2018-2019 REGION 10 QUALITY COUNCIL ANNUAL REPORT

Council: Region 10 Quality Council
Council Counties: Houston, Olmsted, Wabasha
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"To improve the quality of services and supports for people with disabilities"

1. Region 10 Quality Council Membership and History

- **2018-2019 Membership**

Person Receiving Services	Provider
Josh Burt: Second Term Ends: 2020 Matt Schoen: Second Term Ends: 2021 Emma Edwards: First Term Ends:2019 Shelly Maciujec: First Term ends 2021	Linda Driessen: Second Term Ends: 2020 Marita Buehler: First Term Ends 2019 John Gamble: First Term ends 2021 Open Position:
Community Member	**Family/Advocate**
Mary Pieper: Second Term Ends:2021 Dee Sabol: First Term Ends: 2019 Judy Young: Second Term Ends: 2020 Open Position:	Harry Nevling: Second Term Ends 2020 (Passed away December 2018) Beth Honecker: Second Term Ends 2021 Anita Otterness: First Term Ends 2019 Lisa Harvey: First Term Ends 2021 Ann Lazzara: Second Term Ends: 2020
County Representative	
Lynnsey Standahl – Houston County (Retired February 2019) Carolyn Olson – Houston County (New) Leann Bieber -- Olmsted County Jodi Johnson – Wabasha County	
Regional Resource Specialist (DHS)	**Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities**
Emily Miller	Lisa Harrison-Hadler
Staff	
Kerri Leucuta: Council Manager Karen Larson: Program Coordinator Polly Owens: Region 10 Quality Assurance Commission Buff Hennessey: The Arc Minnesota Southeast Region Regional Director	

- **Region 10 Quality Council History**

In 2016, legislation was passed to address the state's need for regional quality councils to provide technical assistance, monitor and improve the quality of services for people with disabilities, and monitor and improve person-centered outcomes and quality of life indicators for people with disabilities.

As of July 2016, The Arc of Minnesota Southeast Region, acting as the fiscal agent, established the Region 10 Quality Council, and developed an "Activities and Implementation Plan" (See **Appendix A**) to outline and guide the duties the council is charged with.

The Guidelines for The Region 10 Quality Council were updated during FY2018-2019, at the direction of the council. (See **Appendix B**)

The Region 10 Quality Council meetings are held bi-monthly (on even months) from 2:30-4 at Bear Creek Services in Rochester, MN.

2. <u>Grantee Duties</u>

GRANTEE'S DUTIES. GRANTEE shall:

1.1 Direct and Administer. GRANTEE shall serve as the fiscal agent and coordinating agency/facilitator for the regional quality council for Olmsted, Wabasha, and Houston counties ("Regional Quality Council" or "RQC").

1.2 Regional Leadership. GRANTEE shall assemble a team of leaders to establish Regional Quality Council (RQC) for Olmsted, Wabasha, and Houston counties. The Regional Quality Council shall be composed of program participants, families, advocates, providers, and a
lead agency that includes the counties of the region. In establishing the RQC, GRANTEE shall:

(a.) Develop organizational structure and work groups; (b) Develop organizational guidelines for RQC; (c.) Develop process to oversee and review RQC budget; (d.) Hire RQC staff; (e.) Establish work groups for person-centered quality reviews, quality assessment and reporting, and systems improvement; (f.) Develop a process to oversee work groups; (g.) Oversee, coordinate, and evaluate ongoing project activities; and (h.) Provide regional leadership in the implementation of best practices related to the development of person-centered inclusive services, communities, and systems.

1.3 Resources and Best Practices. GRANTEE shall identify resources and best practices that promote a higher quality of life for persons with disabilities. GRANTEE shall review composite information from quality assessment and reporting work group to identify best practices from individual quality reviews. GRANTEE shall identify and gather information from other resources on best practices (e.g. University of Minnesota's Institute on Community Integration, University Centers on Disability, etc.). GRANTEE shall develop, implement, and review plan for sharing best practices with regional stakeholders.

1.4 Regional Priorities for Quality Improvement. GRANTEE shall review composite information from quality assessment and reporting work groups to determine priorities for quality improvement. GRANTEE shall develop, implement, and review plan for establishing and sharing quality improvement priorities. GRANTEE shall plan and host annual meeting for regional stakeholders to gather information on quality improvement.

1.5 Collaboration. GRANTEE shall foster collaboration among participants and their families or representatives, lead agencies, advocacy organizations and home and community based services providers to promote quality and person-centered thinking. GRANTEE shall develop plan for working with stakeholders regarding quality improvement and person-centered thinking. GRANTEE shall develop and implement plan for increasing disability and cultural diversity within RQC and work groups.

1.6 Training for Program Participants. GRANTEE shall identify and address common training needs, including training needs for program participants and families. GRANTEE shall review composite information from quality assessment and reporting work group to determine identified training needs.

1.7 Training and Technical Assistance. GRANTEE shall identify a regional team to participate in training and technical assistance activities related to the development of person-centered organizations. GRANTEE shall

recruit individuals for the person-centered organization training group. Identified individuals will participate in training and technical assistance regarding person-centered organizations. GRANTEE shall provide ongoing training and consultation with organizations to increase person-centered service provision.

1.8 Quality Monitoring System. GRANTEE shall develop and implement a quality monitoring system that will measure, monitor and report on the availability and quality of services in regions. The quality monitoring system must analyze information from a variety of sources. GRANTEE shall implement a database to gather required information from individual quality reviews and system information sources. GRANTEE shall develop process for analyzing composite data to report on quality. GRANTEE shall complete and submit composite data reports to person centered quality review and system improvement work groups on a quarterly basis or as requested. GRANTEE shall evaluate improvement in quality of person-centered services provided to individuals in the region.

1.9 Regional Response Action Plan. GRANTEE shall coordinate a regional response to locally identified barriers, issues and service gaps. GRANTEE shall review composite information from quality assessment and reporting work group to identify barriers, issues and service gaps. GRANTEE shall develop plan for responding to barriers, issues and gaps in service stakeholders.

1.10 Person-Centered Quality Reviews. GRANTEE shall develop a monitoring system for the Regional Quality Councils (RQCs) to conduct 240 person-centered quality reviews or brief interviews each year accordance with Attachment B, "Qualities and Characteristics of a Person-Centered Quality Review", and Attachment C, " Minnesota State Quality Council Indicators", which are attached and incorporated into this Contract**.**

(a.) Person-Centered Quality Reviews. For purposes of this Contract, "person-centered quality reviews" shall mean an extensive review process that involves probing with critical questions that are based on the quality of life indicators developed by the State Quality Council and are consistent with the definition of person-centered planning, including the qualities and characteristics described in Attachment B.

(b.) Brief Interviews. For purposes of this Contract, "brief interviews" shall mean conversational interviews consisting of ten (10) subject areas and a total of fifty (50) prompting questions that represent a person's quality of life and provide the Regional Quality Council and State Quality Council enough trend data to aggregate into actionable information.

(c.) Facilitate Reviews. GRANTEE shall facilitate the RQC in conducting the person-centered quality reviews and work with county licensing units and DHS licensing division as needed. GRANTEE shall implement a random selection process for individuals participating in person centered quality reviews and brief interviews.

(d.) Follow-up and Feedback. GRANTEE shall develop and implement a system for feedback on review process.

(e.) Review Tools. GRANTEE shall collaborate with the State Quality Council and other Regional Quality Councils to develop, implement and revise person-centered quality review tool.

(f.) Hire Quality Reviewers. GRANTEE shall develop job descriptions for person-centered quality reviewers. GRANTEE shall recruit, interview, hire, and train person centered quality reviewers to conduct the services described in this Section.

(g.) Training and Peer Mentoring. GRANTEE shall develop training materials for person-centered quality reviewers, individuals receiving services and other stakeholders. GRANTEE shall develop peer mentoring component for training individuals receiving services. GRANTEE shall train and empower individuals receiving services and other stakeholders.

1.11 Individual Concerns. GRANTEE shall develop mechanisms where individual concerns regarding the quality of services and supports can be expressed and addressed. GRANTEE shall develop and implement methods for individuals to report concerns during review process. GRANTEE shall identify methods for individuals to report concerns via call in, website, email, etc.

1.12 Reporting. GRANTEE shall report findings and activities to the State Quality Council along with recommendations for system-wide changes to improve quality of services. GRANTEE shall develop a format for quarterly and annual reporting of findings, activities and recommendations. GRANTEE shall complete quarterly and annual reports and submit to Regional Quality Council as required. GRANTEE shall approve annual report and submit to State Quality Council and regional stakeholders.

1.13 Communication and collaboration between Regional Quality Councils (RQC), State Quality Council (SQC), Department of Human Services (DHS), and lead agencies. Representatives from each Regional Quality Council , State Quality Council, Department of Human Services, and lead Agencies will participate in semi-annual meetings to:

a)   Review status of and compliance with Minnesota Statutes 256B.097 and discuss necessary updates and changes.
b)   Review effectiveness of communication and collaboration between RQCs, SQC, DHS, and lead agencies and make recommendations for improvements.
c)   Review statewide protocols for the quality review process and make recommendations for updates and improvements.

(Please see **Appendix A** For FY2018-2019 Activities and Implementation Plan for details of tasks completed.)

3. **Collaboration of Regional Quality Councils**

Review tools – Staff collaborated in improving our review tool and process by changing and or replacing questions deemed ineffective or duplicative. For instance, the question about planning was confusing to people, so we exchanged it with a question about case management which people better understood.

Agile Apps Database – Staff have continued to collaborate with DHS to create a functional database. Updates that have occurred during this fiscal year includes requests that are intended to improve efficiency in review scheduling, reporting and data analysis processes. Examples of such updates include:
➢   Building additional reports that help us share quantitative data with our Quality Councils
➢   Identifying fields for drop downs vs free text fields to assist with better reporting capabilities

➢ Changing the question fields to coincide with changes and replacements identified by staff

Website Content Maintenance – The State and Regional Quality Councils realize the importance of informing stakeholders of who we are and what our purpose and goals are, and how we are going to achieve our goals. The website not only offers information about State and Regional Quality Council activities and events, but it also offers resource information to individuals with disabilities, families of people with disabilities, and professionals who work for people with disabilities. Please visit the Minnesota State Quality Council website at: http://qualitycouncilmn.org .

State Quality Council Workgroups -- The State Quality Council has four active work groups where much of the council's work is accomplished. The 4 Current Regional RQC staff (Metro, Arrowhead and Region 10) divided themselves among the workgroups to have representation among workgroups. The work groups are described below:

- **Public Relations Workgroup:** The mission of this workgroup is to inform and broaden statewide support of SQC priorities, outcomes and scope of work through legislative advocacy, communications plan, and education of public. Support and engage with other SQC work groups where it fits this mission.
  - ➢ **Karen Larson from Region 10 Quality Council is a RQC Representative on this Workgroup.**
- **Quality Monitoring Workgroup:** The mission of the Quality Monitoring group is to quantify the quality of services in Minnesota and monitor data to reflect improvement in people's lives.
  - ➢ **Angie Guenther from Metro Regional Quality Council is a RQC Representative on this Workgroup.**
- **Regional Support and Development Workgroup:** The mission of this work group is improving lives of people with disabilities in Minnesota through the development of statewide best practices and identification of opportunities through:
  - ➢ Oversight of and input to the "interviews process" that ensures
    - o data gathered identifies state-wide system improvement opportunities
    - o positive life changes for participating individuals
  - ➢ Support of the RQCs in determining what work/decisions remain local and what should be brought to State Quality Council
    - o Supporting the RQCs in bringing needs to SQC/DHS and getting them resolved appropriately
  - ➢ **Kerri Leucuta from Region 10 Quality Council is the RQC Representative on this Workgroup.**
- **Steering Committee Workgroup:** The mission of this work group is to provide the governing framework for the council via policies and processes so that council members can efficiently address our society's needs around quality disability supports, govern for the common good and sustain a just democracy.

4. <u>Data Regarding Scheduling of Person-Centered Quality Reviews</u>

For purposes of this report, response rate is defined as the number of people that completed a brief interview, divided by the number of people the Region 10 Quality Council (RQC) coordinator has attempted to contact to schedule a brief interview. Attempted contacts include the following categories: completed interviews; refused interviews (by individual, guardian or staff); those that agreed to the interview, however the guardian never replied with their verbal or written consent; those with incorrect contact information; those with the phone number missing (but a letter was sent); those that did not live in Region 10; those that claimed to not

receive HCBS; those that did not respond to contact attempts; and those who were reported as deceased. Those individuals whose cases were closed because they were duplicates were not included as attempted contacts. See the graphs below for details on the number of individuals in each category. Based on this formula response rate for the brief interviews for is calculated at 11.22% (155 interviews completed divided by 1381 people that we attempted to contact).

For comparison, the response rate for people we were 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 that we were able to contact. Contacts include the following categories: completed interviews; refused interviews (by individual, guardian or staff); those that did not respond to contact attempts; those that wanted to do the interview but Guardian did not reply to give consent; those that did not live in Region 10; those that claimed to not receive HCBS and those that were reported as deceased. Based on this formula the response rate for those contacted by the RQC is calculated at 16.6% (155 interviews completed divided by 934 people that the RQC Coordinator was able to contact).
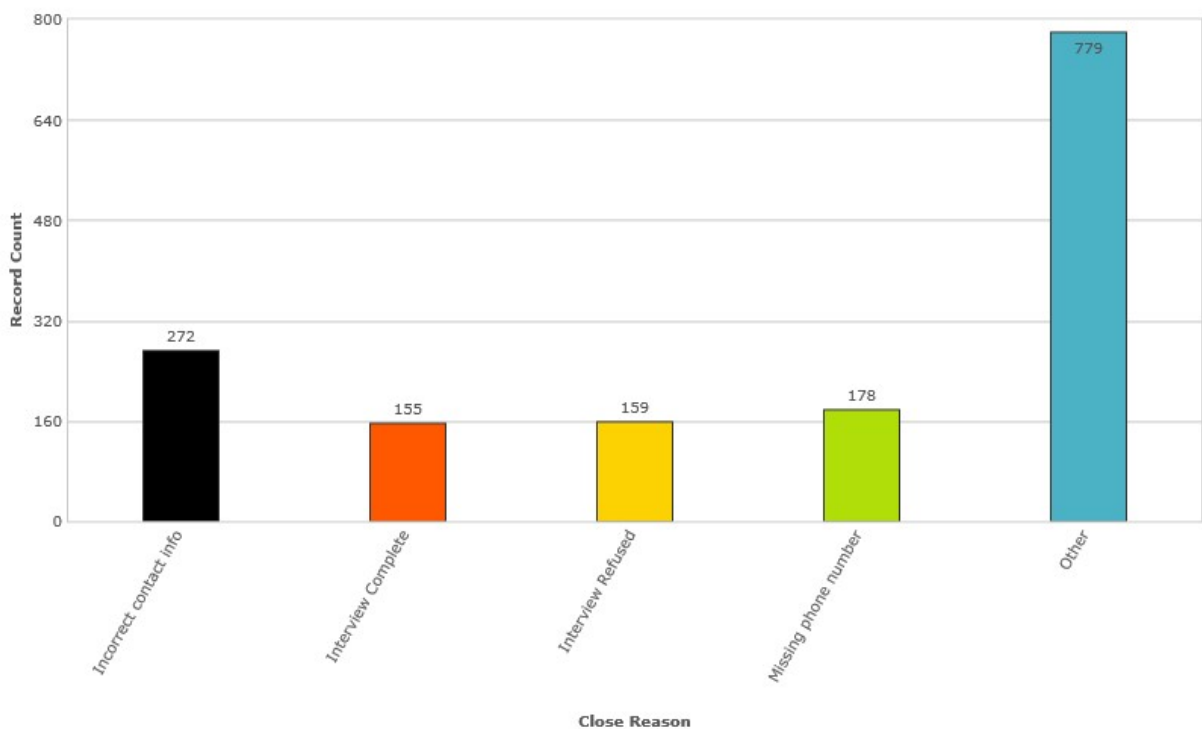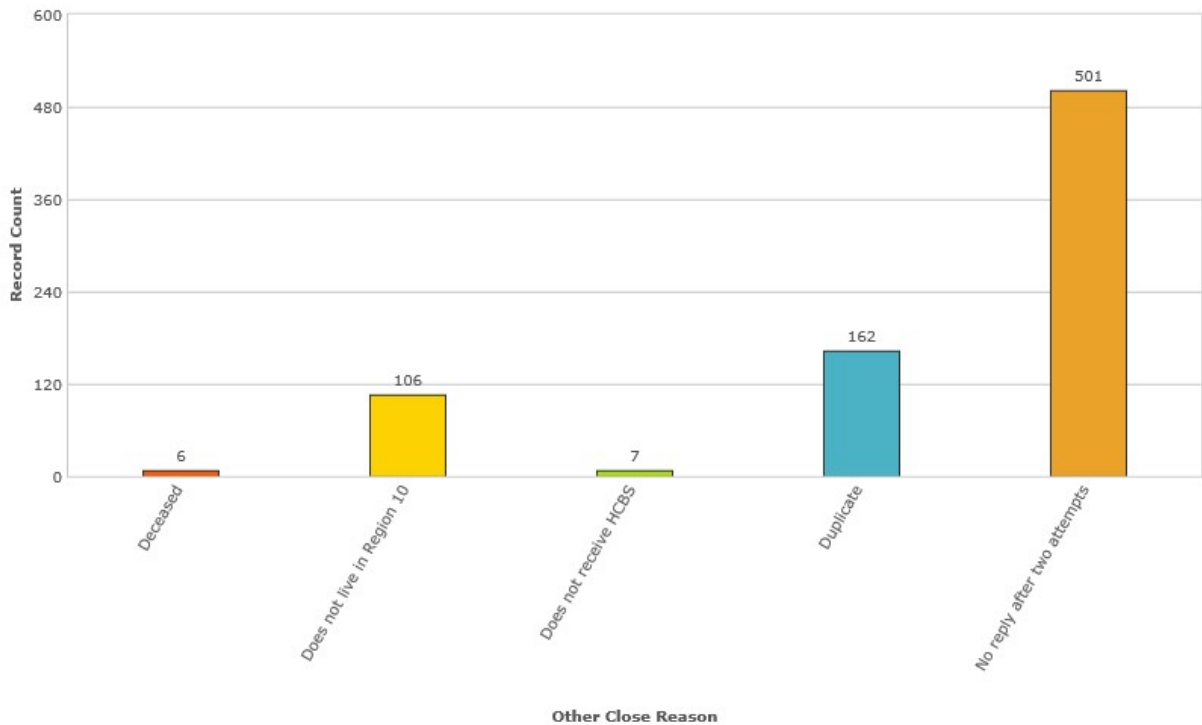
Contact Attempts:

Additional information on attempts to contact individuals and schedule interviews can be obtained from data collected in Agile Apps. The random 2100 assessments downloaded to Region 10 Quality Council by DHS thus far, includes names and contact information of people receiving HCBS and residing Olmsted, Wabasha, and Houston counties. As of this report, the Region 10 Quality Council Coordinator has opened 1543 of the total 2100 assessments. An assessment is opened when the coordinator assigns the case to herself and prints a letter informing the individual that they have been selected to participate in a brief interview and will be contacted by the RQC Coordinator by phone to see if they are interested in participating. For those assessments that are found to be duplicates (the same individual is part of the random sample more than one time), the assessment is closed prior to sending out a letter. Close reasons are detailed in the graphs above.

Completed Interviews:

As stated in the response rate section of this report, the Region 10 Quality Council staff and volunteer Quality Reviewers completed 155 for the reporting period of November 27, 2017 to September 2019.

There continues to be opportunities for improvement in the number of reviews we are able to complete; however, Region 10 staff has acknowledged this area of improvement, and will be implementing operational improvements in the scheduling process in FY2019-2020.

Barriers to completing reviews

Major barriers to completing the desired number of brief interviews per month include:

➢ Low response rate
➢ Difficulty scheduling interviews:
  o Contact information for people that are part of the random sample provided by DHS, is often missing or incorrect.
  o Information on guardianship is not provided or is inaccurate, yet DHS has maintained a position that verbal consent from guardians is required to participate in a brief interview.
  o Individuals who are selected to be interviewed, or their support staff, are not always willing or able to provide guardian contact information.
  o Guardians may then refuse an interview on the individual's behalf or fail to return calls from RQC staff to give consent.
  o Limited staff resources

Once a review is scheduled, the quality review process consists of a series of prompting questions are used to gather enough information about how much choice and control the interviewee has over, or to what degree they experience, the area covered. Notes from the interview are used to create a narrative that supports the scoring for each area. Quantitative information is contained in these narratives. This information is used to create a summary that is given to the interviewee after they have completed a brief interview. Interviewees then have a chance to provide feedback about the accuracy of the information gathered during the interview, and whether or not the interview summary will assist the person interviewed and their team with planning for the future. The person interviewed may choose to share the interview summary with their team or circle of support, to highlight things that are going well for them or areas they may want to work to change. (***Please Note:*** Approximately 1/3 of the feedback forms were completed and returned to the Region 10 Quality Council office, and 86% of those returned indicated that the summary would help with future planning.).

Recruiting and training new Quality Reviewers will be an ongoing process. Currently Region 10 Quality Council staff have 14 trained quality actively completing interviews. Another Quality Reviewer training is planned for September 2019 where an additional four people will complete the training to become a quality reviewer.

5. <u>Quantitative Data and Qualitative Data</u>

Quantitative data is defined as data that expresses a certain quantity, amount or range, while qualitative data is defined as descriptive statements that can be made about a subject based on observations, interviews or evaluations. Originally, the brief interviews were not intended to gather qualitative data. However, it became apparent that a great deal of qualitative information was being captured during the interview process. This qualitative data was gathered in the notes section for each area covered in the interview. In order to evaluate this data, staff originally needed to document the notes for each interview manually.

This fiscal year, the regional quality council staff received data analysis assistance from the University of Minnesota Institute on Community Integration, led by Renata Ticha and Brian Abery.
(***Please Note***: The assistance for this data analysis was offered Q1 of Fiscal year 2019-2020 (Regional Quality Council fiscal year runs from July to June), so the data actually reflects information from all completed reviews, from all three regions, from the beginning (November 27, 2017) through September

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2019. We decided to look at the combined data, as this was the first technical assistance that allowed us analyze the Qualitative Data along with the Quantitative Data.

Some basic regional demographics associated with the analysis is as follows:

Demographics: Region

Region of Minnesota

Response Options	N	%
Region 10	155	27.7
Arrowhead	203	36.3
Metro	202	36.1
Total	560	100.0

N = The number of participants endorsing each option and the Total.
% = The percent out of the total.

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Demographics: Gender & Race

Gender

Response Options	N	%
Male	292	52.1
Female	268	47.9
Total	560	100.0

Race/Ethnicity Status

Response Options	N	%
White	450	80.6
Black/African American	68	12.2
Asian	10	1.8
American Indian/Alaska Native	15	2.7
Black & White	1	0.2
Unknown	14	2.5
Total	558	100.0

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Completed Review by County of Residence
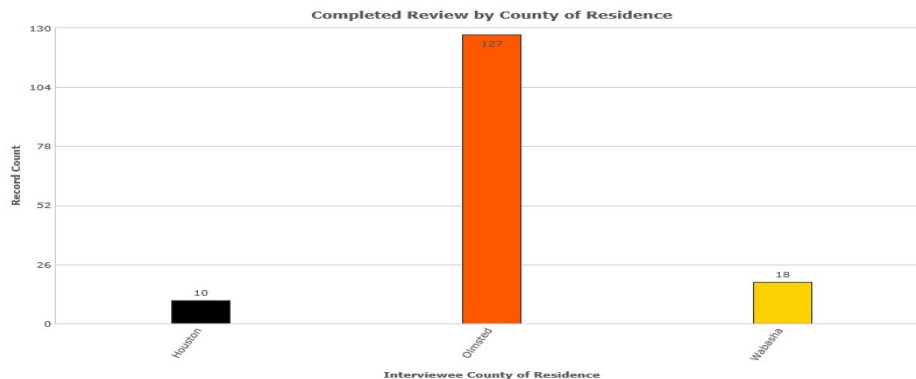
(Reviews completed by County of Residence: Houston – 10; Olmsted – 127; Wabasha; 18)

There are ten specific areas that are covered in the brief interviews as follow: housing situation; daily routine; community access and involvement; relationships; support staff; safety; life planning; access to employment; acknowledgement of hopes, dreams and goals in service planning and access to services and supports (starting FY2019-2020, the areas of transportation and case management will be covered as well). Quality reviewers use prompting questions for each area covered to gather the interviewee's input on how much choice and control that have, how much choice and control they would like to have or to what degree they experience the area. Scoring follows a Likert scale as detailed below:

- **None**: The person has no control over, or does not experience any of the area of in their life they were asked about; **none** means 0% of the time.
- **Some**: The person has control over, or experiences to some degree, the area of their life they were asked about; **some** means 50% of the time or less.
- **Most**: The person has significant control over, or experiences the area of their life they were asked about to a large extent; **most** means 51% of the time or more.
- **Full**: The person has total control over, or experiences to a full degree the area of their life they were asked about; **full** means 100% of the time.
- **N/A:** Not applicable; the question does not apply to the person.

General findings include:

General Findings

- In general, people want about 50% more control (full) than they have now. Few people want less control.
- *Region 10* - In general, a larger spread of scores with respect to both current and desired levels of control ways and tended to have higher current levels of control
- *Arrowhead* - In general, a larger discrepancy between current levels of control and the degree of control people would like mostly due to lower baseline level of control and a higher desire for control
- *Metro* - In general lower baseline level of control (except for Relationships) and most notably lower expectations
- Interviewer notes highlight facilitating factors and barriers to having control over the domains sampled

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Of noted interest, Region 10 showed a higher level of choice and control, in the areas of life assessed, than the Metro Regional Quality Council or the Arrowhead Quality Council.

Some of the highlights from this analysis include:

- People are often supported by family and case managers to decide where they would like to live. People want to be able to have more than one option to consider regarding where they will live, visit the location(s), and meet who they will live with, before they choose. This gives people a greater sense of choice and control.
- Among people who had less control than desired over their daily routines, the most common complaint was the lack of adequate time with Direct Support Professionals.
- Individuals employed who did not need support *are not* included. Interviewer notes for people who were reported to not be looking for work, including those who were retired, a student, or unable to work due to their health are *not included* in this analysis. We asked for additional analysis to include all the people we interviewed, as we feel it is important to learn about those that cannot work due to their health or disability, as well as those people who retired and if they wanted to retire.
- There is a large gap between how much choice and control people have in doing the things they want to do in their community, and how much choice and control they would like to have. Barriers to people not being able to do what they want, when they want, and with whom they want are: money; transportation; accessibility; and staffing shortage.
- When discussing relationships, people would like more choice and control in who they spend time with, and how often. Most people (87%) talked about family when asked about close relationships, and 65% reported one or more friendships; about 20% reported friendships with paid staff or housemates. Barriers to building and maintaining relationships include: transportation; health; money; and staffing shortage.
- Due to concerns over transportation, we added to the interview process a question around transportation for FY19-20. Barriers to transportation identified in the first three months include: lack of flexibility and limited schedules; lack of transportation options (especially in rural areas); unreliable service; scheduling of rides is challenging (long wait times; need to schedule rides days in advance); safety; expense; not being able to bring service animal; public transportation were painful to ride in.
- Most people are happy with their supports and feel treated with respect. Of those that were not happy with their supports, complaints include staff being on their phones and not paying attention to people they are paid to support; cultural barriers (staff that will not cook certain meals or decorate for holidays as requested); not listening; not respecting privacy.
- People using in-home supports (PCAs) reported staff stole things, falsified hours, were late or did not show up at all, or did not do much work while they were there. Due to staffing crisis, people reported having to put up with poor performance rather than go without support. Many people are not able to fill all of their allocated hours due to staffing shortages.
- People living in residential settings reported there is enough staff to meet basic needs, but not enough staff to provide individualized support to help people do the things they want.
- Sixty percent of people reported having regular planning meetings. Eighteen people said they did not have planning meetings, and 37% were unclear. Barriers to effective planning included: needing more assistance; providers and/or case manager did not attend meetings; sometimes the person chooses not to attend their own meeting. Only 113 people reported having specific life goals such as

employment, living independently, vacations, education, or starting a family. This question about planning was confusing to people, so we exchanged it with a question about case management, which people better understood.

- July 2019 we replaced the planning question with question relating to whether or case managers are helpful and explaining services in a way people can understand easily. Notes from the small sample of 94 people interviewed (across the three Regional Quality Councils) with this question in Q1 of FY19-20 identified the following information: Thirteen people reported that they either had no case manager, didn't know if they had a case manager, or had never met them; Twenty-five people reported wanting more contact with their case manager or felt their case manager was not responsive to their needs; Forty percent reported that the case manager did not provide information about services in a way they could understand; Case Manager turnover was reported being a problem; and people reported system challenges when responding to this question (i.e. case manager workload; and confusing service system).

- 92.5 % reported no safety concerns. Of those that did report safety was a concern, they cited the following concerns: criminal activity in their neighborhood; building security; lack of trust in staff; fall risk (especially during inclement weather); lack of proper safety equipment; no elevators; no sprinkler system; and staff behavior, housemate behavior, or their own personal behavior.

- People's hopes and dreams included: traveling; employment goals; living independently; spending more time with loved ones and repairing broken relationships; dating and getting married; wanting a car or motor scooter to help be more independent; maintaining and improving health; contentment and quality of life; financial stability; and personal dreams such as having a pet or owning a hobby farm. Of noted concern, 16 people reported not having hopes or dreams.

To see the whole data analysis summary, please copy and paste this URL into your browser: https://drive.google.com/drive/u/0/folders/0B7wWJ57CbNHoMnBwUnFpNUpGN2c

6. <u>Quality Improvement Efforts</u>

The Region 10 Quality Council worked throughout the 2018-2019 year to share information with regional stakeholders (including individuals receiving services, family members, providers, lead agencies, etc.) about the Regional Quality Councils. The Council worked to foster collaboration among stakeholders to promote quality and person centered thinking**,** as well as to identify and address common training needs, including training needs for program participants and families. We shared information about who we are, what our goals and objectives are, how we plan to accomplish our goals, and how others can get involved.

<u>Quality Improvement Initiatives</u>
The overall purpose of the Region 10 Quality Council is to promote a higher quality of life for people with disabilities. With this in mind, the Region 10 Quality Council is continuing to follow up on and participate in two impactful quality initiatives.

1. **Cohort 3** --In May of 2017, the Region 10 Quality Council was invited to participate in cohort collaboration with Olmsted County and community providers to expand organization-wide person centered practices and positive behavioral practices, and lay the foundation for organizational cultural change.

- o The University of Minnesota and the Institute on Community Integration provided a fast track 3-year program of training and technical assistance for organizational change to implement person-centered practices and positive behavior support in services for people who receive long-term supports to several local providers.
- o Person-Centered Thinking and planning provides the foundation for organization-wide implementation with training in positive behavior support available as an integrated positive support.
- o Training and technical assistance was delivered by staff from the Research and Training Center for Community Living at the Institute on Community Integration, University of Minnesota with the intent to support organization-wide implementation and integration of person-centered practices, positive behavior support, or other positive support practices, while working toward systems changes required for the state's full implementation of the Olmstead Plan.
- o Examples of Person Centered Practices(PCP) and Positive Behavioral Support (PBS) implemented by participating providers are:
  - One Organization implemented a mentor program. They use a matching profile and one-page descriptions to help new employees select a PCT Coach Mentor to help them as they learn their job. The organization will be using employee retention information to measure the success of the program.
  - An organization has started a PCP community of practice within their organization. The community of practice meets regularly and offers a variety of topics for people to come together to learn and have conversation.
  - Most of the organizations have started using one-page descriptions in a variety of ways.
  - Person-Centered language can be heard across all agencies and has begun to create a shift in organizational culture.
  - Each organization created a power point outlining all of the efforts they have been implementing. These power points are used to increase the visibility and awareness of PCP and PBS throughout the region.

Cohort 3 will begin a new year of training in December 2019. They will begin to look at regional capacity and sustainability as well as implementing Tier 2 and 3. The Region 10 Quality Council will play a crucial role in this work.

The Region 10 Quality Council has an active role in bringing this region together. The cohort organization will work together with the RQC staff to share information with both the Regional and State Quality Councils. The data that is gathered from each of the teams can be used to help identify gaps in the region and can help determine what recommendations may make sense for this region.

One concern has been that the cohort trainings have been primarily for providers. The Region 10 Quality Council Staff has been actively helping to facilitate a community of practice workgroup, that stemmed from the cohort, called "Working Together". We are working on informing people and families about this group and its activities with the intent to bring their perspectives and ideas to the table, in addition to providers.

(Please see **Appendix C** for the detailed report provided by the University of Minnesota, Institute on Community Integration.)

➢ **Community Conversations --** Based on information gathered in the Quality Reviews, as well as looking at other related sources (National Core Indicators), a topic continually rose to the top as a priority. This topic was the staffing crisis in Minnesota. The Systems Improvement (SI) Workgroup began talking about what could impact the staffing crisis regionally, and the conversation turned to the benefits of people developing Natural Supports.

We discussed the fact that everyone (with or without disabilities) needs support in one way or another…some people need more support than others. The workgroup liked the idea that we, as a community, should be better at supporting each other, and talked about what it would take for this to happen. The project that this workgroup implemented is hosting a series of Community Conversations to discuss what is needed for communities to be able to build better relationships and better support people with disabilities in our region.

This project of the Region 10 Quality Council was designed to capture community perceptions about people with disabilities, their challenges to community integration, and general awareness of supports and resources. Region 10 Quality Council will use the findings to inform communications, education, programming, and outreach to build a greater sense of awareness, welcome, and inclusion in communities where individuals with disabilities reside.

The workgroup reviewed the findings and recommendations from last year's Community Conversations around the need for Community and Natural Supports. Findings discussion included:

➢ There seems to be a disconnect between who is responsible in supporting people with disabilities to be part of community (is the person responsible for reaching out to people, or is it people in the community who should be reaching out to the person with a disability)
➢ The awareness aspect of these conversations was a highlight. Creating awareness rather than educating community members seems to be especially enlightening…including awareness of disparities for people with disabilities (How are situations different for people with disabilities)
➢ There should be the assumption that all people are part of the community; we need to work on how to keep people there.
➢ Utilize a least restrictive intervention approach to people being in community, and add supports as necessary. Assume capability and add supports as necessary.
➢ We need to consider children too, not just adults.
➢ The system is set up to be risk adverse, and protective.
➢ These conversations should continue with different facilitated questions around "why do people leave community, and what can we do to keep people within community".
➢ The concept of "learned un-use" was discussed. People learn to not try things or to not do things, because they have been told they cannot.
➢ True value is in removal of stigma (there was discussion that involved mental health stigma as well).
➢ Tactics/Tools/Information could be provided to teach people ways to help in keeping people in community.
➢ Focus needs to be on _interdependence_ rather than independence…we are all in this together, so how can we solve this together

(See **Appendix D** for Region 10 Quality Council Community Conversations Report of Findings and Recommendation)

Outreach
The Region 10 Quality Council staff participated in several conferences this year to inform stakeholders about who we are, as well as to gain valuable information from stakeholders about what is working and what is not in our regions and in the state of Minnesota.

➢ Participated in and volunteered at the 2018 Minnesota Gathering for Person-Centered Practices.

- Participated in the "Two Day Event on Developing a Statewide Strategy for Becoming A Person Centered System"
- Exhibitor at The Arc Minnesota Southeast Assistive Technology Expo
- Participated as an exhibitor at the 2018 Brain Injury Alliance Conference in Brooklyn Center, MN on April 25-26, 2019.
- Region 10 Quality Council staff presented at the Annual Self-Advocates Minnesota (Southeast Region) Conference in Rochester on June 1, 2019

Community Engagement

The Regional Quality Council collaborated throughout the year to identify opportunities for local community engagement, to learn about gaps and best practices within Region 10, as well as share what we have been learning with others. The following are opportunities that the RQC staff participated in to facilitate community engagement:

- Listening Sessions -- Houston County Stakeholders, Wabasha County Stakeholders, Olmsted County Stakeholders
- Chamber of Commerce After Hours Event and Interconnection Volunteer Connect Night for networking, to share information about the quality councils, and to recruit volunteer reviewers and quality council members
- Guardianship Alternatives: Supported Decision Making Training
- "Collaboration Between Agencies and Programs" meeting participation
- Forums as they relate to disability topics and community concerns – i.e. Legislative Forums; 2019 Community Health Forum
- The Arc Minnesota Southeast Region Annual Golf Tournament fundraiser on July 30, 2018
- The 2018 Arc Minnesota Southeast Region Annual Meeting
- Staff and Council Members attended and advocated at Disability Day at the Capital on February 19, 2019
- 2020 Census Complete Count Committee participation
- Invited to be a panelist in a "Panel Discussion on the 2020 Census"
- "Community for All" community of practice committee participation (Name changed to "Working Together)
- Presented "Community for All" committee information to The Self-Advocates Minnesota (SAM) Southeast Region Group to recruit members to the "Community for All" Committee
- Brain Injury Community Committee Event/Presentation
- RAVA 2019 Community Volunteer Fair
- Volunteered at Houston County Playground Build May 1, 2019
- Accessibility Walk of Downtown Rochester hosted by Olmsted County's Statewide Health Improvement Partnership (SHIP) – May 7, 2019
- Exhibitor at Rochesterfest – The Magic of Service Day
- Ongoing partnership with Olmsted County and community providers for training and collaboration in regards to expanding organization-wide person centered practices and positive behavioral practices, and laying the foundation for cultural change

7. Recommendations

➢ More education and awareness is needed for people with disabilities and their families. We consistently heard "We are expected to ask for what we want or need, but we don't know what is available to ask for. We can't ask for what we don't know." Starting FY19-20, we are updating the interview questions to include one around case management to determine if services are being explained in an understandable way to help address this concern. Recommendation would be for information to be shared by a physician's office (at diagnosis) about resources parents can access to learn more about options they may have. Another recommendation would be for case managers to reach out to people and families when new services options are available, rather than people being expected to ask for something they are not even aware of.

➢ More education and training in **person-centered planning** with **desired life outcomes** for providers, people with disabilities, and families of people with disabilities. A recommendation would be better Minnesota State follow up on people's plans to ensure what they really want is included in their plan and that work is being done to achieve those outcomes.

➢ More education and awareness is needed around the topics of natural supports, supported decision-making, and dignity of risk. We need to assume capability with a least restrictive intervention approach, support people to make informed decisions for themselves, and allow people the dignity of risk to live out those decisions, with the knowledge that challenges will occur and mistakes will be made…and that is okay.

➢ Technical assistance with analyzing Regional Quality Council Qualitative and Quantitative Data is needed.

➢ Comparison of Regional Quality Council Data against data collected from other sources would be beneficial.

➢ Eighty percent of the reviews conducted were with white people…we need a better way to connect with and engage with other cultures to determine quality of life and needs.

8. Priorities for Fiscal Year 2019-2020

➢ **Region 10 Quality Council Priorities**
1. Determine resource to analyze Qualitative Data along with Quantitative Data
2. Improve number of reviews completed through implementing operational procedures in the scheduling process in FY 2019-2020.
3. Develop vision, process, and next steps for implementing Person Centered Quality Team Reviews and utilizing the DLAST tool to help people achieve desired life outcomes.
4. Improve Cultural Diversity in membership of the Region 10 Quality Council.

➢ **Region 10 Quality Council Workgroup Priorities**
The Region 10 Quality Council currently has two main workgroups to assist in the work needing to be accomplished by the Council: The Person Centered Quality Review Workgroup and the Systems Improvement Workgroup. The Region 10 Quality Council has also identified a need to form additional committees to help with Council Work as needed: The Executive Committee, the Nominating Committee; and the Education, Training and Advisory Workgroup (in partnership with the Quality Assurance Commission).

Region 10 Person Centered Quality Review Workgroup

The primary role of the Person Centered Quality Review Work Group is to oversee the process for conducting person centered quality reviews within the region.

The Person Centered Quality Review Workgroup completed the following in 2018-2019:
1. Reviewed quality reviewer feedback forms and made changes to the process as needed.
2. Reviewed participant feedback forms and made changes to the process as needed.
3. Reviewed quality reviewer training feedback forms and made changes to the training as needed.
4. Completed business cards for quality reviewers.

The Person Centered Quality Review Workgroup's current priorities:
1. Updating the blue leave behind folder to make it more user-friendly for the person reviewed.
2. Team Review: Discussions of benefits and drawbacks of a team process. Identifying steps needed for the process
3. The Story: Developing a process for compiling personal stories from the person reviewed, to identify how the review process assisted in adding quality for to their lives

System Improvement Workgroup

The role of the Region 10 Quality Council System Improvement Workgroup is to provide regional leadership to implement best practices related to person-centered, inclusive services, communities and systems.

The workgroup is charged with the following:
➤ Establish a way to gather and use findings and trends from individual quality reviews to improve regional services.
➤ Establish a way to gather and use related information from multiple sources.
➤ Identify resources and best practices that promote quality of life for people with disabilities.
➤ Establish regional priorities for quality improvement.
➤ Develop ways to collaborate, address training needs for all stakeholders and respond to barriers, issues and service gaps.
➤ Support organizations in their efforts to become more person-centered.
➤ Provide summary information and feedback to the Region 10 Quality Council

The System Improvement Workgroup's current main priorities:
➤ As discussed in the June DHS collaborative meeting, identify the Top 5 Findings from reviews to share at State Quality Council meetings
➤ Based on findings from the past year's Community Conversations, the workgroup will continue the conversations with the approach that all people are part of the community already, so how can we support people to stay in the community/not leave. We need to assume capability and add supports as needed to make this happen. What tools, information or training is needed to keep people connected and engaged in community.

The Nominating Commitee

This newly formed workgroup will determine Council membership needs and recruit new members and officers as needed.

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The Education and Training Advisory Workgroup
This newly formed workgroup will be identifying regional training needs, and planning training events and/or conferences.

The Executive Committee
The newly formed Executive Committee will meet as needed during the opposite month of the full RQC meeting to plan agenda items and activities that will guide the work of the RQC, the QA Commission, and the Workgroups.

9. Budget/Financial Report

Region 10 RQC

Financial Report

7/1/18-6/30/19

	Budget	Actual (Rounded)	Balance
Personnel	$ 116,350.00	$ 116,101.00	$ 249.00
Rent	$ 5,000.00	$ 5,000.00	$ -
Travel	$ 6,700.00	$ 5,780.00	$ 920.00
Supplies	$ 1,000.00	$ 1,100.00	$ (100.00)
Communications	$ 2,500.00	$ 2,749.00	$ (249.00)
Quality Reviewers Expense	$ 15,000.00	$ 10,039.00	$ 4,961.00
RQC Meetings & Stipends	$ 3,700.00	$ 2,019.00	$ 1,681.00
Contracted Services	$ 250.00	$ 277.00	$ (27.00)
Administration	$ 15,000.00	$ 16,455.00	$ (1,455.00)
Totals	**$ 165,500.00**	**$ 159,520.00**	**$ 5,980.00**
Region 10 RQC			

Note: The items in red exceeded the line item amount but was less than or equal to the 10% allowed variance.

Appendix A

REGION 10 RQC ACTIVITIES / IMPLEMENTATION PLAN – Revised 6/30/2019

X – Done   X – In Progress   X – Not Done   X – To be completed

Activities/Implementation Planning				Target Dates for Project Activities								Comments (if applicable)
Deliverables	Key Action Steps/Activities	Person/Area Responsible	Resources Required	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	
1. Provide regional leadership in the implementation of best practices related to the development of person-centered, inclusive services, communities and systems.	a. Establish Regional Quality Council (RQC). b. Develop Organizational Structure and Work Groups. c. Develop and update Organizational Guidelines for RQC. d. Develop process to oversee and review RQC budget. e. Hire Project Manager and Project Coordinator. f. Establish Person Centered Quality Review (PCQR) and Systems Improvement (SI) Work Groups. g. Develop process to oversee work groups.	a. The Arc Southeastern Minnesota and Region 10 stakeholder representatives b. The Arc Southeastern Minnesota and Region 10 stakeholder representatives c. Regional Quality Council d. The Arc Southeastern Minnesota and RQC e. The Arc Southeastern Minnesota and RQC representatives f. Regional Quality Council g. RQC and Project Manager	Stipends & expense reimbursement for Regional Quality Council volunteers	X	X	X	X					Wabasha, Olmsted, and Houston Counties; 4 individuals receiving services, 1 representative from each of the 3 counties, 4 family and advocacy, 4 service providers, 4 Community Members, Ombudsman representative, DHS Representative Kerri Leucuta and Karen Larson

	h. Oversee, coordinate and evaluate ongoing project activities.	h. RQC and Project Manager		X	X	X	X						
1a. Identify resources and best practices that promote a higher quality of life for persons with disabilities.	a. Review composite information from database to identify best practices from individual quality reviews.	a. System Improvement Work Group and Project Manager	Stipends and expense reimbursement for volunteers	X	X	X	X						Quality Reviews began on November 22, 2017
	b.Identify and gather information from other resources on best practice (ie: ICI, University Centers on Disability, etc.)	b. System Improvement Work Group and Project Manager	Coordinate with QA activities	X	X	X	X						Cohort training and Data. See Appendix C.
	c.Develop, implement and review plan for sharing best practice with regional stakeholders.	c. System Improvement Work Group and Project Manager	Coordinate with QA activities	X	X	X	X						Community Conversation Findings .
1b. Establish regional priorities for quality improvement based on regional strengths and needs.	a.Review composite information from database and other resources to determine priorities for quality improvement.	a. System Improvement Work Group and Project Manager	Stipends and expense reimbursement for work group volunteers	X	X	X	X						Quality Reviews began on November 22, 2017
	b.Develop, implement and review plan for establishing and sharing quality improvement priorities.	b. System Improvement Work Group and Project Manager	Coordinate with QA activities	X	X	X	X						Region 10 Annual Conference and Stakeholders meeting scheduled for May 31, 2019 was cancelled due to low attendance. In lieu of the stakeholder meeting, the series of Community Conversations were held throughout the year.
	c.Plan and host annual meeting for regional stakeholders to gather information on quality improvement.	c. System Improvement Work Group and Project Manager	Coordinate with QA activities	X	X	X	X						An Education, Training and Advisory Workgroup was formed in partnership with

												QA to determine Regional Training Needs
1c. Foster collaboration among participants and their families or representatives, lead agencies, advocacy organizations and HCBS providers to promote quality and person-centered thinking.	a. Develop plan for working with stakeholders regarding quality improvement & person centered thinking.	a. System Improvement Work Group and Project Manager	Coordinate with QA activities See 1b.c above	X	X	X	X					Organizational Change for Person-Centered Thinking and Positive Supports Cohort began Spring 2017 – present.
	b. Develop and implement plan for increasing disability and cultural diversity within RQC and Work Groups.	b. System Improvement Work Group and Project Manager		X	X	X	X					The RQC has a diverse group of stakeholders as members including people with disabilities (Developmental Disabilities, Brain Injury, Mental Health). Cultural Diversity continues to be an opportunity.
	c. Plan and host annual meeting for regional stakeholders.	c. System Improvement Work Group and Project Manager		X	X	X	X					Region 10 Annual Conference and Stakeholders meeting scheduled for May 31, 2019 was cancelled due to low attendance. In lieu of the stakeholder meeting, the series of Community Conversations were held throughout the year.
	d. Evaluate improvement in quality of person centered services provided to individuals in region.	d. System Improvement Work Group and Project Manager										
		e. System Improvement Work Group and Project Manager		X	X	X	X					Cohort training and Data. See Appendix C.
1d. Identify and address common training needs, including training needs for program participants and families.	a. Review composite information from database and input from stakeholders to determine identified training needs.	a. System Improvement Work Group and Project Manager	Stipends & expense reimbursement for work group volunteers

Coordinate with QA activities See 1b.c and 1c.d above | X | X | X | X | | | | | An Education, Training and Advisory Workgroup was formed in partnership with QA to determine Regional Training and Conference Needs
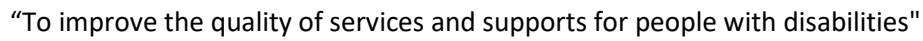
Region 10 Annual |

	b. Plan and host annual meeting for regional stakeholders. c. Plan and host annual regional conference.	b. System Improvement Work Group c. Training an Education Advisory Workgroup	Coordinate with QA activities	X	X	X	X						Conference and Stakeholders meeting scheduled for May 31, 2019 was cancelled due to low attendance. In lieu of the stakeholder meeting, the series of Community Conversations were held throughout the year.
				X	X	X	X						
1e. Identify a regional team to participate in training and technical assistance activities related to the development of person-centered organizations.	a. Recruit individuals for Person Centered Org.Training Group. b. Identified individuals will participate in training & technical assistance regarding person centered orgs. c. Provide ongoing training and consultation with orgs to increase person centered service provision.	a. System Improvement Work Group b. Person Centered Organization Training Group (Training and Education Advisory Workgroup?) c. Person Centered Organization Training Group	DHS, State Quality Council and University of MN Person Centered Org. Development Tool and training Stipends & expense reimbursement for work group volunteers Coordinate with QA activities	X	X	X	X						Organizational Change for Person-Centered Thinking and Positive Supports Cohort began Spring 2017 An Education, Training and Advisory Workgroup was developed to identify and plan regional training needs. RQC staff began participating in a Working Together Coalition developed to further explore regional needs
				X	X	X	X						
				X	X	X	X						
2. Develop and implement a quality monitoring system that will measure, monitor and report on the availability and quality of services in regions. The system will analyze information from a variety of sources.	a. Implement database to gather required information from individual quality reviews and system information sources. b. Develop process for analyzing composite	a. Project Manager b. System Improvement Work Group	Stipends and expense reimbursement for work group volunteers Work in cooperation with SQC and Regional Reps for PCQR	X	X	X	X						Database was completed Fall of 2017, and continues to be developed as we see fit. Quantitative is reporting and data is now available through Agile Apps database 2018-2019 Qualitative Data to be submitted to ICI Q1 2019-
				X	X	X	X						

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	data to report on quality. c. Complete and submit composite data reports to PCQR and System Improvement Work Groups on a quarterly basis or as requested.	and Project Manager c. Project Manager		X	X	X	X							2020 for analysis (analysis included in this report) Quantitative is reporting and data is now available through Agile Apps database and has been submitted to Council and Workgroups for feedback
3. Coordinate a regional response to locally identified barriers, issues and service gaps.	a. Review composite information from database and other sources to identify barriers, issues and service gaps. b. Develop plan for responding to barriers, issues and gaps in service stakeholders.	a. System Improvement Work Group and Project Manager b. System Improvement Work Group and Project Manager	Stipends & expense reimbursement for work group volunteers	X X	X X	X X	X X							Quantitative is reporting and data is now available through Agile Apps database and has been submitted to Council and Workgroups for feedback 2018-2019 Qualitative Data to be submitted to ICI Q1 2019-2020 for analysis (analysis included in this report)
4. Facilitate person-centered quality reviews and work as a cooperative partner with county licensing units and DHS Licensing Division.	a. Develop, implement & revise person centered quality review tool in conjunction with SQC and DHS. b. Develop job description for person centered quality reviewers in conjunction with SQC and DHS	a. Person Centered Quality Review Work Group and Project Coordinator b. Person Centered Quality Review Work Group and Project	Stipends & expense reimbursement for work group volunteers and volunteer person centered quality reviewers Self-Advocates Minnesota contract (Year 2) DHS	X X	X X	X X	X X							Quality Reviews began November 22, 2017 Quality Reviewer Position Description and Training Materials has been developed and is updated and changed as needed.

	Activity	Responsible Party											Notes
	c. Develop training materials for person centered quality reviewers, individuals receiving services and other stakeholders, in conjunction with SQC and DHS	c. Person Centered Quality Review Work Group, Project Coordinator and individuals with disabilities	Volunteer reviewers and reviewers from service providers	X	X	X	X						Region 10 currently (as of June 30, 2019) has 18 Quality Reviewers (includes 2 RQC staff, and one SQC staff). . 3 of our Quality Reviewers are individuals receiving services themselves; 5 are providers; 1 is a County Representative; 2 are family members; 4 are interested community members; 3 are RQC/SQC staff
	d. Recruit person centered quality reviewers.	d. Project Coordinator		X	X	X	X						
	e. Interview and select person centered quality reviewers.	e. Project Coordinator and individuals with disabilities		X	X	X	X						
	f. Train person centered quality reviewers.	f. Project Coordinator and individuals with disabilities		X	X	X	X						
	g. Develop peer mentoring component for training individuals receiving services.	g. Project Coordinator and individuals with disabilities		X	X	X	X						
	h. Train and empower individuals receiving services and other stakeholders.	h. Project Manager, Coordinator and individuals with disabilities		X	X	X	X						
	i. Provide Input regarding a random selection process for individuals participating in person centered quality reviews and	i. Person Centered Quality Review Work Group and Project Coordinator		X	X	X	X						There are ongoing opportunities with obtaining accurate contact

	brief interviews. j. Conduct 240 person centered quality reviews and brief interviews per year per contract.	j. Person Centered Quality Review Work Group and Project Coordinator		X	X	X	X					information, making it difficult to meet the 240-review goal. Updating operational processes and procedures to aid in attaining this goal as we move forward.
	k. Develop and implement a system for feedback on review process in cooperation with RQC Workgroup	k. Person Centered Quality Review Work Group and RQC		X	X	X	X					Participant and Quality Reviewer feedback forms have been developed and used
	l. Work with county and DHS licensing to define working relationship.	l. Person Centered Quality Review Work Group, Project Manager and RQC		X	X	X	X					
5. Develop mechanisms, in conjunction with RQC Workgroup, where individual concerns regarding the quality of services and supports can be expressed and addressed.(i.e. Complaint Line)	a. Develop and implement methods for individuals to report concerns during review process.	a. Person Centered Quality Review Work Group, Project Manager and Project Coordinator	Contract with website developer Stipends & expense reimbursement for work group volunteers	X	X	X	X					RQC brochures and website has contact information for people to call or email questions or concerns.
	b. Identify methods for individuals to report concerns via call in, website, email, etc.	b. System Improvement Work Group and Project Manager	Navigation Tool	X	X	X	X					RQC Website went live December 2017, which as a "Contact Us" tab where people can contact the RQC's with general feedback and questions
6. **Communication and collaboration between Regional Quality Councils (RQC), State Quality Council (SQC), Department of Human Services**	a. Review status of and compliance with Minnesota Statutes 256B.097 and discuss necessary updates and changes.	a. Regional Quality Council Rep. b. State Quality Council Rep. c. DHS d. Lead Agencies			X		X					One Meeting was initiated by RQC staff and scheduled on 6/10/2019

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Goal	Action	Responsible	Resources									Status/Notes
(DHS), and lead agencies. **(Semi Annual Meeting)**	b. Review effectiveness of communication and collaboration between the RQC's, SQC, DHS, and lead agencies and make recommendations for improvement				X (red)		X (green)					
	c. Review statewide protocols for the quality review process and make recommendations for updates and improvement				X (red)		X (green)					
6. Report findings and activities annually to the State Quality Council along with recommendations for system-wide changes to improve quality of services.	a. Develop format for annual reporting of findings, activities and recommendations. b. Complete annual reports and submit to Regional Quality Council as required. c. Approve annual report and submit to State Quality Council and regional stakeholders.	a. Regional Quality Council with input from RQC staff and Person Centered Quality Review Work Group b. System Improvement Work Group and Project Manager c. Regional Quality Council	Stipends & expense reimbursement for work group and RQC volunteers				X (green)					Annual Report Submitted December 2019 State Quality Council on hiatus in December 2019. Submitted to DHS.
7. Identify a fiscal agent through which funds will be managed.	Fiscal agent identified and contracted with.	a. The Arc Southeastern Minnesota		X (green)	X (green)	X (green)	X (green)					

Appendix B

Region 10 Quality Council Guidelines

Purpose and Goals

The role of the Region 10 Quality Council (RQC) is to work together with stakeholder groups within the region to monitor and improve services, person-centered outcomes and overall quality of life for people with disabilities. The Region 10 Quality Council will develop, implement and monitor a quality improvement system so that people with disabilities have the services and supports they need, when and where they need them, so they can live the life they choose in their community. This involves monitoring and improving quality at both the individual and system level.

1. Goal: Improve quality of life for people with disabilities.
   Objectives:
   - Person-centered planning and supports are available to people with disabilities so they can achieve their individual outcomes.
   - People with disabilities are satisfied with their supports and achieve their desired outcomes.
   - People with disabilities have opportunity to live, learn, work and conduct their lives where they choose.
2. Goal: Improve quality and availability of services and supports for people with disabilities.
   Objectives:
   - Services and supports are available to safely, and effectively, meet the unique needs and preferences of people with disabilities.
   - Quality of supports and services is measured one person at a time.
   - Data collected on current quality of services, and barriers or gaps in services, is used to inform system change.
   - Organizations providing services and supports use person-centered principles at all levels within their organizations.

Geographic Area

The Region 10 Quality Council currently includes Olmsted, Wabasha and Houston counties. There is potential to expand to other counties in Region 10.

Primary Tasks

The Region 10 Quality Council will provide leadership for the following tasks:

- Develop, implement, and update a quality monitoring system in partnership with the Minnesota State Quality Council.
- Implement person-centered quality reviews to collect individual and system data.
- Establish regional priorities for quality improvement based on identified strengths and needs, and coordinate a regional response using best practice.
- Develop annual work plans to guide the work of the Region 10 Quality Council.
- Submit annual reports to the State Quality Council and regional stakeholders that include regional findings and activities along with recommendations for system-wide changes to improve quality of services.

Membership

The Region 10 Quality Council will include representatives of stakeholder groups within the region representing diverse disability and cultural groups.

- People Receiving Services – 2 to 4 members
- County Representatives – 1 member is appointed from each of the three participating counties.

- Family and Advocacy – 2 to 4 members
- Service Providers – 2 to 4 members
- Community Members – 2 to 4 members
- Department of Human Services (DHS) Representative – 1 member
- Representative from the Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities - 1 member

Membership Terms

A Council term is three-years. All members are eligible to serve up to three consecutive terms if they choose.
Please Note: Following the three consecutive terms, members are not eligible to serve again for one year, and then they may reapply.

Applicants from participating counties (Olmsted, Wabasha, Houston) will be given priority. Applicants from non-participating counties may also be considered.

Officers

The Region 10 Quality Council will elect a Chairperson and Vice-Chair. Terms and duties are as follows:

- The term of the Chairperson one-year. Following the Chairperson's term, the Vice Chair will move into the Chair position for a one-year term, and a new Vice Chair will be elected.
- The new Vice-Chair will be elected by:
  - The current chair will ask for volunteers to step into the position.
  - If no volunteers step forward, the current chair and the nominating committee will reach out to members individually to seek replacement.
- The Chairperson, along with the Executive Committee, will create the agenda for each council meeting.
- The Chair will facilitate council meetings. The chair will ensure all activities are in accordance with the purpose and guidelines of the council.
- The Chair will approve the chairpersons of any committees or workgroups, and support their work.
- The Vice Chair will perform the duties of the Chair in their absence.

Committees

- Executive Committee – The Executive Committee includes the Chair, Vice Chair, Workgroup Chairs, RQC staff and QA (Quality Assurance) staff and the immediate past Chair. The Executive Committee will meet as needed during the opposite month of the full RQC meeting to plan agenda items and activities that will guide the work of the RQC, the QA Commission, and the Workgroups.
- Nominating Committee -- The Nominating Committee will determine upcoming council needs and recruitment of new member and officers as needed. The nominating committee will include the past Chairperson plus four additional members.
- Additional committees may by formed as needed.

Meeting Participation Expectations

- Meetings are held every other month at an agreed upon time and location.
- Special meetings of the Council may be called upon the request of the Chair or the RQC Manager. Notices of special meetings will be sent out by the Region 10 Quality Council Manager to each member at least two weeks in advance.
- Members of the Council are expected to attend 75% of regularly scheduled RQC and workgroup meetings. Attendance in person is encouraged.

- A quorum for the Council to do business requires attendance of 50 percent of RQC membership, plus 1. Members are expected to let the RQC manager know if they will attend the meeting, so it can be determined if a quorum will be met.
- Members are expected to arrive on time, and stay for the entire meeting. Please notify the Chair or the RQC Manager with conflicts.
- Members should come prepared to actively participate in discussion and decision-making.
- Only Council action items will require a vote for approval. Action items needing a vote will be indicated on each meeting agenda. **Region 10 Quality Council Staff are NOT voting members of the Council.**
- Members of the Council are encouraged to actively participate in one of the workgroups outlined below.
- Resignation from the council must be in writing and given to the Chair or RQC Manager.

Workgroups

1) Person-Centered Quality Review Workgroup
- The role of the Person-Centered Quality Review Workgroup is to provide leadership regarding the process for conducting person-centered quality reviews, and review feedback from completed quality reviews.
- The Person-Centered Quality Review Workgroup includes members of the Region 10 Quality Council, representatives of stakeholder groups within the region and Region 10 Quality Council staff.
- The Person-Centered Quality Review Workgroup will:
   - Assure an adequate number of trained person-centered quality reviewers are available to conduct the required quality reviews.
   - Develop a consent process to collect and Identify stories of individual ideas and experiences related to quality for council use.
   - Recommend and update quality review tools and processes as needed
   - Identify a process to start and pilot team reviews, and provide feedback to the Council.
- Term for the workgroup Chairperson is 2 years.
2) System Improvement Workgroup
2. The role of the System Improvement Workgroup is to provide regional leadership to implement best practices related to person-centered, inclusive services, communities and systems.
3. The System Improvement Workgroup includes members of the Region 10 Quality Council, representatives of stakeholder groups within the region, and Region 10 Quality Council staff.
4. The System Improvement Workgroup will:
   - Establish a way to gather and use findings and trends from individual quality reviews to improve regional services.
   - Establish a way to gather and use related information from multiple sources.
   - Identify resources and best practices that promote quality of life for people with disabilities.
   - Establish regional priorities for quality improvement.
   - Develop ways to collaborate, address training needs for all stakeholders and respond to barriers, issues and service gaps.
   - Support organizations in their efforts to become more person-centered.
   - Provide summary information and feedback to the Region 10 Quality Council.
5. Term for the workgroup Chairperson is 2 years.

Stipend Eligibility

Stipends may be paid to Quality Council Members who are not compensated by an employer at $50.00 for meetings/trainings of 4 hours or less and $100.00 for meetings/trainings exceeding 4 hours. Travel time is not included.

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- Quality Council member travel is reimbursed at the current federal rate.
- "Other" expenses include parking fees or other items you were required to purchase on behalf of the Quality Council. Please attach all receipts. "Other" also includes special accommodations as approved by the Director, travel or lodging expenses and child care expenses as outlined below.
- Expenses for care of a child, or adult, the Quality Council member is responsible for, may be paid when a Council member needs assistance with care to fulfill their Council duties including meeting, conferences or training. The Quality Council member must be paying for care during one of these events in order to receive the stipend. As needed, the payment for care will be $5.00 per hour up to $25.00 per day.
- If you have needs outside of this, please contact the RQC Manager.

Region 10 Quality Assurance Commission Guidelines

Purpose and Goal
The role of the Region 10 Quality Assurance Commission is to support the quality assurance system for people with disabilities for the purpose of improving services and supports.

Geographic Area
The Region 10 Quality Assurance Commission provides support to improve services in Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha and Winona counties. Support may also be provided throughout the state of Minnesota.

Primary Tasks
The Region 10 Quality Assurance Commission will provide leadership for the following contracted tasks:
- In coordination with self-advocacy groups, develop and carry out a plan to increase the number of self-advocates in the State Quality Council and Regional Quality Council activities.
- Develop education and training materials and presentations for stakeholder groups that focus on understanding and accessing resources, self-direction and evaluation of quality supports.
- Coordinate with stakeholders to implement person directed quality improvement activities.

Membership, Membership Terms, Officers, Committees, Meeting Participation Expectations and Stipend Eligibility
Refer to information in Region 10 Quality Council Guidelines.

I have read, and understand, the guidelines and expectations of the Region 10 Quality Council and the Region 10 Quality Assurance Commission.

Signature _____Date_____

Appendix C

Organizational Change for Person-Centered Thinking and Positive Supports Cohort

In the Spring of 2017, The Region X Quality Council joined with several agencies in Olmsted County and applied for The Training and Technical Assistance for Organizational Change for Person-Centered Thinking and Positive Supports Grant. This project is designed to guide organizations and regions through an organizational Multi-Tiered implementation model. The tiered model is organized in a pyramid that focuses on 3 stages in 3 different areas. The first year of implementation is focused on practices that are at the universal level for three areas: person centered practices, positive behavior supports and work force development. The first-year guides teams through self-assessment, action planning, exploring vision, developing outcome statements, backward planning and developing coaches.

During the first-year teams/ organizations learn how to assess where they are now and what they want the future to look like. Based on that vision they develop outcome statements and actions plans to move toward their vision. The outcome statements and action plans are for the people supported, employees, the community and the organization. The actions are based on person centered approaches with the focus on practices that support everyone at a universal level. This universal approach is applied to each of the foundational areas of person-centered practices, positive behavioral supports and workforce.

In the second and third years of training we continued to focus on universal stage and took an in-depth look at different areas that the group choose to concentrate on. This included a deeper dive into PBS and Community Mapping (a way to evaluate and use the resources in a community).
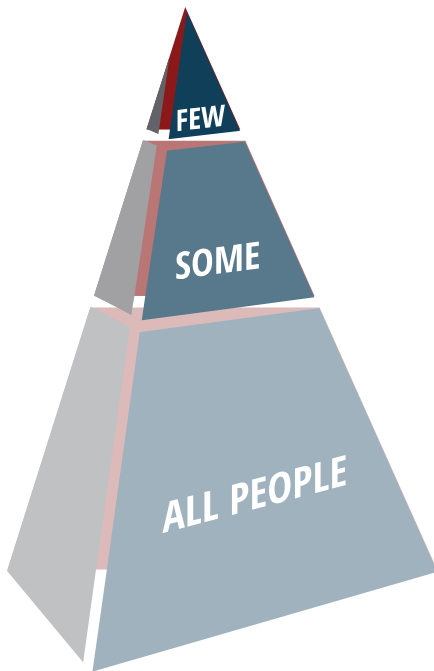
Primary Stage

- Universal Person-Centered Strategies
- Encourage Self Expression
- Self-Determination and Choice Making
- Meaningful Participation in the Community

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Teams begin by completing a fidelity self-assessment tool, *The Minnesota Implementation Checklist (Appendix A).* Teams also complete sub-scale assessments specifically for person centered practices and positive supports. Teams complete the overall and subscale checklists by indicating whether an item is not yet started (0 points), in progress (1 point), or fully completed (2 points). A team would score 100 percent, full implementation, if all items on the checklist are fully completed.

The Minnesota Implementation Checklist Overall Fidelity below reflects data at baseline and 6 months. Each of the teams/ organizations completed the self-assessment at the indicated intervals. The data in figure 1 shows that the teams reported progress over time. Teams use this information to determine areas they would like to develop outcome statements. This begins to help teams focus on data-based decision making.
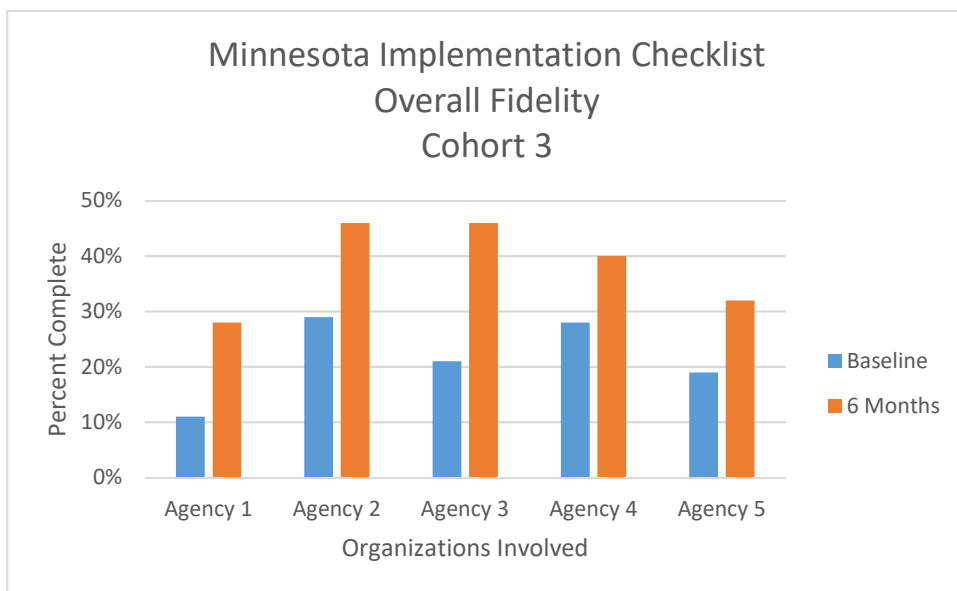

fig 1

The subscale fidelity tools are used in a similar way and help teams assess areas of implementation in more specific areas. The self-assessments for the subscales were completed at baseline, 6 months, and 12 months.

In addition to the self-assessments, each organization has an onsite evaluation (fig 2). This onsite evaluation uses a similar rating scale but is administered. Part of the onsite evaluation is collecting evidence to verify the items on the evaluation. This can include meeting notes, agenda items, policies, examples of stakeholder feedback, and a wide variety of examples of implementation. The onsite evaluation is completed early in the first year and 12 months after the initial onsite evaluation. Fig 2 reflects the initial Onsite Evaluations for this region and the growth over 1 year.

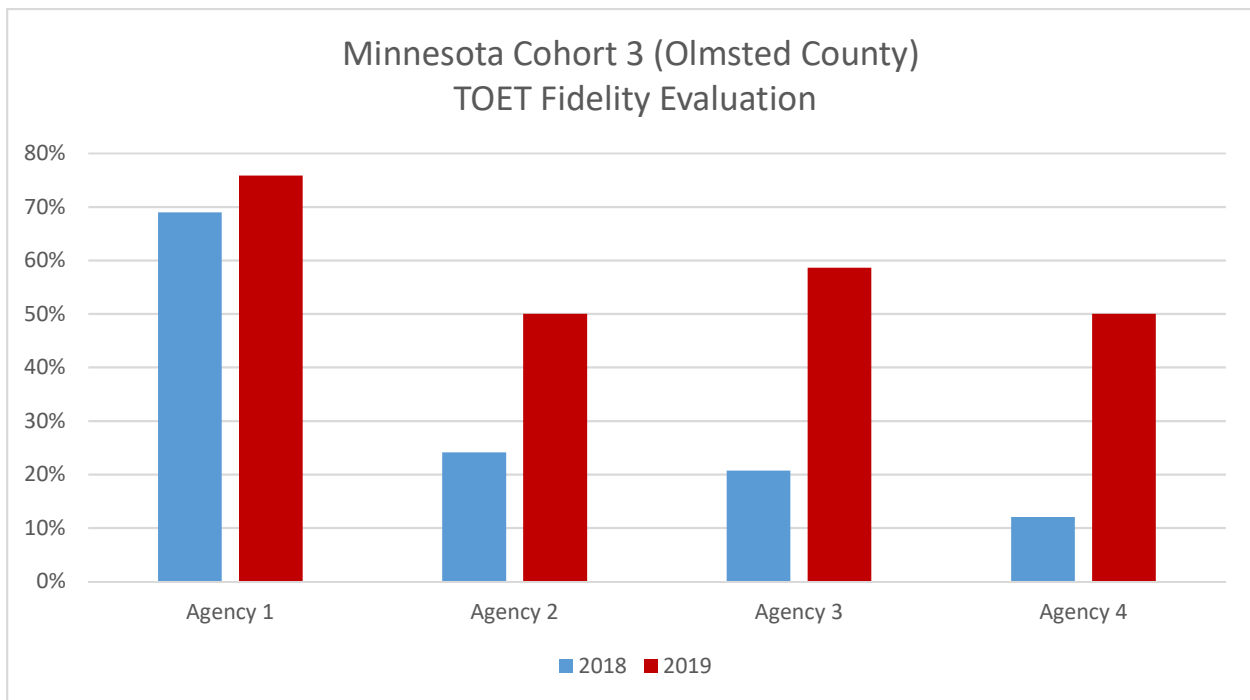Minnesota Cohort 3 (Olmsted County)
TOET Fidelity Evaluation

Fig 2

These fidelity tools can help organizations identify areas where they may want to focus on in their action plan. It is a way to build in reflection, celebration, and data-based decision making. The teams/ organizations learn what data to collect, how to use the data to make decisions and how to develop outcomes that will further implementation towards their vision. These tools provide a way to assess and view the progress that is made over time.

The organizations in Cohort 3, Rochester Area, have competed 3 years of training. Each organization has completed self-assessments, developed outcome statements and action plans in several areas, collecting data to help determine which areas to focus. The organizations have implemented a variety of ways to increase PCP and PBS throughout their organizations. Examples of PCP and PBS implementation for Cohort 3:

- One Organization implemented a mentor program. They use a matching profile and one-page descriptions to help new employees select a PCT Coach Mentor to help them as they learn their job. The organization will be using employee retention information to measure the success of the program.
- An organization has started a PCP community of practice within their organization. The community of practice meets regularly and offers a variety of topics for people to come together to learn and have conversation.
- Most of the organizations have started using one-page descriptions in a variety of ways.
- Person-Centered language can be heard across all agencies and has begun to create a shift in organizational culture.
- Each organization created a power point outlining all of the efforts they have been implementing. These power points are used to increase the visibility and awareness of PCP and PBS throughout the region.

Cohort 3 will begin a new year of training in December. They will begin to look at regional capacity and sustainability as well as implementing Tier 2 and 3.   The Regional Quality Council will play a crucial role in this work.

The Regional Quality Council has an active role in bringing this region together. The cohort organization work together with the RQC staff to share information with both the Regional and State Quality Councils. They data that is gathered from each of the teams can be used to help identify gaps in the region and can help determine the RQC decide what recommendations may make sense for this region.

Report Provided by University of Minnesota, Institute on Community Integration

Appendix D

Region 10 Quality Council Community Conversations Report of Findings and Recommendation

PROJECT: COMMUNITY CONVERSATIONS

Background

This project of the Region 10 Quality Council was designed to capture perceptions about individuals with disabilities, their challenges to community integration, and general awareness of supports and resources. R10QC will use the findings to inform communications, education, programming, and outreach to build a greater sense of awareness, welcome, and inclusion in communities where individuals with disabilities reside.

A series of eight community conversations were held between August 2018 and August 2019, with roughly 110 individuals participating from Olmsted and Wabasha Counties. A conversation in Houston County is still pending. The majority of participants were associated in some way with the disability community, contrary to expectations of implementers, who had intended to engage individuals unfamiliar with the disability population. The exception was participants in the Wabasha conversation, who were predominantly business people with no affiliations.

Methodology

The conversations were facilitated around a series of questions developed to lead participants into greater awareness while capturing both existing perceptions and new ideas. Participant demographic data was not collected, though facilitators and scribes contributed observations of individuals and their proximity to/familiarity with the disability community. The majority of the conversations were convened through general promotion, though some audience targeting was done. The Wabasha conversation was implemented as a presentation to an affinity group already convening, resulting in the different make-up of contributors.

All individual responses were encoded by two separate data analysts, with disparities resolved through discussion. Each record was also marked by conversation date, providing the opportunity to cross tabulate data with general attribute of audience proximity/familiarity. While the sample is not large enough to extrapolate broad trends, there is a richness of content that can inform next steps for R10QC.

The slate of questions was designed to bring participants from generalized discussion of community to a point of personal accountability for community inclusivity. This methodology was adopted as a way to evoke ongoing interest among participants in this conversation, specifically to determine, as formal supports decline, if there is a way to restore natural supports as a mechanism to improve quality of life for individuals living with disabilities.

Slate of Questions:
>How do you define COMMUNITY?
>Why is COMMUNITY important?
>How do people become part of COMMUNITY?
>Is the answer the same for individuals with disabilities?
>How do COMMUNITIES need to change to better include individuals with disabilities?
>What is your role in making that change?

What We Learned

QUESTION 1: How do you define community/What does community mean to you
Respondents to this question contributed both tangible and intangible characteristics of community. **54 percent** of responses identified **attitudes or interpersonal connections**, including relationships, acceptance/belonging, and shared vision as core to defining community. The tangibles – physical space, intersection of geography and people, supports and services, and shared social factors – comprised the remaining 46 percent and tended to be the earliest response, with intangibles following as the conversations developed.

Immediate caregivers and people with disabilities most often led the discussion into intangible characteristics, with the exception of **shared vision**. This characteristic was most often contributed by individuals with more distance from the population, possibly because it is furthest removed from individual influence. Phrases such as "reciprocal responsibility" and "ensured mutual survival" reflect the abstract quality of responses in this category.

QUESTION 2: Why is community important/What about community is important to you
In contrast to how respondents defined community, **81 percent** of answers to Question 2 focused on **intangible factors**. Opportunities to share and participate comprised the greatest response category, followed by fulfillment, and sense of belonging. Safety and access were the tangibles that rounded out the field. This indicates that while only half of the individuals participating defined community in intangible terms, more than three quarters felt the intangible factors were most important.

There were few responses to Questions 1 and 2 from the AUG 22 business group, though it was one of the largest groups convened. Two potentially contributing factors: 1) the group had not previously engaged in this type of conversation and were tentative about participating; and 2) attendees had not previously considered these concepts.

The student group facilitated by United Way of Olmsted County was also unique in that participant responses were **100 percent intangible**, indicating potential generational differences.

QUESTION 3: How do people become part of community
This question created a dialog among encoders because the majority of responses placed the onus for participation on the individual rather than the community. **79 percent** of the recorded answers were classified as **activity initiated by an individual**. Such responses included: be present, contribute, be vulnerable, seek out, and become aware. This response rate was consistent across groups regardless of proximity/familiarity with disabled population, including among respondents who identified as disabled.

Only nine responses indicated that the community had a responsibility to invite individuals to participate. There were five additional responses regarding community creating common access points.

QUESTION 4: Is the answer the same for individuals with disabilities

The most frequent response, 18 of the 76 collected, indicated that individuals with disabilities incur **greater risk and vulnerability** in order to enter community. The remaining factors were all **requirements of community**, and included accessibility, services and resources, integration and networks, active invitation and visible welcome, and champions. They totaled **82 percent** of recorded answers.

The misalignment between responses to Questions 3 and 4 is noteworthy and is, perhaps, the clearest indicator of public misperceptions about the disability population. Participants clearly acknowledge that community action is required to engage individuals with disabilities, yet more than three quarters of these same respondents don't see it as the normal pathway to engagement. Activities initiated by the individual are expressed as the norm and requirements of community as less viable, which indicates that individuals with disabilities find themselves at odds with general consensus on what results in inclusion.

QUESTION 5: How do communities need to change

In direct response to the dichotomy of opinion expressed in Questions 3 and 4, **82 percent** of the responses to this question called **for community-based improvement** through education, communication, trustbuilding and focused attention on the needs of individuals with disabilities. The remaining responses referenced tangible improvements such as increased accessibility and policy change, also based in community rather than individual action.

Some clear indicators of the need for education and awareness appeared as well, in statements such as "disabled people are their own community" and "we are already doing what is necessary."

It is worth stressing that respondents **across the proximity/familiarity spectrum** recognized the pressing need for **community education and awareness**.

QUESTION 6: What is your role in making that change

Advocacy on behalf of self and others was the leading answer to this question, at **33 percent**, followed by creating opportunities for public outreach and education. **The three comprised 83 percent** of all responses. Compassion, patience, and support of individuals were next largest categories, followed by just three answers related to direct action on tangible items like improving workplace accessibility.

There is inconsistency in Questions 5 and 6 between what people perceive is necessary for communities to become more inclusive, and what they identify as their individual roles in realizing those changes. The handful of individuals who saw themselves taking direct action, by example "as business owners, try to make places more physically accessible (meet requirements or go above what is required)," and those hoping to create change by intangible means – use of voice, sharing personal stories, reminding others of what is right, expressed individual rather than collective action, contrary to perceptions of what communities must do to change. It may have been difficult in this setting for individuals to name possible collective actions.

What We Recommend

Participants from all conversation groups acknowledged the importance of community, the challenges people with disabilities face when accessing community, and the need for change. This process has shown us that people are a) capable of engaging on a sensitive topic with honesty and integrity, and b) there is both a desire for and the will to address issues of inclusion for people with disabilities. While that will exists, there is disconnect between individuals perceptions of what needs to be done and whose responsibility it is to address those needs.

This creates meaningful opportunities to build awareness and change, informed by the input of an array of stakeholders, from those with close proximity/familiarity to individuals with disabilities to those just recognizing the nuanced needs of this population.

One significant opportunity presented through these data is for coalition building and organizing around individuals voices, common messaging, and targeted outreach. It was evident as the questions progressed, that the majority of participants recognized the importance of personal involvement in solution development and implementation. People want to participate. Many are feeling the impact of scare resources and deep isolation. Setting up informal and community-based opportunities to share viewpoints and strategies could be a first step toward more structured interventions.

Continued exploration of this topic using the methodology employed here can serve two purposes: generating awareness and establishing relationships, and enriching our understanding of public perception and what works to change it. These two things can happen in tandem without waiting for the development of a communication campaign or formal proposal.

There is already a groundswell around this topic in southeastern Minnesota, driven by the efforts of numerous agencies and initiatives. It is important to capitalize on the workforce, legislative, and sociocultural efforts that have begun regionally. R10QC is positioned to coordinate efforts and connect people with possibilities.

For additional information on this report, please address questions or remarks to:

Diversity Council
1130 ½ 7th Street NW, #204
Rochester MN 55901
507.282.9951
info@diversitycouncil.org

Appendix E

Region 10 Quality Council Minutes

Region 10 Quality Council Minutes – August 16, 2018

1. Call Meeting to order – Mary Pieper at 2:29 p.m.
2. Thank you and Farewell to Kyle Mullen, Nicole Duchelle, and John Flanders: cards were distributed and signed by attendees.
3. Welcome was extended to new members: Shelly Maciujec, Lisa Harvey and John Gamble who were all in attendance
4. Council Member Introductions
5. **Region 10 Quality Assurance Commission – Polly Owens**
   a. Polly described the relationship between the quality council and quality assurance commission. She also provided an update on RQAC person –directed improvement granting, which was extended. 7 projects were funded at $5k or more each, including a residential project in Houston County, Able in Caledonia, Olmsted County Disability Services, Legacies in Winona, Wabasha DAC, Artmakers in Dundes, and Ironwood Springs Family Camp.
   b. Polly reported that RQAC will utilize feedback form the community conversations to inform its upcoming RFP process.
   c. This session was adjourned.
6. 4/18/2018 Minutes: motion made by Matt and seconded by Josh. Unanimous approval.
7. Karen provided the Manager Report and Coordinator Report.
8. Kerri and Karen completed two trainings for interviewers in July and August. There are now 20 total individuals trained in this role.
9. The Annual report is complete.
10. 2nd Annual Conference and Stakeholder Meeting was held in June at Assisi Heights. There were 60+ in attendance and the speakers and food were well received. Parking was difficult. The group was diverse.
11. Systems Improvement Workgroup Update – Linda updated the group on the Community Conversations. All planning is complete and a debrief will be held in October following the first three conversations. The series will be continued in Houston and Wabasha Counties, where outreach efforts have already begun. A report on the conversations will also be given to the State QC. There was discussion about the purpose of the conversations and how the information will be used by R10QC.
12. Person Centered Quality Review Workgroup – Karen talked about recent trainings and gathering feedback on the review process. Responses were positive from 20 of the 25 individuals interviewed. Reviewers expressed the need for help with write-ups/summaries. Practice write-ups will be added to future trainings. Reviewers indicated that mock reviews were very helpful. The suggestions and ideas gathered through the process will be incorporated.
13. A discussion of roadblocks within the committee found that access to data and getting a "yes" were both difficult. The current interpretation of requiring guardian consent is very troublesome to committee members. The committee asked the larger group for help with creating awareness of the reviews.
14. Annual Report—Karen asked committee members to review and provide any feedback on the annual report.
15. SQC Update – Karen noted that at the most recent SQC meeting the RQCs did presentations for the council on what a review is, provided a mock review. Changes to statutory language were discussed and is still being reviewed as there are many concerns among the group.
16. Once Around/Adjourn: The Annual Tech Expo will be held in Nov. There will be an adaptive Technology Challenge held in cooperation with DMC. ABC's Unmasking event in September is about brain injury. Tickets are available.
17. The committee adjourned at 4:00 p.m.

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Region 10 Quality Council Minutes -- 10/18/2018

Attendance: Leann Bieber, Beth Honecker, Ann Lazzara, Kyle Mullen, Harry Nevling, Mary Pieper, Dee Sabol, Matthew Shoen, Judy Young, Josh, Linda Driessen, Shelly Maciujec, Harry Nevling, John Gamble, Steve Guerra,

Absent: Emily Miller, Lisa Harrison-Hadler, Emma Edwards, Lynnsey Standahl, Jodi Johnson, Anita Otterness, Lisa Harvey Marita Buehler, Shannon Smith

Staff: Kerri Leucuta, Karen Larson

Fiscal Host: Buff Hennessey

SQC Staff: Dan Zimmer

1. Call Meeting to order: Mary Pieper
2. Welcome New Member Stephen Guerra
3. Introductions
4. Congratulations to Dee Sabol for her Region 10 Regional Quality Council representative on the State Quality Council.
5. Motion made by to approve the 8/16/2018 R10 Region Quality Council meeting minutes made by Stephen Guerra and second by LeAnn Bieber.
6. Manager and Coordinator Report Kerri and Karen
   a. Three Community Conversations was completed in partnership with the Systems Improvement Workgroup and Diversity Council.
      i. August 22
      ii. September 5
      iii. September 25
   b. Karen and Kerri presented to Bear Creek Staff September 17, 18,and 21
   c. Kerri attended the 2018 Minnesota Gathering – September 25-26, 2018: Great presentation and information.
   d. Karen participated as an exhibitor at the 2018 Provider Network Conference – October 2, 2018
   e. Karen coordinated a Rice County Legislative Forum – October 9, 2018: 2 Legislators and 20 people attended the event
   f. Kerri attended a Two Day Event on Developing a Statewide Strategy for Becoming a Person Centered System - Oct 9-10, 2018: Great presentations and information.

7. Demo of reports from Agile Apps
   a. Agile Apps reports brought up: Number of closes and question #1 answers.
      i. What would the council want for reports?
      ii. What would be useful to the council?
      iii. What is working in OUR region?
      iv. What are the barriers in OUR region?
      v. There reports need to be shared with SQC
      vi. Scoring: we are getting ratings on how the person feels: even if the data they share does not match the person's rating.
      vii. Team reviews will get the team's perspective and the person's perspective.
         1. We are working on process and steps to completing the team reviews.
      viii. It will be nice to see analysis of the data collected.
      ix. Inaccurate data on the database: needs to be addressed.
      x. The summary goes back to the person when we are completed.

xi. Think about doing a 30/60 days survey after the review?

xii. What happens if the person does not share the summary?

    1. What if we ask and get permission to share the review with the person's team?

8. Systems Improvement workgroup report: Linda Driessen

    a. Three Community Conversations was completed in partnership with the Systems Improvement Workgroup and Diversity Council.

        i. August 22: September 5: September 25

            1. The goal of the Community Conversations was to have community members come to the events and share what they need to have people with disabilities more involved with their businesses. Most of the folks that came to the event were involved in the disability community.

            2. The workgroup is looking to hold community conversations at churches, rotary, Kiwanis, chamber of commerce.

                a. Suggestion: Mayo High School had a job fair for Student Jobs: Suggestion: maybe have a booth at this event.

                b. Suggestion: Check out community calendars.

9. Person Center Quality Review workgroup: Karen Larson

    a. Guardian consent form update. Guardians must now give written consent before the review starts.

        i. Jason Flint/DHS is going to put together a letter to go out to provider and put information on the MN DHS web site.

    b. Feedback forms review: good suggestions for increasing return rate.

        i. Update feedback forms with toll free number, fax number, and web site information. Add the forms to the website.

    c. Suggestion: Hold a Quality Reviewer refresher/ appreciation event: January?

10. Web site

    a. Currently in repair mode.

11. SQC report: Dan Zimmer

    a. Thank you Dee for applying and getting appointed to the SQC

    b. We have new members

    c. Fall recruiting: 7 new members needed: application must be in by 10/31/2018.

        i. Steering Committee will review applications in November.

        ii. We need more applications from Individuals with disabilities and County members.

        iii. LeAnn will be stepping down from the SQC after the November meeting. LeAnn stated she is stepping down so that other leaders can step forward.

        iv. All SQC meetings and workgroups are open to the public.

        v. Application process: Application goes to Secretary of State-Steering Committee makes recommendations to the Secretary of State- Secretary of State appoints the new member. Usually takes 2-3 months for appointment is complete-trying to speed up the process.

        vi. Appointments are a two-year term.

        vii. Region 10 RQC appointments: Dee Sabol

    d. Legislation from the SQC is being pushed back a year

    e. New mission, vision and values have been written and approved by the SQC.

    f. Next SQC meeting November 16, 2081

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

12. Once Around
    a. Beth: Arc Tech Fair: November 3, 2018 at the Heinz Center
    b. Buff: Legislative Candidate Forum: October 22, 2018 at Christ Lutheran Methodist Church
    c. LeAnn: Special Olympics Trick of Treat Night: October 24, 2018 at the Rochester Alternative Learning Center: would like more people to have a table at the event.
    d. Josh: Self Advocate State Conference March 8-9 2019 at Mystic Lake.
13. Next meeting: December 20, 2018 at Cardinal of Minnesota (Cancelled)

Minutes recorded by Karen Larson

Region 10 Quality Council Minutes –February 21, 2019

<u>In Attendance</u>: Emily, Kerri, Josh, Linda, Ann, Marita, Lisa Harvey, Shelly, Mary, Judy, Lynnsey (Phone), Polly (Phone)

<u>Unable to attend</u>: LeAnn, Emma, John G, Stephen, Lisa Harrison-Hadler, Beth, Jodi, Anita, Dee, Matt, Karen, Buff, Dan

1. Recognition of Harry's Passing
   a. The Arc Minnesota Southeast Region and the Region 10 Quality Council would like to remember our friend and longtime advocate Harry Nevling. Harry recently passed away on December 12th, 2018 due to heart failure. After a very decorated military (Army) enlistment, followed by a successful Human Resources career, Harry brought his family here to Rochester, Minnesota to call home. Harry became quite involved with volunteer activities with a number of different organizations working with people with disabilities, especially brain injury survivors. These organizations included The Minnesota Brain Injury Alliance, Minnesota Department of Human Services Traumatic Brain Injury Advisory Committee, Olmsted County Community Services Advisory Board, Rochester Area Brain Injury Community Committee, Region 10 Stakeholders, Region 10 Quality Assurance Commission, and most recently the Region 10 Quality Council. Harry will be remembered for his advocacy, his dedication, and his passion for improving the quality of life for people with disabilities.
   b. Will need to fill this *Family/Advocacy* seat on the council, please see Kerri with recommendations.
2. Presentation and great discussion regarding Case Management Redesign
   a. Presenters included Lauren Siegel, Andrew Johnson, and Rebecca Sedarski
   b. Purpose of Case Management Redesign:
      i. Put person at the center
      ii. Address disparities (disability, ethnic, cultural)
      iii. Create consistencies
      iv. Improve Quality and accountability
      v. Will take the best of what is currently happening, and improve on that
   c. For more information or to share your input (or additional input), please visit case management redesign webpage to watch the presentation, read the draft service design, and submit feedback online.
   d. Lauren's PowerPoint for her presentation is attached to this email for your convenience.
   e. Lauren and Rebecca's email is on the presentation, and they welcome questions you may have.
3. Recognition of Lynnsey Standahl's last meeting
   a. Lynnsey shared in an email that she will no longer be working for Houston County as of February 26th. Lynnsey and her family are moving as she has accepted a Disability Services social worker position with Blue Earth County. She stated in her email "It has been an honor to be a part of this council!". Thank you for your service Lynnsey!
   b. Carolyn Olson will be replacing Lynnsey as the Houston County Representative on the Region 10 Quality Council.

Region 10 Quality Council Minutes --April 18, 2019

<u>In attendance</u>: Ann Lazzara, Beth Honecker, Carolyn Olson, Josh Burt, Judy Young, LeAnn Bieber, Linda Driessen, Lisa Harvey, Lisa Harrison-Hadler, Marita Buehler, Mary Pieper, Matt, Shoen, Shelly Maciujec, Stephen Guerra (phone); <u>Staff</u>: Kerri Leucuta and Karen Larson
<u>Unable to attend</u>: Emma Edwards, Jodi Johnson, Emily Miller, Dee Sabol, Anita Otterness

1. Call R10RQC Meeting to order by Mary Pieper
2. Welcome to Carolyn Olson
3. Approval of 2/21/2019 Minutes: Mary Pieper
    a. Minutes approved by Linda and second by Shelly
4. Manager and Coordinator Report: Kerri
5. April 9, 2019 Community Mental Health Awareness Night: Lisa Harvey
    a. Lisa gave report about the Mental Health Awareness night and about the speaker Kevin Briggs, Guardian of the Golden Gate Bridge. Kevin helps prevent people from committing suicide. Lisa recommended that we have Kevin come and speak to our group.
6. Meeting Guidelines: Kerri
    a. Kerri reported that it was 2-1/2 years ago we wrote the Meeting Guidelines. They really could use an update and renew so that we can improve and increase our effectiveness at RQC meetings.   We are calling a special May 16, 2019 meeting to work on the guidelines. Please RSVP to Kerri if you plan on attending.
    b. Kerri will email out documents for you to review before the meeting.
7. R10RQC Conference
    a. 5/31/2019 at the U of MN campus: RM 417 111 South Broadway, Rochester.
    b. 9:00 am-3:30 pm
    c. Speaker: Lori Japer: A Practical Look at Supporting Balance and Boundaries.
    d. Registration is $10.00 per person but free to all R10R
    e. Please RSVP by May 25, 2019QC Members.
    f. Volunteers are needed: please let Kerri know if you would like to help.
8. Self-Advocate of Minnesota SE Regional Conference
    a. June 1, 2019 at the Double Tree Hotel, Rochester, MN
    b. The Theme is Harry Potter: "The Magic Of Self Advocacy"
    c. 12:00 pm to 8:00pm
    d. Speakers -- Lori Jasper: Self-Advocacy Rights and How to speak up for yourself; Cheryl Gardner-Ghionzoli: Mystery at the Ball, learning self-advocacy skills; Donna Garratt: House Access; and Karen Larson R10RQC.
9. Demo of reports from Agile Apps: Kerri
    a. Kerri produced some slides showing with reported from our data base including: reasons for closing an assessment: no reply, duplicate, deceased, does not receive HCBS, and does not live in Region 10. 54% of the reviews we completed had a guardian. Comment: Can we include "No Reply" as a drop down reason to close an account? Kerri showed another slide: Services Agreement type and break down. Slides on races, counties, and question #1 results. Best Practices and Barriers report.
    b. Kerri will email out the slides to the group: please let us know if you have questions, concerns or suggestions for improvement.
10. Systems Improvement: Linda

     a. How do we get the Regions talking about what we are seeing? Looking at and reviewing data. Shift to talking about what we can learn from review data. Due to high turnover rates, we need to continually inform staff about Quality Reviews and how they can help people and organizations. Community Conversations are coming please encourage community member to attend.

11. Person Center Quality Review Workgroup: LeAnn
    a. The group reviewed all feedback forms. Members suggested that the results get back to the people that participated: maybe hold a statewide RQC conference to share information. Next Meeting June 20, 2019

12. State Quality Council: Lisa Harrison Hadler
    a. RQC gave report. Continues to be neat perspectives. SQC Members rehash things and not follow agendas. There was discussions about legislative and statue changes: when do we have discussions and when do we propose /introduce legislation. There was work on guidelines and description of Chair and Vice Chair positions. Discussion regarding where the SQC want to do and where to go. Discussion on a clear timeline when to get the minutes out to members.

13. Once Around:
    a. Ann Lazzara is retiring from Lutheran Social Services. She would like to stay on the RQC as a family advocate. Ann will have new contact information
    b. Opening for a Provider position: we have 3 residential providers at this time, a work provider would be a nice addition
    c. Swim Team movie at the Rochester Area Foundation at 6:30 pm all are invited. Shelly will be working on the Web Site: More information to follow.

Minutes Recorded by Karen Larson

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

Region 10 Quality Council Minutes – May 16, 2019

<u>In attendance</u>: Jodi Johnson, Emily Miller, Dee Sabol, Beth Honecker, Josh Burt, LeAnn Bieber, Linda Driessen, Mary Pieper, Matt Shoen, Shelly Maciujec, Emma Edwards (Phone), Lisa Harrison-Hadler (Phone)
<u>Staff</u>: Kerri Leucuta, Karen Larson, Polly Owens
<u>Unable to attend</u>: Anita Otterness, Ann Lazzara, Carolyn Olson, Judy Young, Lisa Harvey, Marita Buehler, Stephen Guerra

1. Call meeting to order by Mary Pieper
2. Welcome to guest Luke Urevig from PossAbilities. Luke is considering participating in the Regional Quality Council as a Council Member or as a Workgroup Member
3. Polly shared about Region 10 Quality Assurance Person-Centered Quality Improvement Grants for up to $5000
    a. Application due by 5/24/2019
4. Meeting Guidelines: Kerri
    a. Meeting Guidelines were written almost three years ago. Today's meeting is to update the Guidelines to improve effectiveness of RQC meetings and operations
    b. RQC staff and Chairperson's did some pre-work and suggestions were emailed prior to the meeting so council members could come prepared for discussion
    c. Guidelines edits were discussed and approved during the discussion. A couple of specific discussion points include:
        i. Change the phrase "individuals with disabilities" to "people with disabilities" – Approved
        ii. Discussion about expansion into other counties.
            1. Can this include counties outside Region 10? Who all can participate? -- The SQC were able to choose RQC's, and the RQC was able to define their regions (with opt in by the counties). To add additional counties, there would likely have to be a contract amendment and approval from the SQC. At this time, there is no funding for additional counties.
            2. Can people from other counties request reviews? – Yes, but we would have to look at staff/volunteer capacity to do reviews outside Olmsted, Houston and Wabasha, and the data collected could not be included in the findings. The RQC may want to discuss guidelines about what this would look like should we start getting requests for interviews outside the participating counties.
                a. Should we be conducting our contracted number of reviews consistently before we can accept from outside counties
                b. What are the counties that we are willing to perform interviews in, considering time and budget constraints
            3. It would be helpful to at a minimum collect requests for quality reviews from non-participating counties to inform our approach when adding additional counties
        iii. Discussion about developing an annual work plan together rather than agenda items being driven by RQC staff -- Approved
            1. LeAnn suggested leading a 4+1 activity to inform our work plan
                a. What have we tried
                b. What have we learned
                c. What are we pleased about

             d.   What are we concerned about

             e.   What do we do next

          2.   Annual work plan development would occur at the beginning of each fiscal year (fiscal year being July – June)

       iv.   Discussion about Recommendations for Quality Improvements

          1.   How are recommendations decided?

          2.   Recommendations have been generated from information RQC staff has gathered from various resources including suggestions made by the council as a whole, council workgroups findings and suggestions, listening sessions, RQC staff participation in other groups/trainings (i.e. – cohort).

             a.   I (Kerri) would like to do a better job coming up with formal recommendations together as a Council, rather than writing the annual reports with recommendations in them and then informing the Council by providing them the annual report. I think now that we will have data to look at and monitor, it will be easier to do this.

       v.   Discussion on Officer Terms

          1.   Chair term -- one year with Vice Chair moving into the position at the end of the term -- Approved

          2.   Vice Chair – one year (then chair for 1 year) – Approved

          3.   Workgroup Chair terms to be decided as a workgroup

          4.   New Chairs recruited by Nominating Committee

       vi.   Creation of Executive – Approved

          1.   The Executive Committee is made up of the Chair, the Vice Chair, the Workgroup Chairs, and RQC staff. The Executive Committee will meet as needed during the opposite month of the full RQC meeting to plan agenda items and activities that will guide the work of the RQC and the Workgroups

       vii.   Quorum definition changed to 50% of membership +1 (rather than 9)-Approved

    d.   Workgroup updates will be decided by workgroups at next meeting

5.   R10RQC Conference – Cancelled due to Low attendance

    a.   5/31/2019 at the U of MN campus: RM 417 111 South Broadway, Rochester.

    b.   9:00 am-3:30 pm

    c.   Speaker: Lori Japer: A Practical Look at Supporting Balance and Boundaries.

    d.   Registration is $10.00 per person but free to all R10R

    e.   Please RSVP by May 25, 2019QC Members.

    f.   Volunteers are needed: please let Kerri know if you would like to help.

6.   Self-Advocate of Minnesota SE Regional Conference

    a.   June 1, 2019 at the Double Tree Hotel, Rochester, MN

    b.   The Theme is Harry Potter: "The Magic Of Self Advocacy"

    c.   12:00 pm to 8:00pm

    d.   Speakers -- Lori Jasper: Self-Advocacy Rights and How to speak up for yourself; Cheryl Gardner-Ghionzoli: Mystery at the Ball, learning self-advocacy skills; Donna Garratt: House Access; and Karen Larson R10RQC.

    e.   Kerri will email out the slides to the group: please let us know if you have questions, concerns or suggestions for improvement.

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

      f.   The group reviewed all feedback forms. Members suggested that the results get back to the people that participated: maybe hold a statewide RQC conference to share information. Next Meeting June 20, 2019

7.   Opening for a Provider position: we have 3 residential providers at this time, a work provider would be a nice addition

8.   Next meeting is originally scheduled for June 20th however Diane Sellner is retiring and her retirement party is from 3p-6p!

      a.   Kerri to send out an email to get feedback as to whether we want to meet earlier that day, or do we want to change the date?

Minutes by Kerri Leucuta

Region 10 Quality Council Minutes -- June 27, 2019

Attendance: Josh Burt, Shelly Rohe, LeAnn Bieber, Anita Otterness, Lisa Harvey, Beth Honecker, Mary Pieper, Dee Sabol, Judy Young, Jodi Johnson, Emily Miller (Phone)

Unable to Attend: Marita Buehler, Linda Driessen, Emma Edwards, John Gamble, Stephen Guerra, Lisa Harrison-Hadler, Ann Lazzara, Carolyn Olson, Matt Schoen

Staff: Kerri Leucuta, Polly Owens, Karen Larson

1. Call to order by Mary Pieper
2. Introductions: Mary Pieper
3. Approval of the 5/16/19 Minutes: Mary
    a. Motion to approve the minutes by Lisa Harvey and second by Dee Sabol.
4. Manager and Coordinator report: Reviewed by council. Kerri:
    a. Report reviewed by council members. Kerri updated folks on the following topics: Discussion of definition of team review and naming the two different reviews. Rochesterfest: Magic of Service event where Arc MN SE and R10RQC had an informational booth. KIMT TV covered the event. The quality Reviewer refresher course and Pizza party will be held on July 25, 2019 from 4-6:00 pm at Cardinal of MN.
5. Meeting Guidelines Review and Vote: Kerri
    a. System Improvement workgroup reviewed their section. Kerri will type up their changes send out to the committee. Executive Committee discussion. Executive committee members will be Chairs of the workgroup, Chair of the R10RQC, Vice Chair of the R10RQC and RQC Staff. Executive committee would meet the opposite month of the R10RQC. First meeting will be on July 18, 2019 from 2:20-3:30 pm location to be determine. At the last RQC meeting, R10RQC reviewed and made changes to the Guideline document; except for the workgroups. Workgroups were to look at their section and make changes as needed. Lisa recommended that the language in the Guidelines document be more user friendly/plain language. Polly and Kerri to go through the document, make changes, bring to the executive committee to review and then bring the document to the R10 RQC August meeting to vote on.
6. Annual Conference Planning Committee Discussion: Kerri
    a. Annual conference was scheduled to occur on May 31, 2019 at the U of MN campus downtown Rochester. Event was canceled due to low registration numbers. When folks were asked why this did not work, some response were: Downtown, parking, topic already covered, school ending, graduation parties, and last Friday of the month. Motion was made by Dee: Create an ad hoc Conference Planning Committee and a second by LeAnn and all approved with no abstentions. Kerri will send out an email to the RQC to see which members are interested in serving on this committee. Lisa, Polly, Mary, Judy and Karen as staff stated that they would like to be on the committee
7. SAM Conference Update: Josh and Karen
    a. 97 people registered and 94 people came. Opening event with Alicia Munson and Katie McDermott gave a legislative advocacy opening session, working shops, Exhibitor hall with 6 booths, BINGO, DETS graduation, Sit down dinner, dance and door prizes. DETS is Disability

Equality Training Series. 25 self-advocates graduated from the training and participated in the graduation ceremony at the conference.

8. 2019 QA Quality Improvement Projects: Polly
   a. Projects funded were: Growing plants Growing lives: West Concord accessible park: Winona ORC: supporting people with mental health issues: Ironwood Springs: Exercisability: Ability Building Center: and Art Makers in Dundas.
   b. Developing a training program 101: Waivers
   c. Betsy Gadbois: Doing a training on MAPS and PATH 0n 8/7-8/2019
   d. QA Status: QA is in the legislation no changes

9. Systems Improvement Workgroup Update: Kerri
   a. The System Improvement went over their section of the guidelines
   b. Community Conversation: Holding one in Houston County. Wrap up and share the information with the group.

10. Person Centered Quality Review Workgroup Update: LeAnn
    a. Went through their section of the guidelines and made changes.
    b. The PCQR Workgroup is reviewing materials on a macro basis.
       i. Collecting stories: What is happening that is good and bad. What has impacted my life since having a quality interview? No one else does the stories.
       ii. Stories to DHS: telling them this is what is happening.
       iii. Stories to Legislators: show them where the gaps and barriers are and what people really need.
       iv. Prove why RQC is important and needed.
       v. Description: The person says I hate my job but then rates they have full control.
       vi. Team Review: Interview the person and their team
       vii. Single Review: Interview the person and the report goes to the person.

11. State Quality Council Update: Dee
    a. The RFP for the manager position (Dan Zimmer) was not picked up. No manager until the RFP is picked up: DHS is saying it will be September. DHS staff will fill in and help out at the meetings.

12. Once Around/Adjourn

Minutes Recorded by Karen Larson