Metro Regional Quality Council: 2016-17 Annual Report

Submitted by: Kayla Nance

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Council Counties: Dakota, Hennepin and Scott
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I. Regional Quality Council Activity

1. Membership

The Metro Regional Quality Council (MRQC) is made up of various stakeholders, including: individuals with disabilities, at least one county representative from Dakota, Hennepin and Scott counties, individuals from the Office of the Ombudsman, and a Regional Resource Specialist from the Department of Human Services. Current membership roster can be found in appendix A.

Each Regional Quality Council should also include family members of individuals with disabilities. However, it has proved challenging to find a representative for this particular stakeholder group. In the past year, MRQC staff have reached out to numerous family groups, providers, and individuals in order to recruit family members, but unfortunately have been unable to obtain a representative for that stakeholder group. However, as the MRQC begins to gain recognition in the community and has the opportunity to present to more stakeholder groups throughout the region, we are confident that we will be able to fulfill this council position.

In the first year of the MRQC, members have grown in familiarity with each other and have begun to build relationships of trust. They have united with a common passion to make positive changes in our communities. Due to the variety of stakeholders at the table, we have a unique set of voices and talents, which contribute to a council that is able to see the gaps and barriers and how to address them, from many different angles.

2. Meetings

In 2016, MRQC meetings were held on:

09/09/16, 09/23/16, 10/07/16, 11/04/16, 11/18/16 and 12/16/16

In 2017, MRQC meetings were held on:

01/20/17, 02/10/17, 04/14/17 and 06/09/17

Meeting minutes can be found in appendix B.

3. Workgroups

The MRQC has not developed any workgroups in the first year, as members have been working together as whole to get to know each other and to begin building a united focus for future work. The MRQC will develop workgroups as needed and desired by the council.

2. Outreach and Marketing

1. Outreach and Marketing

Regional Quality Council staff worked together with The Arc Greater Twin Cities marketing team to develop a logo, tagline and other cohesive marketing materials for the Regional Quality Councils. The process of developing and editing materials has resulted in an end product that reflects the individuality of each council, while still presenting the councils as having a common goal across the regions. Each council staff also received feedback from council members to ensure that the materials used were in line with the mission, vision and values of each council. The marketing materials have already proved to be a helpful resource in informing our communities about who we are, what we are doing and how to get involved.

2. Listening Sessions

MRQC staff led two listening sessions this year with the Dakota County Resource Development Group and The Arc Greater Twin Cities Self-Advocacy Advisory Committee. Both of these sessions provided an opportunity to hear from professionals and individuals with disabilities on things that are going well, things that are not and what quality of life means to them. Please see appendix C for a summary from the Dakota County listening session and appendix D for photos and descriptions of what quality means from the Self-Advocacy group.

3. Conferences

Regional Quality Council Staff attended and held a booth at the 2017 ARRM Conference and the 2017 Minnesota Age & Disability Odyssey Conference.

The RQC staff, along with State Quality Council members, presented at the Minnesota Age & Disability Odyssey Conference. Our presentation gave us the opportunity to educate the community on the history of the State Quality Council, the development of the Regional Quality Councils and what we aim to accomplish in the future.

Both conferences gave the RQC staff time and space to connect with community members from across the state to not only inform about what we are doing, but to learn from others and connect it back to our councils.

4. Meetings with individuals

MRQC staff had the privilege to meet individually with each of the current MRQC council members. This provided an opportunity to be able to get to know each member, learn more about their roles and to hear about why they are invested in the work of the Regional Quality Council.

MRQC staff met with several members of the State Quality Council individually to better learn the history of the State Quality Council and the emphasis behind the creation of the Regional Quality Councils.

MRQC staff met with Dr. Zangara from the Olmstead Implementation Office to discuss the potential connections between the work of the Regional Quality Council and that of the Olmstead Office.

MRQC staff met with providers within the region to discuss what innovative projects or initiatives they were using to in order to provide quality person-centered services and supports. This was a helpful resource in identifying some best practices and also identifying what areas of training could best be utilized.

3. Research on Existing Data

1. National Core Indicators (NCI)

The NCI is a series of surveys that states can participate in to gather data on the quality of services provided to people who receive Home and Community Based Services. The Age and Disability Survey (NCI-AD) is completed in person with the individual who receives services. This survey measures about many indicators of outcomes in areas such as employment, respect/rights, service coordination, choice, and health and safety. Data from the 2015-2016 NCI-AD is available regionally. Counties that are a part of the MRQC are grouped in the NCI-AD Region 6, which includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties. For the purposes of this report, NCI-AD indicators from Region 6 that most closely align with the SQC's Quality Domains and Indicators are included in the findings below. These findings are from the NCI-AD Disability Subsample and do not include data from the Aging Subsample.

SQC Domain: Access
Individuals have ready access to services and supports in their communities.

Correlating NCI-AD Indicators:

- Graph 56. Proportion of people who have transportation when they want to do things outside of their home. Region 6 value = 77%. Disability average = 79%.
- Graph 60. Proportion of people who receive information about their services in the language they prefer (if non-English). Region 6 value = 68%. Disability average = 72%. (Also correlates to **SQC Domain: System Performance**)
- Graph 148. Proportion of people who can get an appointment to see their primary care doctor when they need to. Region 6 value = 87%. Disability average = 86%.
- Graph 220. Proportion of people who have access to healthy foods like fruits and vegetables when they want them. Region 6 value = 73%. Disability average = 77%.

SQC Domain: Person-Centered Service Planning and Delivery

Services and supports are planned and effectively coordinated and implemented in accordance with each person's unique needs, expressed preferences, and decisions concerning his/her life in the community.

Correlating NCI-AD Indicators:

- Graph 196. Proportion of people who are participating in a self-directed supports option. Region 6 value = 4%. Disability average = 5%.
- Graph 198. Proportion of people who can choose or change what kind of services they get and determine how often and when they get them. Region 6 value = 67%. Disability average = 69%. (Also correlates to **SQC Domain: Individual Rights and Responsibilities)**
- Graph 226. Proportion of people who feel in control of their life. Region 6 value = 72%. Disability average = 72%.

SQC Domain: Provider Capacity and Capabilities
There are sufficient service and support providers and they possess and demonstrate the capability to serve people effectively.

Correlating NCI-AD Indicators:

- Graph 24. Proportion of people whose paid support staff do things the way they want them done. Region 6 value = 79%. Disability average = 80%. (Also correlates to **SQC Domain: System Performance**)
- Graph 214. Proportion of people who always get enough assistance with everyday activities when they need it (if need any assistance) (things like preparing meal, housework, shopping or taking their medication). Region 6 value = 74%. Disability average = 77%.
- Graph 218. Proportion of people who always get enough assistance with self-care when they need it (if need any assistance) (things like bathing, dressing, going to the bathroom, eating, or moving around their home). Region 6 value = 77%. Disability average = 79%. (Also correlates to **SQC Domain: Individual Outcomes and Satisfaction** and **SQC Domain: System Performance**)

SQC Domain: Individual Safeguards
People are safe and secure in their homes and communities, taking into account their informed and expressed choices.

Correlating NCI-AD Indicators:

- Graph 126. Proportion of people who feel safe at home. Region 6 value = 83%. Disability average = 83%.
- Graph 130. Proportion of people who are ever worried for the safety of their personal belongings. Region 6 value =- 20%. Disability average = 20%.
- Graph 134. Proportion of people who have concerns about falling or being unstable (or about whom there are concerns). Region 6 value = 55%. Disability average = 50%.
- Graph 34. Proportion of people who have an emergency plan in place. Region 6 value = 70%. Disability average = 71%.
- Graph 50. Proportion of people who reported someone followed-up with them after discharge from a hospital or rehabilitation facility (if occurred in the past year). Region 6 value = 80%. Disability average = 80%.
- Graph 54. Proportion of people who reported they know how to manage their chronic conditions. Region 6 value = 85%. Disability average = 87%.

SQC Domain: Individual Rights and Responsibilities
People receive support to exercise their rights and personal responsibilities.

Correlating NCI-AD Indicators:

- Graph 26. Proportion of people who know whom to call if they have a complaint about their services. Region 6 value = 78%. Disability average = 81%.
- Graph 28. Proportion of people who know whom to call to get information if their needs change and they need new or different types of services and supports. Region 6 value = 79%. Disability average = 81%.
- Graph 176. Proportion of people who understand why they take their prescription medications and what they are for. Region 6 value = 91%. Disability average = 90%.
- Graph 184. Proportion of people who have enough privacy in their home (if in group setting). Region 6 value = 90%. Disability average = 90%.
- Graph 200. Proportion of people who can choose or change who provides their services if they want to. Region 6 value = 78%. Disability average = 78%.
- Graph 208. Proportion of people who reported that someone has talked to them about job options (if wanted a job). Region 6 value = 39%. Disability average = 40%.

SQC Domain: Individual Outcomes and Satisfaction
People are satisfied with their supports and services and achieve desired outcomes.

Correlating NCI-AD Indicators:

- Graph 178. Proportion of people who feel that their paid support staff treat them with respect. Region 6 value = 91%. Disability average = 91%.

- Graph 16. Proportion of people who like where they are living. Region 6 value = 81%. Disability average = 81%.
- Graph 20. Proportion of people who like how they usually spend their time during the day. Region 6 value = 92%. Disability average = 93%.
- Graph 38. Proportion of people whose services meet all their needs and goals. Region 6 value = 59%. Disability average = 63%. (Also applies to **SQC Domain: Provider Capacity and Capabilities and SQC Domain: System Performance**)
- Proportion of people who feel in control of their life. Region 6 value = 72%. Disability average = 72%.

SQC Domain: System Performance
The system supports people efficiently and effectively and constantly strives to improve quality.

Correlating NCI-AD Indicators:

- Graph 30. Proportion of people who can reach their case manager/care coordinator when they need to (if know they have case manager/care coordinator). Region 6 value = 83%. Disability average = 84%.
- Graph 40. Proportion of people whose case manager/care coordinator talked to them about s services that might help with unmet needs and goals (if has case manager and has unmet needs and goals). Region 6 value = 64%. Disability average = 62%.
- Graph 48. Proportion of people who reported feeling comfortable and supported enough to go home after being discharged from a hospital or rehabilitation facility (if occurred in the past year). Region 6 value = 79%. Disability average = 81%. (Also correlates to **SQC Domain: Provider Capacity and Capabilities)**

Trends and Findings:
For the following NCI-AD Indicators, Region 6 was five or more percentage points below the Statewide Disability Average (or above, if the indicator is undesirable). Demographic indicators were excluded.

- Proportion of people who are able to decide how to furnish and decorate their room (if in group setting): -8%
- Proportion of people who need a new emergency response system: +6%
- Proportion of people who have concerns about falling or being unstable (or about whom there are concerns): +5%

- Proportion of people who have a paying job in the community, either full-time or part-time: -10%
- Proportion of people who ever have to skip a meal due to financial worries: +6%

This may indicate areas of weakness or gaps in service in the following SQC Quality Domains and Indicators:

- **Individual Right and Responsibilities**: Individual Decision-Making Authority
- **Individual Safeguards:** Housing and Environment
- **Individual Safeguards**: Risk and Safety Planning
- **Individual Outcomes and Satisfaction**: Employment, Community and Living Settings

For the following NCI-AD Indicators, Region 6 was five or more percentage points above the Statewide Disability Average (demographic indicators excluded):

- Proportion of people who are able to choose their roommate (if in group setting): +5%
- Proportion of people who are able to lock the doors to their room if they want to (if in group setting) +11%
- Proportion of people whose job pays at least minimum wage: +12%

This may indicate areas of strength in the following SQC Quality Domains and Indicators:

- **Individual Right and Responsibilities**: Individual Decision-Making Authority
  Individual Outcomes and Satisfaction: Employment, Community and L

2. Gaps Analysis Studies

About

"The Gaps Analysis study gathers local information about the capacity and gaps of the Minnesota services "system," that is, the publicly funded home and community-based services (HCBS) system and continuum of mental (MH) services and supports, to meet the needs of all persons who need services. This study is conducted every other year."

Source. Regional Gaps Data Profile for Region 11

In 2017, the Gaps Analysis study was conducted by holding eleven regional meetings throughout the state of Minnesota. Attendees consisted of stakeholders from counties, tribes, managed care organizations, advocates, and providers. The meetings created an opportunity

for the various stakeholders to identify top service gaps in the system and to develop action plans on how to address the top service gaps in each region. Information collected from these meetings will be made publicly available in fall of 2017.

The Metro RQC serves Dakota, Hennepin and Scott counties and had three members participate in the Region 11 meetings. Region 11 includes the seven metro counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington County. The MRQC will utilize the information gathered from these meetings to assist in directing some of the focus areas for quality improvement.

The information below is from the Gaps Analysis Studies conducted in 2013-14 for the three MRQC counties.

Dakota County

Top gaps in service:

- People with Disabilities: Supported Employment, Housing Access Coordination, Personal Care Assistance
- Adult with MH Conditions: Mental health services offered in adult correctional settings, Supported Employment- Individual Placement and Support (IPS) Model, crisis stabilization- residential
- Children with MH Conditions: Respite care for children with EBD, Mental Health Behavioral Aide (MHBA), psychiatric prescribers (psychiatrists, nurse practitioners, clinical nurse specialists)

Top barriers to accessing services:

- Children with Disabilities: Lack of service availability on short notice or during crisis, lack of house, access to transportation
- Adults with Disabilities: Lack of housing, access to transportation, long waiting times for services/providers
- Persons with brain injuries: Lack of housing, access to transportation, capacity to access service/navigate system
- Adults with mental health conditions: Lack of housing, lack of service availability on short notice or during crisis, eligibility restrictions (i.e., qualifying criteria)
- Children and youth with mental health conditions: Long waiting times for services/providers, inconvenient services hours (e.g., limited weekend or evening hours), costs of services (e.g., high co-pays)

Housing Barriers:

- Supports needed to remain in own home: caregivers, services provided in home/community, financial support
- Supports needed to reintegrate into community: Person-centered planning facilitation, housing access services that are flexible and flexible community support options

Employment Barriers: Access to transportation, availability of programs to support people in competitive employment settings, participant criminal history/background, case manager knowledge

Transportation Top Needs: Assisted/Escort service, availability of last minute or unplanned transportation, lower cost

Top Priorities: Assuring workers are trained according to person-centered practices. Assuring that all persons, guardians, family members and other natural supports have access to basic training their rights and responsibilities under Olmstead, and with PCT concepts. Assuring that service plans and actual supports fully embrace Olmsted principles of informed choice, community integration, and person centeredness.

Hennepin County

Top gaps in service:

- People with Disabilities: Respite Care-out of home, transitional supports, supported employment
- Adult with MH Conditions: Complex needs with multiple diagnosis and chronicity, foster care, psychiatric prescribers (psychiatrists, nurse practitioners, clinical nurse specialists)
- Children with MH Conditions: Complex needs with multiple diagnosis and chronicity, foster care, psychiatric prescribers (psychiatrists, nurse practitioners, clinical nurse specialists)

Top barriers to accessing services:

- Children with Disabilities: Lack of service availability on short notice or during crisis, long waiting lists for waivers, capacity to access service/navigate system
- Adults with Disabilities: Lack of housing, access to transportation, eligibility restrictions (i.e., qualifying criteria)
- Persons with brain injuries: Lack of housing, access to transportation, capacity to access service/navigate system
- Adults with mental health conditions: Lack of housing, cultural responsiveness of service providers, requirements to prove eligibility (e.g., completing paperwork, assessments, etc.)

- Children and youth with mental health conditions: Long waiting times for services/providers, long waiting list for waivers, cultural responsiveness of service providers

Housing Barriers:

- Supports needed to remain in own home: Caregiver issues (e.g. exhaustion or temporarily unavailability) Health or mental health status worsened Services to support individual in community/home are not available
- Supports needed to reintegrate into community: Caregiver issues (e.g. exhaustion or temporary unavailability) Lack of housing Services to support individual in community/home are not available

Employment Barriers: Participant employment experience / work history, availability of programs to support people in competitive employment settings, participant criminal history / background

Transportation Top Needs: Assisted/Escort service, availability at specific time/days, tailored customized transportation option to meet medical and/or social need

Top Priorities: Completion of training and full implementation of person-centered planning approaches, Full implementation of MnCHOICES, continued support and training of private providers on delivery of care to people with complex care needs and/or resistance in community settings.

Scott County

Top gaps in service:

- People with Disabilities: Crisis stabilization-residential, adult intensive residential treatment services (IRTS)
- Adult with MH Conditions: Inpatient adult psychiatry beds, adult intensive residential treatment services (IRTS), crisis stabilization-residential
- Children with MH Conditions: Respite care-evening and weekend and psychological testing

Top barriers to accessing services:

- Children with Disabilities: Costs of services (e.g., high co-pays), lack of housing, access to transportation
- Adults with Disabilities: Lack of housing, long waiting lists for waivers, long waiting times for services/providers
- Persons with brain injuries: Geographic location of providers/distance to service, costs of service (e.g., high co-pays), access to transportation

- Adults with mental health conditions: Lack of housing, long waiting list for waivers, long waiting times for services/providers
- Children and youth with mental health conditions: Caregiver and or family issues, access to transportation, capacity to access service/navigate system

Housing Barriers:

- Supports needed to remain in own home: Family/guardian refusal, health or mental health status worsened, inadequate contingency option for crisis response situations
- Supports needed to reintegrate into community: Access to transportation, fear of crisis occurring after relocation, inadequate contingency options for crisis response situations

Employment Barriers: Access to transportation, availability of programs to support people in competitive employment settings, and lack of jobs

Transportation Top Needs: Availability at specific times/days, availability of last minute or unplanned transportation and "other"

Top Priorities: Maximizing usage of waivered services funding, limiting number of clients living in institutions and smoothly transitioning to full roll out of MnChoices.

Trends and Findings:

Common gaps and barriers found in the counties that are part of the MRQC could be used to identify regional quality improvement projects. The following trends were found in two or more of the counties included in the MRQC:

Gaps in service: Respite care, supported employment, and psychiatric prescribers (psychiatrists, nurse practitioners, clinical nurse specialists)

Barriers to accessing services: Access to transportation, lack of housing, long waiting times for services/providers, long waiting lists for waivers, capacity to access service/navigate system, costs of services (e.g., high co-pays), lack of service availability on short notice or during crisis, eligibility restrictions

Housing barriers: access to transportation, housing options, caregivers, community support

Employment barriers: access to transportation, availability of programs to support people in competitive employment settings and lack of jobs

Transportation needs: assisted/escort service and availability at specific time/days

Top priorities: Person Centered/Thinking and Planning approaches and trainings and full implementation of MnCHOICES

Transportation is identified as a barrier to accessing services, housing and employment. This may be an area that the MRQC chooses to focus on for quality improvement.

3. Lead Agency Reviews

The Lead Agency Reviews are conducted in each county of the State of Minnesota to review Home and Community Based Services (HCBS), specifically: Alternative Care Program, Brain Injury Waiver, Community Alternative Care Waiver, Community Access for Disability Inclusion Waiver, Developmental Disabilities Waiver and Elderly Waiver. The reviews are to help determine how well the programs listed above are functioning at meeting the needs of the individuals that receive services through the programs. This evaluation helps to ensure that these programs are person-centered in all of their approaches and that they provide the highest quality of service and supports to recipients.

Dakota County

Dates: Site visit 12/14, Report Issued 3/15
Report: https://mn.gov/dhs/assets/Dakota-_tcm1053-165902.pdf
Number of people served by HCBS: 4,125
Quality Improvement Council: No
County Staffing:
Lead Agency: Dakota County Community Services Division and Social Services Department
MCOs (Managed Care Organizations): n/a
Units: Disabilities Services (manages CADI, BI, CAC and DD); Public Health (also manages CAC)
Caseload range: AC and EW case managers, 55-60; CADI, BI, CAC case managers 25-55; CDCS, CSG and FSG case managers, 60; Contracted case managers for 1,700 CADI, BI and DD waivers

Employment:
CCB: Earns > $250/month: 16%; Earns < $250/month: 20%; Not Earning Income: 64%
Ranked 29th in participants earning > $250/month
DD: Earns > $250/month: 17%; Earns < $250/month: 45%; Not Earning Income: 38%
Ranked 70th in participants earning > $250/month

Receiving Services at Home:
CCB: 59% ranked 49th

DD: 55% ranked 2nd

Quality Indicators Dashboard:
Areas of strength:

- Address issues to comply Federal and State requirements
- Case managers provide high quality case management services
- Offer employment opportunities to CCB participants and has achieved high rates of participants with earned income of $250 or more
- Excellent supports in place to assist case managers
- Consumer Directed programs accessible to participants

Areas in need of Improvement:

- Include details about the participant's services in the care plan
- Consider developing additional supports for contracted case managers
- Develop training resources and formalize training processes to better support new waiver case managers and keep existing case managers informed on HCBS programs
- Update electronic case file system for the waiver programs
- Create tools to be used consistently across the waiver programs to document provider performance and participant satisfaction
- Dakota County has reserves in the DD budget and is able to provide additional services to participants in these programs

Hennepin County

Dates: Site visit 01/16, Report issued 03/16
Report: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7230AA-ENG
Number of people served by HCBS: 15,765
County Staffing:
Lead Agency: Hennepin County Human Services and Public Health Department
Divisions/Units: Initial contact and assessment; operated (internal) case management and reassessments; and contracted case management coordination.
Caseload range: Most operated case managers can expect to have 60-80 people on their caseload, contracted case managers can expect to have 40-60 people on their caseloads.
MCOs: n/a
Person-centered practices assessment:

Exceeds minimum expectations in each person-centered criteria: assessment, discovery and exploration; planning practices, community participation and inclusion, current level of support and services, organizational design and processes and evaluation of person-centered practices
Falls below average of other counties: describing the person's dreams

Employment:
CCB: Earns > $250/month: 4.4%; Earns < $250/month: 10.7%; Not Earning Income: 80.9%
Ranked 66th in participants earning > $250/month
DD: Earns > $250/month: 12.3%; Earns < $250/month: 37.2%; Not Earning Income: 41.9%
Ranked 32nd t in participants earning > $250/month

Receiving Services at Home:
CCB: 61.3
DD: 38%

Quality Indicators Dashboard:
Areas of strength:

- Utilizing technology to improve efficiencies
- Values person-centered planning practices, which is reflected in its current employee training and efforts to become a person-centered organization
- Strong supports in place to assist case managers
- Use of contracted case management
- Individual employment and independent housing options for people on their waiver programs

Areas in need of improvement:

- Continue to increases community-based employment opportunities to ensure people with disabilities have choices for competitive, meaningful and sustained employment
- Work with providers to modernize corporate foster care services in Hennepin County to meet emerging needs
- Add Critical Content to each individuals support plan to make it more person-centered
- Develop a formal process and tools to document and monitor provider performance across all HCBS programs
- Hennepin County has significant reserves in its waiver budgets and can develop an enrollment management system for the DD waiver program
- Strengthen support systems for assessors, and case managers including contracted case managers

Scott County

Dates: Site visit 02/15, Report issued 04/15
Report: https://mn.gov/dhs/assets/Scott-report_tcm1053-165125.pdf
Number of people served by HCBS: 864
County Staffing:
Lead Agency: Scott County's Health and Human Services Department
Unit: Adult Social Services
Caseload range: DD unit caseloads range from 50-60, AC and EW approximately 70, CAC, CADI and BI, approximately 57
MCOs: Blue Cross Blue Shield and Medica

Employment:
CCB: Earns > $250/month: 10%; Earns < $250/month: 29%; Not Earning Income: 61%
Ranked 65th in participants earning > $250/month
DD: Earns > $250/month: 25%; Earns < $250/month: 54%; Not Earning Income: 21%
Ranked 43th in participants earning > $250/month

Receiving Services at Home:
CCB: 70% ranked 25th
DD: 44% ranked 8th

Quality Indicators Dashboard:
Areas of strength:

- Address issues to comply with Federal and State requirements
- Case files reviewed in Scott County consistently met HCBS program requirements
- Excellent supports in place to assist case managers
- Waiver case managers build strong relationships with waiver participants and providers
- Case managers demonstrate person-centered planning practices
- The capacity to service waiver participants with high needs in the community

Areas in need of improvement:

- Include details about the participant's services in the care plan

- Should build off of current service monitoring or "visit sheets" in the DD program and explain the practice to the AC, EW, CAC, CADI and BI waiver programs
- Lead agency should continue working to develop a single care plan format that is person-centered and meets all program requirements
- Should continue to monitor current caseload sizes
- Continue efforts to expand community-based employment opportunities for participants in the DD and CCB waiver participants
- Scott County has reserves in the CCB and DD budgets

4. Research on Abuse and Neglect

1. Summary of regional data collected

Introduction

In order to monitor trends in maltreatment reports concerning community and home based services for vulnerable adults, members of the RQC have been tracking reports via the DHS's "Recently Released Licensing Documents" bulletin. Members tracked reports starting in January 2017 and ending in June 2017 from Scott, Dakota, and Hennepin counties in a spreadsheet documenting a summary of the report, the outcome, the date of the incident, at which facility each incident took place, and more. This was useful in helping to notice trends so that we can eventually recommend and create improvements. Other resources, such as the DHS Licensing Information Lookup Page, were also helpful in checking records.

Definitions/Statutes

Official definitions of phrases and explanations of statutes are below.

Minnesota Statutes, section 626.557, subdivision 1 states, "The legislature declares that the public policy of this state is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment."

Maltreatment: Conduct which is not an accident or therapeutic conduct which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to: the use of repeated or malicious oral, written or gestured language toward a

vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening.

The Office of Inspector General is required to evaluate whether substantiated maltreatment by an individual meets the statutory criteria to be determined as **"recurring or serious."** Individuals determined to be responsible for recurring or serious maltreatment are disqualified from providing direct contact services. Minnesota Statutes, section 245C.02, subdivision 16, states:

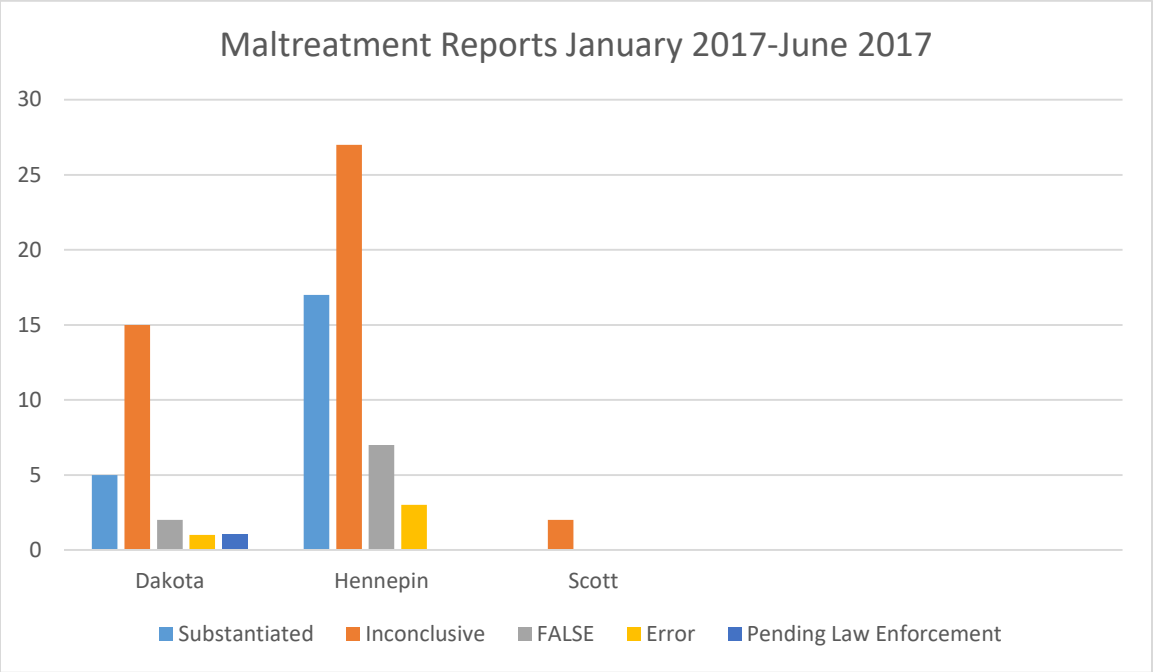
"Recurring maltreatment" means more than one incident of maltreatment for which there is a preponderance of evidence that maltreatment occurred and that the subject was responsible for the maltreatment.

"Serious maltreatment" means sexual abuse, maltreatment resulting in death, neglect resulting in serious injury which reasonably requires the care of a physician whether or not the care of a physician was sought, or abuse resulting in serious injury. Serious maltreatment includes neglect when it results in criminal sexual conduct against a child or vulnerable adult.

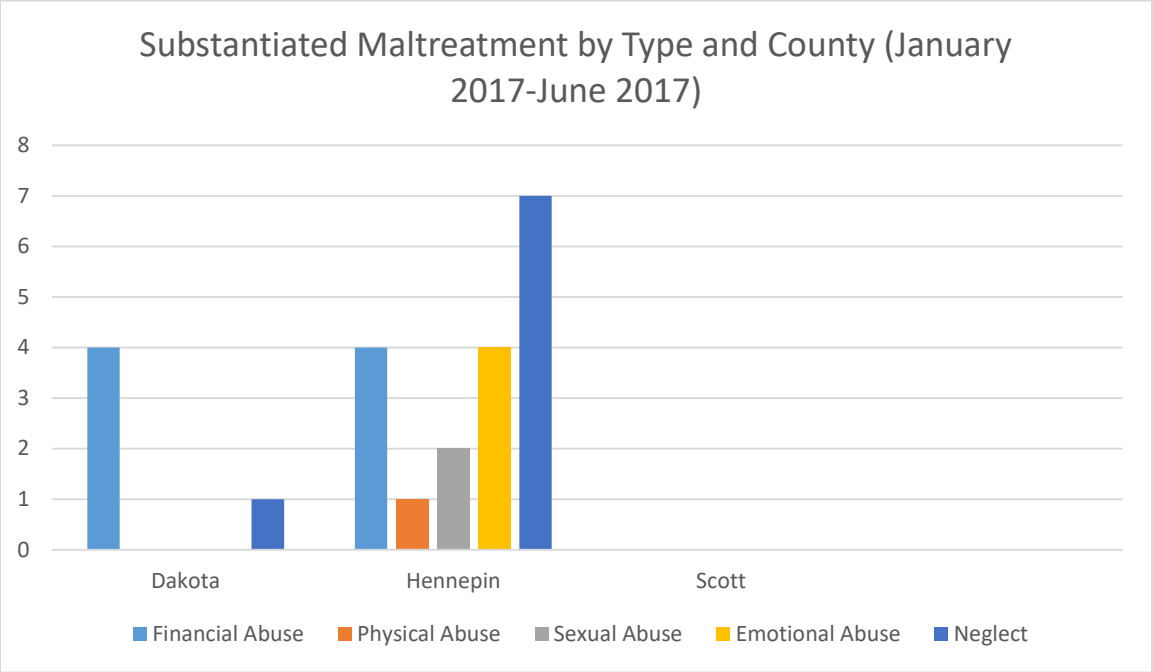
Assessment and Charts

There were 79 total reports across the three counties from January 2017 to June 2017. Each report ultimately has a verdict, or "disposition." Those categories are: substantiated as to abuse of a vulnerable adult by a staff person; inconclusive; false; and error in the provision of the therapeutic conduct to a vulnerable adult by a staff person. One Dakota County investigative memorandum had the disposition of "No determination will be made at this time pending Law Enforcement's investigation," but that was an isolated incident during this session.

The chart below, "Maltreatment Reports January 2017-June 2017," indicates how many of each type of disposition there were per county.


Maltreatment Reports January 2017-June 2017
30
25
20
15
10
5
0
Dakota
Hennepin
Scott
Substantiated
Inconclusive
FALSE
Error
Pending Law Enforcement

This next chart, “Substantiated Maltreatment by Type and County,” indicates what type of abuse/maltreatment occurred in reports that were ruled as substantiated maltreatment, per county.



Scott County had only two reports, neither of which were substantiated. Since Minneapolis is in Hennepin County, there are understandably an increased number of reports. Though neglect was the most substantiated category in Hennepin, financial abuse also had a strong presence in Dakota and Hennepin counties.

In almost all cases of financial abuse, the abuse was defined as “serious,” and the staff person who conducted the maltreatment was disqualified from providing direct care, because of an occurrence of theft or purposeful misuse of the vulnerable adult’s funds or property (frequently medication). A smaller number of financial abuse reports were ruled as substantiated by way of a misunderstanding of the facility’s rules and regulations, so staff persons were retrained instead of disqualified.

Emotional abuse allegations resulted in either the disqualification of the staff person or in the staff person being dismissed from their position and given a warning that any future maltreatment would be considered serious and result in disqualification.

All substantiated sexual and/or physical abuse reports were considered serious and resulted in the disqualification of the staff person.

Neglect tended to contain more complex circumstances and sometimes resulted in the facility revising rules and regulations and/or retraining staff rather than dismissing or disqualifying them, though all possible dispositions occurred. All "Error in the provision of therapeutic conduct by a staff person" verdicts were categorized under neglect and had to do with accidents resulting in harm or potential harm to the vulnerable adult, rather than intentional or irresponsible actions on the part of the staff person.

With 6 substantiated reports, REM was the organization with the most substantiated reports. However, REM is also one of the largest providers in the area. Dungarvin, another large provider, had the second most amount of substantiated reports, two.

Information Presentation Recommendations

The RQC has a few recommendations for how the information summarized in this report should be displayed in the future:

- Include the county of the site of the facility clearly in the report. As the county is not currently listed, people seeking information must manually look up each address to find the county, which is time consuming and occasionally confusing, since some towns span several counties.
- Include the ability to search Licensing Lookup by categories such as county, disposition, report number (ID) and type of allegation.
- Should the "Recently Released Licensing Documents" bulletin include amendments or other updates to prior investigative memorandums, the new document should easily link to previous documents regarding the same case.

5. State Quality Council and Regional Quality Council Collaboration work

1. Attending meetings

MRQC staff attended and participated in State Quality Council Meetings on **10/28/16, 11/18/16, 12/9/16, 02/24/17, 03/24/17 and 04/28/17.**

A State Quality Council meeting was not held in January 2017, due to the Michael Smull training, which MRQC staff attended and participated in.

A State Quality Council Meeting was also not held in June 2017, due to the Minnesota Age and Disability Odyssey Conference, which MRQC staff attended and participated in.

2. Workgroups

MRQC staff participated in the Regional Quality Council workgroup, Person-Centered Quality Review Tool workgroup and the Training workgroup.

Outside the workgroup times, Regional Quality Council staff worked with ICI staff and other members of the State Quality Council to begin the work of developing training around the Person-Centered Tool. Regional Quality Council staff will continue working with ICI to complete training needs.

3. RQC collaborative work

RQC staff from each region have developed a strong and collaborative working relationship with one another over the course of our first year of development.

Due to the geographical distance between councils and staff, we encountered unique challenges in being able to combine our efforts seamlessly. Thankfully, due to countless conference calls, emails, shared documents and in-person meetings, we found our stride, even across the miles. From developing mission statements, taglines, marketing materials, website mapping, volunteer applications, job descriptions, trainings, presentations, communication plans, brochures, process documents, and everything in between, we created a much-needed foundation for the successful continuance of our efforts for the next year.

As our councils and staff continue to develop, we will only continue to grow and builds upon the work we can do together. Each council and staff have a variety of strengths that they bring to the table and make for a team that is able to bring a diverse perspective of how best to "improve the quality of services and supports for people with disabilities" throughout the state of Minnesota.

6. Quality Improvement and Advocacy Work

1. Trainings

MRQC hosted three regional trainings in 2016-17.

Person-Centered Thinking Training

The MRQC hosted a two-day Person-Centered Thinking training on December 13-14th at The Arc Greater Twin Cities. This training was open to any member of the MRQC, staff members from their organizations and Arc Greater Twin Cities staff. Ten individuals attended and completed the two-day training. Through an interactive training, attendees were able to gain an understanding of how to apply Person-Centered Thinking skills and practices to their work with individuals and within their own lives.

Minnesota Adult Abuse Reporting Center (MAARC) Training

Discussions with the MRQC identified the need for training on the process of the Minnesota Adult Abuse Reporting Center (MAARC). Most individuals felt confident in the process of how to report, but wanted clarification around the process of what occurred after a phone or online report had been made to MAARC. MRQC staff reached out to staff at both MAARC and DHS to express the need for training in our region on this issue.

On June 16, 2017, the MRQC hosted a training, along with staff from MAARC and DHS, for the Metro Region. This training provided:

- A brief description of the DHS Home and Community-Based Services (HCBS) Unit, the Central Intake Unit, and the Aging and Adult Services Unit
- A description of how the work of the HCBS Unit, Central Intake Unit, and Aging and Adult Services Unit intersects
- A description of the Minnesota Adult Abuse Reporting Center (MAARC)

- A comprehensive review of the reporting requirements for suspected **maltreatment** involving HCBS licensed facilities and services as defined in the Reporting of the Maltreatment of Vulnerable Adults Act
- A comprehensive review of the report requirements for **incidents** involving HCBS licensed facilities and services as defined in 245D, including

    - Deaths
    - Serious injuries
    - Incidents
    - Behavior Intervention Reporting Form (BIRF) incidents

- What happens to a report after you contact MAARC or complete the online web report
- What happens to a report once it is received by DHS Central Intake Unit

Around 15 people attended this training, including providers, county staff and an advocacy organization. This training also left time for a question and answer session, which proved to be a helpful resource in helping attendees gain a better understanding of the MAARC system and process.

Equity Training and Accessibility Walk

On June 9th, 2017, the MRQC hosted a training with Kjensmo Walker. Kjensmo Walker is the founder of This Inclusive Life, which is a new firm providing equity trainings, transportation consulting, and leadership development from the perspective of persons with disabilities. Kjensmo has a background in disability policy and transportation, and is a leader in these areas in our community. She has a degree in Urban Studies from the University of Minnesota. Currently the Chair of the Metropolitan Council's Transportation Accessibility Advisory Committee (TAAC), she enjoys biking, camping, and identifies as having multiple disabilities.

This Inclusive Life provides equity trainings on disability, ableism, and accessibility. Through an interactive and lively training, Kjensmo defines disability, who "qualifies" as disabled and why, ableism, and how we can move toward a more inclusive life for everyone. In the second half of the training, Kjensmo leads the group on an Accessibility Walk, with participants using wheelchairs, vision simulation goggles, and measuring equipment, to measure whether or not the area meets disability standards in terms of space and accessibility. Kjensmo also leads a

discussion on components of the Americans with Disabilities Act and how it affects our neighborhoods and communities.

After the equity training and the accessibility walk, members were asked what worked about this training Below are a few of the members' responses:

"the experimental exercise was excellent"

"the walk experience was great, no other way to get in touch with the experience"

"Getting awareness about what it's like to be legally blind or in a wheelchair, trying to navigate everyday life"

Overall, the group discussion and overall experience left members interested in creating opportunities to share this training or something similar with their own organizations, and brainstorming ideas of how to do so.

See appendix E for photos from the walk.

2. Quality Improvement Project

From the establishment of the MRQC, it was deemed important to do what we can to help provide easier accessibility to services for individuals in our community. Hennepin County's Minneapolis Library is committed to improving services to patrons experiencing homelessness and housing instability. In 2015, a full time social worker was hired to respond to the needs of patrons living in shelter in the downtown area who visit the library to find support. In addition to this, library staff continue to build programming to better suit the needs of this vulnerable sub-group of our community. This has included "Coffee and Conversations" programming available to patrons before the library opens in the morning, training for library staff to better understand patrons' unique needs, and a new Community Camera Club offered to patrons seeking meaningful daytime activities. Throughout this process, the library aims to meet patrons where they are and continually respond to the ongoing need.

In order to best do this, the library and social worker are working together to create a patron advisory committee for those experiencing homelessness. This committee will be made up of patrons who are currently experiencing homelessness, have recently had an episode of homelessness, or are in danger of becoming homeless. The advisory committee will be a place

for patrons to share ideas about ways the library can improve services to better suit their unique needs. This may include adding programming, adapting the physical space, education for library staff and security and many other potential changes. Financial support for this will be used to compensate participants for their time as well as providing a light meal for those who attend.

The MRQC has chosen to give a one-time donation of financial support to help build the advisory committee of patrons at the Hennepin County Library. Many patrons supported in this program are not only experiencing homelessness, but are also living with a disability, and may be lacking in services and support in that area of their lives as well. This program is designed to support the patrons in a myriad of ways and to put the individual's' voice at the forefront of how to improve upon the program and provide peer to peer support. The MRQC will continue to support the work of the Advisory Committee, as this is yet another way to grow and provide the quality of services and supports for those in our community.

3. Committees

MRQC staff have sought out opportunities to become involved with other community groups that are currently working towards accessible and high-quality services and supports for individuals with disabilities.

Dakota and Ramsey Counties Autism Spectrum Disorder Grant Committee

In 2016-17, MRQC staff participated in the Dakota and Ramsey Counties Autism Spectrum Disorder Grant Committee and the Navigation workgroup. This grant is designed to expand the supports and services available to individuals with autism and their families. MRQC staff collaborated with the Navigation workgroup to help create accessible and easy to find resources around respite, community activities and trainings for individuals and their families. MRQC staff will continue to help support and collaborate with this project as opportunities arise.

Olmstead Specialty Committee

In 2017, MRQC staff were asked to join a specialty committee, developed out of the Olmstead Subcabinet. "The Specialty Committee will oversee the implementation of the Abuse and Neglect Prevention Plan as approved by the Olmstead Subcabinet on September 28, 2017. This will include recommendations to the Subcabinet for baselines and annual measurable goals and the provision of cost projections for key elements of the Plan."

The RQCs have been tasked with tracking abuse and neglect licensing reports in our regions and have had the opportunity to speak with individuals receiving services, as well as with providers, about areas of concern on this topic. The Specialty Committee is yet another opportunity to address this issue, with a diverse group of stakeholders across the state to discover where and how we can improve the prevention of abuse and neglect.

The Specialty Committee had an initial meeting in June of 2017 and will have eight more meetings before the end of the year. MRQC staff is committed to attending and participating in this committee. Action plans for the MRQC region may be developed in response to the work of this committee.

Home and Community Based Services (HCBS) Partners Panel

"The HCBS Partners Panel is a group of stakeholders in long-term support services from the perspectives of aging, disability and mental health. Members represent county government, service providers and advocates with participation of state agency leaders. The panel will support continuous improvement in the HCBS system by providing a communication link among the system's stakeholders and supporting specific initiatives, as described in the charter. " (http://www.dhs.state.mn.us)

The HCBS Partners Panel holds meetings every other month, to provide updates to stakeholders on the most current activities of HCBS around quality improvement in supports and services. MRQC staff attended two of the meetings in 2017 and will continue to attend and participate throughout the coming year. These meetings provide an opportunity to learn of other initiatives in the MRQC region, to connect with other stakeholders working on HCBS quality improvement and to bring that information back to the MRQC.

MRQC will continue to seek out more opportunities in our regions to connect with other community groups or committees that are committed to work that supports the mission of improving the quality of services and supports for people with disabilities throughout the state of Minnesota.

7. Lessons Learned

Due to the newness of this project, there were many lessons learned in the first year of development.

The Regional Quality Councils had no blue print to follow. Therefore, we created our very own road maps for developing our councils, assisting in the development of the review tool, and reaching out to our communities.

The process of building and gaining approval of the Person-Centered Quality Review Tool took longer than expected and required an adjustment in the expectations of what the councils would accomplish this first year. This was met with some frustration and disappointment from council members, as the tool was seen as the primary focus of the councils to begin with. However, due to much diligence from, RQC staff, DHS, State Quality Council members and ICI, we continued to move the process along in spite of the various obstacles we encountered along the way. This unexpected delay, while challenging, ultimately increased collaborative efforts, communication and relationship building amongst the various stakeholders. While the tool is now close to completion and approval, it will continue to take the dedicated efforts of all parties involved to ensure that reviewers are properly trained on how to effectively use the tool and utilize the results in useful manner.

Due to the many parties involved in the Regional Quality Councils and the geographical differences, communication has at times proved to be difficult and inconsistent. Thankfully, through the technology available, we were able to communicate in a number of different capacities. Given that the RQC staff are full-time employees dedicated to the work of the councils, we can dedicate all of our time to moving forward the work of the councils in our region. However, we are working with a variety of stakeholders in the community, at the county and state levels, who do not have the same amount of time to dedicate to the work of the council. This occasionally proved challenging when the RQC needed the approval or oversight of another party in order to move forward, and would sometimes lead to a delay or a longer work process . We have continued to work together to improve prompt and clear communications streams between RQC staff and other parties. We will continue to build strong and united communications through regular check-in conversations and meetings.

8. Goals for 2018

1. Reviews

In the end of year 2017 and into 2018, the MRQC will begin conducting reviews with individuals who receive Home and Community Based Services in our regional area. The Regional Quality Council staff will first ensure that we are trained in how to perform these reviews, and then continue the process of refining the training for volunteer reviewers. The MRQC will conduct a minimum of 10 short reviews a month.

The MRQC staff, along with MRQC members, will begin the work of recruiting volunteers as reviewers in fall and winter of 2017. The MRQC has already recruited one intern who will work for ten hours per week beginning in fall of 2017.

2. Quality Improvement Projects

The MRQC is currently in the midst of deciding what particular areas of quality improvement to pursue in our region. Once identified, the MRQC staff along with council members will begin work on the identified areas of need and provide quarterly updates to the State Quality Council on those projects.

3. Committees

MRQC staff will continue to participate and engage in the Olmstead Specialty Committee, HCBS Partners Panel, Autism Spectrum Disorder Grant Committee, and other pertinent committee opportunities that arise during the year. MRQC staff will use the information, knowledge and perspective gained from these committees to further the work of improving quality of services and supports for people with disabilities in our region and state.

4. Outreach to Community

MRQC staff, along with the other Regional Quality Council staff, will continue to pursue opportunities to do outreach in our communities on the work of the councils, and investigate how our community members might become more involved. These opportunities might take place in the form of presenting at conferences, family support groups, self-advocacy committees, or at the county or state level. The Regional Quality Council staff realizes the importance of hearing from a variety of voices in our community to better assist in the process of providing quality services and supports.

5. Website

Regional Quality Council staff, in conjunction with our web developer, will launch the Regional Quality Council website in fall of 2017 and begin utilizing the site as one of our primary sources of communication to the public. The website will provide a place for stories of individuals, quality

improvement in our communities, data, general information on the work of the councils, and how to become involved. The Regional Quality Council staff will be in charge of keeping the website information up to date and accessible to our communities.

6. Data

The MRQC staff will continue to track relevant data from the county and state levels, in order to better analyze the gaps and barriers to services and supports in our region. The MRQC staff will begin to track trends in the information gathered from the reviews conducted and make that data available not only to Regional Quality and State Quality Council members, but also to the general public.

7. MRQC Membership

The MRQC needs to fill the family member position on our council. The MRQC staff will continue to seek out potential individuals who would be interested in participating and engaging on the MRQC.

Appendix A: Metro Regional Quality Council Members

Rod Carlson
Living Well Disability Services

Ann Cirelli
Advocate

Joe Cuoco
Supportive Living Solutions

Betty DeWitt
Community Involvement Programs

Alicia Donahue
Office of the Ombudsman

John Estrem
Hammer

Danielle Fox
Scott County

Chelsea Lorenz
Dakota County

Kayla Nance
The Arc Greater Twin Cities

Erin Paredes
Dakota County

Steve Piekarski
The Arc Greater Twin Cities

Georgann Rumsey
The Arc Greater Twin Cities

Trina Simons
Advocate

Rebecca St. Martin
Advocate

Tim Sullivan
Hennepin County

Jolene Thibedeau Boyd
Community Involvement Programs

DHS Regional Resource Specialist (waiting for replacement)

Appendix B: Metro Regional Quality Council Meeting Minutes

REGIONAL QUALITY COUNCIL KICK OFF MEETING AGENDA
FRIDAY SEPTEMBER 9, 2016
9 am – 11 am
The Arc Greater Twin Cities
2446 University Ave West, Suite 110
St. Paul, Minnesota
Ramsey Conference Room

Present: *Jolene Thibedeau Boyd (CIP), Rod Carlson (Living Well Disability Services), Joe Cuoco (Living Solutions), Betty DeWitt (CIP), Danielle Fox (Scott County), Steve Piekarski (The Arc Greater Twin Cities), Tim Sullivan (Hennepin County), Dan Zimmer (State Quality Council)*

Minutes*: Barb Thompson*

1. **Introductions**

2. **What is Our Purpose for Coming Together**
   We are here to fulfill the contract requirements. Steve came up with a purpose statement that the group can edit and give feedback on.

   First Draft: To give people the services that support them to live a life based on their hopes and dreams. Implement a system to monitor and improve the quality of services for people with disabilities, improve person centered outcomes and quality of life indicators for the person receiving services.

   [Provide a collaborative community effort] To ~~give~~ (more collaborative word) people the services that support them to live a life based on their hopes and dreams. [Create system change to …] Implement a system to monitor and continually improve the quality of services for people with disabilities by improving person centered outcomes and quality of life indicators ~~for the person in need of services~~ and make recommendations for overall system change.

   - How do we ask people to get involved?
   - Change "to give people" to something more collaborative.
   - Tim said it is the vision of the State Quality Council.
   - Joe said it encompasses what was in his mind.
   - Jolene wants to be really clear what the connection of this council back to the system. We can do all we want but if there isn't a really clear feedback loop

and a commitment to those in the system to actually consider the recommendations of the various councils then she doesn't see that impact in other people's lives.

- Joe thought part of the purpose of this group should be about helping to build all those bridges including the accountability piece.
- Betty thought the group should be the catalyst for change.
- It'll be difficult for providers who are part of the system to really implement quality and change their way of thinking and doing things if checking the boxes is all they have to do.

3. **Dan Zimmer, Director, State Quality Council**
   a. **Overview of the State Quality Council**
   Dan started July 1st at the State Quality Council. It stemmed from the effort going down in the Southeastern part of the state – can we do more? What was developed down there worked for them at that time. In 2005, we started exploring if our state could do more of this. DHS put together a quality assurance panel to look at this. From there came the recommendations of establishing the State and Regional quality councils. The State Quality Council started planning on how to develop regions and how they can fit into DHS. There was a period where the State Quality Council did not get funding. That really highlighted what our state felt about the State Quality Council. They still provided staff even though there was not funding. Funding was restored. Then there was the big push to get the RFP's started. One of the things he struggled with was accountability. What Dan sees is legislators are in and out, there is so much on their plate for them to hold DHS accountable. The State Quality Council has some of that role. The State Quality Council decided to hire it's own staff. They are just in the beginning stages of moving away from the DHS facilitation to what it is to be their own organization. Now we have regions.

   b. **Vision of the Regional Quality Council's Across the State**
   The best approach is that as we are developing, we need to continue to talk and work together. Dan sees the three regions developing for the future. The other two are Olmstead, Wabasha and Houston counties **[think there is another county]**; St Louis, Cook, Lake and Carleton counties (Arrowhead Regional Quality Council). What we've always seen is that there is a lot of data out there, but there really hasn't been a concerted effort of who's looking at that data. His vision is that the Regional Quality Councils will be looking at that data. Having that ability to take all those things together. Our challenge is developing something that is quality improvement for a person, their team, but that can translate up to something at the state level.

   c. **Tool and Resource Development**

When there RFP was developed there wasn't a vision what the tool would look like. It was just basic concepts for what it would look like. Now the committee is looking at building that tool more. Georgann attended the last meeting. ICI is now participating on the committee as they have a federal grant that is looking at a similar tool. Originally we thought we would have to develop our own tool. Now we don't have to do that.

Are there other states that have had some success using this model? Dan said that we are not modeling after any state that he knows of. Massachusetts has done some work. CMS is just starting to really ask.

Do you envision us talking with the other regions? Dan said yes. He doesn't see our council meeting with the other councils. Staff wise there is a vision of Regional Quality staff training together. It would be interesting but it would be difficult to get all the councils together. Steve said that there was a call where there was talk about once the staff were hired then they would all go through training together.

On any of these councils are there people that have a disability? Dan said that there should be someone on each of the councils. This council will be discussing that today.

Is part of the State Quality Council's role a plan to share what the regional councils find? The short term is getting the council's together and formed. Giving you some tasks that you are going to be able to accomplish with the group that you have that is going to be meaningful. The other part of it is from your successes, they will go to other parts of the states and grow more regions. The vision is to have every county be involved in a Regional Quality Council. Tim Sullivan said that he served on the State Quality Council and the Regional Quality Council workgroup and he said that our hope was that what happens in these Regional Quality Councils is that we could implement this throughout the state.

4. **Arc Update**
   a. **Hiring Project Manager**
      We have had about seven interviews for the project manager. That person will really be the lead and will take the facilitation role. We have a candidate that is coming back next week for their second interview. Hopefully that will go well. Hiring has been crazy the last few months. We are in the process of hiring for an administrative assistant as well.

   b. **Other Work**

We have talked with the other councils and are planning on doing the staff training jointly. There is a lot of communication that will be going on so there has been talk about how that will happen jointly. We talked about the data collection as well with the other councils. Georgann Rumsey has been attending the State Quality Council and has been attending the committee meetings around the tool development. One person we know who will be joining the group is from the Ombudsman Office. We had a conversation with them last week and they are internally identifying who will be attending. Eventually someone from DHS will be joining us as well.

5. **Implementation Plan Review and Discussion**

6. **Initial Discussion on Shared Understanding and Agreement on How We are Going to Work Together**

7. **Next Meeting**
    a. **How often should we meet?** It was decided to start out meeting bi-weekly and then we can adjust as we go along. Or meet relatively soon and then have a longer day. We'll book bi-weekly meetings through the end of the year. Do you want to meet here? Everyone was good with meeting at The Arc. Friday mornings tend to work better for everyone.

       Who needs to be at the table? One of the reasons Steve didn't want to bring in a self-advocate is because he didn't want it to be Arc dominated. He asked the group to identify a couple of people that you think would be good. Maybe talk to them and then pass that information on to Steve and he can talk to them further. Also if you know of a family member that you think would be a good fit, send the information to Steve.

Parking Lot

- Providers tied to regulations
- How do we bring in the community?

REGIONAL QUALITY COUNCIL KICK OFF MEETING AGENDA
FRIDAY, OCTOBER 7, 2016
9 am – 11 am
The Arc Greater Twin Cities
Hennepin Conference Room

Present: *Rod Carlson (Living Well Disability Services), Joe Cuoco (Supportive Living Solutions), Betty DeWitt (CIP), John Estrem (Hammer), Erin Paredes (Dakota County), Steve Piekarski (The Arc Greater Twin Cities), Tim Sullivan (Hennepin County), Megan Zeilinger (Dakota County)*

Minutes*: Barb Thompson*

8. **Introductions**

9. **Arc Update**
   Not a lot of updates. We are getting ready for Kayla to start on Wednesday.

10. **Update from State Quality Council Meeting**
    Attended a group late in September around the tool development. They have not completed the draft.

11. **Update on To Do's from Previous Meeting**
    Thank you for people who sent their priority lists. Steve will put out a call if there is a self-advocate or family member you think would be good, let Steve know. Put the word out if you haven't already.

    Priorities:
    1. Make up of the group, size, term, time commitment, etc. (3)
       Open meeting;
       Who do we need?
       - Self-Advocates
       - Ombudsman Office
       - Older adults?
       - Parents
       - Cultural Groups
       - Parents (school age kids)
       - Deaf and hard of hearing

       Size
       - 12-13?
       - Where we are at: 3 counties (5), 1 Advocacy Organization (2), 1 Ombudsman, 4 Providers (5)

- 3 counties, 1 Advocacy Group, 1 Ombudsman, 2 parent/guardian/sibling/non family guardian, 2 self-advocates, 4 providers (I/DD, chronic health, aging, dual diagnosis, long term homelessness, recovery from drugs and alcohol, home care, mental health, day care)

Workgroups?

- As Needed
- Possibility at moments (when needed); task oriented
- Interviews?

Term

- 2 year term/yearly commitment check in
- Renewable for another term
- Staggered membership
- Application process? Is there a way to vet a potential member of the group? Identify time when people can come on. Identify gaps when people are joining so they fill those gaps.
- What is the process when don't meet needs – 3 missed meetings in a row and then Steve talks to you

Time Commitment

- 2017 – 4 hours a month. 2 hour meeting; 2 hours outside meeting.

How Often We Meet

- Every two weeks through the end of the year.
- Monthly meetings starting in 2017 starting with 2 hour meetings.

Decisions

- Chair - It was decided that The Arc will do it
- Final Decisions – The Arc in the role as the chair and project coordinator to be the final decision maker.
- How do we agree – majority vote? All agreement – try for consensus when needed. Allow for majority wins. Allow people to speak their mind/don't argue.
- Ground Rules - Development

2. Scan of what is currently going on (3)
3. Get the word out about what we are doing – providers, counties, families, people with disabilities (2)/Marketing materials (2)

12. Continue Discussion on Shared Understanding and Agreement on How We are Going to Work Together

a) Tackle the top 3 issues

13. Next Meeting

a) November 4, 9-11 am

14. **What's Happening**
    - Employment Practice Review Panel – in-person interviews of adults – school age last year. This year story collection through Marisa/RSS's.
    - Employment capacity building cohort: interviewing students in 19 districts with I/DD ages 19-21 – all students with moderate/severe I/DD designations.
    - WIOA-MCIL everyone 25+ in some minimum wage employment.
    - MN Choices assessment.
    - St Louis County – foster care grant (Ramsey, Hennepin, Dakota, Anoka). Home Staff, Interviewing everyone in Foster Care.
    - DHS Waiver Changes.
    - Disability Law Center – annual interviews with people in ICF/MR.
    - Visits around contract management. ILS/SILS – Hennepin.
    - Legislative auditors visiting providers – where is the money going?

Parking Lot
- Bring in Anoka, Carver, Ramsey, Washington

To Dos
- Steve will put together a Regional Quality Council Charter draft once things are a little more solidified.
- If you have examples around committees, what kind of questions do you ask potential people that are joining? Send those to Steve.
- Think of other surveys or things that are happening and send them to Steve.

REGIONAL QUALITY COUNCIL KICK OFF MEETING AGENDA
FRIDAY, November 4, 2016
9 am – 11 am
The Arc Greater Twin Cities
Hennepin Conference Room

Purpose Statement: The purpose of the Regional Quality Council is to promote and connect communities so that people have the services and supports to live a life based on their hopes and dreams. Implement a system to continually monitor and improve the quality of services and supports for people with disabilities by improving person centered outcomes, quality of life indicators and to drive overall systems change.

Present: *Jolene Thibedeau Boyd (CIP), Rod Carlson (Living Well Disability Services), Joe Cuoco (Supportive Living Solutions), Betty DeWitt (CIP), John Estrem (Hammer), Danielle Fox (Scott County), Chelsea Lorenz (Dakota County), Kayla Nance (The Arc Greater Twin Cities), Erin Paredes (Dakota County), Steve Piekarski (The Arc Greater Twin Cities), Dennis Price (Dakota County), Megan Zeilinger (Dakota County), Dan Zimmer (State Quality Council)*

Minutes*: Barb Thompson*

15. **Introductions**

16. **Arc Update**
    a. **Introduction of Kayla Nance – Regional Quality Council Project Manager**
    b. **Hiring process for Regional Quality Council Administrative Assistant**
       We will be hiring for a 20 hour part time assistant.

17. **Follow up from October 7th meeting**
    a. **Recruitment of self-advocates or family members for the council**
       Has anyone had a chance to recruit self-advocates or family members? Rod has a mom who is interested. He hasn't been able to get anything confirmed. Kayla thought maybe the best first stop was to see if any of you already have established self-advocacy or family groups that she could come and speak at. Betty mentioned that at her previous work they have a strong self-advocacy group in Brooklyn Park (Life Works). Megan said they have providers they could connect her with. Danielle thought they had a couple in Scott. She was going to have another staff join as well. There is a stipend for self-advocates or family members. Steve thought it was like $50 per meeting.
    b. **Draft of Regional Quality Council Charter**
       See below
    c. **Examples of what type of questions you ask potential members that are interested in joining committees or boards with your organization**
       Steve got quite a few of these.

d. **Activities of what is occurring outside of our quality review tool**
   Wanted a follow up of all the other activities going on. People also sent him additional activities. Kayla has been doing some research on what has or hasn't been done with some of that information. Now that we have that list, what do we do with it? Some of the surveys were quite intensive. He wants to make sure if there was some follow up we wanted to do.

18. **Update from State Quality Council and other Regional Quality Council (RQC) – Kayla**
    Kayla had her first meeting with them this past Friday. The primary work of the past meeting was getting into the different work groups. Looking at goals and rewriting.

    They are working on getting someone from DHS and the Ombudsman office still to come to our meetings.

    They are working on logos. For now they are calling us as the Metro Quality Council.

    Kayla will be the representative on the State Quality Council. The information on the website now is from 2015.

    Dan gave some updates – at the last council meeting all the sub groups redefined themselves. If you don't ask, they don't know. If you are struggling, ask them. We will be figuring this out as we go. In the last three months, the progress and the positivity has been great. We are very much invested in getting you guys that review tool. He wants to make sure that it is useful too. Right now the Institute is still helping us. We will see what comes out of our November 18th meeting. The state is putting together some strategic planning meetings in January put on by Michael Smull.

    a. **Review proposed quality review tool**
       They sent out a survey with the questions. ICI has put together a short review and a long review. It's not fully put together. They are hoping that by November 18th that it'll be ready for review. It's not written in a way that would be easily understood for self-advocates to answer. Want to make sure it's written in plain language. They are projected to maybe start doing reviews in March.
    b. **Person Centered Thinking training in December**
       One of the things that we have is two people that can train on Person Centered Thinking. They will be holding a training in early December. It's a two-day training. If any of you would like to attend, you are welcome to attend or you are more than welcome to send people.
    c. **What materials will be worked on jointly between all the RQC's**
       They met last week before the State Quality Council so Kayla was able to meet them. They discussed what are they things that they can do together that aren't region specific. They will work together to put together brochures – what it is and what the goal is. They will meet at the end of November for an all-day meeting. They will also

work to put together a power point and a website. The website will be a little further out and will probably be in conjunction with the State Quality Council.

19. **Review draft Regional Quality Council Committee Charter**

Steve ran through the draft Charter with everyone. Steve wanted to make sure the format worked with everyone.

a. **Does it capture our discussion** -
b. **What is missing** – Dan mentioned that you may want to talk about how many people that you want on the Council. You want to make sure that you make a good decision about who is going to be the best fit. Your region also needs to make sure you have a person that represents you on the State Quality Council and it should be on the Charter. That person needs to go through the process.
c. **Other areas for consideration**
   i. **Ground rules**
      - Data privacy – consent for release of information, volunteer/reviewer/RQC training
      - Mandated Reporting
      - Maintain plain language
      - Respectful – info joined through the group will not be disclosed
      - Participation and engagement
      - Be nice or get out
      - How to be open and accessible as a RQC
      - Flexibility
   ii. **Quality Review Process**

   120 names per month

   What type of people do we want to interview?
      - Both county and not connected – maybe a percentage of each
      - Communication – Put themselves forward
      - Buy in from managed care
        - Blue Cross
        - Medica
        - UCare
        - MHP
      - Online sign up form or online tool
      - Tie in with Days at the Capitol
      - Set Statement about Privacy
      - Need data agreement from state
      - How to get different information from counties
      - Can state pull names?
      - Provider based – approach

- Tie in with Workforce Innovation Opportunity(?) Act (WIOA) (Independent Living Centers – ILC)
- Other providers – food centers, clinics, emergency rooms, outreach workers, coordinated entry
- MNChoice Assessment teams
- State Self-Advocacy Committee
-

20. **Other survey's and outcomes of those survey's**

a. What do we want to do with the information

- Rod thought that understanding what's happening is imperative for this group.
- Dennis said that he thought it would be good for the group to have an understanding of all the other big data pulls that are going on (maybe in a couple months). These are thousands of thousands of people getting that data pull.
- Steve said based on that list of how things are done we'll put some definition around those surveys. Kayla will talk to someone from each of the counties to find out more about the large data pulls.
- Jolene said that the information that they are getting about what didn't work would be useful information for us as a group to consider.

21. Next Meeting

a. November 18th 9 - 11

Parking Lot

- Bring in Anoka, Carver, Ramsey, Washington

To Dos

- Kayla will come up with a list of 5-10 questions and have a draft for people to review before the next meeting.

METRO REGIONAL QUALITY COUNCIL
FRIDAY, November 18, 2016
9 am – 11 am
The Arc Greater Twin Cities
Hennepin Conference Room

Purpose Statement: The purpose of the Regional Quality Council is to promote and connect communities so that people have the services and supports to live a life based on their hopes and dreams. Implement a system to continually monitor and improve the quality of services and supports for people with disabilities by improving person centered outcomes, quality of life indicators and to drive overall systems change.

Present: *Rod Carlson (Living Well Disability Services), Ann Cirelli, Betty DeWitt (CIP), Alicia Donahue (Ombudsman Office), John Estrem (Hammer), Danielle Fox (Scott County), Chelsea Lorenz (Dakota County), Kayla Nance (The Arc Greater Twin Cities), Erin Paredes (Dakota County), Steve Piekarski (The Arc Greater Twin Cities), Dennis Price (Dakota County), Tim Sullivan (Hennepin County), Andrea Werlinger (Department of Human Services)*

Minutes*: Barb Thompson*

22. **Introductions**

23. **Arc Update**
    a. **Jargon Jar**
       Anytime anyone uses an acronym without explaining it, you will put a piece of candy in the bowl. It will help keep us responsible and accountable. And to make it accessible.

24. Follow up from November 4th meeting
    a. **Draft of Regional Quality Council Charter**
       Kayla went through the Charter draft and changes were made.
    b. **Review Membership application**
       Kayla went through the membership application.

25. Update from State Quality Council and other Regional Quality Councils (RQC) – Kayla
    a. **Quality Review Tool Update**
       The meeting is today and Kayla's understanding is that they will see the tool today for the first time.
    b. **Person Centered Thinking training in December-deadline November 30th to register**
       There is still room for people who want to be involved.
    c. **Marketing Materials**

Kayla has met with our Marketing Director here to see what we can move forward with. We are trying to get some stuff together fairly quickly. She is working with the two other Quality Councils to put those materials together. She is hoping we will have them ready by mid-December. Working on getting a page put up on The Arc Greater Twin Cities website.

26. Review Data Sharing Agreement and continue discussion of sample areas

a. Data Sharing Agreement understanding and plan for moving forward

Still need the individual consent. Danielle will run it by her County attorney. Steve said that we could possibly send out the fully executed, signed contract. We may need to have separate signed contracts with each county, though the state contract should cover the counties. We want clarification from counties on whether we need separate county agreements. We will follow up with someone from DHS to get further clarification. We are finding nobody within other parts of DHS knows that it's their responsibility. No one has actually talked to anyone that would be doing those data pulls. The struggle is the communication. Someone has to initiate that conversation on behalf of the State Quality Council. Andrea will try to reach out to people she knows.

b. Break into small groups

She would like each group to identify up with five areas; why and what barriers there may be; and possible solutions.

c. Bring back to large group with identified areas and discuss how to proceed

<u>1st Group</u>

- Unlicensed Services
  What services?
- MnChoice (Initial) Assessments
- Managed Care – elderly
- School/IEP, 504 Plans
  Dept of Ed?
  Kids/Parents – permission
- Mental Health/Chemical Health (Jail/Homeless)

<u>2nd Group</u>

- People not receiving professional services
  Corrections, shelter, family care
  Barriers: how do you identify these groups and where are they? Cultural barriers (using culturally competent vendors/staff).
- People living at home/Home and Community Based Services (HCBS)
  Children and Adults living at home with parents
  Barriers: we are talking about children – accessing info about children is more complicated. Is the tool appropriate for children? Where are they? Overwhelmed populations.
- Employment Status
  Competitive employment; adult daycare; people unemployed by choice

Barriers: where do you contact them and where do you do the interview? Employment status can change rapidly and suddenly

- Licensed settings (all different types)
  Barriers: so much information is being asked – a lot of survey fatigue. What authority does the Regional Quality Council have? Skewing of data.

Top Four:

- Unlicensed Services
- Managed Care
- Licensed Services
- Children

Kayla will take the top four and try to identify what avenues we need to take and look at the barriers and bring it back at the next meeting.

27. What's Working/What's Not?

What Worked

-

28. Next Meeting

a. December 2, 9–11 am

Parking Lot

- Bring in Anoka, Carver, Ramsey, Washington

To Dos

- County folks will share the Data Agreements
- Kayla will talk with people at the Department of Human Services

METRO REGIONAL QUALITY COUNCIL AGENDA
Friday, December 16, 2016
9-11 am
The Arc Greater Twin Cities
Hennepin/Ramsey Conference Room

Purpose Statement: The purpose of the Regional Quality Council is to promote and connect communities so that people have the services and supports to live a life based on their hopes and dreams. Implement a system to continually monitor and improve the quality of services and supports for people with disabilities by improving person centered outcomes, quality of life indicators and to drive overall systems change.

Present: *Rod Carlson (Living Well Disability Services), Ann Cirelli, Alicia Donahue (Ombudsman Office), John Estrem (Hammer), Danielle Fox (Scott County), Chelsea Lorenz (Dakota County), Kayla Nance (The Arc Greater Twin Cities), Erin Paredes (Dakota County), Dennis Price (Dakota County), Trina Simons, Rebecca St. Martin, Tim Sullivan (Hennepin County), Natalie Zietz (Social Worker, Vale Place)*

Minutes: *Barb Thompson*

29. **Introductions- Trina Simons and Rebecca St. Martin**

30. **Follow up from November 18th meeting**
    a. **Update on Data Sharing and Data Pulls**
    What groups we would like to see interviewed and how we wanted it pulled. We have a meeting set up (Kayla and the folks from the other councils and several others) to see what's possible on January 11. There is a three-hour meeting set.
    b. **Meeting with DHS**
    c. **Administrative Assistant Position**
    We have posted for this 20 hour a week position. Kayla will attach the job description with the meeting minutes. It's pretty flexible.
    d. **Memorandum of Understanding (MOU)**
    Kayla went through the MOU with the council. Kayla would like for council members to review it and sign and get it back to her by the end of January. If there is anything you think should be tweaked or have a problem with it, let Kayla know. Kayla will follow up with Steve to see if we have to do a separate one for non-providers. Also is the MOU for providers or for people as individuals? Kayla thought it was for providers, but will double check with Steve.
    e. **Discuss meeting times for 2017**
    We will go to once a month meetings. Fridays seem to work the best for most people. Kayla wanted to discuss whether we do the 1st, 2nd or 3rd Friday. She will send a doodle poll out to everyone.

31. **Update from State Quality Council and other Regional Quality Council**
    a. **Tim S. will give a review of State Quality Council updates**
    The State Quality Council met last Friday. They considered the Abuse Prevention Plan from the Olmstead Plan that has already been submitted. There were some due dates for March 1st. Tim felt that there was definitive information about what they were asking them to do and whether it was appropriate to pass it down to the Quality Councils. He was in the minority and voted against it. Now they have to go back to Department of Human Services (DHS) and get information from them about what data is available to be reviewed. The suggestion was to look at what was available like licensing reports. Dennis thought it was worth providing a document back saying that we don't think that this is doable. Kayla said that she and Steve had conversations with several folks regarding this back in October with Dan Zimmerman. We objected from the beginning that it did not fall within our contract. She said that it has been paired down. It came back to us that we can't say completely no. Dennis said that even if we are being told there is a legal contract. We can talk back. Part of the push back is that there may be a purpose to the bigger purpose, but that this isn't the body to do it. Kayla will take this feedback back to the meeting on January 11. John said that a legislative body should follow the rules taking a vote without a majority of members present. It's a disturbing precedence.
    b. **Update on RQC collaborative efforts**
    Kayla has been meeting with the other quality councils. They are hoping by the end of the year to have marketing materials. They have put together a power point that all of the councils can use and tweak as needed. Our names are getting out there a little bit more. They are still working on a website – found out that that has to go through the State Quality Council as well. Waiting for clarification from DHS on whether or not they can have a separate website or not. We are continuing to meet with the other two council coordinators at least once a month. John asked how many counties – we have 11 councils in total. They have been working on putting together an application for reviewers (which Kayla would like to look at today though it is not on the agenda). We do have the brief interview tool. We just got that this week. The State Quality Council has a work group that has been working with the Institute on Community Integration to create them.

32. **Review Interview Tool**
    a. **Break into small groups to review and provide feedback on the interview tool**
    The short tool is what was developed to be used to interview people who are on Home and Community Based services. We will be reviewing the quality of services being provided. The concept is to engage in a conversation. During which the interviewer will be charged with answering 10 questions based on a half an hour to 40 minute conversation. The bullet points are not meant to be asked as questions, they are guides for the interviewers. The interviewers will have to have extensive training to use this tool.

b. **Discuss feedback in large group**
   - The demographic information pulls out the residential service, but not others.
   - Questions around what the seven questions based on?
   - Directions directly contradict how it was said that the tool gets used.
   - Was the goal just to collect a whole bunch of data?
   - How important are the questions to you?
   - How do you get at people who are not in the traditional, residential services?
   - Emphasis on Control vs Informed Choice
   - Do you feel you've been part of a discovery process to make informed choices? (options)
   - Doesn't ask – Do you feel financially and able to lead a person centered life?
   - Are the people working with me educated about alternative ways to live?
   - Trina is concerned that the way we are asking the questions are very complex and that the people being interviewed may have cognitive disabilities.

   Ultimately this is a tool that regions will feed back into the system what works and what doesn't. Ultimately it's the State Regional Council that determines the tool.

c. **Discuss next steps**
   Kayla will take the information back to the State Regional Council
   She will send out a Doodle poll about which Friday we will be meeting on.

33. What's Working/What's Not

What worked:

- Pause to explain
- DID: Agenda, business items and workgroup time on a meaningful task.
- DID: No games needed. Kayla facilitates well.
- I like the small group process (4) [the group was even smaller than last time and was able to delve deeper]
- I like the idea that everyone wants this to happen.
- Great conversations! I like the diversity of the group!
- Start/end on time.

What didn't work:

- Accessibility. Trouble tracking conversation. People talking fast.
- I am concerned about DHS's role. Are they part or are they driving the process. This needs to be resolved.

34. Next Meeting

a. **TBD**

METRO REGIONAL QUALITY COUNCIL MEETING MINUTES
Friday January 20, 2016
9 am – 11 am
The Arc Greater Twin Cities
2446 University Ave West, Suite 110
St. Paul, Minnesota
Hennepin/Ramsey Conference Room

Purpose Statement: The purpose of the Regional Quality Council is to promote and connect communities so that people have the services and supports to live a life based on their hopes and dreams. Implement a system to continually monitor and improve the quality of services and supports for people with disabilities by improving person centered outcomes, quality of life indicators and to drive overall systems change.

Present: *Rod Carlson (Living Well Disability Services), Ali Brown (Scott County), Ann Cirelli, Joe Cuoco (Living Solutions), Betty DeWitt (CIP), John Estrem (Hammer), Chelsea Lorenz (Dakota County), Kayla Nance (The Arc Greater Twin Cities), Erin Paredes (Dakota County), Trina Simons, Rebecca St. Martin, Jolene Thibedeau Boyd (CIP), Andrea Werlinger (Department of Human Services)*

Guests*: Vicki Gerrits and Renata Ticha*

Minutes*: Barb Thompson*

35. **Introductions- Vicki Gerrits and Renata Ticha**

36. **Vicki and Renata will present on the review tool development process**
    Vicki and Renata went through the review tool development process. The ultimate goal was to get at quality lives for people. The National Quality Forum is the framework to guide the process of developing the short and long tools. They used 12 different criteria when picking each question that they were going to use. Next Friday they have a meeting where they hope to finalize the short and long tools. The purpose is to start with the person – what can be better for this person, how is the quality of their life?

    Why are we not focusing on making it an app? Or something that is easier to manage? For some people that would be easier to give them the tool and some it will be better to have a conversation. Eventually they will build something on a national level, but for the purpose of the Regional Quality Council we don't have the resources.

    Will the training be with ICI in developing that? The training will be a collaboration.

It has become apparent that there are a lot of the same initiatives going on, but they don't communicate as would be useful. Have been trying as they talk to the different groups, that they share some of the trends.

The Center is willing to help out with technical assistance.

The tool will need to go through the Institutional Review Process per a meeting with DHS, how long will that process take? The process through the U of M takes about two months.

37. Updates from 12/16 Meeting

a. Meeting with DHS

There was a two hour meeting. Talked to the gentleman who put together the numbers as to why they need 42 people each month per council for statistical significance. He had a simpler understanding of how long these tools were going to take (he thought it would be maybe 5 minutes). Per person it could be a two hour process including scheduling, etc. They talked about what they would need for the sample size (2-3 times the size). It will be DHS that is pulling the information for us. They are still waiting for clarification about what the County process will be. He thought the counties might come in to verify guardianship status. The county could fill in gaps. They are still working on compiling the list of what information that they want pulled. We are looking at different surveys that have already gone out or are going out so we don't have to reinvent the wheel. We are trying to figure out how to collaborate with DHS. It will be important for us to stress that this is a review so that we stand out from the other surveys that are happening. The training process for that tool is still in development. The initial training will most likely be Kayla and the people from the two other Regional Quality Councils. Who is responsible for follow up if people do need further help? That is part of the development process – creating a follow up process. Any kind of legislative change we want to propose we would go through Steve Larson who is our liaison to the governance body. We are part of the State Quality Council which is a mandated legislative body. All the funding we receive flow through the Health and Human Services committees in both the House and Senate. We were hoping to create a website separate from DHS. State Quality Council does fall under DHS and we are trying to figure out where the Regional Quality Councils fall.

b. Follow Up on MOU's

Kayla is talking with Dan to see if we need to get something more formal from DHS for counties.

c. Update on Admin Assistant position

Had a phone interview on Monday and has another one today. It may take a month or so to get someone hired.

38. Update from State Quality Council and other Regional Quality Councils

a. Michael Smull Strategic Planning event

Did not have a planning meeting, instead attended this event. Michael Smull goes all around the country doing various trainings. Members of the State Quality and Regional Quality councils, people from DHS, providers and family members attended this. What have we done in the last 20 years – what has been working, what hasn't and what do we do going forward?

b. **Website**

c. **Update on RQC collaborative efforts**
Has been working with the other two coordinators on communication plans, etc.

39. **Review Marketing**
    a. **Break into small groups to review logo proposals and discuss name options**
    There was discussion about the logos. There was discussion about adding Disability to the name somehow. Or changing the names to Disability Quality Council vs Regional Quality Council. There was also discussion about what image says quality. Highlight the region in the state for each different logo. It was decided to vote on what we are leaning towards. Moving Forward – 6; MN Logo – 6. It was suggested to change the font to something more hip, particularly for the logo with the state. For the state logo also possibly have the Quality in script. It was mentioned that if we did use the state logo and we added a council that were in the western half of the state, it will be more difficult to do with the logo. Everyone is good with Metro.

40. **What's Working/What's Not**

What Worked

Liked the logo conversation/including every in discussion
Helpful to have additional info regarding the tool
Guest speakers (could have had more detail in presentation)
Stayed on task per agenda
Council participants w/disabilities
A lot of interaction and input from members (2)

What Didn't Work

The space felt too small/hot (3)
Logo – hard to sit through that part
Talking too fast
Still cannot open word documents from Arc
Frustrating to just find out about IRB requirement and related delays
This is going to be a long process

41. **Next Meeting**
    a. **Friday, February 10, 9-11 am**

METRO REGIONAL QUALITY COUNCIL Minutes
Friday February 10, 2017
9 am – 11 am
The Arc Greater Twin Cities
2446 University Ave West, Suite 110
St. Paul, Minnesota
Hennepin/Ramsey Conference Room

Purpose Statement: The purpose of the Regional Quality Council is to promote and connect communities so that people have the services and supports to live a life based on their hopes and dreams. Implement a system to continually monitor and improve the quality of services and supports for people with disabilities by improving person centered outcomes, quality of life indicators and to drive overall systems change.

Present: *Ann Cirelli, Joe Cuoco (Supportive Living Solutions), Betty DeWitt (CIP), Alicia Donahue (Ombudsman Office), John Estrem (Hammer), Danielle Fox (Scott County), Kayla Nance (The Arc Greater Twin Cities), Dennis Price (Dakota County), Andrea Werlinger (Department of Human Services)*

Minutes: *Barb Thompson*

42. **Introductions**

43. **Arc Updates**
    a. **Logo**
       The new logo is at the top of the agenda. We now have some consistent branding to communicate with.
    b. **Gaps Analysis Regional Meetings**
       Kayla sent this out to the providers. These are usually done with counties to decide where gaps and barriers are done. This year they will do regional meetings instead. Kayla reached out to the providers to see if they would be interested in being a part of these meetings. If anyone else would like to be provided, let Kayla know. At this point they have no dates set. If you want to give Kayla your name now, let her know and she can let you know when the meeting dates are set. Dennis said that there is no scientific data set for gaps. One of the complaints is that the county just asked who they knew. It's an opinion based analysis. Instead they will get a broader base. This is looking at what comes out of the survey. This is the action planning step.

44. **Update from State Quality Council and other Regional Quality Councils**
    a. **SQC Webpage updated**

The webpage has been updated so it has more information about the Regional Quality Councils as well as contact information for them. We are still going through the process with DHS about whether we can have an independent website.

b. **Next monthly meeting 2/24**

c. **Update on RQC collaborative efforts**
The Person Centered Quality Review tool workgroup has broken into another training workgroup. The training workgroup will involve Kayla, the two other coordinators and a few other people. The stuff we work on today will be feedback to that workgroup. We are working with ICI for a potential database option. They had suggested doing it through them because it might move faster than going through DHS. If it's through ICI, the tool could be electronic. We met with the Personal Experience Outcome iNtegrated Interview and Evaluation System (PEONIES) group. Talked with them this week to see what their experience was. They did it for a couple years and had some initial success. They are not doing it currently as when they got a new Governor, they received no more funding.

45. Tool Follow-Up/Reviewer Needs

a. **Break into small groups to work on tool follow-up process and reviewer qualifications**

<u>Interview Follow Up</u>

Should there be a different process for short vs long?

- **No – written for both**
- **Yes - written summary for both, but summary may look different**

Written summary? In person?

- **Written to individual – and whoever they wish**
- **Written summary [with offer for follow-up and clarification if summary not accurate]**

What is the best way for review to be shared with team?

- **Written – individual's choice as to who**
- **All reports shared by "office"**
- **Written summary to team (consent?)**

How do we address major concerns with providers/teams?

- **Clarify boundaries – not individual advocates; there to look for patterns**
- **Encourage sharing but person's choice**
- **Provide resources for reporting**
- **How much do we allow to be shared (privacy & consent)**

- **Who is responsible for follow-up on major issues? RQC? DHS? County?**

<u>Reviewers</u>

Should interviews have 2 reviews? Short vs long?

- **Set up for two, but do not require**
- **Recommend 1 review for most (there may be a need for 2 at times)**
- **Two would be real important for the longer one**

Training requirements?

- **General training on DD, mental illness, etc. Develop an online training. Use council members to do the training. Don't have to pay for it.**
- **Motivational interviewing – record**
- **Person-centered thinking**
- **Practice conversations**

Particular areas of recruitment?

- **Interns, family members, advocacy groups – Arc, NAMI, etc., staff county/providers – volunteers, faith-based groups, FISH**
- **Stipends?**
- **Mileage?**
- **Organizations with access to people with disabilities, professionals with disabilities, family/advocates**

Qualifications needed?

- **Don't limit**
- **HS/GED, written communication skills, motivated, connect with people, transportation, prefer social service experience, interview skills**
- **Language, culturally competent, experience in disability related field (2+)**

Time commitment?

- **2-4 times a month**
- **Depends on how many hired – 5-10 hour/week**

What are the "must haves?"

- **Transportation, ability to take notes, organized process, technological skill, data privacy, paper backup**
- **Great communication skills, follow-through, minimal training standards, background check, reference check, experience in disability field**

How are we going to present this in such a way that the people we are interviewing know that they matter and they aren't just a number. Is it to provide resources or try to link people? Or do we have people within the council who agree to step in to be the linkage

piece? A piece of paper with numbers for people to call would be helpful. Have their case manager name and number on that piece of paper as well, along with their supervisor.

b. Review/provide feedback on letter notices

46. What's Working/What's Not

<u>What Worked</u>

Format. Well-prepared. Moved along. Substantive. Ended on time.
Room worked (2)
Ample time for discussion (reasonable agenda) (3)
Small groups (4)
Pre-determined questions to be answered

<u>What Didn't Work</u>

Writing on note pad may not be needed if we have a detailed note taker (more time for discussion)
Can't think of anything!
Still not clear on the tool

47. Next Meeting-

a. Friday, March 10th, 2017

METRO REGIONAL QUALITY COUNCIL MEETING - NOTES
Friday April 14, 2017
9 am – 10:30 am
The Arc Greater Twin Cities
2446 University Ave West, Suite 110
St. Paul, Minnesota
Hennepin/Ramsey Conference Room
Notes: Isabel Taylor

Purpose Statement: The purpose of the Regional Quality Council is to promote and connect communities so that people have the services and supports to live a life based on their hopes and dreams. Implement a system to continually monitor and improve the quality of services and supports for people with disabilities by improving person centered outcomes, quality of life indicators and to drive overall systems change.

48. Introductions- Welcome Isabel!

49. Arc Updates

a. Tool Development Check-In (DLAST)

i. Should be ready by the end of the month
ii. Additional instructions have been added for clarification
iii. Survey should be a conversation; use intuition to find answer to main question
iv. Short form will be the quantitative portion, where we get much of our data
    1. Survey taker will receive a short summary of the conversation in the weeks afterwards, perhaps interviewer's notes
v. Long form will probably take around 1 hour; qualitative data

1. 5 per month to start
2. Reminder: goal is eventually 42 reviews (total) per month
3. Long form survey takers will receive a longer write-up/narrative of the conversation; will have the opportunity to have the write-up sent to members of team, family etc.
4. One longer form per month will be used to interview other members of individual's team; interviewer/RQC member could possibly attend annual meeting and present written narrative to team, particularly if there is disconnect between experiences and desires/goals

vi. Appendix will be used as training guide for new RQC members

vii. Minor tweaks remaining but this is close to the final product

50. Update from State Quality Council and other Regional Quality Councils

1. IRB application in by April 28th; meeting that day with work group and ICI, Dan, etc.
2. Applications and approvals on same day in order to submit on 28th.
3. Could take up to a month to approve; perhaps as quickly as two weeks. Might ask clarifying questions.
4. Hope to know by mid-May whether or not approved; preliminary interviews by June
5. Remember that the tool will not be presented to the interviewee in a complicated manner; will be written in plain language, a narrative of the conversation
6. Short interviews will be either in person or via phone. Most interviews will be in person.
7. ICI is creating a proposal to build a database for this project. Cost estimate should be there today (4/14). ICI also creating application tool (electronic version of survey), will be part of the proposal

8. Training work group developed out of state quality council has been working on job description, application, handbook, etc. in order to jump start hiring process once tool is complete.
    a. After this, will be reaching out to organizations and direct support individuals, etc., for recruitment
9. Hoping to use DHS bulletin within the next month to explain project and raise awareness/interest.
    a. Also working on communication plan for individuals chosen to interview, letter to send to guardians, etc.
10. Presenting at Odyssey conference in June, ARM Conference also in June
    a. Looking for opportunities to raise awareness

51. Quality Improvement Project – small group brainstorming for use of funds (must be spent by end of June)

GROUP A:

1. Translation of the tool into 3 languages
    a. Note: some money is already aside for this
2. Training component: who's a good interview? How do we make sure we're asking the right questions for branching conversations that get at what's important to the person? How do we report accurate information if the guardians are present?
    a. Cultural diversity training?
3. Incentives for people who participate
4. Making the implementation of the tool practical, diverse, respectful
5. How do we make this tool different from all the other tools out there? Where does this information go? (Follow through/person centered)
6. Overall: ways to enhance the assessment tools

GROUP B:

1. Event to introduce the community to RQC

a. Inform as to our purpose, get ideas and suggestions, invite community leaders, etc.

2. Marketing
    a. ***Note: some money is already set aside for marketing***
3. Funding for making improvements to community accessibility; partner with another group
4. Create an experience for community members to reviews accessibility to community (wheelchairs, blindfolds, etc. and needing to navigate community)
5. Mock appeal
6. Pop up assistive technology- supplying things that people with disabilities don't get funding for/insurance doesn't cover (post it notes, clasps, etc.)
    a. Survey as to what the top needs for these types of supplies are

52. **Next step: Kayla will send these ideas to the council and there will be a vote on which ideas to pursue and where to go from there**
53. **What's Working/What's Not**
    a. **WORKING:**
        i. Hearing different perspectives
        ii. Making progress on the tool
        iii. Small groups/breakout groups
            1. Size of small groups is good
            2. Getting to know people through small groups is a great side benefit
            3. Dividing rooms into different rooms was good for listening/ability to focus
        iv. Quietness of beverages and fruit as snacks
        v. Council members open and thoughtful
    b. **NOT WORKING:**
        i. Low attendance
        ii. Writing on large paper is bulky
        iii. Talking too fast
        iv. Not getting anywhere; project so huge
        v. We still seem to not be fans of the tool
        vi. Crinkling wrappers of candy and snacks
        vii. Presence of perfume/cologne
        viii. Ability to take time to get this right **Next Meeting- Friday, May 12th, 2017**

Appendix C: Dakota County Listening Session Results

Dakota County
What's Working/What's Not

What's Working

Dakota County Administration

- Dakota County is open to trying new things
- Dakota County willing to spend money upfront for positive results
- Providers willing to take chances and try different approaches
- Training staff on PCT + PCP to begin and promote systems change
- Coordinated team efforts between program supervisors, resource coordinators, and licensing staff
- Person centered philosophy—but need a re-boot for our system
- Collaborative partnership approach with vendors
- Great working partnerships with Metro Lead Agencies
- Individualized developments for people with high needs, complex needs
- The team's effort and approach
- Knowledgeable staff
- Thinking outside of the box
- A lot of youth in SES (compared to other counties)
- A number of innovative partnerships with state agencies to get more folks employed (VR, DHS, MDE)
- Innovative local providers

Services and Philosophy

- Person centered thinking and planning
- Developing sites/resources for clients
- Giving people language to plan person centered

- Some more awareness of person centered practices and trying to find ways to be creative with services and supports
- Dakota County offers very person centered practices, surrounding all areas of service, from case management to upper management
- Willingness/openness to try creative/person centered approaches
- Emphasis on natural supports
- Focus on person centered planning and thinking and the individual
- Good use of person centered practices focusing on important to and for
- Individualized service planning
- High focus on community integration
- The focus on person-centered thinking and supports throughout the county is having a positive impact on people's lives
- Person centered approaches towards service plan development has improved
- Self-directed waiver? CDCs
- Dakota county provides training for all participants and families – 1 month with video online if you can't attend
- It includes best practice of choice, client (_____), how to shift power to client

Focus on Individuals and Choices

- We are having regular conversation with individuals about community integration (social, housing, employment)
- Strong emphasis on asking individuals if they are interested in working and are happy with their housing
- Stronger focus on informed choice—picking one's own provider
- More choice and power is being put into individual's lives
- People are moving out of corporate foster care settings at a greater rate of success
- More client choice in foster homes re: schedules, food, activities

What's Not Working

Service Insufficiencies

- Lack of intensive service model for children in their family home—need coordination across clinical services and support (staff) services. More of a "family systems" approach
- Lack of respite services
- Meeting basic needs that allow people to receive services and supports and focus on way forward (e.g. housing, building natural supports, etc.)
- Reimbursement rates for some services limit availability choice

Inconveniences

- Timeliness. Clients seem to wait for services, etc.
- CDHS not always clean
- Quick placement for individuals who have service needs and have to discharge from hospital, RTC, crisis bed on IRIS
- Funding, MA, SMRT can be part of the issue
- Not all people have access to employment services and supports. There are many people outside of the waiver system who need help finding jobs

Red Tape

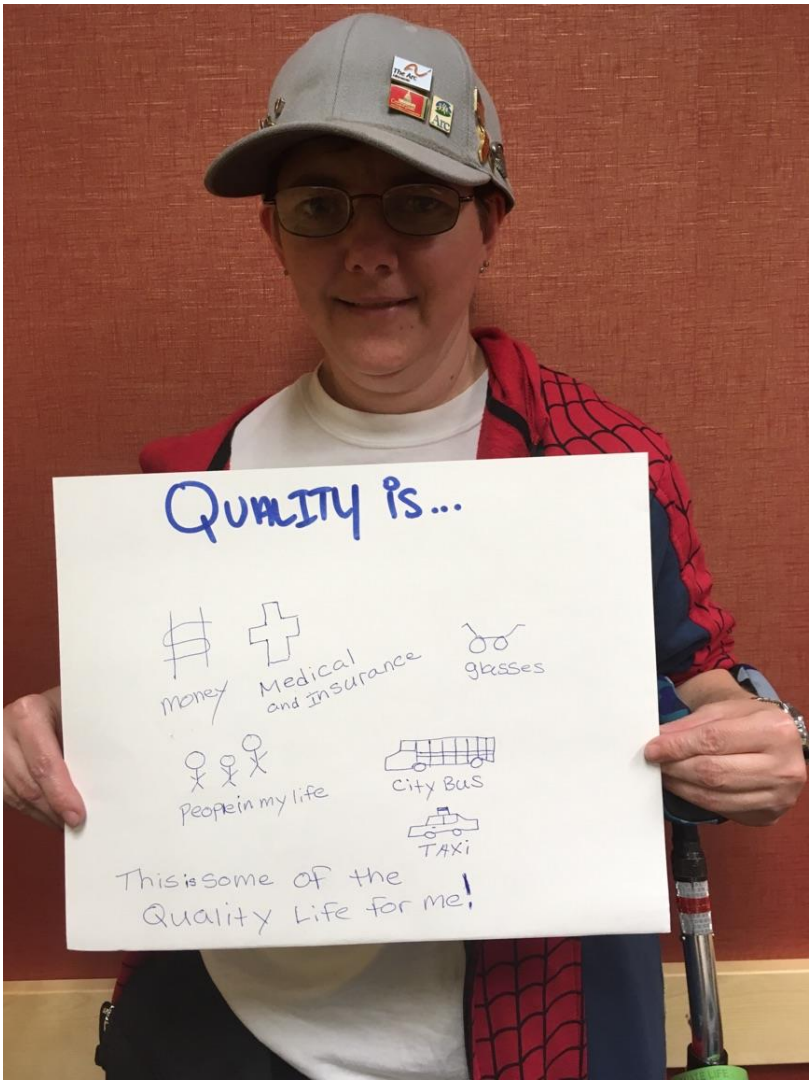
- Documentation of person centered plans needs to improve
- Parental fees (i.e. TEFRA)
- Self-directed CDCs statewide
- Put Dakota County and Metro County group together-- put a CDCs summit and asked all counties who don't use this option to attend and hear how successful it is
- Most counties no longer have a champion at the county or an active local Arc to help

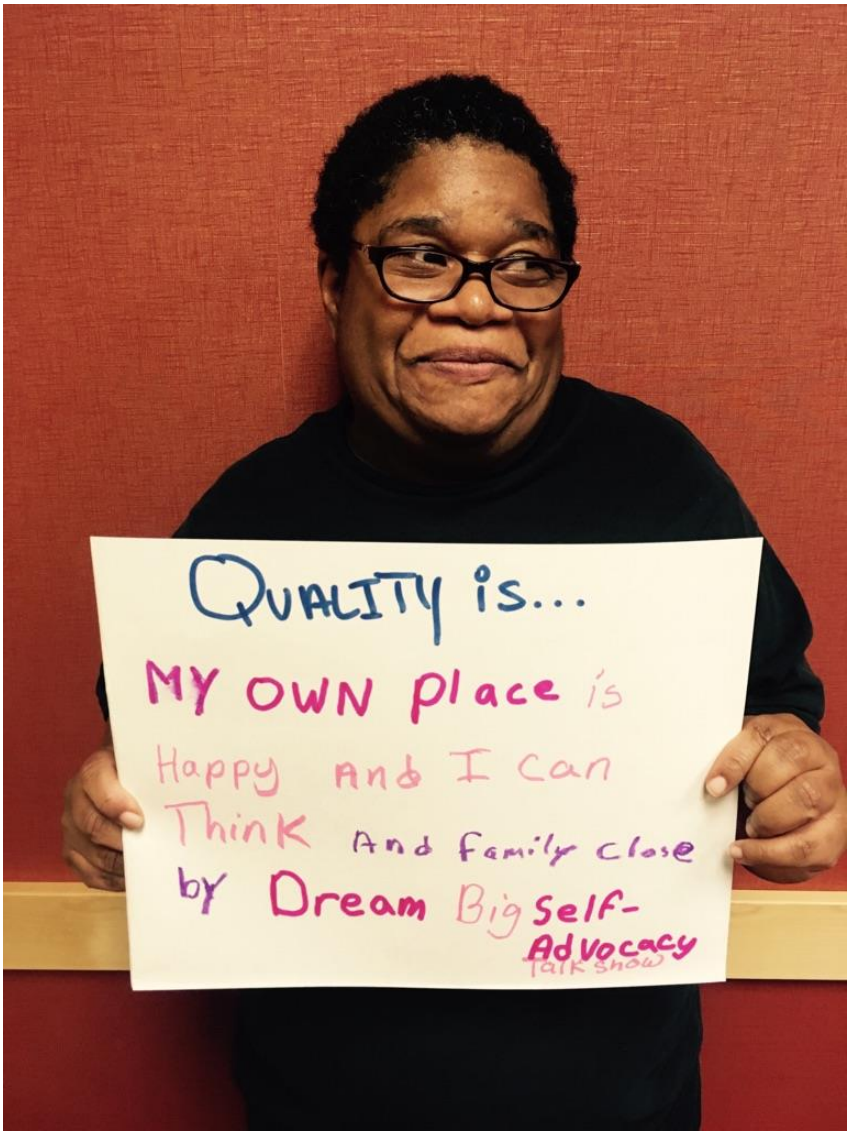
Services

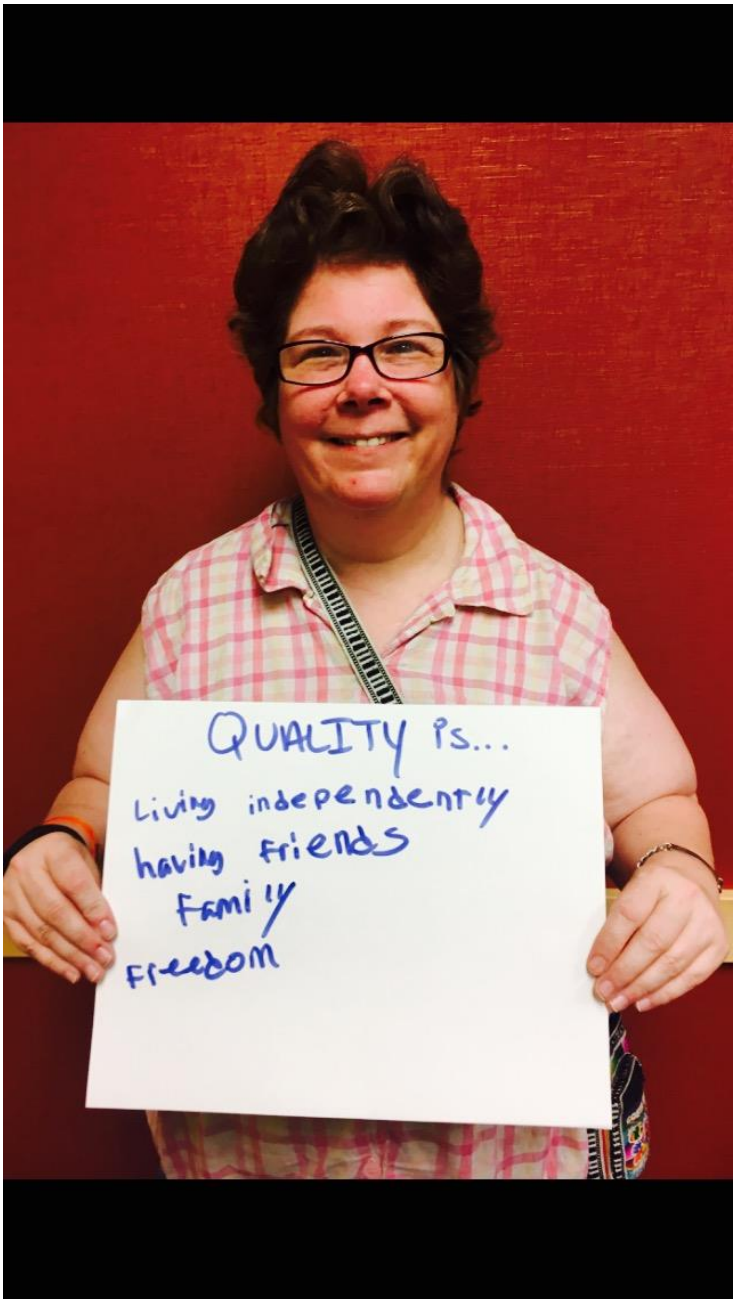
- Inadequate staffing
- High cost of customized/individual services
- Lack of resources/providers for services (respite, behavioral support)
- Lack of affordable housing
- Lack of staff (homemaking, PCA, etc.)
- Staffing shortages (related: lack of well trained staff)
- Lack of choices, especially re: residential options. Housing continues to be very challenging
- Staffing—quality staff, availability of staff

- There are not enough housing units for people to move into location/housing type of their choosing
- Lack of affordable housing negatively affects impact and effectiveness of services provided
- Providers as the landlords: services provider
- Lack of culturally specific providers
- Lack of hosing alternatives or inability to easily find housing for those with high barriers
- Constant change in contracted case managers
- Staffing shortage
- Wages too low—competitive salary needed
- Lack of quality staff—typical are high school [graduates] only. Need more BAs capable of delivering intensive in-home supports
- Housing: affordable, accessible, for individualism with legal or rent histories
- Nursing care for high medical—reliable, consistent
- Transportation—areas that are difficult to get transportation for work are very costly
- Continuous changes in case managers—hard to find consistency in plan implementation
- High turnover, young, inexperienced case managers
- Things getting dropped often
- Currently depending on which waiver you get, services available to you are not equal
- Lack of affordable housing keeps some people in more segregated settings to afford to live
- Lack of providers/staff to serve our clients in general
- Lack of housing options
- Lack of staff providers for our more dangerous or extremely mentally ill individuals

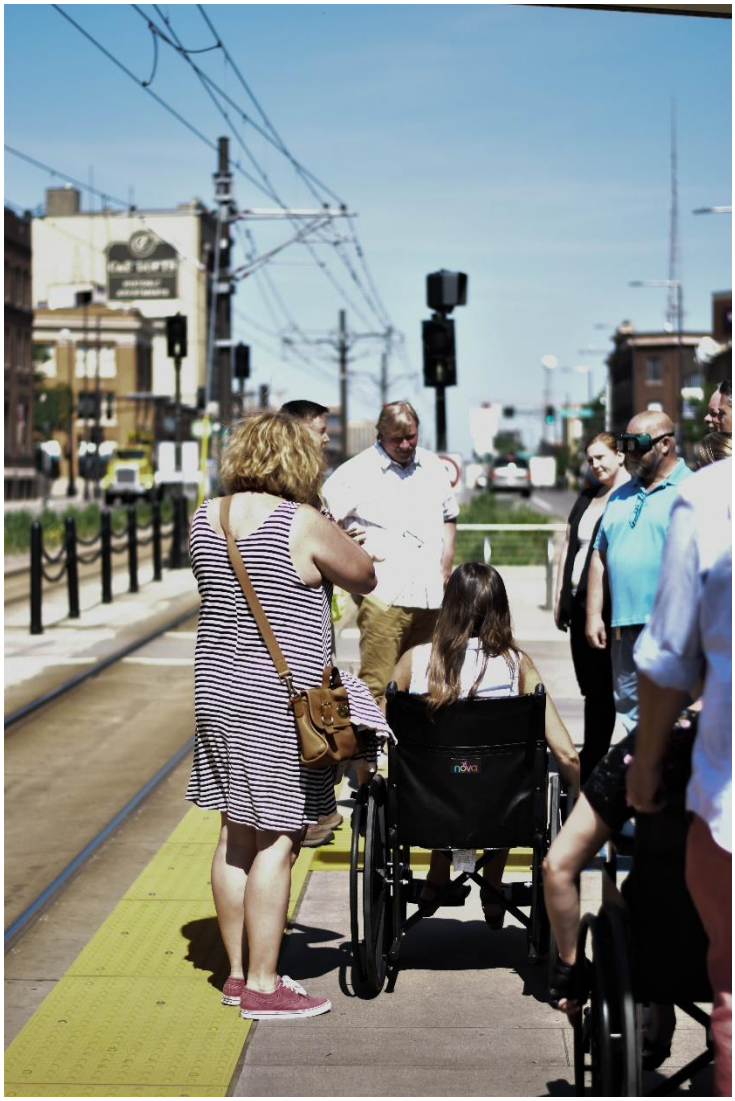
Appendix D: Self-Advocacy Advisory Committee "What Quality Means to Me" photo responses


QUALITY IS...
money
Medical and Insurance
glasses
People in my life
City Bus
TAXI
This is some of the Quality Life for me!


QUALITY is...
MY OWN place is
Happy And I can
Think And family close
by Dream Big Self-
Advocacy
Talk Show


QUALITY is...
Living independently
having friends
Family
Freedom

Appendix E: Metro Regional Quality Council Accessibility Walk Photos

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Abbreviations

AC: Alternative Care Waiver
BI: Brain Injury Waiver
BIRF: Behavior Intervention Reporting Form
CAC: Community Alternative Care Waiver
CADI: Community Access for Disability Inclusion Waiver
CCB: Community Alternative Care Waiver, Community Access for Disability Inclusion Waiver, and Brain Injury Wavier
CDCS: Consumer-Directed Community Supports
CSG: Consumer Support Grant
DD: Developmental Disability [Waiver]
DHS: Department of Human Services
EBD: Emotional and behavioral disorders
MHBA: Mental Health Behavioral Aide
EW: Elderly Waiver
FSG: Family Support Grant
HCBS: Home & Community Based Services
ICF/MR: Intermediate Care Facilities for Individuals with Developmental Disabilities
ICI: Institute on Community Integration
IEP: Individualized Education Program
ILS/SILS: Independent Living Skills/Semi-Independent Living Skills
IPS: Individual Placement and Support Model
IRTS: Intensive Residential Treatment Services
MAARC: Minnesota Adult Abuse Reporting Center
MH: Mental health services and supports
MRQC: Metro Regional Quality Council
NCI-AD: National Core Indicators – Aging and Disabilities
RQC: Regional Quality Council
SQC: State Quality Council
TAAC: Transportation Accessibility Advisory Committee
WIOA-MCIL: Workforce Innovation Opportunities Act/ Metropolitan Center for Independent Living