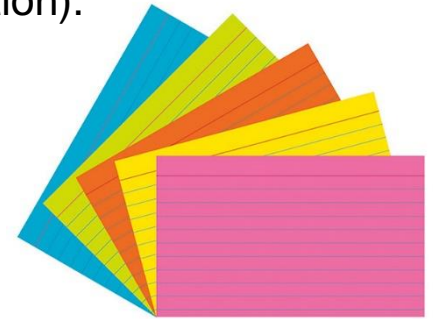
Emergency Room (ER) Visits continued...

- While in the ER, a full set of vital signs should include:
 - Blood pressure.
 - Temperature.
 - Heart Rate/Pulse.
 - Respiratory Rate/Breathing Rate.
 - Oxygen Saturation Levels.



Emergency Room (ER) Visits continued...

- While in the ER, the goal is to diagnose and quickly treat those conditions which lead to preventable deaths.
- To assess the presence or rule out a fatal 7 illness/condition tests could include:
 - Urinalysis (to rule out a urinary tract infection).
 - Chest x-ray (to rule out pneumonia.)
 - Abdominal x-ray (to rule out a fecal impaction or bowel obstruction).
 - Complete Blood Count (CBC) (to rule out an infection).
 - Pulse Oximetry to assess oxygen (O₂) saturation rates.
 - EKG (to assess heart rhythm).
 - EEG (to assess the presence of seizures).
- Writing the above list on an index card to keep with you can help you remember what tests to ask for in the ER.
- If the individual is ill their vital signs will be abnormal.




ER Visits and In-Patient Care

- A hospital or healthcare passport can help orient hospital staff to the individual.
- A healthcare passport is a document which can serve as a framework for compiling and recording information about the individual.
- Caregivers can print the passport out and use it to provide information to hospital staff about the individual.



More Advocacy Information

- To learn more about advocacy consider reading the OIH-HSN Advocacy Health & Safety Alert which can be found at: <https://dbhds.virginia.gov/assets/doc/OIH/healthcare-advocacy-health-safety-alert-april-2021.pdf>
- To learn more about the OIH-HSN “My Healthcare Passport” check out the narrated training presentation on our website under Educational Resources: <https://dbhds.virginia.gov/office-of-integrated-health/>



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**Office of Integrated Health
 Health & Safety Alert/Information**

Healthcare Advocacy Health & Safety Alert

Healthcare Advocacy Introduction


Advocacy can be defined as speaking, acting or writing as a representative for another person in order to assist, support, and defend the wellbeing of that individual in a way which is forceful and insistent (3).

Being a good healthcare advocate for an individual who has intellectual and/or developmental disabilities (I/DD) is a very important role, as the individual relies on their caregiver to assist them to schedule, access, and receive the most appropriate care for their physical needs (3).

Although some individuals with I/DD are in good health, research shows many individuals with I/DD are more likely to develop chronic conditions such as diabetes, asthma, heart disease and mental illness at higher rates than those individuals who do not have I/DD (2).

Intellectual disability, particularly severe and profound I/DD, are associated with high mortality (death) rates due to cardiovascular diseases, intestinal obstruction, diabetes, sepsis, pneumonia, choking, falls, and other health or safety causes (9) (2). Seeking and finding comprehensive healthcare assessments and treatments for individuals with I/DD who have chronic health conditions can be a challenging process for caregivers. Quality holistic healthcare is vital to each individual's continued health and well-being and should include (at minimum):

- Oral care,
- Preventive care,
- Primary care,
- Specialty care (if needed); and
- Routine screening (18).



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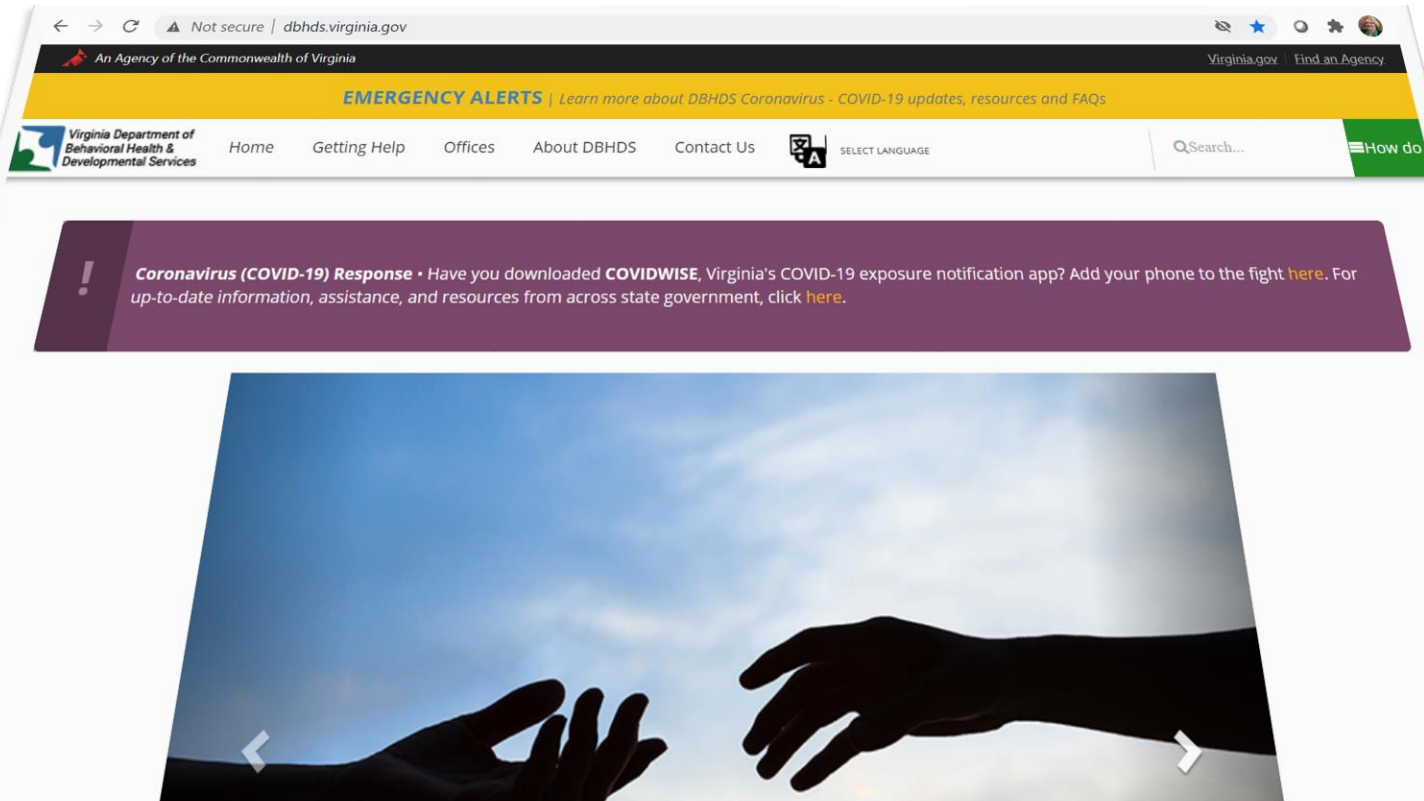
April 2021



**Office of
Integrated Health
Resources**

DBHDS Website

DBHDS Website: <http://www.dbhds.virginia.gov/>



The Office of Integrated – Health Supports Network on the Web

What We Do...

Mission:

- Supporting a life of possibilities by ensuring quality supports and a pathway to community integrated health services.
- To serve as a resource for information related to healthcare, wellness, healthcare providers, and health-related services within the Commonwealth.



The OIH website: <https://dbhds.virginia.gov/office-of-integrated-health#>

OIH Mobile Rehab Engineering (MRE) Team

MRE Team Email Contact: mreteam@dbhds.virginia.gov



OIH Mobile Dental Team

For more information about the OIH Dental Program and the services provided please contact the OIH Dental Team at dentalteam@dbhds.virginia.gov



OIH Registered Nurse Care Consultants (RNCCs) and Physical Therapist (PT)/ Wound Care Specialist (CWTS)

- The RNCCs provide technical assistance for individual's with intellectual and or developmental disabilities related to their health and safety in the community.
Community Nursing: communitynursing@dbhds.virginia.gov
- The PT/CWTS/ATP provides consultations with other healthcare professionals, and provides agencies in the community supporting the IDD population.

OIH RNCC Team

The OIH RNCC Team:

- Health Trends Newsletter.
- Monthly Regional Nursing Meetings.
- Health & Safety alerts.

Sign-up to receive all Provider Development emails here:
<https://tinyurl.com/ProviderNetworkListserv>

Regional Nursing Meeting

Virginia Department of Behavioral Health & Developmental Services

July 2021 Office of Integrated Health

The Office of Integrated Health Regional Community Nursing Meetings
"A safe space for nurses to discuss challenges, experiences, and ask questions"

Goals

- To ensure that the Intellectual and Developmental Disability population is receiving services
- To afford nurses a forum to discuss ideas, challenges, policy needs (e.g. health policies that affect ID/DD population), in order to bring policy needs forward.
- To provide a specific place to interact with a state agency and express concerns, develop tools to educate, and further enhance train-the-trainer models.

<p>Region 1 – July 7, 2021 10am - 12:00pm Register in advance for this meeting: https://bit.ly/3hds_zoomgov.com/meeting/register WJHG-epjgk193UCZ6MwLqsc3yHbUc Community Nurse Leader: Kevin Bumer: kbumer@wallresidences.com</p>	<p>July Meeting Dates</p> <p style="border: 1px solid red; padding: 2px; color: red;">In cooperation with the Governors directive on COVID-19 state restrictions, the Regional Nursing Meetings will be held in ZoomGov or by WebEx until future notice.</p>	<p>Region 4 – July 12, 2021 11am - 1:00pm Register in advance for this meeting: https://bit.ly/3hds_zoomgov.com/meeting/register JfHh9pJyGWFpocCqJQaWvNSGzBUZFY Community Nurse Leader: Jeanette Gholon: jgholon.thr@gmail.com</p>
<p>Region 2 – July 21, 2021 10am - 12:00pm Register in advance for this meeting: https://bit.ly/3hds_zoomgov.com/meeting/register WJHG-epjgk193UCZ6MwLqsc3yHbUc Community Nurse Leader: Owen Bevan: gbevan@wallresidences.com</p>	<p>Region 3 – July 16, 2021 10am - 12:00pm The WebEx link will be sent prior to the meeting date. Possible outdoor meeting. Community Nurse Leader:</p>	<p>Region 5 – July 26, 2021 10am - 12:00pm Register in advance for this meeting: https://bit.ly/3hds_zoomgov.com/meeting/register Jfuc-epcMH7eTayv1UjPmhd5hMULs</p>

July 2021 Meeting

- Virtual Meeting
- In cooperation with ZoomGov or by LURL link, passcode of the meeting
- This month we will also be discussing:
- Open Discussion
- Safe meeting
- Discussion of C
- This month's C of a returned quiz test. Scan and it to your region certificate for p

NOTE: Anyone can...
C...
M...

Health Trends

Virginia Department of Behavioral Health & Developmental Services

November 2020 Office of Integrated Health

What is Advocacy?

Advocacy in its simplest form, means speaking up to support another person. An advocate is a person who asserts themselves to recommend or support a cause, policy, plan or a person. An Advocate helps protect a person's rights, tries to improve services for that person, and helps to remove barriers to service. Advocacy should be done in a professional manner, and should always show respect to the person you support and to the healthcare provider (Khanabisi et al., 2010).

Types of Advocacy

There are many different types of advocacy.

- Self-Advocacy** -Enables and supports individuals to speak out for themselves to express their own needs and represent their own interests.
- Individual Advocacy** -Can be informal and/or formal by a person or group of people concentrating their efforts on just one or two individuals (West Virginia University (WVU), 2020).
- Systems Advocacy** -At local, state, or national agency levels concerned with changing policies, laws or rules which impact how someone lives their life (Brain Injury Resource Center, 1998).
- Group Advocacy** -Happens when people come together to represent shared interests or goals then work by offering mutual support, skilled development and a common call for change with the intention of developing or changing services.
- Peer Advocacy** -is similar to mentorship, as support is provided from those who have experienced a particular condition, diagnosis, etc., such as mental health and disabilities services.
- Legal Advocacy** -Advocacy and representation by those who are legally qualified advocates.
- Professional Advocacy** -Is provided by those who are employed to assist individuals such as Social Workers, Support Coordinators, Direct Support Professionals and Medical Professionals.
- Healthcare Advocacy** -Is aimed at helping individuals to navigate the healthcare system, whether as an inpatient or outpatient, in order to obtain quality care and services.

Advocacy support is often needed to make simple choices and decisions on a daily basis. However, advocacy may also be needed to assist individuals to make major or complex decisions, such as where to live, relationships, finances and healthcare. To support people with disabilities through advocacy activities, effective communication is key. Providers, Direct Support Professionals and Caregivers interact with people from many different backgrounds and walks of life, and need to be able to communicate information clearly, especially when topics are difficult or sensitive.

- Encourage a communication-friendly environment and support people with communication difficulties to express themselves.
- Be familiar with the individual's preferred way to communicate.
- Understand and respect diverse cultures, and be a good role model by communicating respectfully.
- Communicate regularly with various stakeholders in the health, education, livelihood and social sectors, and facilitate dialogue during stakeholder meetings (Khanabisi et al., 2010).

Health Advocacy Training (CHAT)

What is Community & Health Advocacy Training (CHAT)?


CHAT provides health literacy training to adults with disabilities. CHAT has two parts: the first is training for adults with disabilities, and the second is a guide for supporters and partners. To learn more please see <https://oifd.partnership.you.edu/health-advocacy-training-chat/>

Participants will learn about:

- How to better communicate health concerns with doctors, healthcare providers, and supporters
- How to speak up and ask specific questions about their health.
- How to prepare for medical visits and identify health priorities.

App of the Month

The first mobile app of its kind, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) app, supports disability advocacy and participation in global governance by providing ready access to the structure and content of the UN Convention on the Rights of Persons with Disabilities (CRPD), the Optional Protocol, and the States Parties. App of the Month is not endorsed by OIH/OSI - Office of Integrated Health. User accepts responsibility for the app.



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**Office of Integrated Health
Health & Safety Alert/Information**


Psychotropic Medications Health & Safety Alert

Psychotropic Medications Introduction

Psychotropic drugs, also known as psychoactive or psychiatric drugs, are medications, which affect the mind, emotions and or behaviors (Mamat et al., 2015; American Psychological Association (APA), 2020). Psychotropics are powerful drugs, which can act on body functions, and modify an individual's thoughts, moods, and perceptions (National Cancer Institute (NCI), 2020).

They are primarily used to treat mental health conditions such as depression, anxiety, bipolar disorder, attention deficit hyperactivity disorder, and schizophrenia. Individuals, who are prescribed psychotropic medications, should be monitored regularly by their prescribing physician (National Institute of Mental Health (NIMH), 2016).

One category of medications, which includes antidepressants, mood stabilizers, and anti-anxiety medications. These wide range of medications can be confusing due to the varied uses and types of drugs, and the complex nature of the field. New drugs are rapidly being developed and placed on an ongoing basis, which further complicates this field (Frank, et al., 2005; NIMH, 2016; Rao and Andrade, 2016).



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OH Training Sessions

Current Trainings

- Calling 911.
- Choking.
- Falls.
- Fatal 7.
- Infection Control.
- Guidance for Vaccinating Individuals with IDD.
- MRE, Assistive Technology and Durable Medical Equipment.
- Sepsis.
- Skin Integrity.
- Transfers.
- Urinary Tract Infections.
- Vital Signs.
- Wheelchair Transitioning.
- Diabetes Part 1 & 2.
- Nutrition Part 1 & 2.
- Dysphagia & Modified Diets.
- Skilled & Private Duty Nursing.

Upcoming Trainings

- Advocacy.
- All About Waivers in Virginia.
- Assistive Technology.
- Aspiration Pneumonia.
- Constipation.
- Dehydration.
- Emergency Evacuation Devices.
- Emergency Preparedness.
- Grief and Loss.
- Intellectual Disability.
- Polypharmacy.
- Recognizing Rapidly Declining Health and Medical Emergencies.
- Respiratory Infections.
- What is a Group Home?

Future Trainings

- Angelman syndrome.
- Attention Deficit Disorder.
- Autism Spectrum Disorder.
- Downs syndrome.
- Fragile X.
- Muscular Dystrophy.
- Phelan McDermid syndrome.
- PICA.
- Turner syndrome.

Thank You !

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