

IFSP State Council Meeting

June 26, 2026 from 12 to 2:15 p.m.

Registration link: <https://events.gcc.teams.microsoft.com/event/a6f9d5d6-cdfa-41d4-a43e-88f5bd226421%40620ae5a9-4ec1-4fa0-8641-5d9f386c7309>

Attendees: Heather Hines (DBHDS); Lynne Fetter (DBHDS); Rachel Vamenta (DBHDS); Carrie Browder (DBHDS Office of Integrated Health, Presenter); Karen Yates (Hamilton Relay Captioner); Lisa Richard (CFI Southwestern RNC); Nickie Brandenburger (CFI Northern RNC); Donna Robel (CFI Eastern RNC); Sarah Bungler Horne (CFI Central RNC); Rebecca Stickler (CFI Western RNC); Monica Mann, Keisha Dortch, Kenneth Bouwens (Central Council); Margaret Lacson-Ecarma, Daniel Soya (Northern Council); Steve Grammer (Southwestern Council); Mark Dixon, Crystal Ton, Gina Krause (Eastern Council); Angela Hamilton (Western Council)

Hamilton Relay link: <https://www.streamtext.net/player?event=HamiltonRelayRCC-0626-VA4490>

I. Introductions and Agenda

- A. Welcome, ground rules, and staff introductions
 - 1. Rhonda Gaines, the IFSP Community Coordination Supervisor, was on vacation and not in attendance at this meeting.
 - 2. Icebreaker: What is the best thing you got for free or won?
- B. Educational presentation: Carrie Browder, RN, DBHDS
- C. Regional work plan reports and business updates
- D. IFSP State Plan revisions
- E. IFSP-Funding update
- F. Communications update
- G. Wrap-up and adjourn

II. Educational Presentation

- A. Carrie Browder is a Registered Nurse Care Consultant with the Office of Integrated Health at DBHDS.
- B. Carrie's presentation used case studies to illustrate how 7 common conditions can become fatal if not properly monitored in the DD setting.
- C. Please see the attached PDF of Carrie's presentation and a resource list following these minutes. Helpful links are MRE services are included.
- D. To learn more about the Office of Integrated Health and explore their resources, please visit their webpage: <https://dbhds.virginia.gov/office-of-integrated-health/>
- E. Questions and comments:
 - 1. Heather: How do you share this information? What types of training do you offer and who is trained?

- Carrie: OIH offers regular virtual trainings with no seating limit twice a month. Sessions cover various health topics, including at least one of the fatal seven conditions. OIH also trains on health topics like diabetes, nutrition, urinary tract infections, etc. OIH sends out regular newsletters and health and safety alerts. Training is mostly targeted toward direct support professionals, caregivers and family members.
2. Rebecca: How can a person who has had sepsis avoid getting it again?
 - Carrie recommended standard infection control practices, such as: hand washing, seeing your family doctor regularly, getting a flu shot during flu season, and getting the pneumonia shot if you meet the age requirement. When you get an infection, watch it closely. If it does not improve, go to the doctor.
 3. Steve: Most hospital staff don't take the time to listen to me. What type of training is being done to get medical staff (primarily doctors) to listen to patients?
 - Carrie: Hospital staff listening to patients is one of the best ways that the seven deadly conditions can be avoided. Right now, OIH does not do any training with hospital staff, but they hope to do that in future. One OIH resource available now is the My Care Passport, which shares how you prefer to communicate, what's important to you, and your medical conditions. Another available OIH resource is an emergency department advocacy card that lists the fatal seven conditions and what tests are recommended to evaluate them. These things are for your toolbox to catch the attention of hospital staff.
 - Heather: Previously, the IFSP State Council heard a presentation about this toolkit and other health advocacy tools. The IFSP will find those links and share them with the Council.
 4. Margaret: Is information disseminated in other languages about prevention to avoid the fatal seven?
 - Carrie: Currently, OIH does not have that information in other languages. While accessibility is part of web updates to OIH's materials, she is not sure about language enhancements or if information is available in other languages.

III. Regional Work Plan Reports and Business Updates

- A. Each Regional Council shared work plan progress and any changes that will be implemented in July 2026.

IV. State Plan updates: Led by the IFSP Program Manager

- A. The program manager thanked the council members for their engagement with the State Plan and annual mailer feedback survey.
- B. The [State Plan](#) is important because it guides our work, ensures alignment, tracks progress, and achieves results.
- C. State Plan feedback from State Council members:

1. What the State Council said is working well in the State Plan:
 - a. Strong teamwork;
 - b. Council input guides the plan;
 - c. Consistent multiplatform engagement;
 - d. Clear communication; and
 - e. Clear, comprehensive, and current goals and activities.
2. What State Council members said could be improved:
 - a. Making the plan easier to read;
 - b. Showing milestones and measurements—how we know when goals are met;
 - c. Clarifying what happens when targets aren't met; and
 - d. Strengthening follow-through on activities.
3. The State Council also shared the following ideas that are not specific to the State Plan:
 - a. TV and radio outreach as another avenue for communication;
 - b. Concerns about provider shortages and wages for personal care assistance; and
 - c. Assistive technology access in rural areas.
- D. The IFSP is planning the following enhancements to the State Plan:
 1. Keeping the table structure but adding sections with more plain language and context to help people understand the State Plan, such as what it is for, how it is used, how progress is tracked and reported, and how it is reviewed and updated each year with the State Council.
 2. The format will be updated to be less reliant on the table view, with more summaries and easy-to-follow headings.
 3. Goal 1: This year, there weren't as many people on the Waitlist, and fewer people applied than are listed in the State Plan because more people received waiver slots. Therefore, fewer people were funded. The IFSP is changing the language to read "or all eligible applicants if fewer apply."
 4. Goal 2, Outcome 2: Removing "gap analysis" language and changing it to more closely reflect the workplan updates that occur each year. We know that a gap analysis is not always realistic. We want to have a more flexible approach, but one that is also consistent across regions so that each region is not completing it differently. This could mean adding a reflection time during your business meetings each year in the spring.
- E. Council feedback:
 1. Steve asked for clarification about meeting nursing home requirements when applying for a waiver, saying people could misinterpret this as meaning that they would go to a nursing home. Crystal agreed with Steve that language needs to be updated for risk of institutionalization with emergency slots.
 - Heather explained that this language is part of the DD Waiver rules and is outside of the scope of the IFSP. It refers to the medical criteria used qualify for a waiver and does not mean someone will be sent to a nursing home. However, language about institutionalization is currently

in the State Plan, so the IFSP can work with internal and external partners to help people understand how the waiver screening process works, why language like this is used, and what it actually means. The IFSP often explains this terminology in presentations.

2. Crystal: How closely do VCU RNCs work with CSBs? Some type of report coming to the RNCs would help the Councils could keep up with what's going on at the ground level.

- Heather: The Provider Data Summary Report has information about the Waitlist. Link will be shared with Council Members. The team at DBHDS that oversees the Waitlist and slot assignments has been collecting input from individuals, families, and CSBs to develop some trainings. The IFSP has asked to be in the conversation so we can insert some information about the program.

- F. Once the State Plan is reviewed and finalized, it will be shared with the Council.

V. Funding Program Updates: Led by the IFSP Program Manager

- A. Reviewed funding data report highlights at the April 2026 State Council Meeting.
- B. Fall 2025 application enhancements worked well.
- C. The IFSP will review plain language guide and FAQs each year.
- D. The IFSP is not planning any significant changes to application or process this year.
- E. The IFSP reminded the Council of the funding one-pager. The dates on the current version will be removed, and the one-pager will be re-worded so it can be used year-to-year.
- F. Reminder: If applicants were denied last year or it is their first time applying, they are prioritized for approval this year.
- G. The Council had no comments or questions about IFSP-Funding items on the agenda.

VI. Communications Updates: Led by the IFSP Communications and Program Coordinator

- A. The Communications and Program Coordinator recently participated in a plain language training series through the Virginia Board for People with Disabilities. The training included an optional feedback session with people with disabilities and family members. The IFSP is looking forward to applying the lessons learned from this series to our materials!
- B. The IFSP's annual mailer to individuals on the Waitlist has a targeted release date of August 2026. The IFSP thanked all Council members who participated in the feedback survey and provided feedback during business meetings. The IFSP expects the mailer to be same as last year with some updates:
 1. *(Updated)* The IFSP Annual Satisfaction Survey will assess satisfaction with the IFSP in general for Fiscal Year 2026 (July 1, 2025 through June 30, 2026). Council members were asked for ideas for sharing the survey with more people.
 - a. Crystal: How many questions are in the survey? A short version with the ability to follow up with a longer version later would allow people to opt in. Is there a financial incentive for people to take the survey?

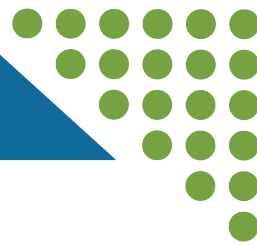
Since people will respond for money, an incentive could help in getting enough respondents for meaningful statistics.

- Rachel: The survey is the IFSP's official tool for receiving feedback on all our programs, so it is on the longer side. There is no financial incentive for respondents. All responses are voluntary.
 - b. Gina: Is there a way to incorporate the survey into an existing process, like a CSB workflow?
 - Rachel: Previously, the IFSP staff discussed embedding the survey into the funding application, but the survey is voluntary, and people should not feel like they have to answer to receive funding.
 - Heather: The survey is announced in the Digest and Facebook. The CSBs get it in the Provider Listserv, and the IFSP shares it at provider and support coordinator roundtables.
 - c. Gina: Is outreach done to military families, who in particular may not understand that they are eligible to be on the Waitlist or receive waiver services?
 - Heather: This year, we learned there are a small amount of people who may not live in Virginia because they are in a military family. We are not familiar with whether there is targeted Waitlist outreach to military families, but we can ask the Regional Supports Manager.
 - d. Margaret: To increase survey responses, it might be helpful to put out a one-pager about how people benefit from providing their feedback while on the Waitlist or after being approved for a waiver. This information could be released in multiple languages for greater impact.
 - Rachel: Similar to the State Plan discussion earlier, it could be helpful for people on the Waitlist to know how the IFSP uses their feedback to improve the program.
 - Margaret also cited privacy concerns people may have regarding providing information to artificial intelligence (AI). She also discussed the importance of humanizing people on the Waitlist and putting "faces and voices" to the issue to reach people who might feel alone in the process.
 - Rachel: The survey is not created with AI. Respondents are not asked for personal information other than where in Virginia they are from, and how long they have been on the Waitlist. Sharing contact information is optional and only used if respondents want to connect with the IFSP.
2. *(Updated)* The IFSP: First Steps guide will be updated. The Communications and Program Coordinator showed a working draft of the guide.
- a. The "IFSP" in "IFSP: First Steps" is being taken out because the IFSP recognizes that this document is more broadly applicable and readers

- care most about getting to the information they need quickly.
 - b. The IFSP is adding a primer on how the guide works.
 - c. The IFSP is adding phone numbers to the resources on page 5.
 - C. The IFSP shared the 2027 Council recruitment timeline.
 - 1. Updated materials for this recruitment period include a Council video and one-pager.
 - 2. Council members are encouraged to think about existing connections and relationships to help bring in new members.
 - D. The IFSP is working on a My Life, My Community website redesign with partners at VirginiaNavigator. Additions and updates include the following:
 - 1. A video library of videos created by the IFSP and our partners, and
 - 2. A redesign of the IFSP Council pages to be more useful and visually appealing.
 - 3. Questions and comments:
 - a. Gina asked if the videos would be closed-captioned and searchable through metadata and offered her help with metadata.
 - Rachel: Everything will be on YouTube, which will help.
 - Heather: Short videos on various topics are being made in partnership with The Arc of Virginia.
 - E. The IFSP Digest will change in the July 2026 issue. Changes include plain language writing and clearer design for easier readability and access.
 - F. Please send Digest or Facebook suggestions to IFSPCom@dbhds.virginia.gov.
 - G. The Council had no further comments or questions about IFSP communications items on the agenda.

VII. Wrap-Up and Adjourn

- A. Next Coordinated Regional Council Meeting: Thursday, July 16 from 6 to 8:15 p.m. The topic is “Emergency Preparedness and Practice for People with Developmental Disabilities (DD)”.
- B. Next State Council Meeting: Friday, September 25 from 12 to 2:15 p.m.
- C. Resources and meeting minutes will be distributed by email and posted to the My Life, My Community website at <https://mylifemycommunityvirginia.org/ifsp-state-council-minutes>. If Council members have any questions, they may email the IFSP at IFSPCommunity@dbhds.virginia.gov.



The Fatal Seven: An Overview

Office of Integrated Health
Department of Behavioral Health and Developmental Services



1. Dehydration
2. Constipation
3. Pressure injuries
4. Aspiration
5. Falls
6. Seizures
7. Sepsis



- Miguel and his mom learned that dehydration can happen fast
- The doctors said that Miguel was so dehydrated, it hurt his kidneys
- Miguel and his mom decided that the next time Miguel paints in the park when it's hot outside, he will:
 - Wear a big hat and cool clothes
 - Try to stay in the shade of a tree
 - Take breaks from the heat every couple of hours in the nearby library
 - Be sure to drink plenty of sports drinks



- Keisha and Betty learned that constipation can become a total blockage
- The doctors gave Keisha medicine to help her go to the bathroom every day and told her to eat plenty of fruits and vegetables and drink lots of water
- Keisha and Betty decided to:
 - Start marking on a calendar when Keisha has a bowel movement
 - Talk with Keisha's family doctor about how to avoid constipation



- Georgia learned that pressure injuries can happen fast even though she has a customized wheelchair
- The nurses at the wound care clinic recommend Georgia see a physical therapist for a wheelchair seating assessment and pressure mapping to make sure her wheelchair is still a good fit
- Georgia decides to:
 - Set reminders on her phone to move herself around in her wheelchair every 30 minutes when she's studying
 - Use a mirror to look at hard-to-see places on her body every day before her shower for warning signs of a pressure injury



- Sean and Nina learned that the past couple of weeks when Nina was clearing her throat, it was because food and drink were slipping into her lungs instead of going to her stomach
- Nina saw a speech therapist in the hospital who did some tests and recommended her drinks be thickened and her food be cut up in bite-sized pieces
- Sean and Nina decided to:
 - Ask the speech therapist what else they can do to avoid aspiration
 - Call Nina's family doctor or go to urgent care right away if there are signs that Nina could be aspirating



- James and Angie learned that head injuries from falls can cause concussions or even brain swelling and bleeding
- The doctors said the scans were clear and James could go home, but he should rest for a couple of days because he may have a concussion
- James and Angie plan to:
 - Get James new Dallas Cowboys shoes because the ones he loves to wear everyday are slip-on and falling apart
 - Take James for an eye exam to see if he needs glasses

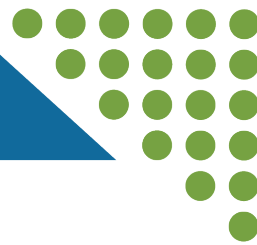


- It's good that Derrick stayed up-to-date with his first aid training and knew to call 911 when Tony's seizure didn't stop
- The doctors gave Tony antibiotics for his UTI and suggested that he try to get a good night's sleep every night when he can
- Tony and Derrick plan to:
 - Let Tony's family doctor know about the seizure, the hospital visit, and the UTI
 - Pick up the antibiotics from the pharmacy and start taking them right away



- Derrick learned that the antibiotics Tony was taking weren't getting rid of his UTI, so it just kept getting worse
- Tony was in the ICU for 3 days getting antibiotics and the doctors said that once he has had sepsis, he's at risk of getting it again
- Tony and Derrick plan to:
 - Pay close attention whenever Tony has an infection and get medical attention immediately if it doesn't get better
 - Talk with the doctor about how to avoid sepsis in the future





Thank you!



Visit <https://dbhds.virginia.gov/office-of-integrated-health/>

