



Metro Regional Quality Council: FY2018 Annual Report

Submitted by: Kayla Nance

July 27, 2018



Council: Metro Regional Quality Council (MRQC)
Council Counties: Dakota, Hennepin and Scott
MRQC Staff: Kayla Nance and Isabel Taylor
Address: 2446 University Ave. W. Suite 110 St Paul, MN 55114
Phone: 952-920-0855
Fax:
Email: kaylanance@arcminnesota.org
isabeltaylor@arcminnesota.org

Table of Contents

Introduction	Page 4
Council Development & Engagement	Pages 5-8
Person-Centered Quality Reviews	Pages 8-13
Quality Review Data	Pages 14-29
Data in Focus	Pages 30-33
Limitations & Lessons Learned	Pages 33-37
Recommendations for 2019	Pages 37-39
Appendix A.	Pages 40-83
Appendix B.	Pages 84-85
Appendix C.	Pages 85-91
Abbreviations	Page 92



I. Introduction

The Metro Regional Quality Council (MRQC) was developed in July of 2016, with the contract being awarded to The Arc Greater Twin Cities as the fiscal host. The contract is held by the Department of Human Services (DHS). There are three participating counties involved in the work of the MRQC, consisting of Dakota, Hennepin and Scott. The MRQC has one full time Project Manager and a part time Administrative Assistant.

The MRQC is made up of various stakeholders, including: individuals with disabilities, family members, county representatives from Dakota, Hennepin and Scott, a representative from the Office of the Ombudsman and a DHS Regional Resource Specialist.

The primary role of the MRQC is to work collaboratively with regional stakeholders and partners in order to monitor and improve the quality of services, person-centered outcomes, and overall quality of life for people with disabilities. The three primary ways the council accomplishes these goals are through;

1. The implementation of a quality improvement system based on person-centered principals.
2. Promoting best practices and addressing gaps in services
3. Making recommendations for statewide changes to improve the quality of services and supports.

This report will cover the continued development and progress of the council, results from the implementation of the Regional Quality Council Person-Centered Review and information gathered, lessons learned and recommendations for improved services and support.

II. Council Development & Engagement

A. Membership

Current MRQC Members listed below:

Stakeholder Group: Service Providers

- Rod Carlson- Living Well Disability Services
- Joe Cuoco- Supportive Living Solutions
- Betty DeWitt- Community Involvement Programs
- John Estrem- Hammer Residences

Stakeholder Group: Individuals Receiving Services

- Ann Cirelli
- Rebecca St. Martin

Stakeholder Group: Family Member

- Diane Sjolander

Stakeholder Group: County Representatives

- Danielle Fox (Scott)
- Chelsea Lorenz (Dakota)
- Erin Paredes (Dakota)
- Tim Sullivan (Hennepin)

Stakeholder Group: State Representatives

- Robert Morneau- MN Office of Ombudsman for Mental Health & Developmental Disabilities
- Dagny Norenberg- DHS

Stakeholder Group: Advocacy

- Georgann Rumsey- The Arc Minnesota



B. Council Progress, Accomplishments and Highlights

The MRQC was formed in July of 2016 and at the time was primarily focused on the development and implementation of the Person-Centered Quality Reviews. However, due to unexpected delays in the tool development, approval processes and training development, the reviews did not begin until November of 2017. Before launching the review, the council focused on reviews of other data sources, creating trainings/resources for council members, and assisted MRQC staff in development and approval of items needed for the review process.

There are currently 14 members of the MRQC, with all required stakeholder groups being represented. The MRQC decided to move forward to recruit more members in the stakeholder groups of individuals receiving services, family members and potentially one new provider representative. Each member of the council is equally committed to recruit and inform potential new members of the opportunity to serve on the council.

As the MRQC completes the second year of the contract, the current members have been in discussion around ideas of ideal council membership size, membership renewal and membership recruitment. The MRQC created a letter of commitment for current members to renew their membership and to be used with new members for the council.

The MRQC met nine times from July 2017-June 2018. Meeting minutes can be found in **Appendix A.**

The MRQC met on the second Friday of the month for two hours at The Arc Minnesota office. The MRQC had small work groups during council meeting times, as was the desire of the council members. Council meeting times dedicated at least half of the time to small work groups in order to accomplish tasks for the council.

The MRQC worked with the MRQC staff on a few of the following topic areas in FY18: Volunteer Reviewer recruitment strategies, Volunteer Reviewer training requirements, council development, feedback on State Quality Council (SQC) and Regional Quality Council website, guardianship consent process for reviews, updates from the SQC, housing, transportation, workforce crisis and how to best utilize RQC review data collection for recommendations on quality improvement.

The MRQC also hosted several guest speakers for various topics, including, The Microgrant Program, The Sexual Violence/The Arc Minnesota Greater Twin Cities Region collaboration



efforts, and a listening session with representatives from The Olmstead Specialty Committee on Abuse and Neglect Prevention.

The accomplishments, progress and movement of the work of the MRQC is due to the dedication and commitment of each of the members of the council. The diverse perspectives and experiences of each stakeholder contribute to a council that is able to look at quality improvement of services and supports from every angle. It provides a platform for every members' voice to be heard, their unique perspective and skills to be utilized for the improvement of services and supports from an individual level to the systems level.

C. MRQC Goals for 2019

In the upcoming year, the MRQC will develop an Advisory Committee from 3-4 members of the council. This committee will be dedicated to work with the MRQC staff to develop agenda items and to guide the work of the council.

As more Person-Centered Quality Reviews are conducted and data collected, the MRQC staff, along with the MRQC members and SQC support, will continue to analyze the information to decipher trends, gaps and barriers and how to spread best practices. This may take form in specific projects, trainings or recommendations to the State. The MRQC will continue to recruit, train and support volunteer reviewers.

D. Committees

MRQC staff have continued to find opportunities to become involved with other community groups that are currently working towards accessible and high-quality services and supports for individuals with disabilities. MRQC staff participated in the following committees in FY18:

- **Olmstead Specialty Committee on Abuse and Neglect Prevention**
- **Case Management Redesign, Initial Design Team**
- **Arc MN Public Policy Committee**
- **Minneapolis Advisory Committee on People with Disabilities**
- **Accessing Safety in Hennepin County Changemaker Team**



E. RQC Collaborative Work

MRQC staff worked with staff from the Arrowhead Regional Quality Council and the Region 10 Quality Council in the primary areas of database development and implementation, creating a shared website for the State and Regional Quality Councils, development of training for volunteer reviewers, and sharing best practices and lessons learned in each of our regions.

Due to the different geographical locations of each council, most of the collaborative work of the three councils was conducted via conference calls, video conferencing calls and email exchange. The council staff attempted to have at least one in person work day, once a month.

The council staff will continue to work together in the coming year, as the cohesive work of the Regional Quality Council staff across the state is essential in continuing to build and grow the work of the councils in each region.

III. Person-Centered Quality Reviews

Selection/Contact Process

The data was a random sample of individuals who receive home and community based services in the counties of Dakota, Hennepin and Scott, drawn in batches of 600 from the Department of Human Services MMIS database. MRQC staff reviewed data batch and removed individuals without mailing addresses, jumbled contact information, or any other error that created a barrier to contact. Once 100 eligible files were drawn, the MRQC team sent a “first contact” letter to the individual, and to their guardian, if guardian contact information was available. The first contact letter explains the purpose of the Regional Quality Council and that the person can expect a phone call from the MRQC team to set up an interview. The letter includes MRQC staff contact information, should someone prefer to contact MRQC staff to set an interview. A week after mailing the first contact letters, MRQC team members start to make phone calls. The RQCs developed a script before the phone calls began. The script can be found in [Appendix B](#).

As MRQC staff completed this process, adaptations were made to the script as needed. An intern shared that emphasizing the Department of Human Services connection in her voicemail

message/conversation increased trust in call recipients, and tended to make for a more productive first conversation. If the caller was routed to voicemail, a message with similar information to the phone script was left with a callback number. Most individuals received two calls/messages before their file was closed. Sometimes there were several calls to set up review, based on contact information existing for a friend or family member rather than the individual, or indicated interest without being able to get in touch.

When contact was made with the individual the review process was explained and questions answered for the individual, and a date was scheduled for the interview. Reminder calls were made either a day before or the day of the interview. This was beneficial to ensure the person would remember and be available.

Interviews were typically conducted in the persons' home or a place in their community where they felt most comfortable.

The process to contact the person and schedule an interview could be complicated. There was sometimes faulty or outdated data; for example in one situation, the phone number provided was for the sister of a former roommate of the individual who had been selected for review. Nonetheless, we were able set up and conduct 84 interviews during this time period.

Interviews

Ideally, interviews had two MRQC team members present: one person to take notes, handwritten or typed on laptop, and the other to conduct the interview/conversation. Some interviews had one interviewer present due to timing issues or other needs of the team, but most found it preferable to have a teammate available, so that each person focus on one task. The summary the individual receives after the interview is an important aspect, and having a team of two interviewers gave one task to a person to accurately document what was said. Likewise, having one team member whose role was to lead a conversation and totally focus on the person without having to write or type. Having the two distinct roles for interviewers contributed to a rich conversation. Additionally, with a team approach, the team members could support one another during the interview, by asking clarifying questions or approaching things in another way, as necessary. This was also useful in scoring. The note taker typically did the scoring, but the interviewer could review the scores and have a conversation with the note taker about any discrepancies, so the two could come to a shared decision that felt accurate.

The interview itself is a series of ten questions, several of which have two parts to them (A and B). The interviewers typically asked additional questions in order to better understand the individual's answer to the main question, and to assist with scoring. The "tell me about this topic" format was also useful, especially for individuals who were more verbal communicators. For example, in order to understand an individual's answer to Question 5, "To what degree do your staff treat you with respect?" the interviewer might say, "Tell me a little about what your staff are like." To follow up, or to engage individuals who might need more direct questions, the interviewer could start with a close-ended question like, "Does your PCA help you when she's here? How does she help you?" and proceed from there.

Some interviews involved additional people, besides the interviewee. Individuals with guardians would often have the guardian present. Individuals in group homes sometimes had staff nearby. Family or staff could contribute to the conversation, but MRQC team members tried to focus the conversation with the interviewee, if possible.

In some situations, the individual did not communicate with words, or was not comfortable communicating with the interviewers. Though we are open to supplying whichever accommodations an individual might need, some reviews consisted of a family or staff member serving as the proxy for the individual, and sharing insight into the person's life. The MRQC team tried to at least have the individual physically present in such situations. A small number of interviews were conducted by phone, per the individual's request.

The length of interviews varied, but typically lasted about 30-45 minutes, depending on how much the individual wanted to share.

Resource Document

At the end of the review, the MRQC staff, volunteer or intern would leave behind a general resource document. This document can be found in **Appendix C**.

Individual Summaries

A narrative summary of the interview was written, with an additional section indicating how reviewers scored each question. This allowed the MRQC staff to capture the words and context of how the individual responded to each question. The written summary and review tool was



mailed back to the individual. Reviewers would ask the individual how many copies they would like mailed back to them, in case they choose to share it with other people in their lives. By sending the copies of the summaries directly back to individuals, it provided a transparency to the review process, gave the individual an opportunity to ask for corrections if needed and provided a way for the individual to share this information with other people in their lives.

Person-Centered Quality Reviewers

The MRQC staff included a full time Project Manager and a part time Administrative Assistant to conduct the person-centered quality reviews. Due to minimal resources in staffing, the work of implementing the reviews relied heavily on interns and volunteers. The MRQC recruited and trained nine volunteers and five interns. In the period between June 2017 to June 2018, volunteers and interns completed 728 hours of service for the MRQC. The MRQC was able to accomplish this important work through their incredible contributions.

Volunteers were required to complete a MRQC Quality Reviewer application, submit a reference letter and undergo a background check. The MRQC staff interviewed interested volunteers and provided training each new volunteer.

The onboarding and training required for volunteers and interns combined both online lessons and in person training. Volunteers and interns were trained in the topic areas of: person-centered thinking, disability etiquette, SQC and RQC history and development, mandated reporting, data privacy, reflective listening skills, how to use and practice scoring of the interview tool, and entering information into the secure database.

After volunteers and interns completed the online and in person trainings, each new reviewer would accompany an MRQC staff on at least two interviews to observe and to practice their skills. This provided the opportunity for the new reviewer to be mentored and learn from an experienced reviewer.

Volunteer reviewers were paid a stipend upon completing their training and for each completed review.

Given the length of training required for volunteer reviewers, oftentimes, it took up to a month to have a volunteer reviewer or intern ready to conduct interviews.

IV. Person-Centered Quality Review Data and Findings

Response Rate

For purposes of this report, response rate is defined as the number of people that completed a person-centered quality review, divided by the number of people the MRQC staff attempted to contact to schedule a review. Attempted contacts include the following categories:

- completed interviews
- refused interviews (by individual, guardian or staff)
- persons with incorrect contact information
- person scheduled an interview but then didn't show up for the interview or call to reschedule (no shows)
- person that did not respond to contact attempts
- person reported as deceased.

See the categories below for the details on the number of individuals in each category.

Based on this formula response rate for the reviews for FY18 is calculated at **8.7%** (84 interviews completed divided by 960 people that the MRQC staff attempted to contact).

For comparison, the response rate for people the MRQC staff was able to contact can also be calculated. This alternative response rate is defined as the number of people that completed a brief interview divided by the number of people the MRQC was able to contact. Contacts include the following categories:

- completed interviews
- refused interviews (by individual, guardian or staff)
- no shows
- persons that did not respond to contact attempts
- persons reported as deceased.

Based on this formula the response rate for those contacted by the MRQC staff is calculated at **15.4%** (84 interviews completed divided by 542 people that the ARQC was able to contact).

Completed Reviews by County

There were 23 completed reviews in Dakota County, 57 in Hennepin County and 4 in Scott County.

Completed Reviews by Service Agreement Type

- Alternative Care: 2
- Brain Injury Waiver: 1
- Community Access for Disability Inclusion Waiver: 42
- Developmental Disability Waiver: 23
- Elderly Waiver: 2
- Home Care: 11

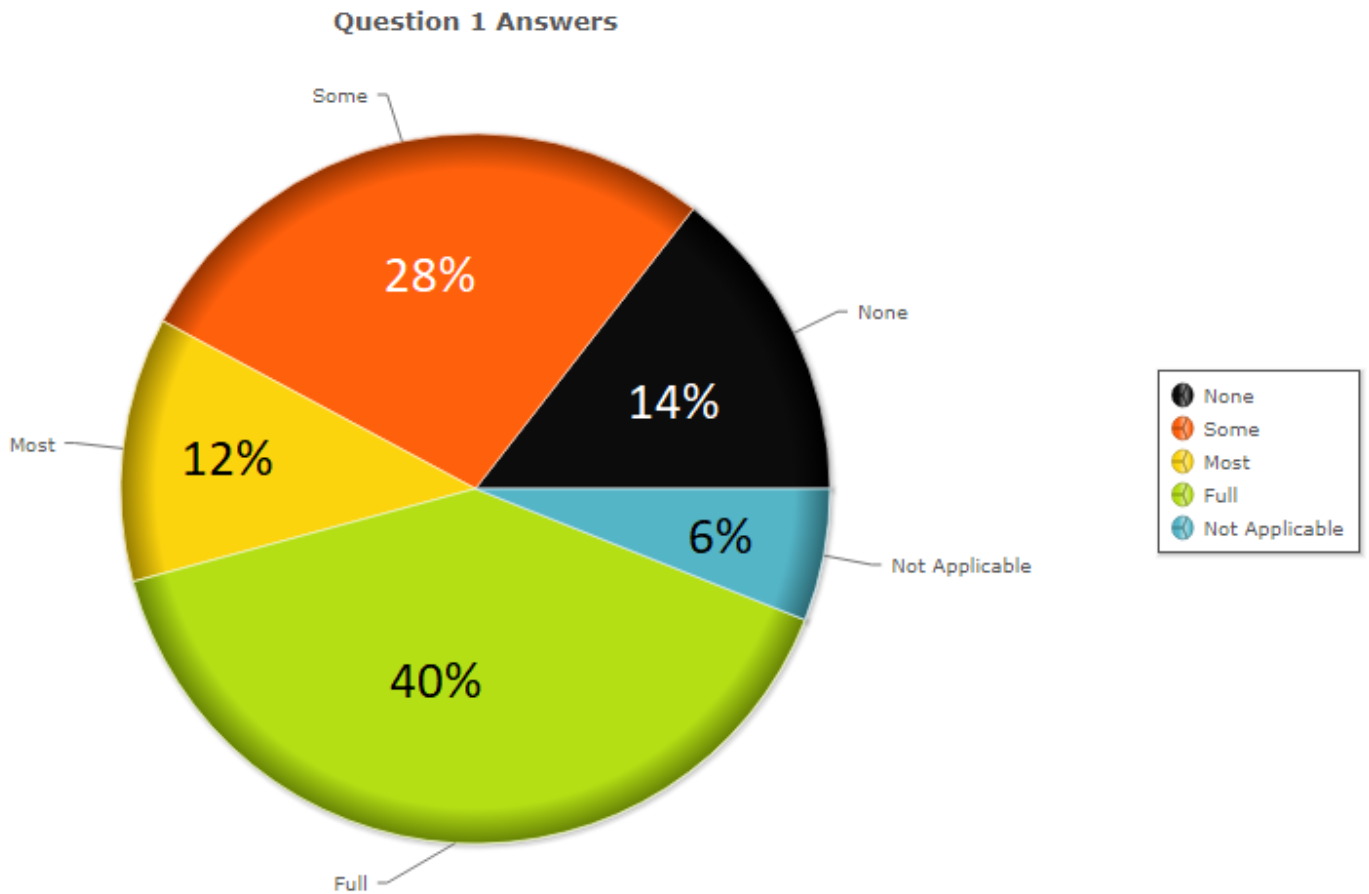
Scored Responses

Below are the 84 scored responses to each question for the Person-Centered Quality Review.

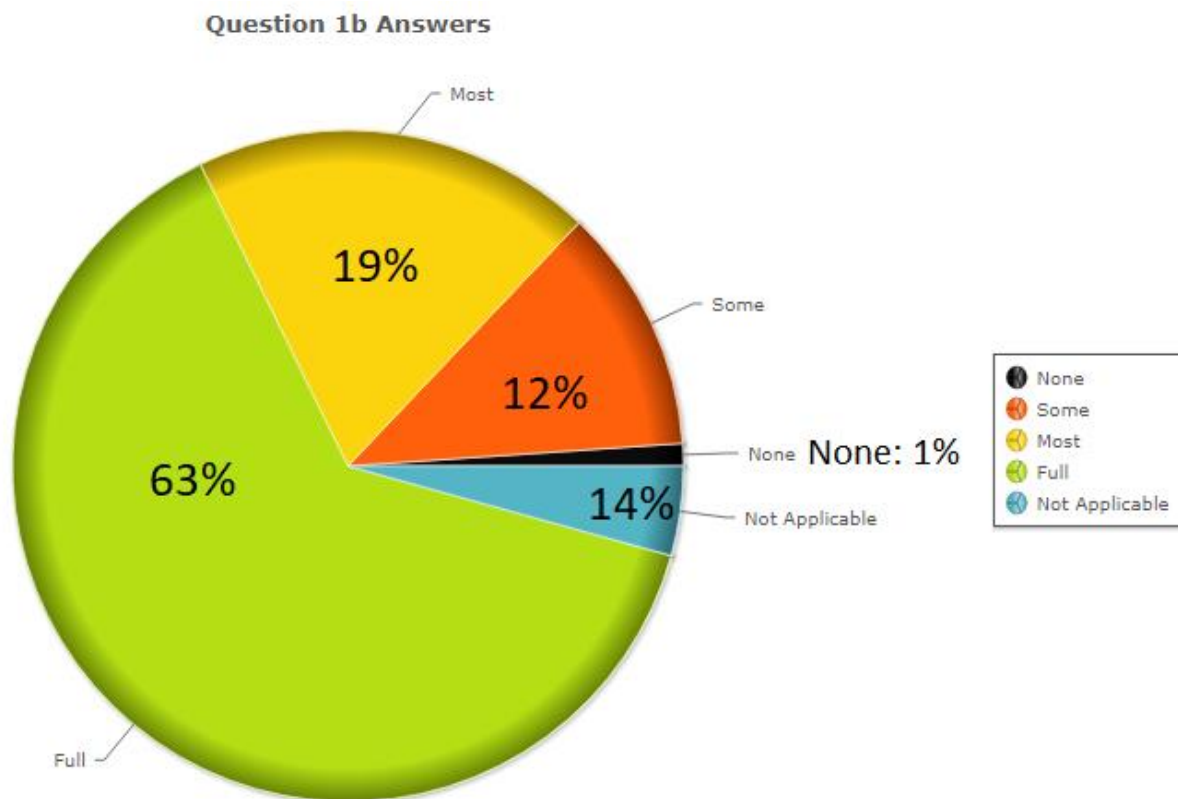
There are five possible responses to each question; here is a list of them and the descriptions for each:

- **None-** You have no control over, or do not experience any of the area of your life you were asked about; by none we mean 0% of the time.
- **Some-** You have control over, or experience to some degree, the area of your life you were asked about; by some we mean 50% of the time or less.
- **Most-** You have significant control over, or experience the area of your life you were asked about to a large extent; by a most we mean 51% of the time or more.
- **Full-** You have total control over, and/or you experience to a full degree the area of your life you were asked about; by full we mean 100% of the time.
- **Not Applicable-** Question does not apply to you

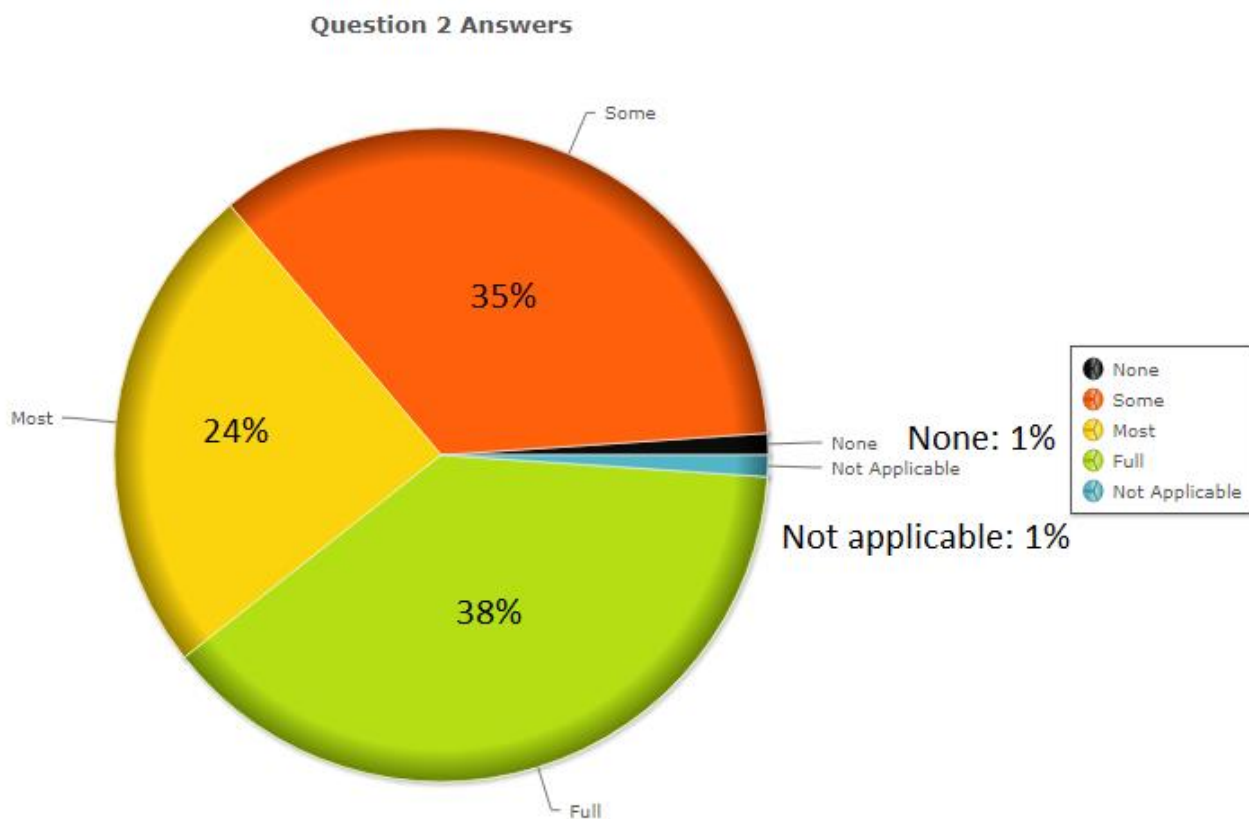
Question 1: How much control do you have over who you live with?



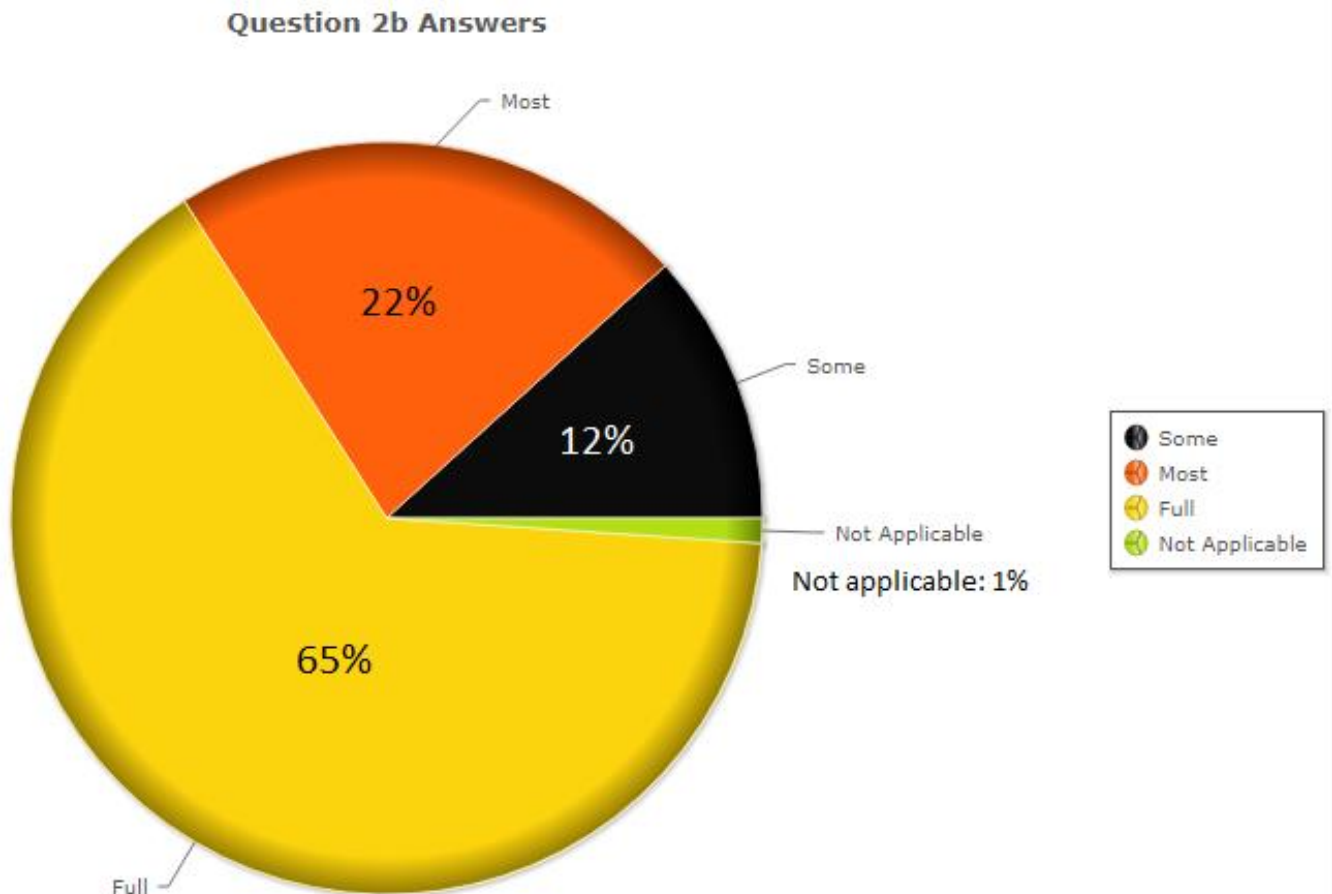
Question 1b: How much control would you *like* to have over who you live with?



Question 2: How much control do you have over your daily routine?

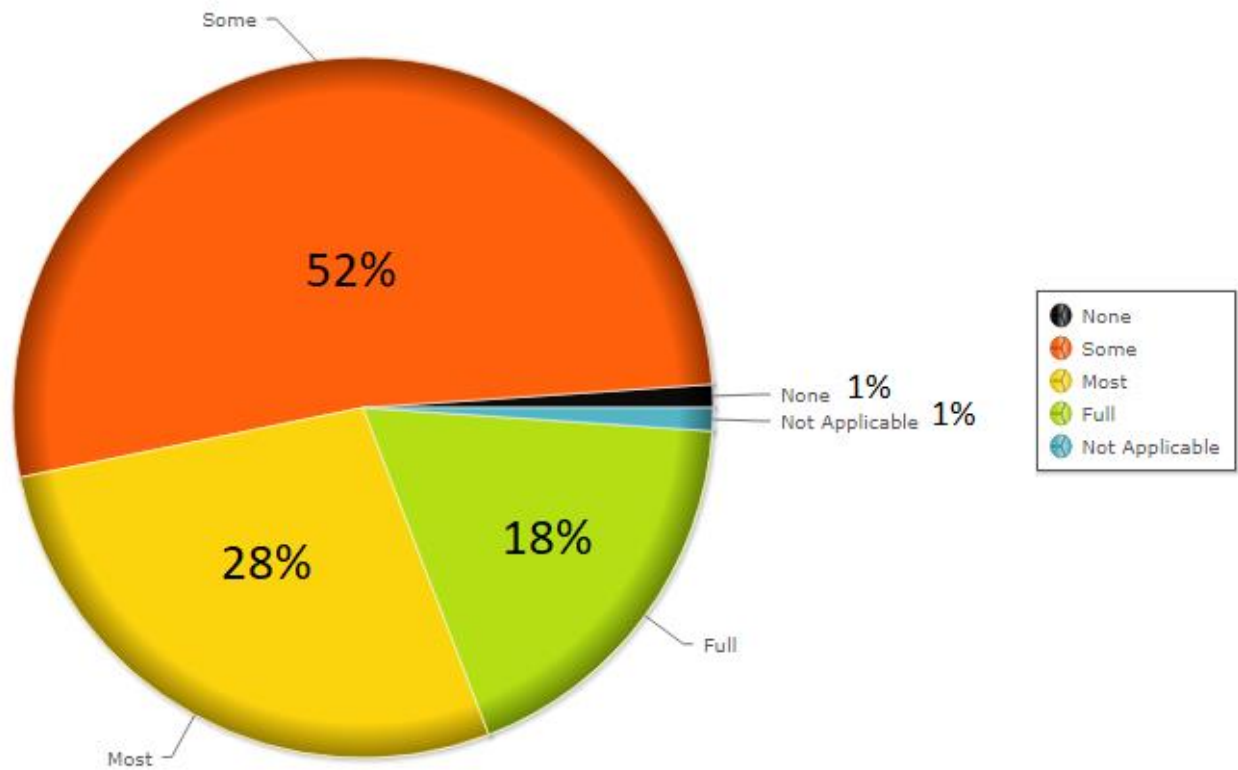


Question 2b: How much control would you *like* to have over your daily routine?

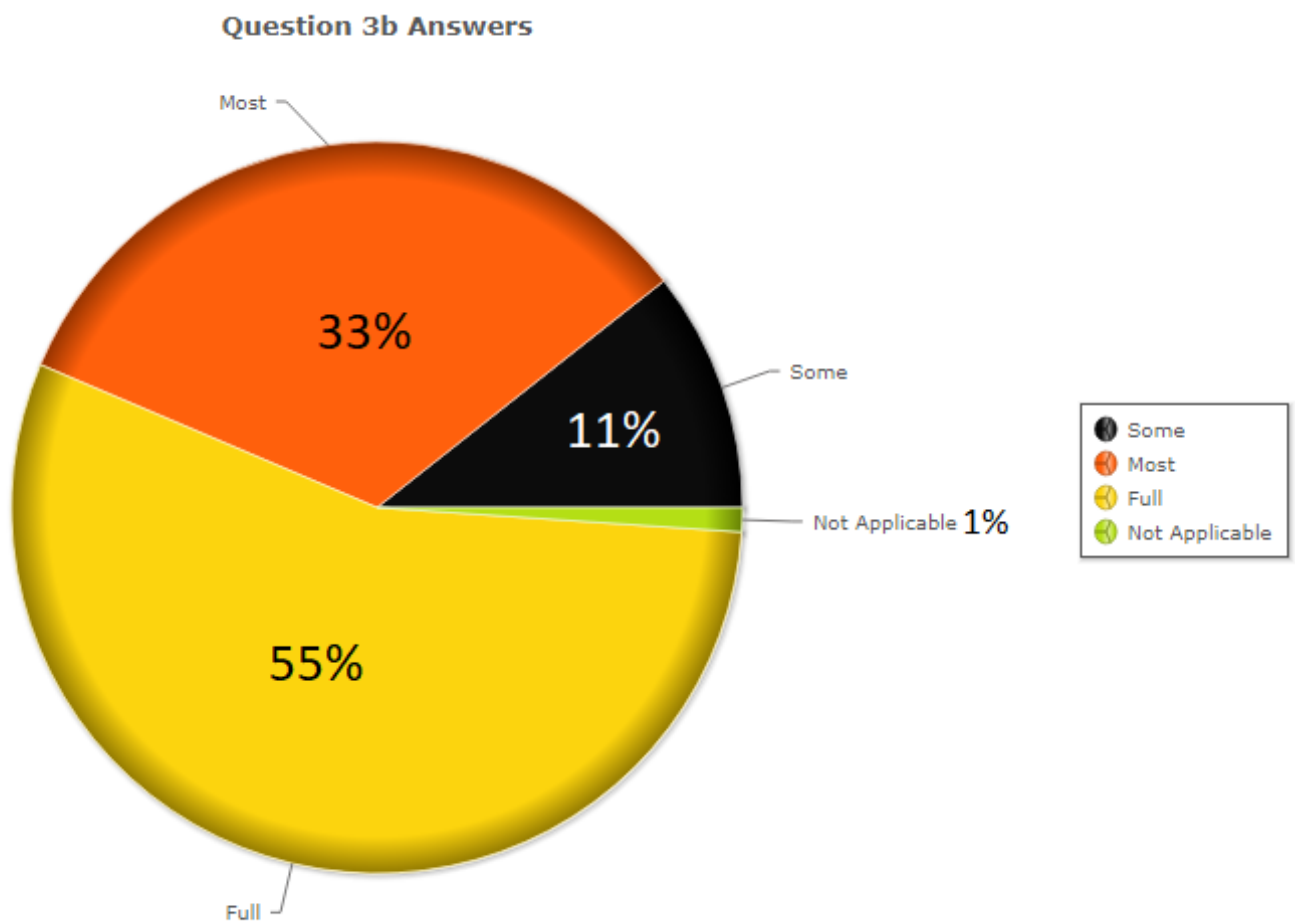


Question 3: How much control do you have over things you enjoy doing outside of your home?

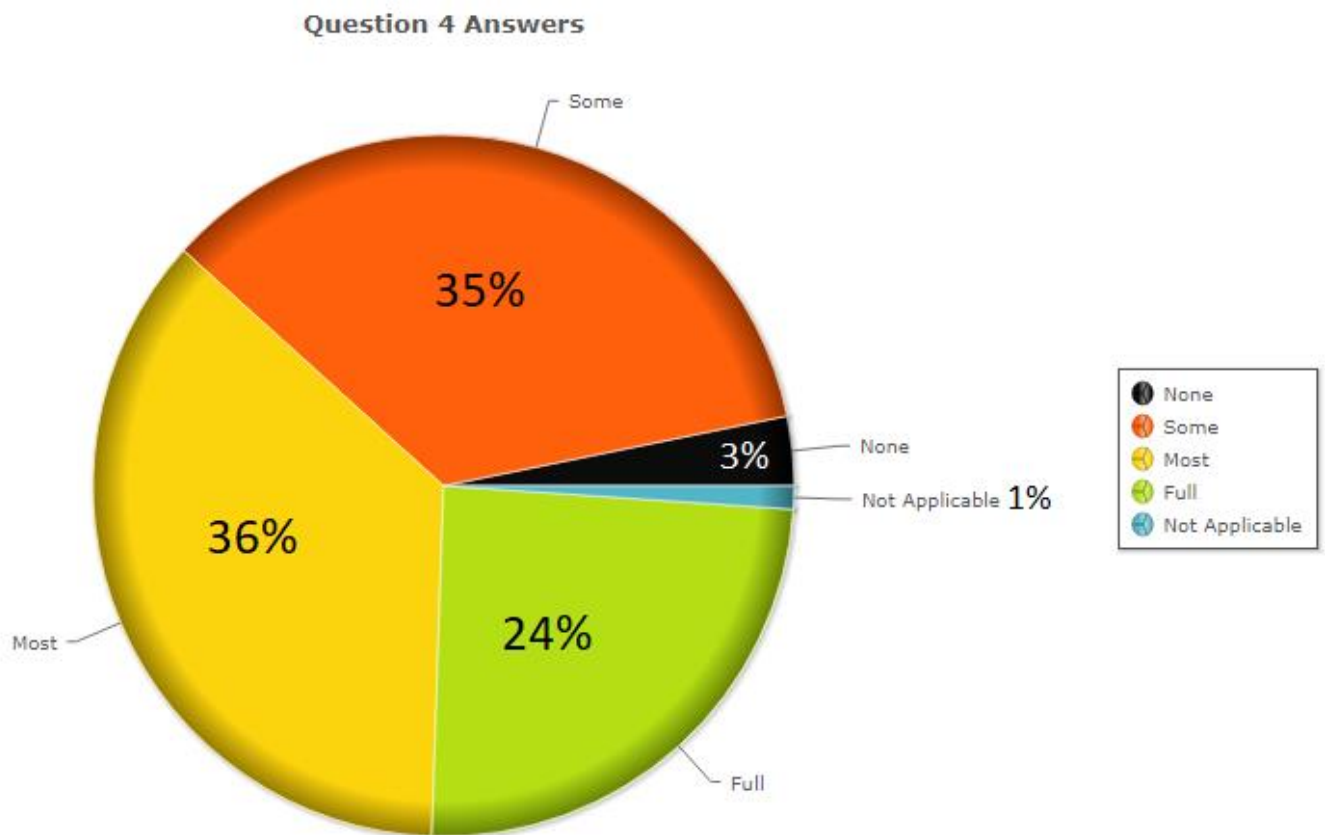
Question 3 Answers



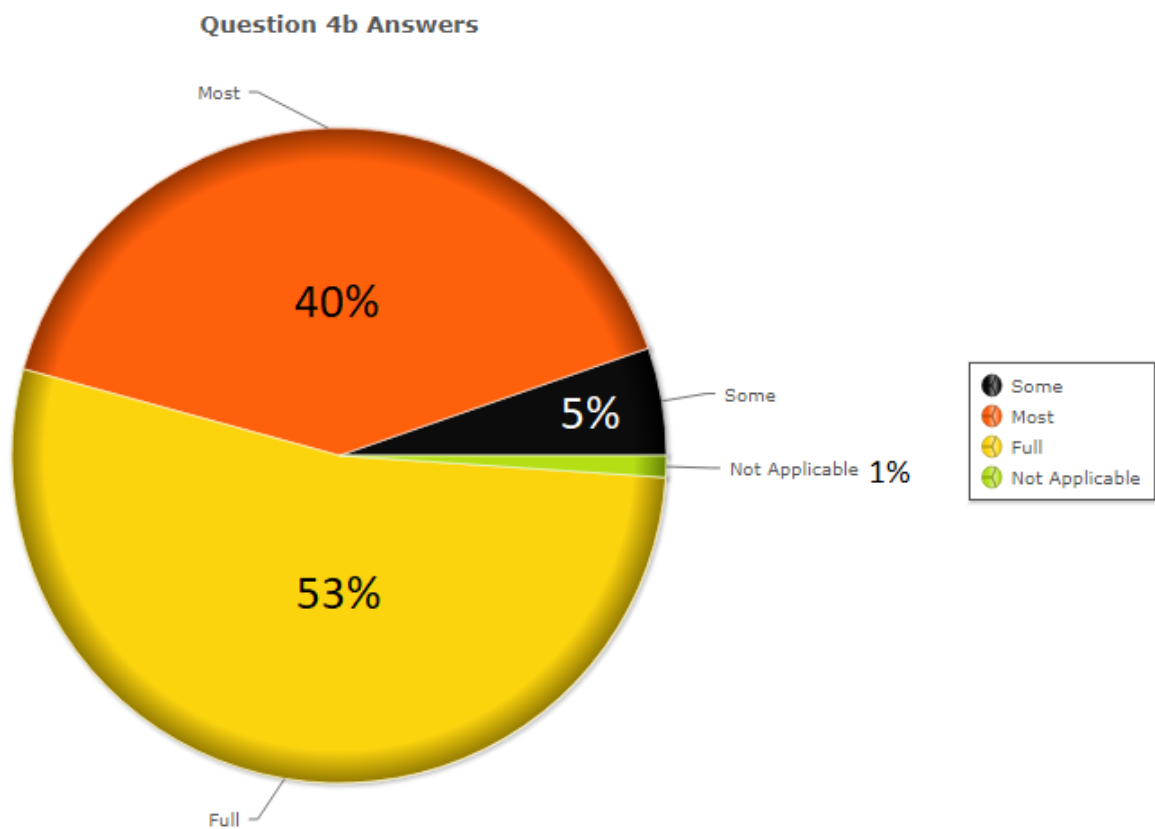
Question 3b: How much control would you *like* to have over things you enjoy doing outside of your home?



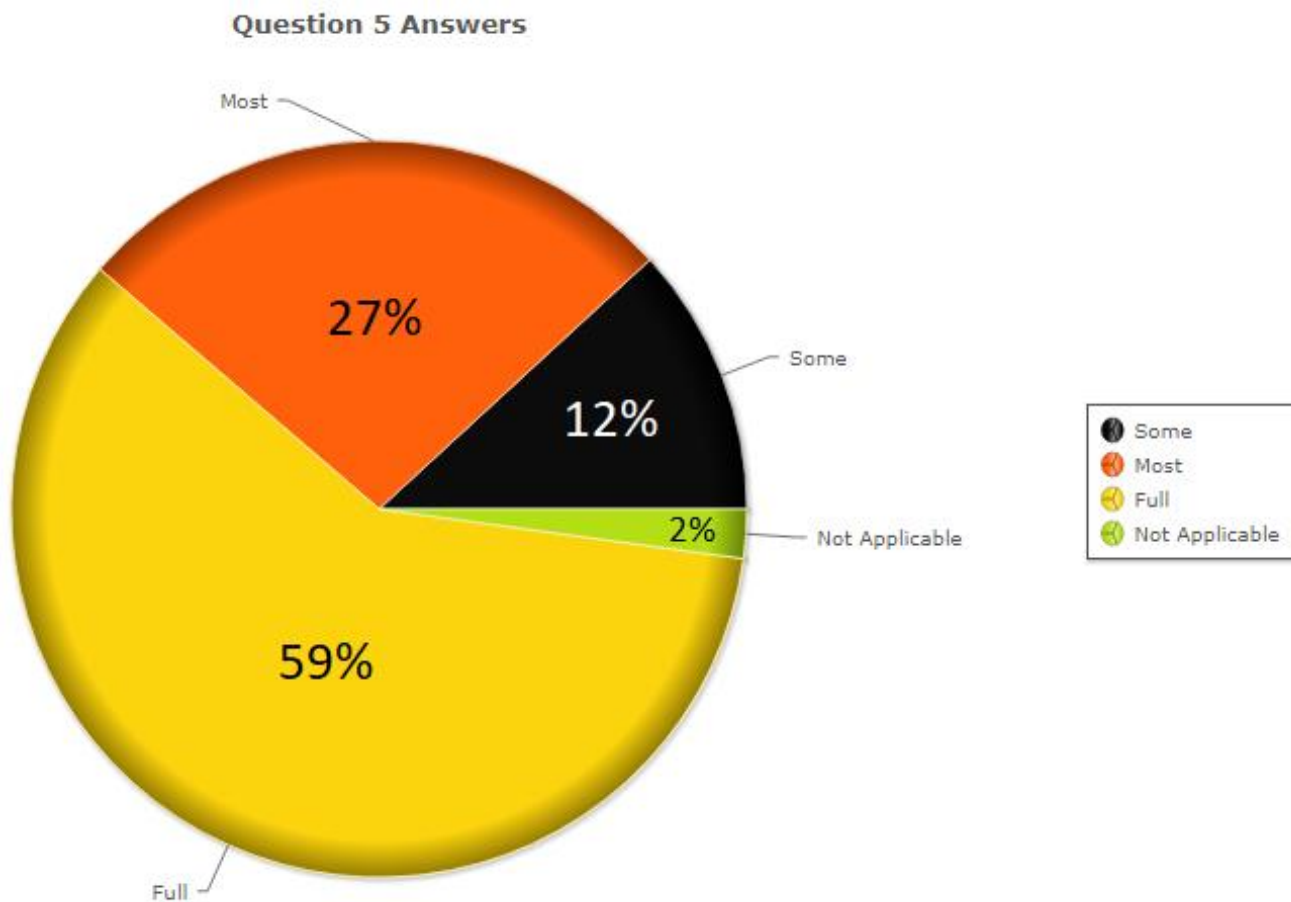
Question 4: How much control do you have over how much time you spend with people you care about (family and/or friends)?



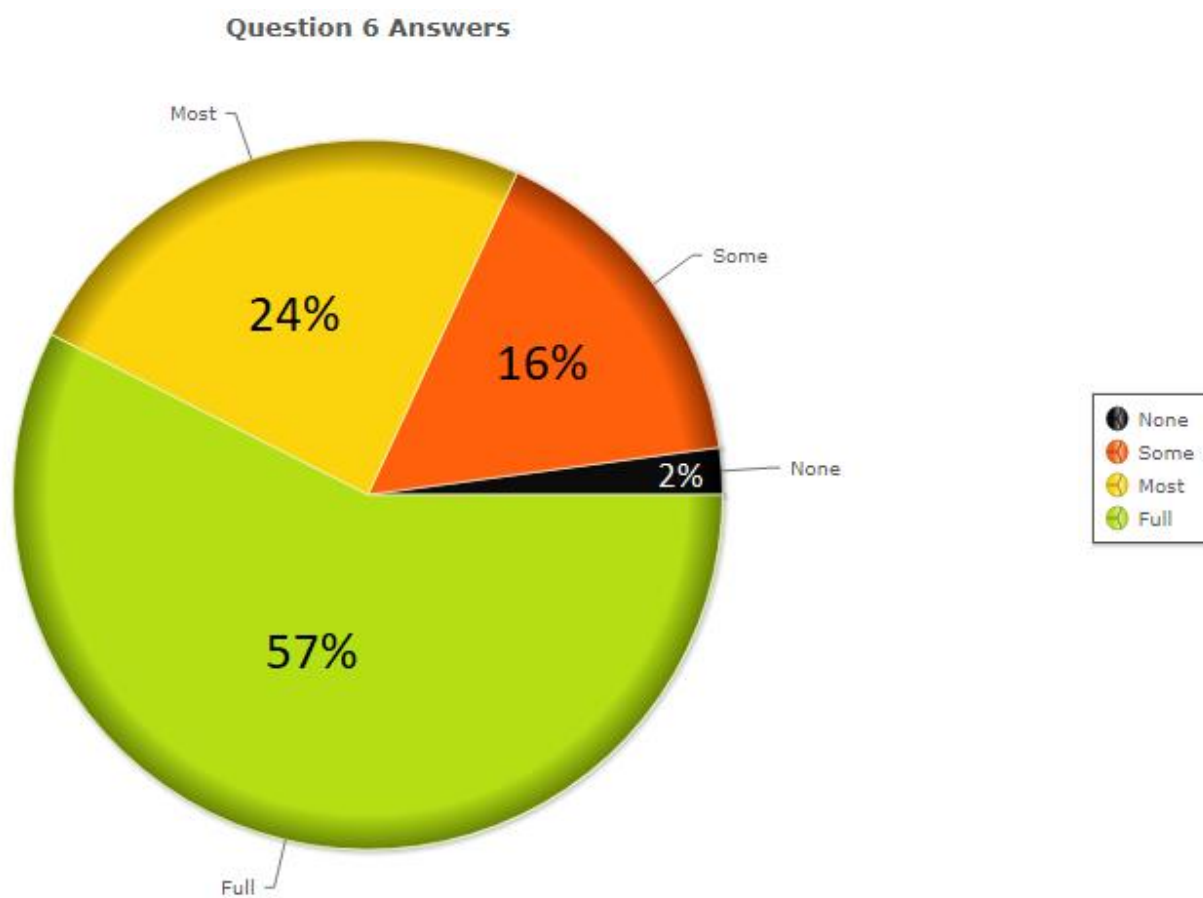
Question 4b: How much control would you *like* to have over how much time you spend with people you care about (family and/or friends)?



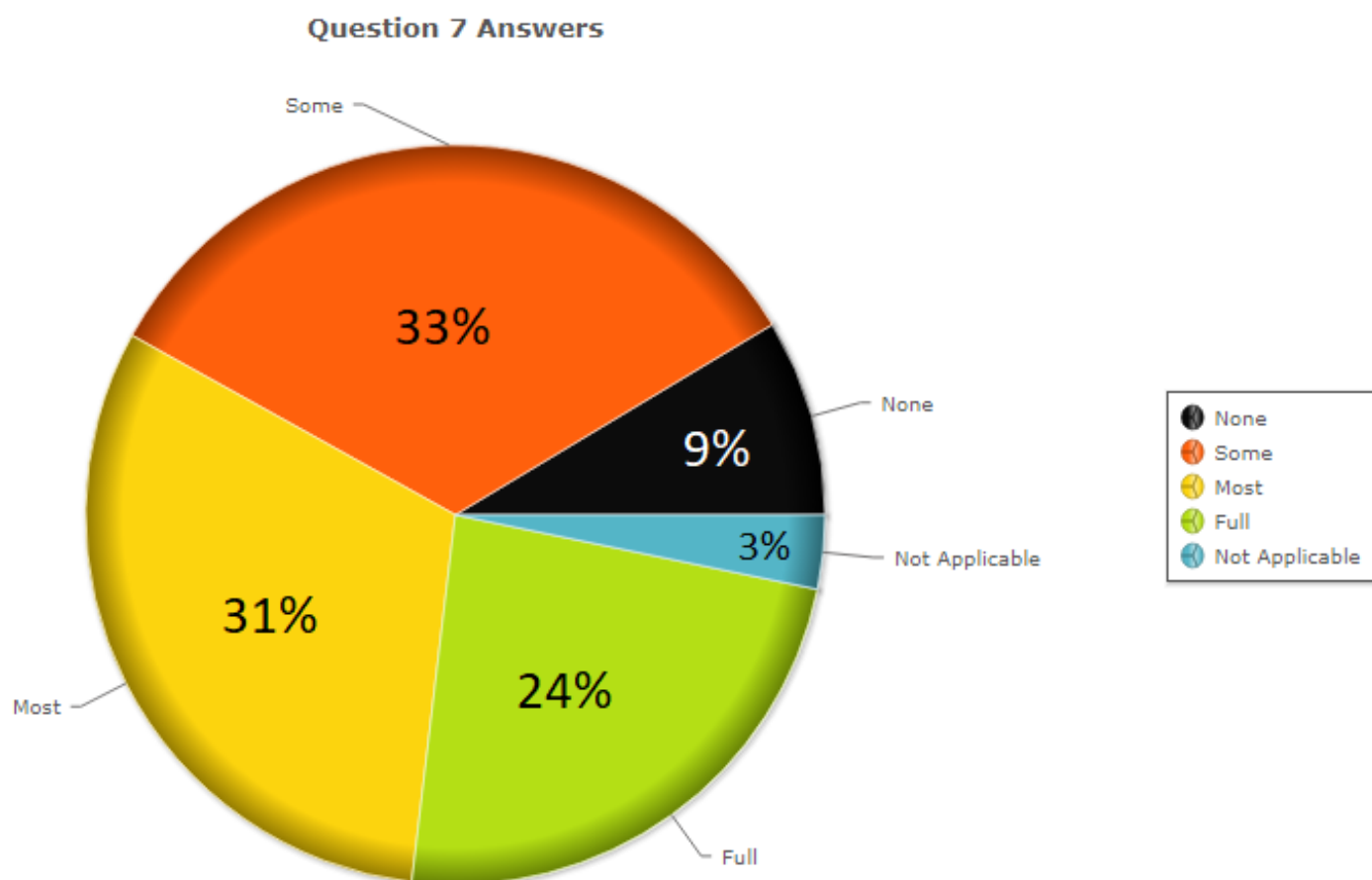
Question 5: To what degree do your staff treat you with respect?



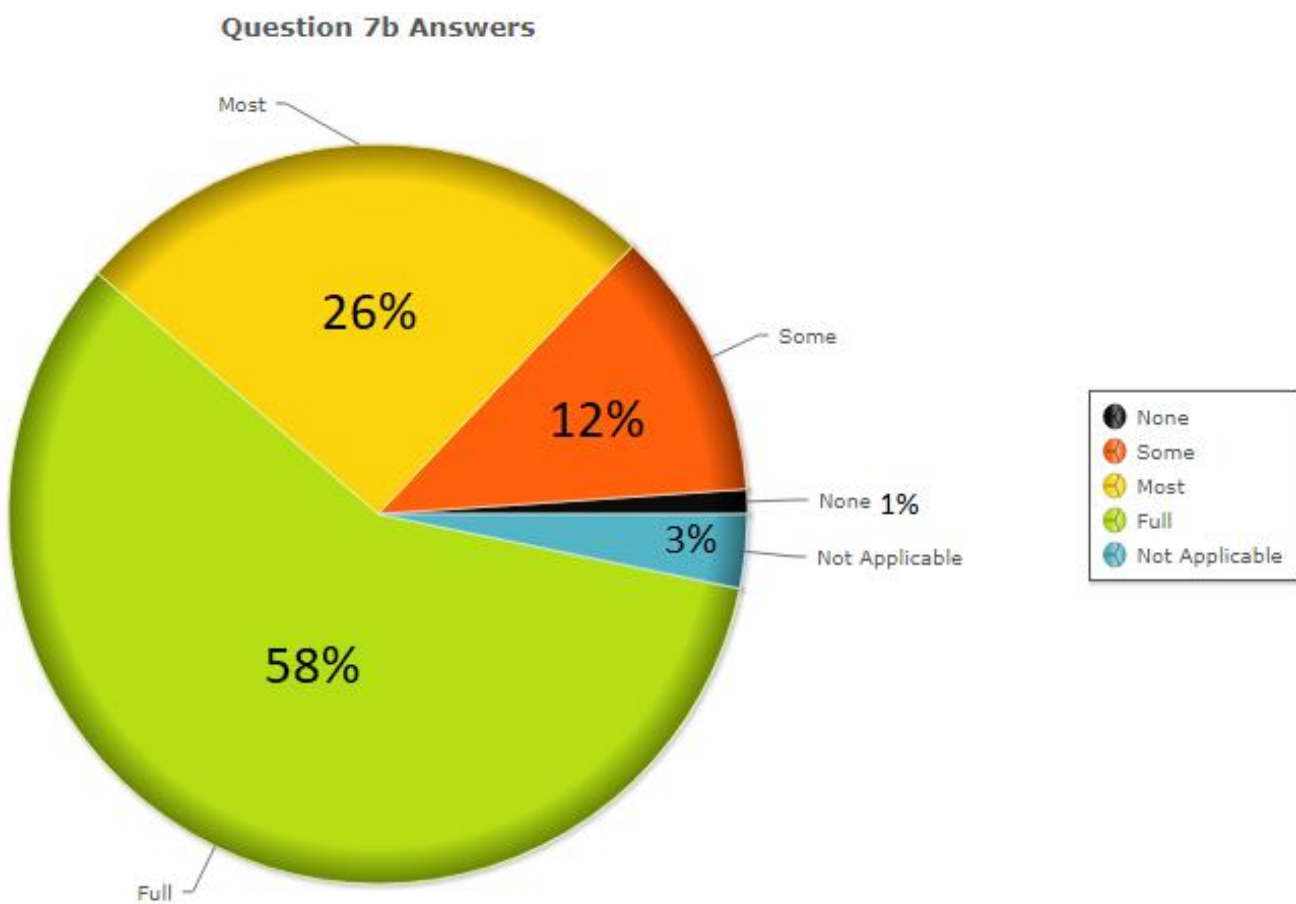
Question 6: To what degree do you feel safe?



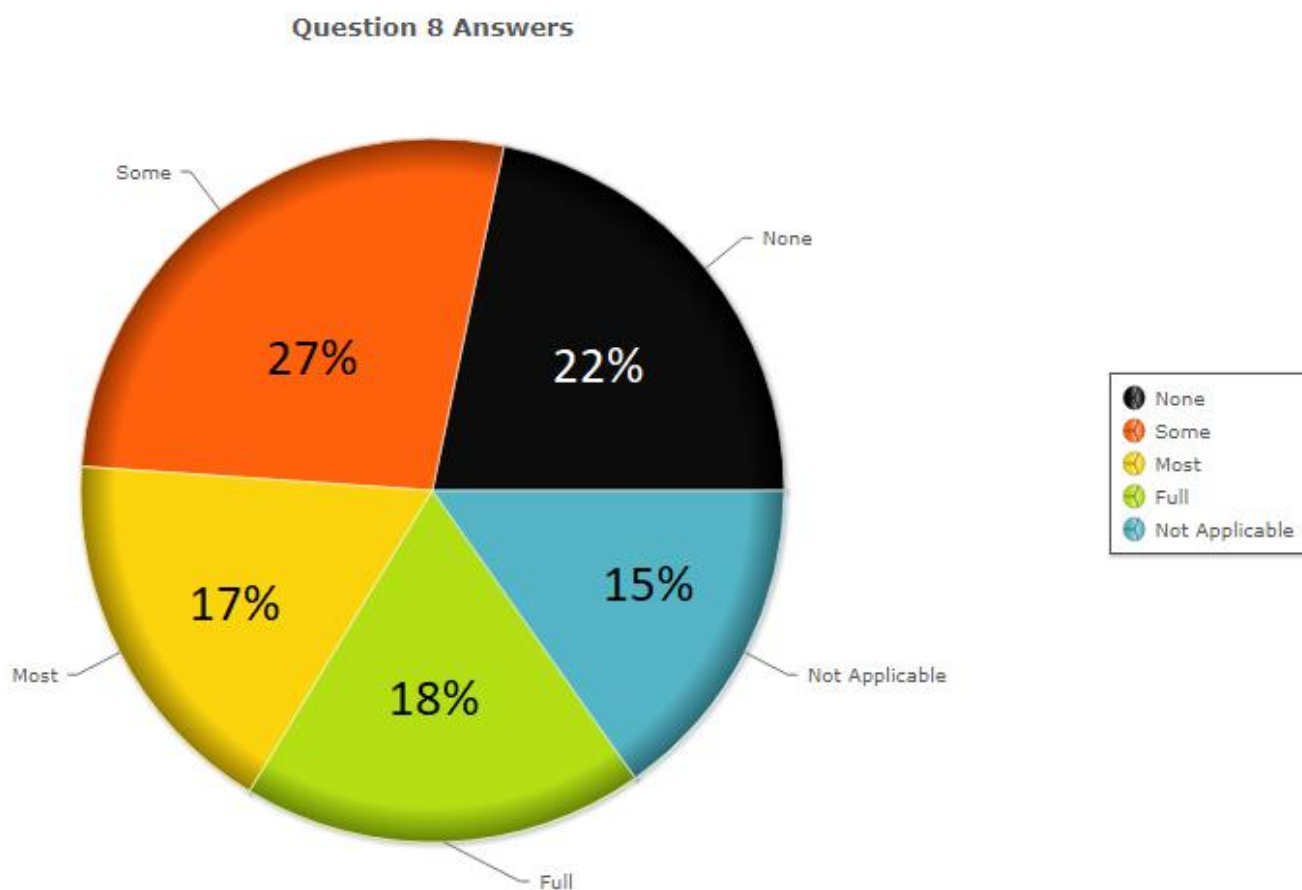
Question 7: How much control do you believe you have over life planning?



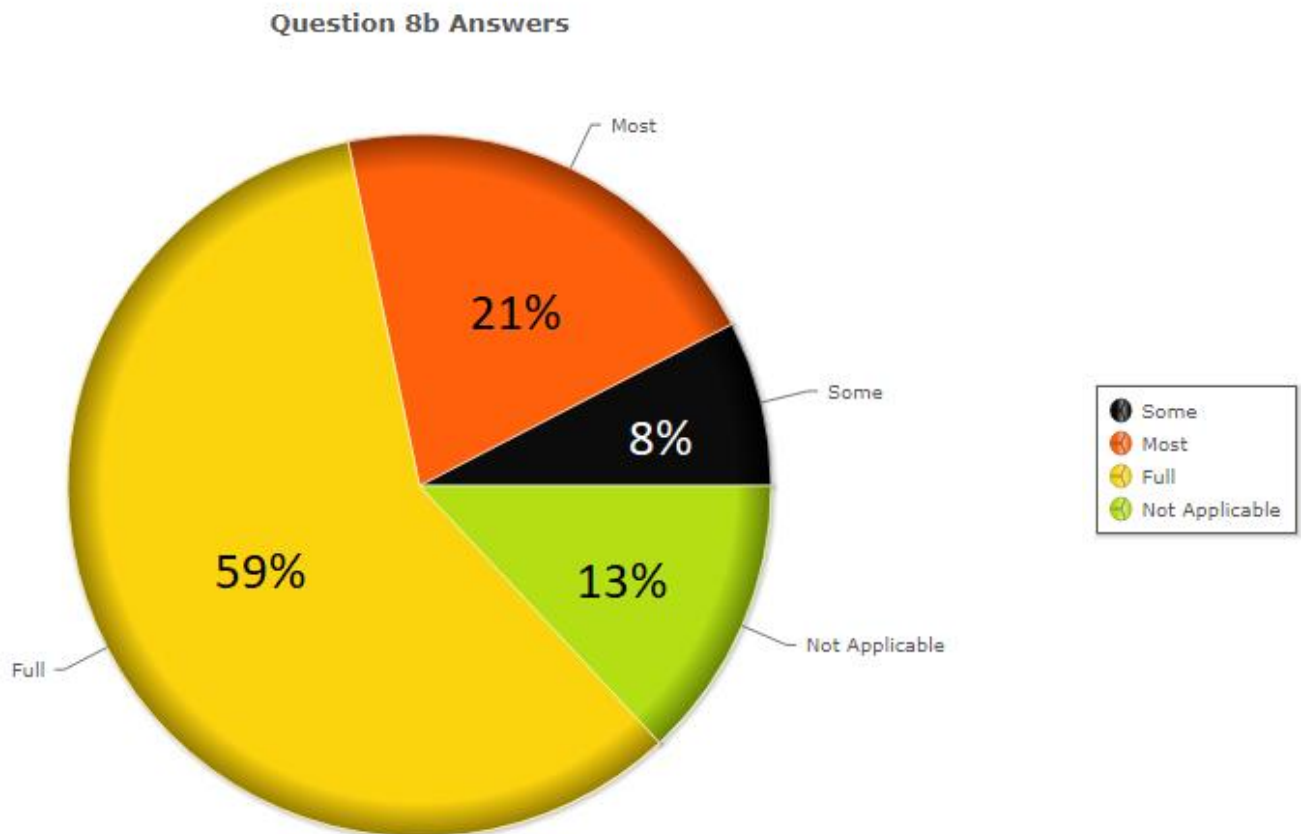
Question 7b: How much control do you believe you have over life/future planning?



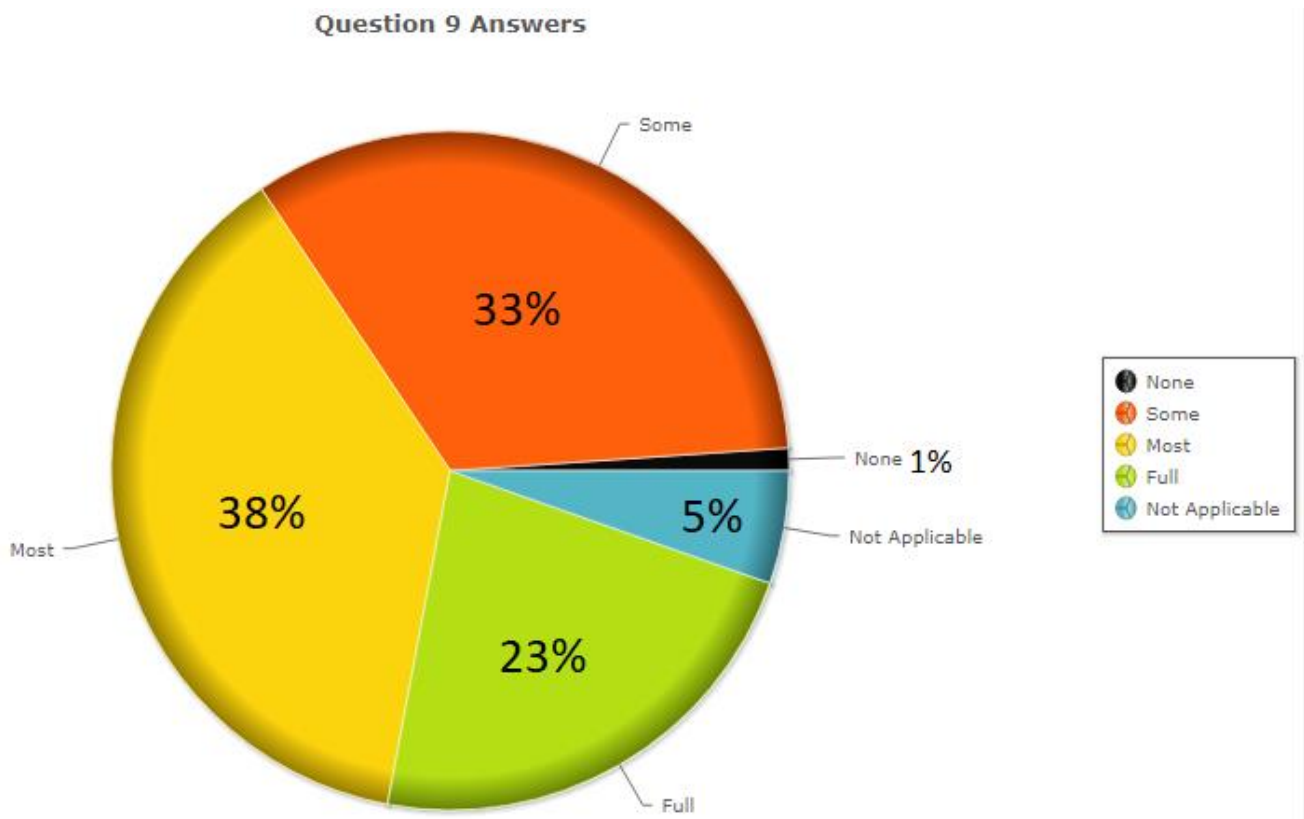
Question 8: How much control you have over whether you have a job that you like?



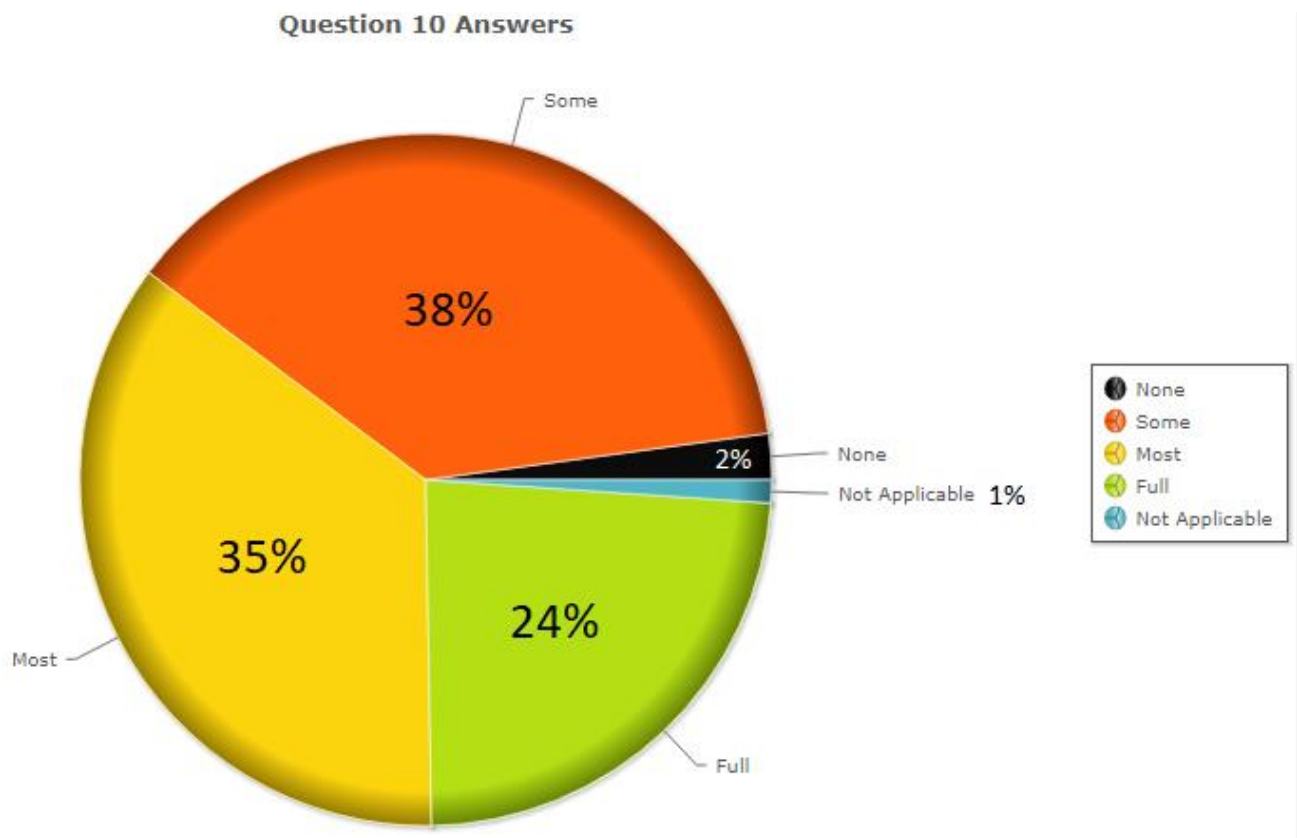
Question 8b: How much control would you *like* to have over having a job that you like?



Question 9: To what degree are your goals/hopes/visions/dreams reviewed and changed so you would like?



Question 10: To what degree are the services and supports helping you in the ways you would like/need?



“To improve the quality of services and supports for people with disabilities”

Data in Focus: Housing

Though every individual is different, there were several reoccurring themes that made a housing situation negative or positive for individuals. Disregarding rating and instead viewing each summary section on housing, 27 individuals were having a housing situation that was more negative than positive. Here is the scoring breakdown:

- **FULL:** 6/34 overall negative housing situations
- **MOST:** 4/11 overall negative housing situations
- **SOME:** 7/22 overall negative housing situations
- **NONE:** 9/12 overall negative housing situations
- **NOT APPLICABLE :** 1/5 overall negative housing situation

Below are housing issues/housing benefits, and how many of the interview summaries reflected an individual's mention of each topic. The most common topics are bolded.

Housing Issues

- **Management issues: 6**
- **Roommate difficulties/did not get to choose roommates: 6**
- **Health/hygiene: 5**
- **Accessibility: 5**
- **Wants to move but would need assistance not currently had: 5**
- **Previously lived independently and desires to again: 5**
- Wants to live independently for the first time: 4
- Safety: 3
- Staff difficulties: 3
- Would prefer to live with family: 3
- Financial concerns: 3
- Wants to return to home country: 2
- Different needs/disabilities than housemates: 2
- Currently living in a homeless shelter: 1
- Currently homeless: 1.
- Lack of independence/restrictions on activities: 1

Housing Positives

- **Enjoys living with or near family: 17**
- **Good community (housemates, neighbors): 11**
- **Generally enjoys independence/ enjoys living alone: 9**
- Good balance of independence and care: 6
- Accessible: 4
- Good staff: 4
- Affordable: 3
- One story: 2
- Good utilities/features: 2
- Quiet: 1
- Close to doctors: 1
- Good management: 1
- Got to choose roommate: 1
- Quiet: 1
- Able to have pets: 1
- Beautiful place: 1
- Access to care: 1

Data in Focus: Employment

28 individuals were more frustrated than satisfied with their employment situation. Due to the range of individuals who the RQC team interviewed, there was a large range of experiences. Some individuals were happily retired; others were minors who had not worked yet; others still were struggling to break into the workforce.

- **FULL:** 0/15 overall unsatisfying employment situations
- **MOST:** 3/15 overall unsatisfying employment situations
- **SOME:** 8/19 overall unsatisfying employment situations
- **NONE:** 13/17 overall unsatisfying employment situations
- **NOT APPLICABLE:** 2/14 overall unsatisfying employment situations

It is notable that no individuals with “full” control over their employment reported a primarily unsatisfying employment situation. It appears that, unlike housing, individuals with full choice are able to make the employment decisions that they need to ensure quality of life.

Below are specific reasons that determined whether or not a person’s employment situation was overall satisfying or unsatisfying, and how many of the interview summaries reflected an individual’s mention of each topic. The most common topics are bolded.

Not Satisfied with Employment Status

- **Cannot work due to health/pain but wants to: 15**
- **Would like to work/work more but concerned about losing benefits: 6**
- **Doesn’t get along with coworkers/doesn’t tend to make connections at work: 4**
- Not having a car/transportation is a barrier: 3
- Taking too long to find work/be allowed to work: 2
- Wants to be working but isn’t (general): 2
- Would like to work or find different work but needs more support/guidance/planning: 2
- Ready to get back into the workforce after having to take time off: 2
- Wants to move from day program work/vocational rehab to community work: 2
- Bothersome work environment: 1
- Work doesn’t pay enough: 1
- Working but does not want to be working: 1
- Has not found a good fit in work: 1
- Interested in being self-employed but concerned about money/state rules: 1
- Outdated skills: 1
- Cannot accept payment for work for fear of losing MA: 1
- Current work is taking toll on health: 1
- Wants to change something about current workplace/tasks: 1
- Too few hours: 1
- Needs to go back to school to find work: 1

Satisfied with Employment Status

- **Not working and does not want to be working: 14**

- **Likes job (general): 7**
- **Retired: 6**
- Focusing on health rather than work: 5
- Feels good at their job: 5
- Likes independence work grants: 3
- Has developed own system for comprehensively doing work: 2
- Focusing on family rather than work: 2
- Good manager: 2
- Improvement from previous job: 2
- Job coach/job retention specialist/support staff around employment are helpful: 2
- Likes having variety of choices of what to do at work/day program: 2
- Good work community: 2
- Has opportunity to work if interested in the future: 2
- Focusing on returning to home country rather than work: 1
- ILS worker helping to develop skills to be able to work: 1
- Focusing on art rather than work: 1
- Currently in school in order to pursue career: 1
- Happy to be working in the community rather than day program: 1

V. Limitations & Lessons Learned

Data Quality

All records and contact information for the reviews were imported from the Department of Human Services MMIS database to the Agile Apps database.

The information imported from MMIS was intended to provide the RQC staff with individual's names, gender, race or ethnicity, date of birth, phone number, address, county of residence, county of fiscal responsibility, service agreement type, primary language and guardian contact information.

The lack of essential information in the data set received was one of the largest barriers to being able to reach individuals who had been randomly selected. From November 2017 through



June of 2018, MRQC staff attempted to contact 960 individuals receiving home and community based services in the counties of Dakota, Hennepin and Scott. Out of the total number, **960** individuals, **23%** of the individuals had incorrect contact information and **19%** did not have a phone number attached to their data information, resulting in being unable to make contact with the individual. For individuals that we had a working number for, two contact attempts were made to inform the individuals of the interview opportunity. Out of that group, **27%** were closed due to lack of response back to the MRQC staff. However, due to the data quality being poor, some of the phone numbers could have been incorrect or MRQC staff may have been unable to leave a message for both contact attempts.

Interview Length

The RQC Person Centered Quality Review was originally intended to be a 15 minute brief in person interview. However, upon implementation, the average interview time resulted in closer to 30-45 minutes, not including travel time. Including average travel time to be an hour in total, administrative time of scheduling and summary completion, each interview could take up to 4 hours. It's estimated that reviewers spent around 336 hours on the reviews, excluding the processes of initial contact and scheduling.

The unexpected length of the interview increased the need for more staff and volunteer time resources dedicated to the review process. The volunteer stipend was adjusted by \$25 to accommodate for the unexpected increase in the time commitment for volunteer reviewers.

Due to this change in the interview process, the MRQC has adjusted the number of reviews to be completed from 42 per month, to 240 reviews per year.

Communication Needs

Out of the data sample for the MRQC, there were 13 identified languages and 3 unknown or unspecified languages. The MRQC outreach materials initially were only in English and translated to Somali, Hmong, Spanish, Vietnamese and Russian. These 6 languages had the highest number of individuals in the sample size. Due to limited resources for translating materials, we were only able to translate materials for the 5 languages listed above.

Interpretive services were utilized to make outreach phone calls and to conduct in person interviews.

Once the team received funding to employ interpreters for interviews with non-English speakers, we developed a new process for calling those individuals. Previously, we had been marking non-English speakers who were randomly drawn from each batch with a “pending” status, in order to keep track of them. Once the process started, we could contact those individuals. We used the company The Language Banc to first call and speak with an interpreter from the desired language, and then make the outgoing call together. MRQC staff would explain what the phone call was for to the interpreter and they would speak to the individual in their language. This also went for phone messages.

There were certain unique barriers to using an interpreter to speak with someone; there was no guarantee that the interpreter on the line would be familiar with disability community terminology; and any questions the potential interviewee might have were filtered through the interpreter first. Some things could literally get lost in translation; one individual was distraught because she thought the MRQC was going to take away some of her services, and it took a few phone calls (and an Arc advocate fluent in her language) to explain that that was not the case. Still, the RQC team felt it was important not to exclude non-English speakers, and we were grateful to interview several individuals and learn about their experiences.

Abuse and Neglect

Reported Incidents:

MRQC staff, interns and volunteer reviewers acted as Mandated Reporters while conducting reviews. Before beginning a review, the reviewers explained their role as a mandated reporter to the individual. The role of a mandated reporter was made clear, so, that the individual could choose what they did or did not want to share during the review process. The reviewer also ensured that the individual understood that if something needed to be reported, that they could choose to be a part of the reporting process. Individuals are often left out of the reporting process or in the dark about what might happen after a report is made, the MRQC made a concerted effort to shift this power dynamic by a more transparent process around mandated reporting. The MRQC believes that the victim survivor should be in charge of their story and informed of their options around the reporting process and resources available. Out



of the 84 individuals interviewed, reviewers reported 4 incidents of suspected abuse or neglect. None of the 4 reports made to MAARC were further investigated by the lead agencies assigned to the case. There were two additional individuals that were interviewed who disclosed incidents of neglect that had occurred in their past, however, it was outside of the 3 year mandated reporting time frame.

Guardianship Consent

Originally, the Person-Centered Quality Reviews required guardian consent in order for the individual to participate in the review process, according to the Institutional Review Board. However, once the review process began, the Regional Quality Council staff discovered that the availability of guardianship information was limited to none in the data we received through the MMIS import. Oftentimes, in the place of guardian contact information, provider information was listed or another contact in the individual's life. There were no phone numbers listed for guardians in the entire data set received. Due to confidentiality issues, staff at provider agencies were reluctant to share guardian information when contacted by RQC staff. If an individual was interested in participating and able to provide their guardian's contact information, it often took more time and resources to track down the guardian. The issue of guardians declining on behalf of individuals also presented barriers to individuals having a choice of whether or not to participate in the reviews.

The lack of guardianship contact information and the issue of guardians declining on the individual's behalf presented significant barriers to speaking directly to individuals about their quality of life, services and supports. There were 10 documented examples of guardians declining on behalf of individuals and 8 cases of guardians not responding when contacted. Understanding that the lack of guardianship information within the database, the number of individuals with guardians that we were unable to reach may be higher than the numbers presented above. When presented with this information, the Institutional Review Board reconsidered the need for guardianship consent for the Person Centered Quality Reviews and gave permission to move forward without required guardian consent. While guardian consent was no longer required, if an individual wanted their guardian to be included in the process or informed of their participation in the review, MRQC staff accommodated that request. The MRQC members, the majority of State Quality Council members and the Ombudsman Office agreed that this was a person centered approach to allow the individual to decide who they wanted to speak to and who they wanted to include in the review process.



Due to some questioning on whether or not this process and approach was consistent with other State surveys, the guardianship consent process was taken to the DHS Legal department to finalize the decision. The Department's position on this issue required and documented verbal consent from the guardian in order to remain consistent in their practices with other similar surveys and projects.

As stated above, the MRQC members, the majority of State Quality Council members and the Ombudsman Office firmly believe that it is within an individual's rights under guardianship to participate in the review process without consent and that utilizing this approach is person centered and in line with the mission of our work. Requiring guardianship consent presents barriers to hearing from a diverse population of individuals, allowing choice and control for the individual in who they speak to and investing in changing outdated models of process.

The MRQC staff are following the guidelines of requiring guardian consent at this time, but this is a topic area that both the Regional Quality Councils and the State Quality Council will continue to consider for change and improvement.

VI. Recommendations for 2019

1) Data Quality

In order to improve response rate and to ensure that the Regional Quality Councils are reaching a diverse population of service recipients, the issue of the quality of the data provided to the councils needs to continue to be addressed in how the councils can receive accurate contact information. The RQC staff have worked with DHS representatives to address and resolve this issue, but it will need continued efforts in the next year.

2) Guardian Consent

As mentioned earlier in the report, requiring guardian consent for individuals to participate in the review process created a barrier in some individuals being able to choose whether or not



they would like to participate. The position of the MRQC is that an individual should be able to make the choice of whether or not to participate in the review, as this affirms our person-centered approach to the work of the Regional Quality Councils. We recommend that this process continue to be discussed and approached with an openness to adjusting the process and procedures of guardian consent with the person-centered quality reviews and other similar projects. This is a systems level change that requires careful consideration in changing this approach.

3) Collection and Analyzation

The narrative information collected from each review has become a valuable and rich source of the data collection process. However, the current database being utilized by the councils does not have an efficient manner in which to analyze the qualitative data. The council staff, along with SQC members and DHS staff will continue to seek out other methods of data collection/storage and analysis of this information. This work will be crucial in being able to utilize this important data for a better understanding of what is and is not working for individuals receiving services.

4) Identify trends in gaps and barriers to services and supports

As identified in the person-centered quality review data provided throughout this report, the MRQC currently does not have sufficient data to make assumptions to the larger population of individuals receiving services in our region. However, as the MRQC conducts more reviews in the following year and the numbers increase, trends in gaps and barriers will potentially be able to be identified. As trends in gaps and barriers to services and supports are identified, the MRQC will work in partnership with the SQC and other key stakeholders to begin developing a regional response and state response as needed.

5) Develop Regional Response

As sufficient data is collected and analyzed in the Metro region, the MRQC, in conjunction with the SQC will work to develop a regional response to identified gaps and barriers to services and supports in the region. The response will be dependent on identified trends and the region's



capacity to respond. This will require a creative and innovative approach from council members at both the regional and state level, in addition to appropriate identified community members.

Appendix

Appendix A. Meeting Minutes, July 2017-June 2018



METRO REGIONAL QUALITY COUNCIL MEETING MINUTES

Friday July 28, 2017

9 am – 11 am

The Arc Greater Twin Cities

2446 University Ave West, Suite 110

St. Paul, Minnesota

Hennepin/Ramsey Conference Room

Minutes by Isabel Taylor

1. Update from State Quality Council and Regional Quality Councils

a. Institutional Review Board Approval Process

- i. Still waiting on approval but we're close; they need to figure out the data security protocol. Since we're getting data from DHS, protocol needs to come from DHS
- ii. Hopefully will be the final approval

b. Database/tool application

- i. Working with DHS IT people to develop database, develop tool to retain database info
- ii. Agile Apps: free, previous government use. Case management system. Will likely start with it because it's already up and running
- iii. Now looking into SNAP Survey, which has visual components—hundreds of images to choose from, ability to choose happy/sad scale, etc. for people who don't use words to communicate. Hope to transition to this later.

c. Training Workgroup

- i. Team is developing training so when the tool is available, we're ready to go

"To improve the quality of services and supports for people with disabilities"

d. Conference Presentations

- i. AARM conference booth; Age & Disability Conference presentation on SQC and RQCs

e. Website

- i. Moving along; by next week should have a test site to send out for feedback. Hopefully full site will be up and running by September

f. Annual Report

- i. Due at the end of the month, but given extension
- ii. Will be sent out early next week for review and feedback. SQC report will also be sent out when available

g. Olmstead Committee

- i. Kayla has been asked to sit in on the Olmstead Committee for Abuse and Neglect
- ii. Started meeting in early July and will have 7 or 8 meetings up until November to develop a work plan that will be submitted for review. Early stages of what's working/what's not. Highly attended meetings.
- iii. This group will come to our September meeting to present and do a listening session. We'll also open that meeting up to the public.

2. Gaps Analysis

a. Council Members Review of meetings (Danielle, Joe and Julia)

i. Danielle

State does this every 2 years for HCBS. Previously has been survey/data collection. This year was an interactive conversation; positive experience connecting with stakeholders

1. Gaps that came out: transportation, housing. Danielle will share data if interested. This year the group tried to establish next steps. Breakout groups for each gap and process mapping about what to do. Each group drafted a plan for how to move forward and each individual was supposed to leave the table with a to-do list
2. Challenge: not having everyone at the table necessary to make the significant changes (federal, state level changes). Hope is that the plans will continue to move forward. DHS has those plans and will do some work with prioritization. In-depth and problem-solving conversation but as always hard to solve significant problems. Housing: moving forward on planning.
3. MACSSA: Commissioner Piper presented information on Heading Home plan. Call to action from Piper. Looking to form a group to give recommendations to DHS on housing. Danielle will be involved with this group.

4. Advisory council/group around adult protection services work group has been re-instated. Awareness campaign and call-in line have led to more investigations and more known issues, especially around financial abuse and the elderly.
 5. Goals: bring forward legislative changes regarding ability to share information with family and the language currently used; it can be difficult to engage other family members/support systems when possible abuser is legal guardian
- ii. **Julia**
1. Positive change of pace to have discussion rather than survey. Used to generally be the same problems.
 2. Unfortunate tendency to want to start another work group rather than work with what already exists
 3. DHS asked county to send people who could make commitments but didn't seem to do that on their end; sent MHFA members, not people with knowledge of housing, etc.
 4. Expectations not necessarily clear; who's going to take the lead following through?
- iii. **Joe**
1. Seems like they left the plans in the hands of attendees, even though the plans require DHS buy-in, funding, etc. Expect attendees to be the ones generating momentum.
 2. Seems like they need a leader/designated leaders to follow up on ideas and next steps, otherwise plans will be in limbo. Is it doable? Not doable? Needs more research?
 3. Wilder involvement
- iv. No leadership from DHS on legislative priorities
- v. **Kayla**
1. People were surprised to suddenly be asked to commit to another work group after working hard on plans that require DHS help, etc.—feels like will fall flat
 2. The RQC is about taking a look at things that need improvement as much as it is about the survey. What can RQC do to tackle those goals?
- b. **Quality Improvement Projects: small group presentations**
- i. **Group One: Housing**
1. Landlord and developer relationship building
 - a. Housing coalitions—educate and give data, join coalitions. Push developers to do more.
 - b. MFHA commissioner—meet, build support, have more of a voice there, etc.

- c. Educate developers about disability/housing needs and resources/tax credits available
- d. Coalition/educate with Homes for All. Broaden their mission to include needs of people with disabilities.
- e. Provide data and educate cities to make it easier for developers serving this population.
- f. Give perspective from our group to communities; show who is impacted by housing availability in order to reduce pushback on disability housing

ii. Group Two: Youth Outreach

- 1. Problem: younger generations do not see a career in human services as viable
- 2. Goal: increase knowledge, access, and opportunities for students to be exposed to the human services field
- 3. Ideas
 - a. Volunteer club for high school
 - b. Class/presentation at job options in human services
 - c. Collaboration with providers and partners for robust information (person centered thinking, disability walk, etc.)
 - d. Start with pilot program
 - e. Minimize stigma right away, help young people expand the way they look at those who receive services from the state

3. Quality Improvement Project(s) discussion

- a. What's a doable first step for these projects?
 - i. Researching housing coalition. What's out there? How do you get involved?
 - ii. Collecting data; what information are you going to share? Get information specific to your region to Kayla before next meeting
 - iii. Set up meeting with Mary Tingerthal; she has been learning more about services than about housing so far but is open to learning more
 - iv. Pilot program: pick a community to start with. Alternatively, doing research to see what's already out there. Work experience component? Requirements of that?
 - 1. Some members already have a relationship with Benilde-St. Margaret's. Could Invite some of those people to our meetings to discuss possibilities
- b. Let's not re-create the wheel; let's tap into what's already happening and succeeding in our communities, and who's making it happen. Doesn't have to be a DHS resource.

4. Next Meeting- August 11, 2017, 9am-11am



METRO REGIONAL QUALITY COUNCIL AGENDA

Friday, August 11, 2017

9 am – 11 am

The Arc Greater Twin Cities

2446 University Ave West, Suite 110

St. Paul, Minnesota

Hennepin/Ramsey Conference Room

Minutes: 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.

5. Update from State Quality Council and Regional Quality Councils

a. Institutional Review Board Approval

- i. We have approval!

b. Database/tool application

- i. Working to figure out logistics; we're close

c. Training Workgroup

- i. Meeting twice a month to ensure everything's ready to go when the database is ready. Still training ourselves so that we can train others when we have volunteers

d. Membership

- i. We have found a parent to join the council, starting in September

6. Workgroups- Housing & Workforce

Housing

"To improve the quality of services and supports for people with disabilities"

- What do we want and why?
 - Information/data
 - What is the need? For what areas of housing, and for whom? What do waitlists look like? What is affordable? What is the cost of housing?
 - Cost of community placement vs. institutionalized care—let's articulate the cost of care for the two options to defend against cost concerns
 - Vacancy rates, gaps between housing and services
 - Need in each area—DD, mental health, physical, etc. Can we share this information with AFC moratorium, the development of other more independent options, etc.?
 - Average length of time before finding housing? Average length of stability? What is important to people seeking housing?
 - How does current policy support/prohibit people from finding and keeping stable housing? Olmstead pressures are encouraging more community based, but some folks are losing long term services and not by choice.
 - Affordable housing should be connected to transportation – we'd like to connect these two areas for thoughtful planning – suitable housing that is accessible to transportation options.
 - Housing options – these are also tied to staff – back to service needs vs housing needs gaps.
 - Individual stories
- What is currently available and applicable?
 - Short answer we really don't know and need to find out; many of the existing housing/community groups may be able to help us with this.
 - Local Housing Coalitions of CDAs may have data through their PIT counts, Maxfield studies, etc. that show vacancy and homelessness data
 - Community meetings are taking place talking about these issues and informing the outcomes – but we are not NEC networked
 - DHS – what do they know about the needs? # of certain types of housing options, identified need based on service population, etc.
- Who is the primary audience?
 - Big picture planning – Met Council? State Level? HUD? DHS? Para transit groups (metro mobility, DART, etc.)
 - Local decision makers, specifically where there are housing issues arising; city councils tend to be less informed from some experience as a small minority influences the overall decisions.
 - Local stakeholder groups

- Community members-- any way we can meet people and engage with them in conversations-- perhaps partnerships with national groups or other local groups who are already doing produced awareness campaigns.
- Target areas where there are pending projects
- Local law enforcement-- calls to residential properties tends to be seen as nuisance calls to police, taking resources, and they are in many cases advocating against keeping or building new housing options for people with disabilities. Perhaps tie in that personal story, here is where that person is coming from, family feedback, etc.

Workforce

- Dilemma: lack of employees. People are worried that others don't realize this is a field with many possible paths/careers in it. Idea that this field isn't sustainable/is only a part time thing or a hobby
 - What can providers and organizations do to recognize DSPs (direct support professionals) and acknowledge the direct service staff, promote leadership opportunities so we're maintaining and rewarding those who we have in the industry?
 - Help make being a DSP, etc., a real career with opportunity for advancement
 - Work place cultural norms can be influential towards turnover, etc.
- What can we as providers do?
 - Is there fat to trim? Is your organization top-heavy? Are there irrelevant elements?
 - Encouraging ability to streamline but stay within budget
 - There's a stigma around this as human/social services professionals; we don't want it to look like just business
 - Promote industry outward, showing what we have to offer and what you can achieve in this field
 - Go to young people and show them what's happening; offer shadowing opportunities, etc. "It's not what you think it's like." Mentoring programs
- What are we going to attempt?
 - How to involve young people
 - Technology; showing what we're doing with technology, how it benefits people with disabilities, particularly those who are homebound, how it helps people be more independent
 - Offer incentives/perks that other places don't offer; health care is not cutting edge anymore (for now). Ability to work from home. Cell phones, particularly if out in the field
- How to do this
 - Developing standards of work within the industry and comparing to other industries/places

- Spreading best practices:
 - Turnover rates; cost of training, cost to hire, length of time to hire; workforce culture; staff appreciation; staff engagement (Especially on DSP level)
 - Staff satisfaction surveys
 - Both doing it AND reporting on results + getting people to fill it out
 - Creating time and space and incentive for people doing it
 - Bringing in someone from outside the organization (such as RQC?) to do surveys and get more honest feedback since not a manager
- Asking questions
 - Are you promoting from within? Do you offer supervision for licensure/can put towards credit of study? Do you offer scholarships, internships? Are you looking at ratio of minorities/trying to recruit minorities?
 - PTO: can you get it? Can you cash out?
 - How do you treat DSPs, PCAs, etc.? What level of training/are you respectful of their time and other responsibilities?
- Can't "sell" everything (see above) so what can we do to offset that?
- What's next?
 - Comparing between companies and not competing; sharing data
 - Knowing who is attracting interns, community members, etc.
 - Learn who makes information public/available and use that information

Kayla will begin reaching out to people based on what we discussed in our work groups.

7. What's Working/What's Not

a. What's Working

- Breaking out into small groups works well
- Group work
- Outline to keep us on track
- All are engaged in good communication
- Small groups
- Having specific assignment for the small groups
- Having more concrete and detailed tasks rather than vague and abstract tools
- Collaboration
- Data collection
- Making changes within organizations
- Reaching out
- Focusing on drilling down to critical next steps

b. What's Not Working

- Where is everybody?



- Long processing
- Who gets what when where?
- Small group today
- Small conference rooms get a little warm! Probably can't fix that though

8. Next Meeting- Olmstead Specialty Committee Listening Session: Abuse & Neglect Prevention
September 8th, 9:00am-11:00am at The Arc Greater Twin Cities office



METRO REGIONAL QUALITY COUNCIL AGENDA

Friday October 27th, 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.

9. Celebration!

- a. Metro RQC has been meeting for a little over a year!

10. Introductions

"To improve the quality of services and supports for people with disabilities"



- a. Welcome, Diane (family member role) and Andrew (Resource Specialist role)

11. Regional Quality Council (RQC) Updates

a. The data has been uploaded/prospective reviewee profiles have been pulled

- i. Still need to fill in some information or update information (such as for guardians); investigating how we might accomplish this
- ii. Isabel and Kayla will soon start sending notice letters to selectees. Letter, then call to set up interview. Will abandon after two failed attempts.
- iii. We have been working with ICI (Institution of Community Integration) at the University of Minnesota to develop the tool and volunteer training

b. Training video clips/review style

- i. Ideally the review will be conversational. Note-taker is there to be accurately recording information while reviewer leads conversation; note-taker can also make sure questions were fully answered/ask follow-up questions as necessary
- ii. We'll aim to make a connection first to make the person more comfortable before reviewing
- iii. Role of the reviewer is not to "fix"
- iv. Prompting questions can help "dig" for the answer to the main question
- v. Leave-behind resource sheet to provide options for the reviewee
- vi. Interviewees may include guardians/staff/etc. as desired; however, individuals may offer more truthful information without others present

12. Overall data: SQC will use/gather. After a year or so RQCs will make recommendations/best practices to replicate. Tool is based off of person-centered thinking

- a. We need data in order to make recommendations to legislators
- b. Follow-ups: finding out if resource list is helpful/if reviewees are using it
- c. Ultimate goal is improving quality of life
- d. We know some good things are happening—finding out how to expand those
- e. Paper copy of review/materials will be destroyed; DHS database is secure. Reviewer training will involve information privacy

13. Conflict of interest

- a. Interviews may involve feedback on providers who are involved with the RQC—how do we deal with that conflict of interest? How should we discuss/share that information?**
 - i. Even with leaving names out, situations might be recognizable
 - ii. May skew data for data to go directly to providers/telling people that
 - iii. Making rating piece available to providers without further detail—therefore anonymous
- b. Involving provider data is important to us so that providers can know how they are doing, even though it might not be statistically relevant (still working with ICI on this)
- c. Waiting until a few months of data gathering have passed
- d. Sharing data with people who were interviewed at the end of the year

14. Goal is 10 interviews in November

15. Reviewer Recruitment/Training

- a. Starting with small group, will learn from that experience
- b. Currently have a two day training set (6 hours and 4 hours)—may need to modify based on needs of volunteers
- c. How else can we recruit?
 - i. Students: maybe could count towards volunteer hours, internship or credit hours, etc.
 - ii. Retirees?
- d. Transportation may potentially be an issue since we are meeting people in their homes, though we will try to match geographically
- e. Kayla will share job description, Arc Facebook posting of volunteer position, etc. as they come
- f. Think of groups that Kayla, for example, could come and speak to
- g. DHS email blast about SQC/RQC has gone out

- h. We have asked ARRM Association of Residential Resources in Minnesota & MOHR (Minnesota Organization of Habilitation and Rehabilitation) to reach out

16. **Next meeting: December 8th**. November meeting canceled due to Veteran's Day/today's meeting being later on

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

a. **What's Working**

- Great treats
- This meeting was very focused
- Questions were answered
- Smaller group leads to better conversation
- Excited to see the results
- Group discussions
- Participation from those in attendance
- Yummy donuts
- Survey is starting!
- Barrier of scent removed
- Having handout to look at
- Time to explain acronyms
- Good catch up on the questionnaire and where it's going. It's good to see the hard work is paying off.
- Small group was a lot more helpful in tracking the conversation (larger is harder, realize that's not controllable)
- Good idea about how results of survey aggregate will be shared- with individuals, agencies, service providers, county commissioners
- Starting interviews, woohoo!
- Welcome new members
- Great to see training videos and be asked for feedback



b. What's Not

- A pitcher of water would be appreciated
- Nothing bad. I hope the sound quality on the training tapes are clearer.
- Hope data will not connect interviewees with providers
- Is there a place to check to find guardianship information online? Probate court records
- Do we have to get guardianship consent if it is a limited guardianship?
- Hope that the data will uncover disparities beyond what providers are doing, i.e. local government barriers, lack of affordable housing, etc.



METRO REGIONAL QUALITY COUNCIL MEETING MINUTES

Friday December 8th, 2017

9 am – 11:00 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.

"To improve the quality of services and supports for people with disabilities"

18. Introductions/What's Happening?

- a. If you have human rights posters, let Betty know! She could use them for the human rights act celebration.

19. Regional Quality Council (RQC) Updates

a. Interviews

- Interviews began in November!
- Database information is somewhat spotty; missing guardian information, missing phone numbers, old information, provider information listed in guardian section
- Guardian barrier: we worked with DHS on this and received review board consent to talk to the person before contacting their guardian if necessary (because often we need the person to share their guardian's information)
- Have reached out to county workers for their help finding missing information
- DHS ideal number is 42 interviews per month in order for information to be statistically relevant. Continuing to recruit volunteers who will also be conducting interviews so we can work towards this number
- Survey fatigue, holiday season timing can be barriers
- People can request interviews but unless selected randomly, will not be included in data set, mostly would be for personal use.

b. Stats

- i. Total calls: 180. Have been making 2 calls/leaving 2 messages so far, abandon if no response
 1. Phone numbers no longer in service: 29; no listed phone number for person: 27;; 26 refused, 45 people called twice, 9 acceptances
 2. We're leading the RQCs in number of interviews 😊

- ii. 3 interviews in November, 4 so far in December, have a few set up for later December/January
- iii. Diverse situations so far— different living situations. Lasting 30 minutes to an hour, generally more towards an hour.
- iv. 3 interviews so far with people who don't communicate with words; have used different communication devices, staff/family help

c. Reviewer Recruitment/Training

- i. Working with volunteer manager here at The Arc GTC. Kayla & Kerri Leucuta from Southeast RQC did a webinar and have had some responses, also some contacts through Arc advertisement
- ii. Official reviewer training in January—probably likely 8th and 9th. If you know anyone who's interested, feel free to pass along Kayla's information and those dates

d. Website will launch the week of December 18th—one final RQC staff meeting to review content before then

e. Phone numbers pulled from MMIS but counties might have more up to date information. Unclear why our information is less accurate.

f. Language issue—have come across about 12 people so far who will need interpreters. Also need documents translated—Arc employees and interns have helped with the documents, but still in process of finding out from DHS how to go about interpretation services. Our budget does not currently account for the cost of professional translators.

- i. Natural supports could be a resource (family or staff who can translate) but this does require initial contact/we would want to have reviewers who speak the language ready to go if person agrees
 - 1. However, defaulting to natural supports could take away from person's choice of what to share/influence what they share

- ii. Spanish, Oromo, Hmong, and Somali—most people who need translation pulled have been Somali
 - Need letters translated, need summary of conversation written in the person’s language. Time commitment: maybe 3 hours.
 - Erin can do Spanish translation letter
 - U of M language department outreach? Students, etc.—approach through ICI? Will need to ensure we meet certain standards
 - Could advertise directly for volunteers who speak the language
 - Reaching out to organizations—maybe willing to do pro-bono work or partial pay, etc.
 - Reminder that many providers are familiar with different languages and cultures, may be looking for additional work—possible resource there
 - Could probably at least receive stipend-- \$75 for completed review (travel, interview, writing summary)
 - Contractors for braille/hard of hearing assistance
 - Literacy can also be a barrier— provide other options if necessary

3. Lance Hegland: Work Force Crisis: Please see other document for notes from that discussion.

4. What’s Working/What’s Not

What’s Working

- Conversation with Lance was very helpful
- Lance was great
- Workforce discussion was good and provided good info
- Like the topic, very important
- Loved the guest speaker—presented ideas I haven’t thought of—let’s pursue
- Startling yet necessary discussion on workforce shortage. Would like to see how we can add to the movement.
- Having Lance come to the meeting
- Great update on interview process and discussion on interpretive services
- Thanks for the updates on the interviews. We truly appreciate knowing how the work is shaping up in the community

- Enjoyed solutions conversation

What's Not Working

- Acronyms—help!
- Fragrance
- Talking too fast. Can't follow along—missing data
- More time needed for staffing issue
- Reminder—don't sue acronyms without explanation 😊
- How do we connect with legislature?
- The room was a bit chilly today!

Next Meeting- Friday, January 12th, 2018



**Metro Regional Quality Council Meeting
Friday, December 8th, 2017
Guest Speaker Lance Hegland: Work Force Crisis – Notes**

Group Origins

- State summit two summers ago. 100-200 people attended. Policy makers, people representing organizations. Lots of different perspectives, hard to come to consensus. Last summer state had update, basically on realizing this is an issue. Olmstead Subcabinet stepped in and advised for more leadership and coordination statewide; **created Cross Agency Direct Care/Support Workforce Shortage Working Group**
- Subcabinet was part of Olmsted implementation office. Called “working group” so semi-unofficial. Currently includes people from the Department of Education and Economic

“To improve the quality of services and supports for people with disabilities”



Development (DEED) and DHS (Department of Human Services), Department of Health, Department of Education person, Minnesota State (Formerly MN SCU, Minnesota State Colleges and Universities system), and 3-4 Metro providers (Center for Independent Living, Rise, Service Employees International Union Minnesota (SEIU)). A lot of passion and energy as they hope to move beyond talking about challenges and into solutions.

- Olmstead Subcabinet asked this group to find out how bad the workforce shortage really is—hoping to quantify in order to explain to legislators in a way that will motivate them. Group has been able to use stats obtained from DEED.

Stats

- As of June 30, there are 7000 unfilled PCA positions. PCA includes group homes, day programs, assisted living, nursing homes, home care—definition of PCA is broader than working group expected. This number does not include staff hired by people in self-directed programs. This only applies to registered places in MN that pay unemployment insurance.
- Safer to say roughly 10% vacancy—highest vacancy across state of all employment groups. PCAs are #1, registered nurses #6, LPNs in top 10 or 15. The occupations that people depend on for home and community based services are at critical levels—people are in danger. When we talk about solutions, have had to talk in a way that won't add additional funding to state budget—frustrating!
- Wages for PCAs are significantly less than other industries. Not able to increase PCA wages like other industries because rates are tied to reimbursement rates for legislators. Only reviewed every 2 years, only reviewed if pushback. Best Life campaign helped a little, but reimbursement rates going up at 2-3% per year over seven years. Vacancies started to trend upwards around July 2010. Going on 7 years of increased vacancies. Wage increases going up at 6% per year. Would be \$22 by now if wage increases had continued as they should have.

The Issues

- Working group will report to subcabinet in January. Subcabinet will take January-February to review information, then in February-March will declare priorities. Subcabinet made clear to cross-agency group that we must find who is at greatest risk of harm and start there. Self-directed program people are highest priority – PCA Choice program, consumer support grant, etc. Once they pick the subject, must prepare implementation plan—due in March, starting implementation in May. Cross agency group hopeful in that they have begun talking about solutions.
- Legislature regarding PCAs doesn't impact DSP rate of reimbursement, etc., and we don't want to pit one part of employment against another
- Group will be looking at reimbursement, making sure no disparities, not favoring institutions over other living situations
- Retention also an issue—people working 70-80 hour weeks. Wearing out all ends of the system—people who need a lot of care, those workers also worn out too, even salaried—rely on overtime. Prior to 2010, still a lot of turnover, but found new people to work—issue now is no new people to hire
- Example from recent RQC interview: person had previously been living independently, did not have enough staff support there, and moved into assisted living even though he is very independent—people shouldn't be moving backwards! Need to share this kind of story with the government and public
- We have devalued these jobs because we have devalued people with disabilities—that should be part of the push with marketing, etc. Hope to unify community a bit more and help people realize how complex the system is. Currently a lack of connections between independent people with disabilities; disconnection from society at large

Solutions/Next Steps

- Pilot projects: how to increase awareness of importance of this job. People who can feasibly do this without pushing selves into poverty are childless, under 25, single. Need to pay more so can



get people to do this as a career. Have begun reaching out to colleges and universities both for recruitment and to instill awareness of this being community investment for a lifetime—something you can do part time your whole life, not just a college job. Reaching out to the spiritual community centers, etc.—finding people who don’t necessarily need the money but would like to get involved

- Storytelling—capturing stories of what people are experiencing, using in a variety of ways. Have DSPs, etc., share why they joined this career—amplify that message
- We need a public service campaign to share who people with disabilities are, to become more visible, build awareness and relationships and interest. Encourage people to ask your neighbor if they need anything from the store, find out if you can help at your local group home, etc.
- How might we create something like a “Direct Service Corps,” similar to AmeriCorps? We have a Senior Corps. Could give a discount on health insurance/benefits for example
- Repackage how working this job gives you access to benefits—not welfare, not entitlement—but employment benefits to help support your economic wellbeing because of your choice to join this career. Workers may not be getting these benefits because of the stigma
- Own health plan for PCAs?
- **Future meeting:** Think more about pilot program groups, storytelling, statistics gathering— and how our RQC can be involved.



METRO REGIONAL QUALITY COUNCIL AGENDA
Friday February 12th, 2018

“To improve the quality of services and supports for people with disabilities”



9 am – 11 am
The Arc Minnesota
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.

In attendance: Ann Cirelli, Joe Cuoco, Betty DeWitt, Tim Sullivan, Ebere Ozurumba, John Estrem, Erin Paredes, Chelsea Lorenz, Rebecca St. Martin, Isabel Taylor, & Kayla Nance

20. Introductions/What's Happening?

- a. New RQC intern, Ebere
- b. Visit Ann's son's restaurant, Just Us!

21. Update from State Quality Council (SQC)

- a. **Tim Sullivan's SQC updates**
 - i. SQC is in a rebuilding period now that the RQCs are on up and running; they have learned a lot from trial and error and are trying to put things in place to support both SQC and RQCs over time, including looking at how SQC is organized, examining roles, responsibilities, connections with DHS and mutual partners, etc.
 - ii. Regional Quality Council Support and Development Workgroup
 - iii. RQCs having issues identifying guardians due to faulty information; turns out DHS is pulling data that local case managers entered into the system
 - iv. IRB told RQCs we didn't need to get guardian permission anymore to interview people—there has been further discussion on that because some SQC members believe we should get guardian permission. Steering Committee decided that we should not move forward without guardian permission until the SQC talks a bit more.
 - v. Ombudsman office was asked to get involved and make a ruling and they provided a 6 page letter in favor of individuals being able to do interviews without guardian permission
 - vi. Tim will present a motion this afternoon for RQCs to proceed with interviews without guardian permission; however, as Ombudsman recommended, notify

guardian when possible (with correct info) as to interview happening in case of certain situations where the guardian can legally make those choices and there could be a review process. Burden not on RQC; burden on DHS to provide the data. Review process could be as simple as talking about merits of including guardian—not an extreme process

- vii. Not person-centered to require guardian permission and involvement, but our practices are built on person-centeredness. DHS practices have been different to this in the past which is why they were unsure. Common belief is that guardians have all control over the person’s life—shouldn’t be that way. Bigger discussion on that front. However, it would be respectful to notify guardian, allow as bystander if desired, etc.
 - 1. Should keep in mind that the guardian connection might be important to some individuals and we don’t want to deprive them of that comfort/safety
 - 2. Statute is about changing the system, perhaps changing how the state approaches guardianship, etc.—not about direct impact on each person’s life.
 - a. Not an effort to exclude guardians, but an effort to move forward with interviews without barrier
- viii. Some individuals don’t communicate with words and their parent/guardian/staff proxy will end up doing the talking--- how do we score those answers?
- ix. Work group is also looking on how to get the long interviews (DLAST) started, as are Kayla and the other RQC coordinators
 - 1. “Brief” interview is not so brief—requires more work and time than we expected. Most interviews (time spent interviewing the person) have taken 45 minutes-1 hour, not factoring in contacting the person, travel time, etc.
- x. Tim wants to get the SQC to trust the process, trust the staff and trained volunteers as we deal with guardians so that we can keep moving forward—don’t want to “do battle” with guardians.

22. Regional Quality Council (RQC) Updates

a. Interviews/Database (discussion)

- i. 44% of people pulled we haven’t been able to reach due to bad information. Phone issue is biggest issue, either missing phone number, bad or disconnected number, etc.

1. Database does not currently have case manager information— all they had were county and a possible ID number
2. Providers have to keep current, accurate information—DHS should also
 - ii. 16% actively declining, 13% say yes (of original data block)
 - iii. 28 reviews completed, 3 more scheduled for this month, but we make calls about every other day
 - iv. 5% of total records are people who need interpreters; of the ones we've gone through, about 5 different languages. Most Somali. Dan Zimmer recommended using some funds (\$4000 was mentioned, to be split between the 3 RQCs) for translation services, they have approved a certain amount so far and then hopefully more later. Red tape here—must figure out how funds will get to us, and then there is a large list of providers from DHS and we must figure out how/who to pick.
 1. RQC coordinators are working on budget for 2019 right now; will be allocating funds towards payment for interpretive services
 2. Metro RQC has the most need for interpretive services, followed by Region 10
 - v. 2 MAARC reports made so far. What should/can we do in situations that are not quite MAARC-level but are nonetheless undesirable?
 - vi. Tim: ongoing discussion right now about what happens when the interview is over and the reviewer leaves. But the statute is focused on systemic change, not immediate change in an individual's life. Must strike a balance here. For example, Region 10 with VOICE used to do licensing, which could make a material difference—recommending based on interviews that a place not be licensed, etc. RQCs will not be doing this going forward but it was the intent originally. 245D changed a lot. However, still want to make systemic changes.

b. Reviewer Recruitment/Training

“To improve the quality of services and supports for people with disabilities”

- i. January 8-9 was first training; we now have 3 interns at the Arc and 7 volunteers who are trained. Students, social worker, parent, provider, and interns—variety of people. Kayla does mentor reviews with these volunteers before they go out on their own. Kayla helped later in January with Arrowhead region training. Volunteer numbers are better than anticipated. Helpful to not have to attend every review ourselves, but managing/scheduling does take some work.

c. Website (discussion)

- i. Small group will take a look at the website and address some of Kayla's questions: Rebecca, Betty and Erin

d. Continue discussion of workgroups/council review process

- i. John: more ad-hoc, task force type groups, rather than organized workgroup style. Not sure we're at the level of development to do standing work groups. Deciding on website group today worked well.
- ii. Kayla would like a group to look at data in the future; a lot of information is stored in the written summaries, but how do we capture that data and share it, make it useful? (Data review group)
 - 1. Trying to work on whose role is what in the process. Internal work group at SQC believes they're there to help support RQCs with the work they need to do. Tim believes a recommendation from RQC could go straight to DHS without having to go through SQC first. Contract is with DHS, not with state. Of course it would be nice to share our thoughts with SQC but we don't need SQC permission.
 - a. What happens when it moves to DHS? How do we make change on a bigger level?
 - i. Tim: Some are pushing that it is the SQC's responsibility to recommend things to DHS, directly to co-chairs, minority ranking member on committees, etc. They

could provide recommendations in their annual report—this is the ultimate goal. For example, if RQCs were unable to move forward due to guardian issue, SQC could recommend to DHS that changes happen. That's what the statute says.

- ii. We don't have to only do things in conjunction with DHS. They are our partners and we should inform them, but do not need agreement for our advocacy efforts.
 - iii. Statute passed in 2007 to create SQC and RQCs—look how long it took us to get here with the 3 RQCs
 - iv. Outreach: we're doing that work—connecting with various people through the process. Kayla is involved in many work groups and committees outside of RQC/SQC. People are starting to recognize it a bit more. Will continue community outreach. Rebecca mentioned how she shares RQC happenings with her community. Right now it's a lot of word of mouth. Tim mentioned they are continually talking about RQC at Hennepin County and training in new employees on what that means for them. SQC has a public relations work group now which will hopefully help get the word out. Tim will share openings in the groups he is in for any interested RQC members.
- b. Ann: is anyone looking at Minnesota disability situation versus other states? Tim: there is an Olmstead board that is working with other states on this. MN was one of the last states to start doing anything around Olmstead but we are learning about the

best practices elsewhere so we can replicate them here. Our system here in MN is somewhat reactive. Must make report, get feedback, redevelop, etc. Not community represented, but SQC is consulted on things by CMS, provide input, hear about what's going on.

- i. Per this question: RQC members can bring forward our concerns, knowledge etc. and share with the group—such as Ann with other states' progress
- ii. Anchor: very active national association of providers
- iii. We need to do the work on our side, but we also need a receptive audience/person who can make and approve changes

23. What's Working

- a. Respect at the table
- b. Loved hearing about content (subject matter)
- c. Good updates, good discussion
- d. Updates from SQC
- e. Great conversation!
- f. Great discussion about the guardianship fiasco!
- g. Updates from the state council

24. What's Not Working

- a. Less reporting and more hands-on working
- b. Sidetracked from agenda
- c. Cold room this week
- d. Talk more slowly, hard to track
- e. Fragrance still a problem
- f. All was well ☺
- g. Phone participation, especially for service recipients whose PCA doesn't show

25. Next Meeting- March 9th 2018, 9am-11am



METRO REGIONAL QUALITY COUNCIL MEETING MINUTES

Friday April 13th, 2018

9 am – 11 am

The Arc Minnesota

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.

In attendance: Ann Cirelli, Kayla Nance, Rebecca St. Martin, Rod Carlson, Dagny Norenberg, Chelsea Lorenz, Georgann Rumsey, Tim Sullivan, Erin Paredes, Isabel Taylor

Guest: Wendy Gerlach

26. Introductions/What's Happening?

- a. Welcome to Dagny Norenberg, who will be taking over for Andrew on our council

27. Wendy Gerlach- Microgrant Program Presentation

- Accepting applications from those who receive HCBS to help them achieve goals around employment, housing, and community integration. Must be 18, Minnesota resident, currently receiving services, or IEP level 3 or 4 in ages 16+.
- Applications opened in October. 127 applications received so far and 67 or so have been approved. The rest are in the review process, waiting to be reviewed, or have been

rejected. 45 days turnaround tops, typically takes about 30 days. Requests average \$800. Hard copies of applications are accepted (though website is quicker).

- If the grant is for \$500 or over, The Arc sends the request to the DHS for approval. If a waiver will cover it, then they can save the Microgrant Program's "pot of money" for those whose waivers do not cover it. Also confirms they're on a waiver and thus eligible.
- Grant recipients sign a photo release so that they can be included in promotional materials.
- Examples of what microgrants have gone towards include deposits for housing, purchasing furniture, accessibility items, supplies and equipment for starting own business, clothing for interviews or specific job. Community integration is more of an open category—classes, registration fees, YMCA memberships, voice GPS, voice lessons. This grant is through the Innovation Solutions Grant Program—looking for creative ideas, things people want and need for themselves.
- Dakota County is working towards an agreement with Lyft, have funded 2-3 people who needed that bridging until the program is in motion. Pilot program in Dakota County. Hoping to expand.
- People in Intermediate Care Facilities are not eligible at this time. The Microgrants staff will be going to DHS in a month to ask to extend the program, because technically it ends in September. They are also interest in expanding eligibility. Since it was a new program, DHS wanted to keep it small. The initial goal was to fund 300 people at about \$500-600 each; however, the average amount requested has turned out to be higher than that.
- Microgrants team has an outreach and marketing specialist—a lot of outreach is being done through vocational rehab, case managers, and the microgrants website. Calling case managers in different regions and tabling at different events. Case managers have been the best resource because they directly know about situations that could utilize

these grants. Susan, Microgrants staff member, recently recorded a webinar on the program.

- i. Rebecca has links to lists of licensed providers as well as Facebook group communities for self-advocates to share with Wendy to spread awareness
 - ii. Dagny does a webinar every month about person-centeredness, last Wednesday of every month, and can share this program during the announcements. Wendy can supply her/anyone interested with brochures.
 - iii. Tim can share contact info for about a third of the contracted case managers through the state through Hennepin County.
- Limitations are important to acknowledge—send Wendy the “plea” about the wider populations that could use these funds, and she will share ideas with DHS. Hoping to keep going through 2019. If program is shown to be working, more likely to get funding. Still picking up traction. Wendy thinks DHS thought things would go faster, but the applications require thoughtfulness and creativity, microgrants aren’t used for emergency funds, review process takes time, etc.
 - Microgrants team hope to come to the SQC meeting in May to get the word out. Wendy shared some success stories—including ones where providers, insurance etc. should have been able to intervene but they didn’t, so the microgrant made a tangible difference.

28. Tim Sullivan’s State Quality Council (SQC) Updates

- Guardian issue is sitting with legal team for a response, still waiting on that front. Have an impermanent fix that we’re using to conduct the interviews but we’d like a definitive answer before moving on.
- Another conversation is going on around longer interviews; the short interview is already 45 minutes. Should we scrap it or move forward with the long interview? Also conversations around what platform to use for potential long interviews.

- The rest of the work at SQC has been around the organization itself. Lingering questions about roles DHS, SQC should play now that we have added the RQCs. Frustrating to be in this process, but that's what happens when an organization grows—but it's taking forever to get responses, feedback on things we need to move forward. Next meeting, supposed to vote on bylaws which we technically haven't had over the years. Part of growing process was getting that together in one place.
- One question is the RQCs and who is responsible for creating new ones. RQCs have a contract with DHS—but doesn't delineate how DHS relates to SQC relates to RQC... everyone trying to figure out who has the final say in which portions of the triangulated agreement. Complicated with different divisions of the state disagreeing on topics—Ombudsman giving the okay to move on without guardian consent, review board saying we haven't done that in the past, etc. Guardianship conversation is important to have, and there are many issues. What kind of rights do guardians have? Sensitive topic.
- Also issues with DHS's databases that they can't afford to upgrade. Current DHS technology is not going to catch up, which impacts this process. Guardian info is frequently incorrect, or not included at all, which is a barrier. Info is only as good as what case managers have put in the system, but there are so many contracted CMs now, they have limited time and data entry is not a priority.

29. Regional Quality Council (RQC) Updates

a. Interview Updates

- i. Of the last batch of names, 50 or so didn't have phone numbers, but we're going ahead with sending the letters in case they want to reach out to us that way
- ii. As of today, we have completed 60 interviews, 10 or 11 this week. End of the month will be 20-25 total, most we've done in a month. Between Kayla and

Isabel, 3 interns and 6 volunteers, we have been able to manage multiple interviews per week with 2 people attending.

- iii. Majority have been on CADI waiver, followed by DD and Home Care.
- iv. Biggest issues seen consistently:
 - 1. Housing—especially for those on Home Care waiver, without case managers or those resources to help them navigate the system.
 - 2. Employment. Out of 60 people, 33 are not working at all. Nearly all expressed the desire to work but don't have the resources to navigate the system, had to quit for health reasons/have been out for a long time and don't know where to start/can't work due to SSI. 6 individuals doing in-center employment, 9 people working, and all part time work.
 - 3. Staff turnover noted as an issue with most individuals. Some individuals who have had consistent staff for many years have had to settle for substandard care because they don't know if they'll be able to get anyone else. However, we have also encountered some special relationships between staff members and individuals.
 - 4. Transportation also an issue—if not, it's typically because a family member can provide transportation.
 - a. (Rebecca has been able to access cab service and Lyft through a lot of self-advocacy, but it's a difficult process. Hopeful that the Dakota County Lyft program can provide this for more people.)
- v. What would the process look like if we started to intervene? How to go about this? Focus on smaller population or certain issue, i.e. people who are trying to transition to a different type of housing? MNChoices integration-- would that require that we be more involved, and what would that look like?
 - 1. Rod has been working with Simply Connect, which puts together statewide databases in multiple states. Exploring what it might look like

if all of our info was in a place where you build a lifelong profile that connects to everything—pharmacy, doctor’s prescription, ordering medication, etc. Database inaccuracy is a concern. Altair has a grant (because they serve more than 20% of people with disabilities in Minnesota), trying to figure some things out. “There are other states that have fixed” database concerns that serve more people than Minnesota does. Health Information Exchange—what might a broader database look like, how could it be more efficient. Other states are doing this.

b. Process for utilizing interpretive services

- i. We have translated the materials into several languages and have begun sending out the letters. We will be working with The Language Banc to conduct phone calls and interviews.

30. Small Group Discussions

1. Membership/Council Process

- a. Making changes to size stipulated in charter, discussion on whether or not the terms should have a renewal. Discussed making decisions more of a formal process with a larger group. Conversation will continue next time.

2. Reviewing Interview Summary process and follow-up

- a. Summaries feel almost dictated, like they come right from the source, which is a positive
- b. Small group had many ideas for resources to add to resource sheet, including peer support groups, Hennepin Housing Key, DHS website, and more (Isabel documented elsewhere)

- c. Rod: asking the individual to rank their priorities as part of the interview and reflecting that in summary—direct way to know which issues are most important to those we interview, as well as where to start for each individual person
- d. Different resources based on needs?
- e. Different format options: dividing into sections such as housing, employment, etc., so individuals can pinpoint what they want; or grid/chart format for increased readability

31. What's Working/What's Not

a. What's Working

- i. Love the Microgrant idea! Can we expand the language to include the arts?
- ii. Thank you for always having little snacks and drinks
- iii. Breakout sessions occurring in separate rooms
- iv. Agenda flowed really well today—felt like we got everything we needed
- v. Kayla! And staff/volunteers
- vi. Small groups. I like the brain power!
- vii. Clear agenda, great conversation

b. What's Not Working

- i. Some are talking too fast still
- ii. Snacks are in crinkly wrappers and cause communication interference
- iii. Fragrance situation is better but may be due to few attendees. Good that I was able to find seating away from others who are wearing
- iv. Must reach more people with Microgrant program. Can the internet somehow help?

32. Next Meeting- May 11th, 2018, 9am-11am



METRO REGIONAL QUALITY COUNCIL MEETING MINUTES

Friday May 11th, 2018

9 am – 11 am

The Arc Minnesota

2446 University Ave West, Suite 110

St. Paul, Minnesota

Hennepin/Ramsey Conference Room

**In attendance: Ann Cirelli, Erin Paredes, Chelsea Lorenz, Georg Rumsey, John Estrem,
Rebecca St. Martin, Joe Cuoco, Tim Sullivan, Kayla Nance, 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.

33. Introductions/What's Happening?

- Rebecca and Lance Hegland are working together on workforce issues; this project will be launching soon
- Rebecca: "If I can't get a PCA, who else can help me?"—working on establishing community connections and spreadsheets of who to contact and gathering 24 hour emergency assistance services (Joe shared that Supportive Living Solutions has a phone line like this)
- Erin shared interest in connecting families with these Facebook groups; Rebecca passed out cards
- Rebecca also organizing around people with sensory sensitivities: search "A Sensitive Life" on Facebook

34. Tim Sullivan on Supported Decision Making Forum

- Minnesota relies on guardianship more than other states do; something like a 40% mark. There is more info on supported decision making on Arc website and elsewhere\
- Supported Decision Making is an encouraged alternative to guardianship. SDM is about providing information to individuals, allows them to make informed decisions for

"To improve the quality of services and supports for people with disabilities"

themselves based on the info they get from those who support them on more intense decisions that impact quality of life, particularly around health care. All about getting people to think about the options so they can make informed decisions

- Guardianship has 2 types of guardianship: public (determined in court), and private, which has more to do with power of attorney, etc., in families. Legal arrangement. Under 18 automatically have guardians.
- Kayla: school system, doctors etc. are defaulting to recommending guardianship as soon as an individual turns 18, without exploring other options. There is a real need to get into the school system and provide those other options before individuals turn 18 and are shuffled into it. The people who ran the panel are starting to work on this but it's a slow and complicated process.
- Ann: though we're trying to promote more independent living and housing, it's still really difficult to find those things, they are scarce, expensive etc. Tim: no regulations to enforce or support these resources, unfortunately.
- Housing For All is a resource working for accessible housing. Here at Arc MN, Ellen Baudler is in charge of housing work, we will see if she can talk with RQC
- Tim: mixed models (typical building with some accessible apartments) are hard to sustain... or rather it's more profitable for people to get rid of the building than to maintain this model, state isn't reimbursing enough to make worth it. A large facility is going to be converted to typical housing now.
 - Joe shared that Supportive Living Solutions does try to buy out places that are doing this in order to be able to maintain facilities for people with disabilities, can get in touch with him on this topic
 - Tim: unfortunately facilities only have to give 30 days' notice when they are doing something like this.
- Georg: judges and attorneys do not necessarily understand SDM – there is work to be done at law schools to educate them about that. Some individuals have been speaking

to attorneys about that. Can't always speak on the behalf of people impacted by guardianship—we should involve them. One mistake can impact a person with a disability's life forever, how can we change that?

- Many of us needed/had assistance and guidance when we were 18 and were our own guardians. We made our own mistakes without it ruining everything—we should allow people with disabilities to have that too

35. Georgann Rumsey on Sexual Violence Center/Arc Collaboration and materials

- The Arc has been working on this since 2000s. Different ways of working with parents and professionals on training: online course for parents on how to talk to kids about healthy relationships, courses here at the Arc, partnered with other service providers to train those professionals on these topics, also can refer people to this program
 - i. Parents have found it really helpful and that it changed the conversation within the homes
 - ii. Conversations without parents or direct support professionals so individuals can be comfortable (parents aware of what the conversation will be like, so they can be aware of what questions might arise)
- Sexual Health Team – multidisciplinary, meets monthly. Talking about protocol on medical advocacy, victim services and law enforcement. In October, that team is going to provide a training to members of the team and other interested members about the protocol. Ensuring victim centered, trauma informed services.
- SVC supports people 12 and older in Hennepin, Carver and Scott counties but can refer to other resources in area where you live (Ramsey is SOS, Dakota is 360 degrees)
 - i. SVC advocates trained with 40 hour training on how to be sexual assault advocate. Different privileges than Arc advocates: can explain legal and medical advocacy and help a person make a decision on where to go. SVC provides 24

hour crisis line for survivors and secondary survivors. Does not have to have occurred recently.

- Office on Violence Against Women grant – goal of working together and looking at issue of supporting people with disabilities who have been victims of sexual violence
 - i. **Strategic plan:** focus groups and interviews with people with disabilities, victims/survivors, and parents/guardians in spring 2015. Listening sessions with staff and volunteers at Arc, SVC, SAAC in summer 2015. Plan written fall 2015.
 - 1. Goal to increase staff comfort and capacity on supporting victims/survivors with I/DD; they do a training that might be useful for other providers. Scheduled to do one with Hennepin County Adult Protection in July.
 - 2. Education around romantic relationships – for people who do fundraising, etc., as well as families and individuals
 - 3. Training around trauma informed services and best practices for working with victims/survivors
 - ii. **Access and Safety:** SVC focused on access; recently moved into more accessible space because of this work. Arc looking at safety.
 - 1. Both looking at how we communicate with victims/survivors who have disabilities. Are we using understandable language? Do we have visual tools? Designed picture tool currently being used in most hospitals in Hennepin County to explain exam, what will happen, what choices are available to individuals. Returning power and control to people with disabilities.
 - iii. **Policies and procedures:** creating policies that increase safety, confidence, comfort and empowerment. Providing people with the language they need to find support. Mandated Reporter work here at the Arc. Arc working on guidelines for both those who have been harmed and those who have harmed

others, and what the responsibilities are for working with both populations. SVC working on accommodations conversations.

1. Working on picture tool to explain mandated reporting, who is one, who is not, what is the result of a report being made. Frequently don't hear back,
- iv. Working with self-advocates to make accessible support groups, support group specifically for victims/survivors with I/DD. People with disabilities are currently welcomed to any support groups, but might want to be with people with similar identities. Development, implement and outreach
- v. New area, law enforcement: relationship with St. Louis Park police, developing environmental scan to use, focus groups, recommendations report, finding what needed to enhance ability to work with v/s with i/dd; looking at school element too
- vi. **Outreach**
 1. Flyers, age appropriate sexual relationships tool, developing poster to put in community (Ann pointed out that the flyer does not reflect that the SVC number listed is the 24-hour line, not the office number)
 2. Working on how to share resources with people who aren't receiving services
 3. Grant specific to Hennepin County, but Arc has advocates that work in other counties that can share with
 4. Looking at how to get grant for statewide effort
 5. Hennepin County could leave behind flyers. Also would be good to reach out to contracted case managers, who are in touch with people's lives more than many in the system
 6. Awareness that flyers, etc. might endanger someone: there are other resources available. RQC has more discrete cards we can hand out

36. Small Group Discussions

3. Membership/Council Process

- Recruitment—who do we need at the table? List of groups to draw from: Ramsey County and Scott county, bringing in another person from each
- Would like to see racial minorities join us, still a pretty white group
- Others from disability community—maybe a parent, person from the medical community who works with disability and can share the medical side of it; adolescent or person who works with kids
- Bigger name—who can we look to in order to give us a “face” and get us out there a bit more? Someone with some clout
- Politician. Would be great to have someone sit on the council, go “all the way to the top”. Even if they just sit in once that would be great. Asking potential candidates questions about what they will do for the disability community

4. Review Process/Procedures

- Urgent vs. crisis matters: distinguishing between. Council isn’t service provider or county; our job is to use the county’s system to make reports. Maybe call county to alert to something happening to somebody in the county, and let the county take care of it from there
- Probably don’t need a work group to review these things—would probably be getting too involved. Rather, use systems that are still in place. Develop relationship with crisis response teams in 3 counties served. Constantly review resource doc. Current resource doc not helpful for person in crisis; assume that they are not going to self-actuate and we need to step in and make that connection.
- Training for interviewers on crisis situations and connections with those
- Agreement done by July, hopefully, then look at renewal and recruitment
- Press on DHS and Ombudsman about guardianship issue



37. Next Meeting- June 8th, 2018, 9am-11am



METRO REGIONAL QUALITY COUNCIL AGENDA

Friday June 8th, 2018

9 am – 11 am

The Arc Minnesota

2446 University Ave West, Suite 110

St. Paul, Minnesota

Hennepin/Ramsey Conference Room

In attendance: Danielle Fox, Rod Carlson, Tim Sullivan, Erin Paredes, Robert Morneau, Joe Cuoco, John Estrem, Dagny Norenberg, Kayla Nance, 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.

38. Introductions/What's Happening?

- a. New member, Robert Morneau, Dakota County Ombudsman contact

39. Small Group Discussions

Group #1. RQC Process/Procedures/Resources

- When to follow up
 - Must be careful not to derail our mission. We should not follow up unless it is a MAARC situation so as we don't miss the purpose of why this group was

"To improve the quality of services and supports for people with disabilities"

formed. Must be clear with this group and with our volunteers on what our role is. Some docs have wording around hopes and dreams but really our role is to collect the data and then pull away

- A lot of narrative data has been collected and that is helpful but we need numbers and percentages showing significant gaps to get changes made
- Can't use consent to share info with other agencies and vice versa, this is appropriate given our role in data collection. Acknowledge that it's easy to get wrapped up in work and derailed but this is about protecting our volunteers and our mission/purpose
- Ensure resource doc is robust since that is all we can really do
- Make volunteers understand liability element of it for The Arc, for the project in general, etc.
- Translation goals:
 - Expanding on translations when we can
 - Working on questions— ensuring that they are being communicated/understood in the same way regardless of language
 - Kayla: other language support not required, but was a decision on our part.
- Targeted recruitment to make sure diverse background of volunteers as part of development process, not as an afterthought
- Reaching out to existing resources—DHS Diversity and Inclusion Unit, ICI, Disability Law Center for any insight they could provide
- Consent form
 - Talks about aggregate data—needs to be updated
 - Communicating our purpose within consent form so expectations aren't wrong. Data collection, not intervention
 - "Information sharing ends after one year" – are we really going to destroy records, just use collective data after then, etc.? Discrepancy with DHS keeping longer? Define what is actually going to happen
- Volunteer training:
 - Emphasize the scope of our project
 - burnout prevention techniques or resources
 - Home safety/de-escalation techniques for volunteers
 - Emphasize data privacy concerns

Group #2 Membership/Steering Com. Development

"To improve the quality of services and supports for people with disabilities"

Responsibilities of Steering Committee

- Kayla runs agenda by this group. Revisiting old topics, direction setting, big picture/calendar setting for the year—nonprofit executive board model
- Group could help define next steps, create guidelines for recruitment and more
- Guardianship issue—support from this group on what to say, who to reach out to in order to carry this issue forward. Sounding board
- Addressing/thinking on issues like recruitment, narrowness of interviewee population due to guardianship issue, etc.
- Group must be consistent with attendance in order to drive the rest of the group/not rehash general council meetings
- Crisis response—team uses own connections/knowledge to make recommendations in crisis situations interviewers might encounter. This organization is not a provider; passing things on is sort of the best we can do. Can't as a council solve problems, but can be conduit
- Beneficial to have diverse group—family member, service person, county person, etc.
- Meeting: maybe 4th Friday of every month, and additional as needed. Video conferencing recommended to avoid travel/time difficulties
 - Recommend volunteers for these roles because of large commitment
 - 3 people fine but 4 optimal
 - Geographic representation, diversity—not all county people, not all from one region
 - Name: Advisory Committee (move from idea of decision making to idea of advice and development)

Review Letter of Commitment for membership renewal

- Specify phone/video conference option in letter; even if not ideal, accommodations are important to us
 - John talked about new technology for this—portable video conferencing option which can zoom in on who is talking
- Formerly MOUs which proved complicated, took that out of the contract and now have replaced with letter
- If person doesn't want to renew, commit to helping find new member
- Would like more members who are family of people receiving services; has proved difficult for potential members from this group because of time commitment
- Add RQC member commitment to reach out to contacts/promote RQC in letter
- Rotating out members/providers? Longer commitment, maybe 2 years, due to the time it takes to get settled. Would provide other perspectives and help to not leave out interested parties.

Time limits on membership (doesn't have to be rigid—guidelines, not bylaws, and if no other person available can remain on council)

- Siblings of people with disabilities—whole different perspective/relationship from parents

Outreach opportunities

- Announcements on agenda meetings for different organizations (could also help explain who we are for future interviews with clients)
- More established now than when we were just starting/planning
- Annual report due in August, will have more finalized information to share after that. Finalized information will get people interested, easier to share
- How to share positive feedback with providers/best practices within privacy/data requirements?
 - Robert: important info to share, maybe with an FYI letter. CEOs, etc., will want to know what we have found about their organizations
 - ICI did have a concern about small data samples—can't use five unhappy people to say that a provider isn't doing good work—but on the other hand the providers will want to know who is unhappy and what is wrong
 - Should develop metric around when we should pass along information. How many people interviewed versus how many people served? How many issues?
 - John: maybe need more data before we reach out/share specific information. We are not a policing group and shouldn't be seen that way
 - Report to community with aggregate data—not singling out organizations but providing general information on interviewees' experiences
 - Could prove a problem due to discrepancies/again due to our small sampling population

40. RQC Updates

- Guardianship issue ongoing: current practices, must ask and can only move forward with guardianship consent. Kayla will meet Daren Nyquist from Improve Group to talk about how to get together to contest this because it has been frustrating for both groups/is a rights issue
 - Erin: this relates to the question of when to follow up. It should be fine to come in and learn and leave without guardian consent if we are not making changes/influencing anything
 - Until now, we have done several interviews without guardian consent and it has been fine. Ombudsman Office supports us. Their letter in our support has influenced people to look at other guardian consent issues and question how approach it across the state

- Kayla is on case management redesign group, meeting since April through September once a month
- Olmstead neglect and abuse prevention group—moving forward to create action plans around presentation to subcabinet in July for recommendations
- RQC training on June 22nd for new volunteers and interns
- 2 new interns started this week, will be here through August
- About 80 interviews completed so far
- Annual report due in August, will bring it to RQC for feedback

41. What's Working/What's Not

What's Working

- Meeting time and place
- Small group with specific tasks
- Future planning
- good communication
- Break out meetings are good to add every so often to break up the feel of the group
- Small group discussions at the beginning
- Active/engaged group

What's Not Working

- Sounds like broad need for skype call in option
- Not enough time for small group task
- Inconsistent attendance (I'm guilty of this too)
- Technology—if needed, call-in would be nice
- nothing

42. Next Meeting- July 13th, 2018, 9am-11am



Appendix B. RQC Phone Script

Hi, this is _____, from the _____ Regional Quality Council (RQC). May I speak to _____?

I am following up from the letter that was sent to you last week about participating in an interview, did you receive that letter?

(if the individual answers “no”, explain the purpose of the RQC below)

The RQC wants to hear from you about the quality of the services and supports you receive. The RQC is a group made up of people with disabilities, their families, county workers, DHS, community members, service providers and the Ombudsman Office.

We would like to interview you to learn about how well the services and supports in your life are helping you meet your wants, needs, hopes and dreams. Hearing from you will help us understand what our region is doing well and what changes we may need to make to improve quality of life for all people with disabilities.

Do you have any questions about participating and are you interested in participating?

If no: Thank you for your time. Have a nice day.

If the individual answers “yes”, ask if they have a guardian. If the individual does have a guardian, ask if you could have the guardian’s address or phone number in order to contact them. Explain that we require guardian consent in order to interview each person. If the individual does not have the information, you can ask them to pass along the RQC’s contact information to their guardian, so that the guardian can give consent for their review.

Next, ask where they would like to do the interview and look at the calendar for scheduling.

(Let the person know that if they would like, they may invite a person in their life to sit in on the interview with them.)

I will give you a call the day before the interview, to make sure that time still works for you.

(Provide the individual with contact information for RQC staff. Ask if they have email address to send confirmation-ask if an email or phone call works best.)

(Schedule the interview and give the individual a general timeline of how long the review will take- 30 minutes to an hour for a short review)

Do you need any accommodations during the interview?

Accommodations that may apply:

This Project

- Accommodations to assist with communication, such as a sign language interpreter, large print version of interview questions etc.,
- Environmental accommodations (if interview is held outside of home) such as wheelchair accessibility, lighted well, quiet and free from distractions
- Breaking up review into shorter time segments (may have to do with long reviews)

Appendix C. Resource List

Metro Regional Quality Council Resource List

If you have questions or concerns after your review, contact the Regional Quality Council Coordinator listed below:

Kayla Nance

(952)-920-0855

kaylanance@arcminnesota.org

Housing		
State/Regional Quality Councils	The State Quality Council is a team of people who are working to improve the quality of services provided to people with disabilities in the state of Minnesota. The Regional Quality Councils (RQCs) developed from the State Quality Council to be able to examine and improve services for people with disabilities in specific regions and encourage community involvement.	http://qualitycouncilmn.org/
The Arc Minnesota, Greater Twin Cities Region	The Arc Greater Minnesota supports the rights of people with intellectual and developmental disabilities and their families. We help them to be included and participate in their communities. People of any age with intellectual and developmental disabilities and their family members can contact The Arc. Our staff can answer many questions. You can call, email or make an appointment to get support.	https://arcminnesota.org/ 952-920-0855
MN Department of Human Services		https://mn.gov/dhs/
Minnesota Adult Abuse Reporting Center (MAARC)	The Minnesota Adult Abuse Reporting Center has a free number, 1-844-880-1574. Anyone can call to report suspected abuse or neglect of vulnerable adults. Required or mandated reporters-include law enforcement, educators, doctors, nurses, social workers and other licensed professionals. They can use a web-based reporting system. Reports will be quickly submitted to the investigative agencies.	https://mn.gov/dhs/people-we-serve/seniors/services/adult-protection/ 1-844-880-1574

General Resources		
Hennepin Housing Disability Hub MN Key	Hennepin Housing Key connects people looking for housing with services to the resource network that helps people with disabilities solve problems, navigate the redesigned collaboration tool makes finding the right housing fit fast and convenient. You can go the website listed below or call them at the number listed below.	https://www.hennepin.us/services/apply/housing-key https://disabilityhubmn.org/ 1-866-333-2466
Housing Access Services (The Arc Minnesota)	Housing Access Services began in July 2009 and is a contract between the Arc Minnesota and the Minnesota Department of Human Services. The contract allows The Arc Minnesota to assist people with disabilities who are eligible for a Medical Assistance Home level.	651-604-8045 http://mylegalaid.org/ https://arcminnesota.org/housing-access/
NAMI (National Alliance on Mental Illness)	Care Service in finding and moving to independent homes of their own. HAS recently reached the milestone of assisting over 2000 people with disabilities in moving to homes of their own.	http://www.namihelps.org/

	dedicated to improve the lives of children and adults with mental illnesses and their families. They offer education, support and advocacy. NAMI Minnesota promotes the development of community mental health programs and services, improved access to services, increased opportunities for recovery, reduced stigma and discrimination, and increased public understanding of mental illness.	651-645-2948
The Metropolitan Center for Independent Living (MCIL)	The Metropolitan Center for Independent Living is a Twin Cities non-profit organization dedicated to supporting individuals with disabilities in their efforts to pursue self-directed lives.	651-646-8342 http://www.mcil-mn.org
Minnesota Brain Injury Alliance	The Minnesota Brain Injury Alliance offers support to Minnesotans affected by brain injury through: Advocacy and public policy, Resource Facilitation services, which provide personal one-on-one connection to information and resources, Case management for individuals on TBI or CADI waivers, Statewide educational opportunities, Outreach to underserved and communities of color throughout Minnesota and statewide volunteer opportunities.	612-378-2742 www.braininjurymn.org
Minnesota Microgrant Program (The Arc Minnesota)	The Minnesota Microgrant Partnership offers small amounts of money to persons with disabilities to achieve their goals around competitive, integrated employment; accessible, inclusive housing; and community integration. The program is administered by The Arc Minnesota and is funded by the Minnesota Department of Human	For more information, call The Arc Minnesota at 952-920-0855 or toll-free at 833.450.1494 to talk with someone about microgrants. https://arcminnesota.org/minnesota-microgrant-program/

Crisis Resources		
Sexual Violence Center (SVC)	The Sexual Violence Center serves victim/survivors of sexual violent ages 12 or older in a variety of ways. Trained	Crisis line phone numbers: 612-871-5111 or 952-448-5425

	sexual assault advocates can provide crisis support in hospitals, counseling, legal help, education, and more. The center has a 24-hour support telephone line.	https://www.sexualviolencecenter.org/
Day One Services	Day One is a statewide network of domestic violence, sexual assault, human trafficking, youth-and community-advocacy programs in Minnesota. Day One hosts the Minnesota Day One Crisis Line which connects individuals seeking safety and resources to service agencies statewide via phone, text or chat message. The Day One Call Center also answers calls, texts and chat messages to the Minnesota Crime Victim Support Line.	Crisis line: call 1-866-223-1111 Text: 612-399-9995 https://dayoneservices.org
Minnesota Crisis Services	Crisis services are available 24/7 if you or someone you care about is having a mental health crisis.	Text MN to 741 741 - Crisis Text Line or call **CRISIS (274747) https://mn.gov/dhs/crisis/
Hennepin County	COPE (Community Outreach for Psychiatric Emergencies)	612-596-1223 (adults)
Hennepin County		612-348-2233 (children 17 and under)
Scott County	Scott County Mobile Crisis Response	952-818-3702
Dakota County	Suicide and Crisis Response	952-891-7171

The Office of Ombudsman for Mental Health and Developmental Disabilities assists with the following:

1. concerns or complaints about services,
2. questions about rights,
3. grievances,
4. access to appropriate services,
5. ideas for making services better,
6. review guardian actions; and

“To improve the quality of services and supports for people with disabilities”



7. general questions or the need for information about services for persons with mental or developmental disabilities, chemical dependence or emotional disturbance.

You can contact the person who is responsible for the county where you live. See the contacts below.

Ombudsman Contact		
Dakota County	Robert Morneau	robert.morneau@state.mn.us 651-757-1810
Hennepin County	Andrea Strobel-Ayres	andrea.strobel-ayres@state.mn.us 651-757-1811
Scott County	Lisa Harrison-Hadler	lisa.harrison-hadler@state.mn.us 651-345-2335

Community Advocacy		
Facebook group	Disability Access Twin Cities	Front door to all things disability!
Facebook group	PCA Connections MN	Find, offer & discuss direct care service.
Facebook group	Waiver Recipient Community	Discuss Home & Community Based Services & CDCS for all of Minnesota.
Facebook group	Twin Cities Social Services	Resources for low-income & marginalized populations.

Abbreviations



AC: Alternative Care Waiver
BI: Brain Injury Waiver
CAC: Community Alternative Care Waiver
CADI: Community Access for Disability Inclusion Waiver
CDCS: Consumer-Directed Community Supports
DD: Developmental Disability [Waiver]
DHS: Department of Human Services
MHFA: Minnesota Housing Finance Agency
EW: Elderly Waiver
HCBS: Home & Community Based Services
ICI: Institute on Community Integration
IEP: Individualized Education Program
ILS: Independent Living Skills
MAARC: Minnesota Adult Abuse Reporting Center
MRQC: Metro Regional Quality Council
TBI: Traumatic Brain Injury