

# **Developmental Disabilities Resource Board Best Practices Conference Program**

Policy Origination: October 7, 2015  
Policy Revision Effective: July 1, 2018  
Policy Revision Approval: November 16, 2017  
Policy Reviewed: November 15, 2018

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## **Purpose:**

The DDRB encourages provider agencies to develop innovative approaches to meet the needs of individuals with developmental disabilities. The DDRB Best Practices Conference Program is intended to provide funding assistance to designated agency staff, by category of service or overall quality enhancement, to attend conferences that focus on methods and techniques that have consistently proven to have superior results than those achieved by current means.

Conference teams will be established based on agency/staff interest in bringing forward innovative ideas/best practices to the St. Charles provider/DDRB. Members of the conference teams will lead the process and will ensure innovative/best practices are shared and developed. Teams will present to the DDRB committees/board as applicable.

Since service delivery can vary between agencies that provide the same service, service category workgroups will be established to encourage a team approach. Service category workgroups research and identify the conference to attend. Workgroup members identify the agency representatives to attend the conference. Each member agency is limited to one staff per conference to provide greater agency representation. In addition, having a variety of agency attendees provides opportunities for participation in multiple break-out sessions (if applicable) and encourages dialog amongst the agency representatives to develop new methodologies that improve the lives of individuals with developmental disabilities.

## **Qualifying Expenses:**

1. Conference Registration
2. Lodging
3. Travel expenses, including mileage, vehicle rental and airfare
4. Meals

## **Eligibility:**

Applicants must work in a program/service that receives DDRB operational funding or an agency that provides Residential or Day Habilitation services in St. Charles County and receives DMH funding for these services. Individuals must be directly involved in providing these services in St. Charles County.

## **Conference Criteria:**

The conference must be professionally recognized and service category related.

## **Application:**

Applications must be turned in 30 – 90 days prior to the conference start date. The employee's supervisor is required to approve the application.

Submit applications to: DDRB, 1025 Country Club Road, St. Charles, MO 63303, Attention: Program Director.

## **Approval:**

Applications are approved by the DDRB based on eligibility criteria and available funding. Once reviewed by the DDRB, the original application is returned to the applicant with the final funding decision and if approved.

**Follow-Up:**

Individuals receiving funds must submit, to the DDRB, all receipts relating to DDRB expenses and the Conference Feedback form. Individuals attending the conference will be required to participate in developing and presenting recommendations for program implementation to the DDRB Program Committee and DDRB Board.

Developmental Disabilities Resource Board  
**Best Practices Conference Program**  
**APPLICATION**

**This form must be turned in 30 – 90 days prior to the conference start date. Once reviewed by the DDRB, this request form will be returned to the individual indicating final funding decision.**

\_\_\_\_\_  
Request Date

\_\_\_\_\_  
Conference Start Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address (Street) (City) (State) (Zip Code)

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Supervisor Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conference Title

\_\_\_\_\_  
Workgroup Service Category

**I agree to attend and report findings of conference sessions to the conference workgroup. The conference workgroup will evaluate sessions and make recommendations to the DDRB Program Committee and DDRB Board. I agree to participate in the presentation of the workgroup findings.**

\_\_\_\_\_  
Employee Signature

<b>DDRB Review:</b>	Date: _____	Amount Approved: \$ _____
	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
	DDRB Representative Signature: _____	

