

2016-2017 REGION 10 QUALITY COUNCIL ANNUAL REPORT



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

Council: Region 10 Quality Council
Council Counties: Houston, Olmsted, Wabasha
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1. Region 10 Quality Council Activities

2016-2017 Membership

PERSON Josh Burt: First Term Ends: 2017 Matt Schoen: First Term Ends: 2018 Emma Edwards: First Term Ends: 2019 Jamie Stolp: First Term Ends: 2019	PROVIDER Linda Driessen: First Term Ends: 2017 Marita Buehler: First Term Ends 2019 Kyle Mullen: First Term Ends: 2018 Ann Lazzara: First Term Ends: 2017
COMMUNITY MEMBER Mary Pieper: First Term Ends: 2018 John Flanders: First Term Ends: 2018 Dee Sabol: First Term Ends: 2019 Judy Young: First Term Ends: 2017	FAMILY/ADVOCATE Harry Nevling: First Term Ends 2017 Beth Honecker: First Term Ends 2018 Leann Bieber: First Term Ends: 2019 Anita Otterness: First Term Ends: 2019
COUNTY REP Lynnsey Standahl – Houston County Nicole Duchelle – Olmsted County Jodi Johnson – Wabasha County	
DHS Emily Miller	OMBUDSMAN Lisa Harrison-Hadler
Staff Kerri Leucuta: Council Manager Karen Larson: Program Coordinator Polly Owens: Region 10 Quality Assurance Commission Buff Hennessey: Arc SE MN Executive Director	

Region 10 Quality Council Development

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 Southeastern Minnesota, acting as the fiscal agent, established the Region 10 Quality Council, and began the process of developing an Activities Implementation Plan (See Appendix A) to outline the duties the council would be charged with. Once established, The Arc Southeastern Minnesota, in partnership with the new Region 10 Quality Council staff, began the process of forming the group that was to become the council, and quickly began working on their responsibilities. The Region 10 Quality Council meetings have been held monthly since 9/2016 from 3:00-4:00 pm at the Olmsted County 2100 Building in Rochester, MN. The first two months were spent completing the following organizational tasks:

- Hire RQC staff;
- Develop council membership, structure and work groups (Person Centered Quality Review workgroup, and Systems Improvement Workgroup -- See Appendix B and C for Workgroup descriptions)
- Develop organizational guidelines and training for RQC (See Appendix D for Council Guidelines)
- Develop process to oversee and review RQC budget;
- Develop a process to oversee work groups;
- Oversee, coordinate, and evaluate ongoing project activities;
- Provide regional leadership in the implementation of best practices related to the development of person-centered inclusive services, communities, and systems.



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Region 10 Quality Council Activities

Once the Region 10 Quality Council and its workgroups were established, the Region 10 Quality Council and Staff began its work! Activities that the Region 10 Quality Council staff participated in, with advisory feedback from the council are:

- Review Tool Feedback and Development
- Logo/branding of Regional Quality Council
- Website development
- Brochure development
- Development of PowerPoint for Listening Sessions and Conferences
- Regional Listening Sessions
- Development of Quality Reviewer Job Description, Application, and Training Materials
- Work to improve cultural diversity within the RQC through outreach
- Participation in the Training and Education Workgroup facilitated by Polly Owens from the Region 10 Quality Assurance Commission
- Updated and made corrections to Region 10 Stakeholder database
- Planned and executed the Region 10 Quality Council Annual Conference and Stakeholder meeting
- Collaboration in development of Database for Quality Reviews
- Worked with the Executive Director of The Arc Southeastern Minnesota (the RQC fiscal agent) to revise the 2016-2017 budget. Due to the delay in development and approval of the Review tools and Process, revisions in the Region 10 Quality Council Budget were needed. Unspent dollars were reallocated to impact the community through a Quality Improvement Grants offered to individuals and agencies in Region 10, and adjustments were made in various other areas (See Budget/Financial section).
- Facilitated and executed the Quality Improvement Grant Process
- Participation in multiple committees and community engagement opportunities
- Monitored regional data to work towards identifying regional gaps and best practices.
- Planned and participated in several disability related conferences.

In addition to the activities associated with the council, the Region 10 Quality Council staff, Kerri Leucuta and Karen Larson, worked to add to their current skills and knowledge through self-development education and trainings. Education includes, but is not limited to: Person Centered Thinking Training; Mandated Reporting Training; Confidentiality Training; Participation in a Region 10 Quality Assurance Voice Review to learn the previous review process; Michael Smull event; Art of Participatory Leadership; Person Centered Approach Workshop (Through MaxAbility); Committing to Impact: A conversation with Dr. Jolly; 245 Demystified; What is Medicaid? Forum; MAARC Training; The Status of the Support /System for People with Intellectual and Developmental Disabilities.



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Region 10 Quality Council Workgroup Activities

The Region 10 Quality Council formed two workgroups to assist in the work needing to be accomplished by the Council: The Person Centered Quality Review Workgroup and the Systems Improvement Workgroup.

Region 10 Person Centered Quality Review Workgroup

The Person Centered Quality Review Workgroup has not required monthly meetings as of yet, as the main purpose of this workgroup is to oversee the process for conducting person centered quality reviews within the region. Implementation of quality reviews is currently delayed while the review tool is being finalized and approved by the Institutional Review Board, so this workgroup will be key when the much anticipated review process begins. In preparation for recruitment of quality reviewers, the Region 10 Person Centered Quality Review Workgroup reviewed several documents and made recommendations to the State Regional Quality Council Workgroup including the Quality Reviewer application, the expense reimbursement form, and Quality Circle Feedback form.

This workgroup also was instrumental in reviewing and updating the Region 10 Quality Council stakeholder database to ensure all membership information was current and correct.

Region 10 Systems Improvement Workgroup

The primary role of the Systems Improvement Work Group is to provide regional leadership in the implementation of best practices related to the development and improvement of person centered, inclusive services, communities and systems by overseeing the following tasks:

- Establish regional priorities for quality improvement based on regional strengths and needs.
- Foster collaboration among participants and their families or representatives, lead agencies, advocacy organizations and HCBS providers to promote quality and person-centered thinking.
- Identify and address common training needs, including training needs for program participants and families.
- Identify a regional team to participate in training and technical assistance activities related to the development of person-centered organizations

Much of the work of the Systems Improvement Workgroup will be based on the data from analyzing Person Centered Quality Review results. Implementation of Quality Reviews is currently delayed while the review tool is being finalized and approved by the Institutional Review Board. With the review data unavailable, the workgroup chose to review and analyze other sources of data to identify gaps and best practices in our region. The workgroup reviewed data gathered from Listening Sessions completed with county employees from each of the three counties participating in the Region 10 Quality Council (please see Outreach, Community Engagement and Marketing section below, for common trends from this analysis). This workgroup also analyzed regional data from the National Core Indicators Survey, provided by the State Fun with Numbers Workgroup (Please see Research on Existing Data section below, for topics of interest to the council as well as some recommendations for systems Improvement).

Another way this workgroup worked to establish regional priorities for quality improvement and best practices based on regional strengths and needs, was to help plan and facilitate a Region 10 Quality Council Stakeholder meeting and Annual Conference held on May 24th, 2017 at 125 Live in Rochester, MN (Conference details provided below under Outreach, Community Engagement and Marketing section). At the conference, topics were selected based on education needs identified in Regional Listening Sessions. Guest speakers included Amy Hewitt from the



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University of Minnesota and Institute on Community Integration who spoke about challenges and best practices as they relate to staffing. Guest speakers also included members of the Olmsted County Creative Living Options Committee who spoke about the challenges and best practices as they relate to helping people with disabilities choose and find desired living options. The third breakout session was specific to the Region 10 Quality Council and what our purpose and goals are. The guest speakers not only gave information on these topics, but also gathered information and ideas (See appendix E, F and G for notes from each break out session).

2. Outreach, Community Engagement, and Marketing

The Region 10 Quality Council worked throughout the 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.

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.

- The Region 10 Quality Council planned and executed our first Annual Conference and Stakeholder Meeting. The conference occurred on May 24, 2017 at 125 Live in Rochester MN. There were approximately 60 attendees at this conference where best practices in housing, staffing and quality were shared with regional stakeholders. The topics selected for our conference were in response to training needs identified in regional Listening Sessions. Guest Speakers included Amy Hewitt from The University of Minnesota and Institute on Community Integration; The Olmsted County Creative Housing Committee; and The Region 10 Quality Council.
- The staff from the three RQCs participated as exhibitors at the 2017 ARRM Annual Conference on June 7-8, 2017
- Region 10 Quality Council staff and a RQC Council Member presented at the Annual SAM Conference in Winona on June 10, 2017 regarding identifying what quality is in each individual person's life.
- On June 21-22, 2017 Kerri and Karen joined the staff from the other Regional Quality Councils and the State Quality Council staff to present and participate as exhibitors the Age and Disability Odyssey conference in Duluth.

Community Engagement and Advocacy

The Regional Quality Council collaborated throughout the year to identify opportunities for 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 participated in to facilitate community engagement:

- Listening Sessions -- Houston County Staff, Wabasha County Staff, Olmsted County Staff, (both Disability Services and Aging and Care Coordination Services), Provider Network, and MaxAbility.
- MaxAbility Steering Committee Participation



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- Forums as they relate to disability topics and community concerns (i.e. Housing, Transportation, Childcare) -- Poverty, Financial Stress and Homelessness Community Forum; Candidate forum; Legislative forum on Mental Health Care and Disability; MNLEND Forum;
- The Arc SE MN Annual Meeting,
- Disability Day at the Capital
- Region 10 Quality Council hosted our First Annual Stakeholder Meeting and Conference..."We are better Together: Building Communities for All"
- Regional Gaps Analysis Meeting – Gaps identified based on 2015-2016 information in include gaps in the following services: Psychiatric Prescribers, Qualified Workforce/Adequate Funding, Transportation, Crisis Stabilization Services, and Housing. Summaries of information to be available on the DHS website September 2017.
- Town Hall meeting with Representative Tim Walz to advocate for quality services for all
- Began a collaboration with Olmsted County, and community providers, to expand organization-wide person centered practices and positive behavioral practices, and lay the foundation for cultural change
- Collaborated with Self-Advocates of Minnesota to assist with the creation of marketing materials such as brochures and PowerPoints.

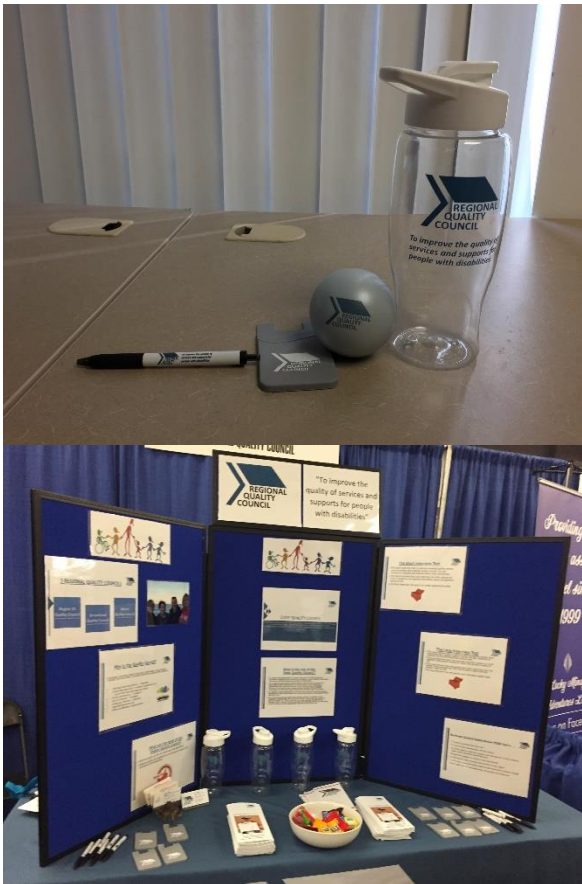
Marketing

The Regional Quality Councils realizes 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. With that in mind, the RQC staff planned and created various marketing strategies:

- The Regional Quality Council staff collaborated and created a PowerPoint, and brochures, to share with stakeholders in local listening sessions as well as the state Conferences (please see details from listening sessions and conferences above under Outreach and Community Involvement).
- The RQC staff also collaborated to create a logo and tagline to assist in the branding of the Regional Quality Councils. We have applied this logo to our PowerPoint, to letterhead and other stationary items, to promotional materials, and will soon be included within our new website! (See logo and tagline at the top of this page.)
- As stated above, promotional materials, with our logo, have been chosen, and ordered to help us share the message of who the Regional Quality Council is. Promotional Materials included are signage, table cover for events, trifold boards for events, give-away items with our logo (waterbottle, cell phone wallet, pens, stress balls).



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- To keep stakeholders informed of the activities of the Regional Quality Councils, development of the Region 10 Quality Council Website began in May 2017 (in collaboration with the Region 10 Quality Assurance Commission), when Website development quotes were obtained and a developer was chosen. The developer chosen is Grahame Beresford Creative out of Minneapolis, MN. Grahame is a family member of a person with disabilities, so presented his website vision with not only professionalism, but also the passion and inspiration we were looking for in developing the State Quality Council and Regional Quality Council website. Website is on track to be available September 2017!

3. Research on Existing Data

Much of the work of the Systems Improvement Workgroup will be based on the data from analyzing data from Person Centered Quality Review results. Implementation of Quality Reviews is currently delayed while the review tool is being finalized and approved by the Institutional Review Board. With the review data unavailable, the workgroup chose to review and analyze other sources of existing data to identify gaps and best practices in our region.

****Current Gaps Analysis Study** -- A Region 10 Gaps analysis meeting was held April 13, 2017, and the following gaps in services were identified based on 2015-2016 survey information: Psychiatric Prescribers, Qualified Workforce/Adequate Funding, Transportation, Crisis Stabilization Services, and Housing. Action Planning



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groups were formed at this meeting. Regional Summaries on this Gaps Analysis information is slated to be completed, and posted, on the DHS Gaps Analysis webpage September 2017.

****Available Gaps Analysis Study** – The available surveys/studies represented the 2013-2014 time period, and provided information about the following topics:

- Services
- Housing Choice and Integration
- Employment Supports
- Transportation Services
- Cultural Responsiveness of Service Delivery System
- Overall Service Systems and Coordination of Services

In these surveys, many gaps were identified that parallel the information that the Region 10 Quality Council has heard in current regional listening sessions and conferences, as well as gaps identified at the April 2017 meeting.

***Olmsted County** – Personal Care Assistance, Respite Care Assistance, and Non-Medical Transportation are the top three service gaps. These same gaps have no strategies in place to improve or resolve, per the 2013-2014 report. Primary reasons for gap include Provider reimbursement rates, inability to retain/recruit staff, provider difficulty obtaining specialized training, and shortage of facility space. Other identified gaps include (but are not limited to) Availability of Companion Services, Mental Health Crisis Response and Stabilization Services, Availability of Drop-In Centers and Family Skills Training.

****** The report indicates that there are actions being taken to address gaps, however there are also areas that indicates no strategies are in place. The Region 10 Quality Council Systems Improvement Workgroup will continue to review this report and the information collected from the 2017 Gaps Analysis Meeting, to be able to make recommendations to the state and local agencies

******You may review the whole report at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7304AX-ENG> for additional information.

***Wabasha County** – Chore Services, Extended Home Care Services, and Respite Care – In Home services are the top three service gaps. Primary reasons for gap include Provider reimbursement rates, inability to retain/recruit staff, and Funding (other than provider reimbursement). Other identified gaps include (but are not limited to) Night Supervision, Mental Health Crisis Response and Stabilization Services, Certified Peer Specialist Services; Consumer-Run Services, Drop-In Centers. Additional barriers to service include transportation, lack of service availability on short notice, and geographic location of providers/distance to service.

****** The report indicates that there are actions being taken to address gaps, however there are also areas that indicates no strategies are in place. The Region 10 Quality Council Systems Improvement Workgroup will continue to review this report and the information collected from the 2017 Gaps Analysis Meeting, to be able to make recommendations to the state and local agencies

******You may review the whole report at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7304BS-ENG> for additional information.

***Houston County** – Foster Care, Respite Care – Out of Home, and Personal Support are the top three service gaps. Primary reasons for gap includes Identified gaps include Provider difficulty obtaining specialized training, Shortage of facility space, Inability to retain / recruit staff and Inability to retain / recruit providers (with mental health



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knowledge), Shortage of prescribers, Shortage of other trained providers, and 245D process. Other identified gaps include (but are not limited to): Availability of Personal Support, Caregiver and Family Training, Mental Health Crisis Response and Stabilization Services, and Availability of Drop-In Centers

** The report indicates that there are actions being taken to address gaps, however there are also areas that indicates no strategies are in place. The Region 10 Quality Council Systems Improvement Workgroup will continue to review this report and the information collected from the 2017 Gaps Analysis Meeting, to be able to make recommendations to the state and local agencies

**You may review the whole report at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7304AA-ENG> for additional information.

National Core Indicators Survey

The National Core Indicators (NCI) is a voluntary effort by public **developmental disabilities agencies** to measure and track their own performance. The **core indicators** are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

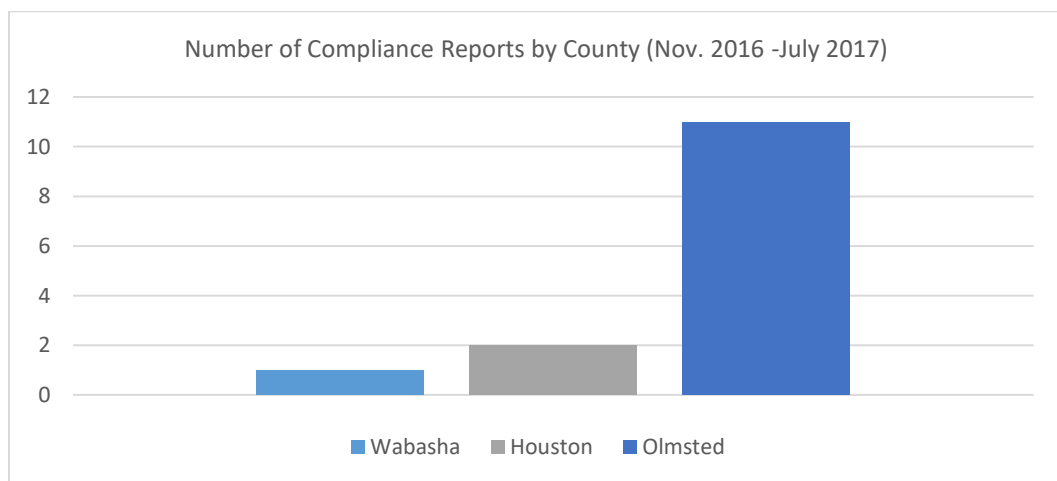
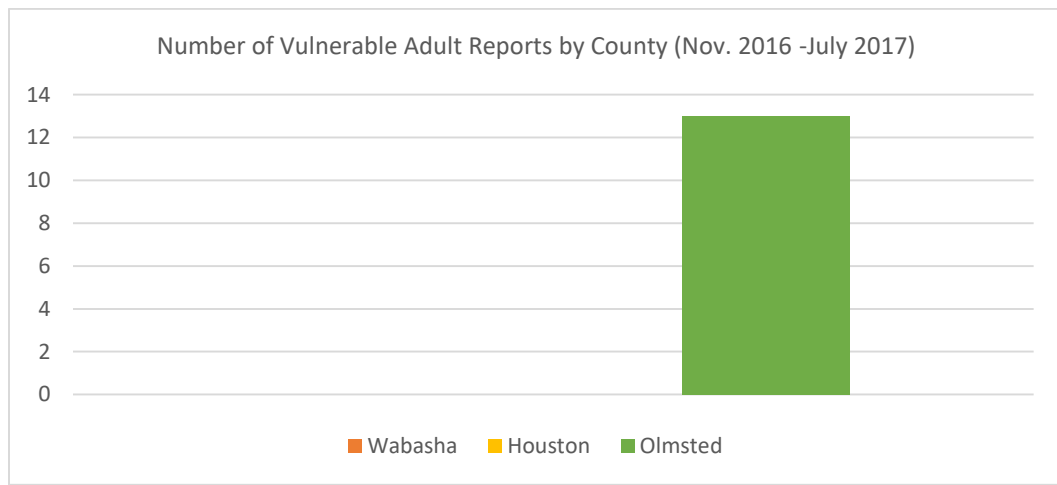
The State Fun with Numbers Workgroup broke down the 2015-2016 NCI Aging and Disability Survey by Region and presented a summary of statistics based on responses given in the survey. This summary of information was brought before the Region 10 Quality Council Systems Improvement (SI) Workgroup to review and analyze. The SI Workgroup worked to identify areas of concerns where the Council could make recommendations for improvement and/or identify a Quality Improvement Project that the council could facilitate. Eight areas of concern were identified: Workforce Shortage, Survey Fatigue, Case Managers (and Licensing) Education and Training, Employment, Service Coordination, Wellness and Dental, Diversity, and Core Competencies. The SI Workgroup then held brainstorming sessions to identify recommendations and barriers that are in these eight areas (please see Appendix H for notes). The Workgroup will continue work to narrow down the topics to the top three areas of concerns, and then proceed to make formal recommendations to the State Quality Council and/or develop a regional Quality Improvement Project.

The Systems Improvement Workgroup will continue to analyze existing regional data including information from the Lead Agency Reports, as well as follow the progress of the current gaps analysis as information is presented.

4. Research on Abuse and Neglect

The Regional Quality Council Staff was interested to know the frequency of licensing violations reported in Wabasha, Houston, and Olmsted Counties, as they relate to Abuse and Neglect of Vulnerable Adults (VA) as well as Compliance Violations. Below are charts that indicate the number of reports released through the Department of Human Services licensing look-up site. The number of VA reports that were submitted, and not released, is unknown. It would be interesting to know the total number of VA reports submitted, but not released, as they were not deemed abuse or neglect by the Minnesota Adult Abuse Reporting Center (MAARC) intake team.

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In reviewing the Vulnerable Adult Abuse and Neglect allegations, and Compliance Reports for Wabasha, Houston and Olmsted Counties from November 2016 through July 2016, there are a couple of take-aways:

- There have been inquiries as to how the Abuse and Neglect reporting works, and how certain allegations can be considered Inconclusive, or unsubstantiated, when it appears that there have been actions by the Service Provider that seems to fit the definition of Abuse or Neglect. Region 10 Quality Council Staff attended a MAARC training hosted by the Metro Quality Council. This meeting helped to address and provide clarification to some of those questions. The Region 10 Quality Council plans to duplicate the same training in our region.
- Another observation and recommendation that could be made identifies the possible need for additional/continuing education of new and existing providers to assist them in meeting the needs about compliance requirements.
- In addition, it is interesting to note that there were no Vulnerable Adult Maltreatment reports in the counties of Wabasha and Houston during the specified time-period. Conversation will occur with the county representatives on our council as to best practices in their areas, as well as discussion about their



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thoughts on the effectiveness of the reporting process in their areas (are people reporting as they should?).

In addition to monitoring regional data in regards to Abuse and Neglect, the Region 10 Quality Council has been invited to participate in the statewide Abuse and Neglect Prevention Specialty Committee, with the first meeting being held on July 10, 2017. The committee will oversee the implementation of the Abuse and Neglect Prevention Plan approved by the Olmstead Subcabinet on September 28, 2016. The committee will make recommendations to the Subcabinet for baselines and annual measureable goals and the provision of cost projects for key elements of the Plan. The committee will rely on input, feedback, and expertise from Region 10 Quality Council members to assist them in making informed recommendations to the Subcabinet, and ultimately to legislators during the 2018 legislative session. Please review the website for ongoing progress of this committee work at the following website link: [Specialty Committee](#).

5. State and Regional Quality Council Collaboration work

In 2012 legislation was passed to form the State Quality Council (SQC). The State Quality Council was charged with defining and forming Regional Quality Councils (RQC) to carry out a community-based, person-directed quality review component, and a comprehensive system for effective incident reporting, investigation, analysis, and follow-up. In 2016 the first three Regional Quality Councils were formed. The Regional Quality Councils works collaboratively with the State Quality Council (SQC) throughout the course of the year. The following outlines how the SQC and the RQC's interact:

- Region 10 Quality Council staff attend the monthly State Quality Council meetings.
- Region 10 Quality Council staff provides representation on the State Quality Council Workgroups
 - Person Centered Quality Review (PCQR) Workgroup – Polly Owens represented the Region 10 RQC in workgroup meetings through April of 2016. Kerri Leucuta began representing the PCQR workgroup starting in May 2016
 - Purpose of PCQR Workgroup --Development of Person Centered Quality Review Tools
 - Regional Quality Council (RQC) Workgroup – Kerri Leucuta
 - Purpose of the RQC Workgroup -- Sounding board and connection between the three Regional Quality Councils
 - Fun with Numbers Workgroup – Kerri Leucuta
 - Purpose of Fun with Numbers Workgroup --Collection and analyzing of data from various sources to make recommendations on best practices, as well as system improvements
 - Legislative Workgroup – Karen Larson
 - Participation in relevant Tuesday's at the Capitol and other Legislative activities
 - Training Workgroup: Karen Larson
 - Purpose of the Training Workgroup -- Final development of training materials, applications and job descriptions for person centered quality reviewers.

6. Person Centered Quality Review Tool (s)

A Person Centered Quality Review (PCQR) Workgroup was formed by the State Quality Council to develop an effective Tool that will gather information needed to advise the Regional Quality Councils, the State Quality



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Council, and the State of Minnesota as to what are barriers and best practices in providing quality of services for people with disabilities, in an effort to inform system change.

The Tools serve a dual purpose of identifying, at an individual level, the definition of what brings quality to one's life.

Two Person Centered Quality Review tools have been developed by the PCQR Workgroup, in collaboration with the Institute on Community Integration, to accomplish this charge. They will both involve face-to-face conversations with the person. They will be used to interview anyone over the age of 14 who receives Home and Community Based Services. Although individuals will be chosen randomly, people can also request, or refuse, to be interviewed. The tools will help to identify best practices and barriers in our region, and will help to promote local, regional and statewide systemic change. As the interview process develops, the PCQR Tool will have flexibility for change, and can be evaluated and improved upon if needed

- The Short Interview Tool is a 10-question conversation that will gather information about a person's quality of life. It will not only help to identify Quality at an individual level, but it will assist the State in collecting quantitative data to measure quality at a regional and state level. . The Short Interview Tool is a person centered quality review tool.
- The Long Interview Tool is a 16-question conversation to gather quality data. The Long Tool also has an additional component called a Desired Life Outcomes Assessment Tool (DLAST) The DLAST involves more open-ended questions, allowing the person more freedom to share what they feel is important to them. The Long Interview Tool will gather input from the person and from the person's team as well
- The Review tools were submitted to the Institutional Review Board (IRB) for approval in April 2017.
- A Regional Quality Council Training Workgroup came together to work on training materials and types of training for the persons who will be completing the reviews. The workgroup has put together a list of training each reviewer will have to complete before starting reviews.
- Once the reviews are completed, the information will be entered into a database which will be compiled for regional data for analysis.
- The Region 10 Quality Council will analyze the data to make recommendations to the State Quality Council regarding regional gaps and best practices as they relate to quality services for people with disabilities.

7. Quality Improvement

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 facilitated and/or participated in two impactful Quality Improvement Initiatives this past year:

- Due to the delay in development and approval of the Review tools and Process, revisions in the Region 10 Quality Council Budget were needed. Unspent dollars in the amount of \$25,000 were reallocated to impact the community through a Quality Improvement Grant offered to Region 10 stakeholders. The one-time Quality Improvement Grants were specific to supporting individuals, families, counties, providers and educators, in our region, with opportunities for Quality Improvement training/education that will assist in improving the lives of individuals with disabilities (see Appendix I for Grant Guidelines and Application)
 - A Quality Improvement Grant Committee was formed and facilitated by Karen Larson.
 - There were 20 Applicants requesting funding for various Quality Improvement training



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- The Quality Improvement Grant Committee approved full or partial allocation of funds to nine organizations. Quality improvement activities funded included Strength Coach training; Mental Health Crisis Training; Wellness training; Fitness Packages; Staff and Self Advocate: We Are More Alike Than Different Training; Person Centered Thinking and Supportive Decision Making; Community Education On Sharing Living Space and Costs With Those With Disabilities; Technology Options For Independent Living
- The applications also identified to the Region 10 Quality Council priorities in regards to needed training in our region. The Region 10 Quality Council, in collaboration with the Region 10 Quality Assurance Commission, will offer Person Centered Thinking Training, Picture of Life Training, and Person Centered Outcomes training in the Fall of 2017.
- In May of 2017, the Region 10 Quality Council was invited to participate in a 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.
 - The University of Minnesota and the Institute on Community Integration are providing a year-long 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
 - Two additional years of training and technical assistance will be available to all successful responders
 - Person-Centered Thinking and planning will provide the foundation for organization-wide implementation with training in positive behavior support available as an integrated positive support.
 - Assistance in the organizational integration of other positive support practices (e.g., assertive community treatment, trauma-informed practices, motivational interviewing, etc.) will also be available to organizations.
 - Training and technical assistance will be delivered by staff from the Research and Training Center for Community Living at the Institute on Community Integration, University of Minnesota and the Minnesota Department of Human Services, as well as in collaboration with Support Development Associates.
 - The intent is 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.
 - Although this training is geared toward providers, the Region 10 Quality Council was asked to be a partner to help monitor progress of positive supports within the provider cohort, with the long term vision of expansion of person-centered and positive support practices across the region.



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8. Budget/Financials

RQC Budget Info
FY17

Final

<u>Line Item</u>	<u>Original Budget</u>	<u>Revised Budget</u>	<u>Actual</u>	<u>Balance</u>
Personnel	\$108,848	\$80,000	\$72,657	\$7,343
Rent	\$6,000	\$6,000	\$6,000	\$0
Travel	\$4,000	\$6,548	\$7,102	(\$554)
Supplies	\$2,500	\$7,500	\$7,692	(\$192)
Communications	\$7,200	\$6,000	\$5,605	\$395
Quality Reviewers	\$14,700	\$3,700	\$0	\$3,700
RQC Mtgs/Stipends	\$9,500	\$6,000	\$6,564	(\$564)
Indirect	\$1,750	\$1,750	\$1,250	\$500
Contracted Services	\$2,000	\$39,000	\$41,650	(\$2,650)



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Administrative	\$16,628	\$16,628	\$16,628	\$0
Total	\$173,126	\$173,126	\$165,148	\$7,978

Note: The items in red exceeded the line item amount but was less than the 10%

Notes about approved line item changes:

Personnel---Staff hired later than anticipated and 1 position for fewer hours due to quality reviews not beginning

Travel---Increased due to staff attending more meetings in the metro area than anticipated and attending

Supplies---Purchased a number of promotional and related items to be used at conferences and other

Communications---Printing reduced because of review and related materials not printed

Quality Reviewers---Stipends and travel not needed because reviews not implemented

RQC Mtgs/Stipends---Increased to cover annual meeting/conference hosted by the RQC

Contracted Services---Dollars re-directed to offer grants to individuals and agencies for quality improvement

9. Priorities for 2018

As we look forward to the 2017-2018 fiscal year, the Region 10 Quality Council has several priorities for this upcoming year:

- Receive approval from the Institutional Review Board (IRB) regarding the Person Centered Quality Review Tools and Process (Note: IRB approved the tool and process August, 1 2017!)
- Finalize Quality Reviewer Training materials and program
- Finalize and implement the random selection process for individual participants in person centered quality reviews.
- Facilitate person-centered quality reviews
 - Recruit, interview and train person centered quality reviewers
 - Develop peer mentoring component for training individuals.
 - Train and empower individuals receiving services and other stakeholders.
 - Conduct person centered quality reviews each month, with a ramp up period to determine a reasonable number of Long Reviews and Short Reviews that can be accomplished during a month's time.
- Finalize and implement Feedback process
- Continue to assist in the development of Quality Review Database to allow RQC's to manage, store, and analyze data gathered through the review process.
- Continue to assist in the development of the Regional Quality Council website to be able to meet the go-live expectation of September 2017.
- Continue to Identify resources and vest practices that promote a higher quality of life for persons with disabilities.
- Continue to establish regional priorities for quality improvement based on regional strengths and needs.
- Continue to foster collaboration among participants and their families or representatives, lead agencies, advocacy organizations and HCBS providers to promote quality and person centered thinking.
- Continue to Identify and address common training needs, including training needs for program participants and families.
- Develop mechanisms where individual concerns regarding the quality of services and supports can be expressed and addressed.



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- Report findings to the State Quality Council with recommendations for system-wide changes to improve quality of services.

Appendix A

REGION 10 RQC ACTIVITIES / IMPLEMENTATION PLAN – Revised 7/1/2017

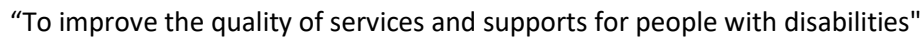
X – Done **Y** – In Progress **X** – Not Done X – To be completed

Activities/Implementation Planning				Target Dates for Project Activities								Comments (if applicable)
Deliverables	Key Action Steps/Activities	Person/Area Responsible	Resources Required	F Y 1 7 Q 1	F Y 1 7 Q 2	F Y 1 7 Q 3	F Y 1 7 Q 4	F Y 18 Q 1	F Y 1 8 Q 2	F Y 1 8 Q 3	F Y 1 8 Q 4	
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).	a. The Arc Southeastern Minnesota and Region 10 stakeholder representatives	Stipends & expense reimbursement for Regional Quality Council volunteers	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
	b. Develop Organizational Structure and Work Groups. (See Appendix E)	b. The Arc Southeastern Minnesota and Region 10 stakeholder representatives		X								
	c. Develop Organizational Guidelines for RQC.	c. Regional Quality Council		X								
	d. Develop process to oversee and review RQC budget.	d. The Arc Southeastern Minnesota and RQC		X								
	e. Hire Project	e. The Arc										

	Manager and Project Coordinator.	Southeastern Minnesota and RQC representatives		X								
	f. Establish Person Centered Quality Review (PCQR) and Systems Improvement (SI) Work Groups.	f. Regional Quality Council			X							
	g. Develop process to oversee work groups.	g. RQC and Project Manager			X							
	h. Oversee, coordinate and evaluate ongoing project activities.	h. RQC and Project Manager		X	X	X	X	Y	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	Reviews did not occur in FY2017 due to delay in Tool development and approval
	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	Y	X	X	X	
	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	Y	X	X	X	
1b. Establish regional priorities for quality improvement based on regional strengths and needs.	a. Review composite information from database and <u>other resources</u> to determine priorities for quality improvement.	a. System Improvement Work Group and Project Manager	Stipends and expense reimbursement for work group volunteers				X	Y	X	X	X	Reviews did not occur in FY2017 due to delay in Tool development and approval; Database still in development
			Coordinate									

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	b. Develop, implement and review plan for establishing and sharing quality improvement priorities. c. Plan and host annual meeting for regional stakeholders to gather information on quality improvement.	b. System Improvement Work Group and Project Manager c. System Improvement Work Group and Project Manager	with QA activities Coordinate with QA activities			X	X	X	X	X	X	Region 10 Annual Conference and Stakeholders meeting occurred on May 24, 2017
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. Complete contract with Self-Advocates Minnesota (SAM) (Year 2) b. Develop plan for working with stakeholders regarding quality improvement & person centered thinking. c. Develop and implement plan for increasing disability and cultural diversity within RQC and Work Groups. d. Plan and host annual meeting for regional stakeholders. e. Evaluate improvement in quality of person centered services provided to individuals in region.	a. System Improvement Work Group and Project Manager b. System Improvement Work Group and Project Manager c. System Improvement Work Group and Project Manager d. System Improvement Work Group and Project Manager e. System Improvement Work Group and Project Manager	Contract with Self-Advocates Minnesota Stipends & expense reimbursement for work group volunteers; QA Grant Coordinate with QA activities See 1b.c above				X	X	X	X	X	Region 10 Annual Conference and Stakeholders meeting occurred on May 24, 2017
1d. Identify and address common training needs,	a. Review composite information	a. System Improvement Work Group	Stipends & expense reimbursement				X	X	X	X	X	Reviews did not occur in FY2017 due to

20

	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.	Manager c. Project Manager		X	X	X	X	X	X	X	X	and approval; Database still in development
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	
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 c. Develop training materials for	a. Person Centered Quality Review Work Group and Project Coordinator b. Person Centered Quality Review Work Group and Project c. Person Centered Quality Review	Stipends & expense reimbursement for work group volunteers and volunteer person centered quality reviewers Self-Advocates Minnesota contract (Year 2) DHS Volunteer reviewers and	X	X	X	X	X	X	X	X	Reviews did not occur in FY2017 due to delay in Tool development and approval; Database still in development Currently have 10 former Region 10 QA reviewers ready to be retrained

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	person centered quality reviewers, individuals receiving services and other stakeholders, in conjunction with SQC and DHS	Work Group, Project Coordinator and individuals with disabilities	reviewers from service providers									
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 brief interviews.	i. Person Centered Quality Review Work Group and Project Coordinator		X	X	X	X					
j.	Conduct 42 person centered	j. Person Centered Quality Review						X	X	X	X	

	quality reviews and brief interviews per month after agreed upon ramp up period.	Work Group and Project Coordinator										
	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			
	l. Work with county and DHS licensing to define working relationship.	l. Person Centered Quality Review Work Group, Project Manager and RQC						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			X	X	X				
	b. Identify methods for individuals to report concerns via call in, website, email, etc.	b. System Improvement Work Group and Project Manager	Stipends & expense reimbursement for work group volunteers			X	X	X				
			Navigation Tool									RQC Website slated to be live by September 2017
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 quarterly and annual reporting of findings, activities and recommendations.	a. Regional Quality Council with input from RQC staff and Person Centered Quality Review Work Group	Stipends & expense reimbursement for work group and RQC volunteers				X					Quarterly Reviews provided in October 2016, January 2017, and April 2017; Annual review provided in July 2017
	b. Complete quarterly and annual reports and submit to Regional Quality	b. System Improvement Work Group and Project Manager		X	X	X	X	X	X	X	X	



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	Council as required. c. Approve annual report and submit to State Quality Council and regional stakeholders.	c. Regional Quality Council					X					X	
7. Identify a fiscal agent through which funds will be managed.	Fiscal agent identified and contracted with.	a. The Arc Southeastern Minnesota		X									

Appendix B

PERSON CENTERED QUALITY REVIEW WORK GROUP

Overall Purpose

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.

Membership

The Person Centered Quality Review Work Group will be composed of members of the Region 10 Quality Council, representatives of stakeholder groups within the region and Region 10 Quality Council staff.

Primary Tasks

The Person Centered Quality Review Work Group will oversee the following tasks:

- Establish a mechanism to conduct a minimum of 42 quality reviews per month that are a combination of comprehensive person centered quality reviews and brief interviews focused on home and community based services recipients with disabilities.
- Facilitate person centered quality reviews and work as a cooperative partner with county licensing units and the DHS Licensing Division.
- Assure there are an adequate number of trained person centered quality reviewers to conduct the required quality reviews.
- Develop mechanisms where individual concerns regarding the quality of services and supports can be expressed and addressed through the individual review process.



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Appendix C

SYSTEM IMPROVEMENT WORK GROUP

Overall Purpose

The primary role of the System Improvement Work Group is to provide regional leadership in the implementation of best practices related to the development and improvement of person centered, inclusive services, communities and systems.

Membership

The System Improvement Work Group will be composed of members of the Region 10 Quality Council, representatives of stakeholder groups within the region and Region 10 Quality Council staff.

Primary Tasks

The System Improvement Work Group will oversee the following tasks:

- Establish a mechanism to gather and incorporate findings and trends from individual quality reviews into efforts to improve regional services.
- Establish a mechanism to gather and incorporate information on quality of regional services from:
 - Maltreatment and behavioral incident reports,
 - Lead agency waiver reviews,
 - Service and site licensing review results and licensing actions,
 - Gaps analysis study results,
 - National Core Indicators Survey results and
 - Olmstead Quality of Life Survey results
- Identify resources and best practices that promote higher quality of life for individuals with disabilities.
- Establish regional priorities for quality improvement and develop mechanisms to foster collaboration, address training needs for all stakeholders and respond to barriers, issues and service gaps.



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- Coordinate ongoing efforts related to the development of person centered organizations in the region.
- Provide summary information and feedback to the Region 10 Quality Council.

Appendix D

Region 10 Quality Council Guidelines

Purpose and Goals

The overall purpose of the Region 10 Quality Council is to develop a continuous quality improvement system so that individuals 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 individuals with disabilities.
Objectives:
 - Person centered planning and supports are available to individuals with disabilities so they can achieve their individual outcomes.
 - Individuals with disabilities express satisfaction with their supports and achieve their desired outcomes.
 - Individuals with disabilities have opportunity for integrated employment and community living if desired.
2. Goal: Improve quality and availability of services and supports for individuals with disabilities.
Objectives:
 - Services and supports are available to safely and effectively meet the unique needs and preferences of individuals with disabilities in their community.
 - Quality of supports and services in the region is measured one person at a time.
 - Individual and system data on current quality of services, barriers or gaps in service is collected, analyzed and utilized to inform system change.
 - Organizations providing services and supports utilize person centered principles for supporting individuals with disabilities at all levels within their organizations.

**The role of the Region 10 Quality Council is to work collaboratively with regional stakeholders and partners to monitor and improve the quality of services, person centered outcomes and overall quality of life for individuals with disabilities.

Geographic Area



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The Region 10 Quality Council currently includes Olmsted, Wabasha and Houston counties. Expansion to other areas is planned.

Primary Tasks

The Region 10 Quality Council will oversee the following tasks:

- Develop and implement a quality monitoring system that includes comprehensive person centered quality reviews based on quality indicators developed by the Minnesota State Quality Council.
- Set priorities to improve home and community based long term services and supports for people with disabilities based on regional strengths and needs and coordinate a regional response using best practice.
- Submit quarterly and annual reports on regional findings and activities to the State Quality Council and regional stakeholders along with recommendations for system-wide changes to improve quality of services.

Membership

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

- Individuals 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
- DHS and Ombudsman- 1 to 2 members

Membership Terms

A Council term is a three-year term. All members are eligible to serve up to three consecutive terms. Initial council will have a term of 1,2 or 3 years to ensure tenured membership at any given time.

Membership will be prioritized by applicants serving the three participating counties (Olmsted, Wabasha, Houston). Applicants from non-participating counties may be considered following prioritization.

Officers

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

- The Chairperson, along with the RQC Manager, will create the agenda for each council meeting. The Chair will be the facilitator of each meeting. The chair will offer advice and insight, and ensure all activities are in accordance with the purpose of the council. The Chair shall appoint the chairpersons of any committees or workgroups, and supervise directly or indirectly their work.
- The Vice Chair shall perform the duties usually associated with the Chair, as required in the Chair's absence. The Vice Chair supports the activities of the Chair including sharing responsibilities as appropriate.

Committees

To be determined as needed

Ad hoc Nominating Committee to be created in 2017 to determine upcoming council needs and recruitment of new members, if needed.



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Meeting Participation Expectations

- Meetings will be held monthly for the first 6 months, and then quarterly thereafter.
- Special meetings of the Council may be called upon the request of the Chair. Notices of special meetings shall be sent out by the Region 10 Quality Council Manager to each member two weeks in advance.
- Member of the Council are expected to attend 75% of regularly scheduled meetings and council business.
- A quorum, for the Council to be able to do business, will be met with a minimum of 9 members present. Members are expected to respond to each meeting invite with attendance, so it can be determined if a quorum will be met. There are members who drive from out of town to attend, and would appreciate advance notice if meeting will need to be cancelled due to low attendance.
- Members of the Council and workgroups 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 informed discussion and decision-making.
- Only Council action items will require a vote for approval. Action items needing a vote will be indicated as such 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, however participation is not required.
- Resignation from the council must be in writing and received by the Chair or RQC Manager.

Workgroups

- 1) Person Centered Quality Review Workgroup
 - The primary role of the Person Centered Quality Review Workgroup is to oversee the process for conducting person centered quality reviews within the region.
 - The Person Centered Quality Review Workgroup will be composed of 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 oversee the following tasks:
 - Establish a mechanism to conduct a minimum of 42 quality reviews per month that are a combination of comprehensive person centered quality reviews and brief interviews focused on home and community based services recipients with disabilities.
 - Facilitate person centered quality reviews and work as a cooperative partner with county licensing units and the DHS Licensing Division.
 - Assure there are an adequate number of trained person centered quality reviewers to conduct the required quality reviews.
 - Develop mechanisms where individual concerns regarding the quality of services and supports can be expressed and addressed through the individual review process.
- 2) System Improvement Workgroup
 - The primary role of the System Improvement Workgroup is to provide regional leadership in the implementation of best practices related to the development and improvement of person centered, inclusive services, communities and systems.
 - The System Improvement Workgroup will be composed of members of the Region 10 Quality Council, representatives of stakeholder groups within the region and Region 10 Quality Council staff.
 - The System Improvement Workgroup will oversee the following tasks:
 - Establish a mechanism to gather and incorporate findings and trends from individual quality reviews into efforts to improve regional services.
 - Establish a mechanism to gather and incorporate information on quality of regional services from:



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- Maltreatment and behavioral incident reports,
- Lead agency waiver reviews,
- Service and site licensing review results and licensing actions,
- Gaps analysis study results,
- National Core Indicators Survey results and
- Olmstead Quality of Life Survey results
- Identify resources and best practices that promote higher quality of life for individuals with disabilities.
- Establish regional priorities for quality improvement and develop mechanisms to foster collaboration, address training needs for all stakeholders and respond to barriers, issues and service gaps.
- Coordinate ongoing efforts related to the development of person centered organizations in the region.
- Provide summary information and feedback to the Region 10 Quality Council.
Workgroups should be represented by all Stakeholders

Stipend Eligibility

- Stipends may be paid to Quality Council Members who are not compensated by an employer at \$50.00 for meetings/trainings of 3 hours or less and \$100.00 for meetings/trainings exceeding 3 hours. Travel time is not included.
- 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 Director.

Appendix E

May 24th Annual Conference -- Breakout session notes: Staffing

Challenges

1. Scared of social media
2. Fewer young people working
3. Pay rate
4. How to find someone to fit into the needed hours
5. High turnover of Supervisors
 - a. Makes it harder for DSP
6. Other Businesses are advertising their starting wage which is higher
7. Overtime
8. Competing against each other
9. The way and how we advertise positions
10. Short staff= low quality/ staff double their workload
11. Staff burnout
12. DHS Mandates
13. Just a job mentality
14. Need to collect data
15. Competition
16. People working double shifts
17. People apply then don't show up to interviews or fingerprints
18. Competing with mayo clinic
19. Wages
20. High Medical needs/Physical demands
21. High Behavior challenges
22. Can't create loyalty(People leave too soon)



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23. Making DSPs feel supported/worthwhile
24. Having the time to train all Administration to help out.

Things that make you go HMMMM

1. We provide 40 hours of training to staff when it takes 240 hours of training to meet the basics
2. 36%-65% turnover
3. 25-40 open positions]
4. Cost \$1 per hour to replace DSPs
5. Overlooking backgrounds, car licensing just to hire someone.
6. Will put up with a lot from DSPs before terminating because they need staff
7. Psychologist, Counselor, Nurse, PT, OT, Dietician, Personal Trainer, Teacher all licensed, all paid well. DSPs do all of these roles...start realizing this statewide.
8. We are caregiving instead of engaging
9. This fields' insurance is higher than fireman/police officers
10. Are we planning for retirement of longtime employees

Solutions

1. Certification/Accredited
2. Centers for Medicare and Medicaid Services (CMS) rate tool kit
3. Align training with outcomes
4. Direct Course(400 training hours)
5. Professional Networking
6. Social Media/Newsletters (DSPs)
7. Recruitment Bonus
8. Targeted Marketing Strategies
9. Look for Skill set when hiring(Not just hire)
10. Good Supervisors
11. Public Services Announcements
12. Celebrate DSPs 52 weeks a year
13. Engage, Engage, Engage
14. Public Advocacy
15. Flexibility
16. CBT
17. Hiring own staff instead of using a company
18. Change recruitment/retention practices look for character qualities
19. Student land relief for DSPs
20. Give Meaning'
21. Foster relationships with Mayo Clinic



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Appendix F

May 24th Annual Conference -- Breakout session: Housing

Ideas

1. Bring People together looking for creative housing options
2. Educate guardians realigning our thinking(group homes)...person centered thinking
3. Start process early
4. Collaborate with RCTC or college students for possible housemates options
5. Spread the word to other counties.
 - a. Creative Living Options (Housemate group)
 - b. Opportunities to create models like Bear Creek
 - c. Training Option in other counties

Working

1. Collaboration between providers, county, property managers, creative living Options group
2. Continue Networking
3. Bear Creek Transition Apartments...Need more models like this

NOT Working

1. Availability of subsidized housing
2. Convincing new builds to try a model like Bear Creek training apartment
3. Bringing all housing people together
4. Connecting with landlords and reducing the stigma
5. Affordable housing available/ city ordinance/ landlords stigma/ low income



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Appendix G

May 24th Annual Conference -- Breakout session: R10 Quality Council

What is working in our Region?

1. Focus on being person centered
2. Living in own home, chooses own staff, included in community, living the dream, own self-directed support corporation.
3. Quality review changed Pat's life for the better
4. Focus off parent/guardian and on the person
5. Trying different things in the community.
6. Having adequate staff to support people
7. Having a variety of employment options
8. Having a proactive county case manager
9. Son living in situations that meets his needs.
10. Daughter has a roommate who wants to include her in things
11. Assuring planning is done ahead of meeting to capture what is important to person and helping impact their life.
12. Collaboration in Region 10
13. Arc Advocacy
14. Son having an option for work that works for him
15. Good food and social time around food
16. Acknowledging and accepting people can do risky things with reasonable safety net
17. State is learning about quality efforts and how to unify them
18. Tell a story about something positive at staff meetings
19. Matching staff
20. Provider Network
21. Daughter is out working. Training was great. Daughter likes the three jobs she has.
22. Collaboration! Between providers, Counties. Ex. Referrals between Providers, Share training files.



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23. Putting on Play: Exciting time. Whole community involved. People with disabilities are involved in all areas. Natural support in all areas.
24. Employment and Growth
25. Electronic Health records
26. R10 is the host of "VOICE"
27. Remote monitoring
28. Shadowing staff to staff. Interview and tour first
29. Asking questions: What do you like?" Opinions are found out
30. Competency Based Program/training. Important to the person rather than for the person.
31. Reviews based on what is important to the person.
32. Meeting region true to quality no matter what happens in the region.

What is NOT working in our Region?

1. People being fearful of getting in trouble (VA) so people supported are not afforded dignity of risk.
2. Focus on language and not focus on actually doing
3. Lack of transportation
4. Peoples services tend to be separated. Home and Work.
5. People aren't even considering direct support as an option
6. Workers who do not speak English well, cultural barriers, age barriers, gender, religious barriers
7. 245D licensing regulating person centered doesn't work.
8. Separation between quality reviews and licensing doesn't work well to improve quality
9. Provider network that includes all providers.
10. Disconnect between training for staff and for person centered outcomes.
11. Not adequate meaningful work as defined by the person preferably at minimum wage or more
12. 245D is not the answer to being person centered.
13. Too much paperwork
14. Sub-Minimum wages
15. Focus too much on what's important for as to what's important to the person.
16. Staff shortages
17. Resources shortages
18. County to county different in understanding licensing and funding
19. Unfunded mandates: example locks on bedroom doors
 - a. Added expense, no choice, mandated by DHS, delay response time, staff locking themselves in the room with the person, More harm
20. Slow response time from DHS and CMS
21. State gets 2 years to be in compliance
22. Providers get 2.5 months to be in compliance
23. Once we comply with the rules they change the rules
24. Required for are updated and changed but don't tell anyone
25. Staff don't have enough education/training
 - a. With increased education comes increased self-worth and they will stay longer



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26. Incoming staff don't know what the job involves: Maybe include a visit before hiring
27. Natural trainings by the person
28. Loss of job due to WIOA
29. Being required to have locks on bedroom doors at community residential settings
30. Communication between work and home isn't effective
31. Fitting someone into a program rather than determining what makes sense for the person
32. Regression in professional level of staff
33. Staff are not viewed as professional by staff and by others.

Appendix H

System Improvement Workgroup: National Core Indicators

Workgroup Members: Linda Driessen, Nicole Duchelle, Polly Owens, Judy Young, John Flanders, Dee Sabol, Anita Otterness, Lisa Harrison-Hadler, Jaime Stolp

Group discussion focused on topics that were identified concerns from the National Core indicators survey:

1. Workforce Shortage
 - a. Recommendations
 - i. Connect with Community Supports
 - ii. Development/Encouragement of Natural Supports
 - iii. Matching -- Ensure staff/supports and the individual supported is a good match, have things in common, and enjoy each other
 - iv. Marketing strategy needs to change to matching
 - v. Assistive Technology
 - vi. Pay increases for DSP's
 - vii. Offer training for staff to assist them in living within their budget.
 - b. Barriers
 - i. Regulations and programs
 - ii. Dignity of risk in having natural supports engage the individual...what if something happens?
2. Survey Fatigue
 - a. Recommendations
 - i. Communicate with DHS and the Olmstead Implementation Office
 - ii. Obtain a list of surveys that are occurring in MN (who, what, why, where, when?). Should the Person Centered Quality Review tool be the only survey, rather than having people fill out multiple "like" surveys?
 - iii. Be purposeful in communicating to people what makes the Person Centered Quality Review Interview tool different from other surveys
 - iv. Workaround current system to still be able to support people if cannot change current system



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- v. Be strategic
 - b. Barriers
 - i. Surveys required by law vs which are not required by law
- 3. Case Managers (and Licensing) Education and Training
 - a. Recommendations
 - i. Be thoughtful on how to approach training needs...people feel they are already educated, experienced, and person centered
 - ii. Training should occur with each new hire, even if they are educated or had been trained previously.
 - iii. Training should be ongoing
 - iv. Include real life examples in training
 - v. Include data and evidence based exploration. Ensure decisions made are backed up by data and stories.
 - vi. Region 10 Quality Council Quality Improvement Grants are an opportunity within our region to help educate.
 - vii. Olmsted county has partnered with U of M and Institute on Community Integration (ICI) to create a "Community For All" initiative that will provide education to providers that will help to expand person centered practices and positive behavioral practices for laying the foundation for cultural change
 - viii. Focus on "It is not about doing person centeredness, it is about being person centered
 - ix. Recognize that being person centered is hard to do with limited resources
 - x. Find/recruit staff and supports that believe...all means all!
 - xi. Look at cultural barriers
 - xii. Recruit an interested Social Work professor to share their perspective and to gain our perspective on teaching person centered practices
 - xiii. Teach and train guardians about the dignity of risk
 - xiv. "Silos" have to blend
 - xv. Values – Don't impose on others
 - b. Barriers
 - i. People feel they are already educated, experienced, and person centered
 - ii. Limited resources available to practice person centeredness
- 4. Employment
 - a. Recommendations
 - i. Provide information and training around accommodations
 - ii. Be flexible with hours/leaves to allow for treatments or counseling as they relate to a disability or mental health; Allow for return to full-time work after leave
 - iii. Be flexible with hours/time to allow for individual preferences for working
 - iv. Train people in regards to Consumer Directed Supports – People and families understanding individual budgets; Create a person-centered plan (including employment and how the person will achieve their desired employment...transportation, training, job coach needed etc.); People and families hire their own supports to achieve the plan within their individual budget.
 - v. Development of Natural Supports to meet needs for desired employment opportunities
 - vi. Provide training on how to develop natural supports

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- vii. We need to define Employment (number of hours, wage, job duties, type of employment etc.); State vs Federal vs Organization definitions
- viii. Define what each person individually values about an employment opportunity
- ix. Define day programs (Day Training and Habilitation), and define what their role is? Is it a social setting for people (historically a DT&H is also a social setting that people do not want to lose)? Is it a workplace, and if so, is there competitive wages and benefits offered?
- x. Employers need to be part of the solution by realizing ability, be willing to offer opportunities, and be willing to support individual needs of people; Look at people as people...realize that they need to work with the *person* and not their *disability*
- xi. Ensure resumes are part of the job search process with the person's skills and abilities highlighted
- xii. Be mindful of that fact that peoples interests change over time, and assist and/or encourage person to update resume with work experience to be ready for other opportunities that may come along
- xiii. If a person is interested in a job that does not match their skills/abilities...determine what is it about that job that is desirable to the person (i.e. if someone wants to be a pilot, but does not have the education or skills...what about that job was desirable? Is it because the pilot gets to wear a uniform? Is it because they get to travel? Is it because they get to make announcements over the intercom? Find out what is desirable and search for jobs that match those desires).

b. Barriers

- i. Misperception of people's abilities
- ii. People are place into jobs that are available, not jobs that they desire and are a good match for, with an employer that they are a good match for; employment needs to be individualized to the person's strengths, interests and abilities...not standardized
- iii. Lack of transportation limits peoples job opportunities to when transportation is available (especially in rural areas)
- iv. Employers who are willing provide opportunities
- v. Measure of success is: Do people have jobs? Are they making money? Are they making more money than last year? What should be considered success is whether the person is doing what they want. If they have a job, does it have the qualities that interest the person and make them happy to go to work? Is the person's job in the community, and are they making a competitive wage?
- vi. Lack of staffing to support employment – if there is not means to get the person to work, the person will not be able to accept or keep that job
- vii. At a DT&H, standardization is the norm in regards to employment...it is not individualized to match desires and talents.

5. Service Coordination

a. Recommendations

- i. Allow people to go outside of case management and allow people to hire their own supports and coordinate their own services
- ii. There needs to be funding for people to coordinate services beyond typical case management (for day-to-day management and follow-up)



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- iii. Use plain, understandable, language when communicating with people and their families about needs for services, without the professional jargon...language that is difficult to understand can make the whole process overwhelming. Connect with Self Advocates of Minnesota (SAM) to get feedback on case manager's use of professional jargon, and what should be communicated differently.
- iv. Development of a resource guide to help people and families not "miss out" of services or opportunities available to them
- b. Barriers
 - i. Misperception of satisfaction with a person's life. People may say they are happy, but they may not know that there are other options available to them that would afford greater satisfaction or happiness
 - ii. Time/Case Management load is a struggle. Due to time constraints, if a person has a job or a place to live, the case manager considers this acceptable and moves on to help their next person without considering if the job or living space is desirable and a good match for the person. Case Managers should be allowed the time to do their work correctly the first time to avoid more work and expense down the road due to unhappy people.
 - iii. The amount of service coordination does not always match the needs of the person...sometimes there is not enough coordination...sometimes there is more coordination than what the person needs. It is difficult for the system to vary the amount of service coordination, so everyone gets the same regardless of their needs.
- 6. Wellness and Dental
 - a. Recommendations
 - i. Free clinics that offer cleanings every three months
 - ii. Only 5 state operated community Dental clinics in MN (Brainerd, Cambridge, Faribault, Fergus Falls, and Willmar). Can the State open additional dental clinics?
 - iii. Case Managers should share talking points on importance of proper dental care along with statistics that outline health issues that can result from poor dental hygiene.
 - iv. Clinics should ask if a new patient requires special accommodations
 - v. Clinics should ask specifically about medical or behavioral health issues which may impact their care
 - vi. Clinics should offer an orientation visit to new patient (with special needs)
 - vii. Ensure dental clinics have dental chairs that adjust to wheelchair height
 - viii. Clinics should train staff to work with sensory issues
 - ix. Make available training on addressing barriers to providing care to those with special needs
 - x. Dental Case Management
 - xi. Teledentistry
 - b. Barriers
 - i. Lack of Providers
 - ii. Lack of information on how to work with individuals with special needs
 - iii. Transportation to appointment
 - iv. Reimbursement
 - v. Health plan websites are difficult to navigate
 - vi. People have had bad experiences, or are afraid of dentists
 - vii. People go to ER for dental problems if there are no clinics nearby that they can access



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7. Diversity
 - a. Recommendations
 - i. Locally we can work with Diversity Council and learn how to best understand cultures
 - ii. Ensure information is provided in other languages
 - iii. Ensure offering assistance based on individual need, not perceptions
 - iv. Ask the question of what accommodations are needed; What will help?
- **Would like input from Dee on this topic
8. Core Competencies
 - a. Recommendations
 - i. Work across disciplines. Work with Mayo...people are trained and then go to mayo.
- **Workgroup chose to come back to this at a later date as some of the recommendations parallel what was already discussed, as well as feeling this topic needed some additional time to discuss.

Appendix I

Guidelines for Accessing Quality Improvement Grant Funds

Purpose: This grant has a specific focus of supporting individuals, families, counties, providers and educators with opportunities for funded Quality Improvement training/education that will assist in improving the lives of individuals with disabilities.

Examples of training/educational opportunities this grant may fund include, but are not limited to, the following:

Person-Centered Thinking Training; Positive Behavioral Support Training; Conferences where Quality Improvement is a focus; Inviting a Quality Improvement professional to meet with you, or to speak at a meeting/event etc.

All individuals or agencies within Region 10 may apply for this grant, however, participating Region 10 Quality Council counties (Olmsted, Wabasha, and Houston) will have priority. Funding requests will be selected based on alignment with the purpose of the Quality Improvement Grant. A Region 10 Quality Council Committee will review applications and determine grant awards.

Procedure:

1. Individual, family, county, provider, or educator may complete an application for Quality Improvement Grant funds. Application includes the following:

- Applicant contact information
- Dollar amount being requested (one-time payment)
- Description of how funding will be used
- Proposed Impact or Outcome
- Signature agreeing to terms of the grant

2. Completed application should be submitted via email to Kerri Leucuta kerril@arcse-mn.org or by mail attn.: Kerri Leucuta, Region 10 Quality Council Manager, 6301 Bandel Rd NW, Suite 605, Rochester, MN 55901 by June 1, 2017



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3. The Region 10 Quality Council Grant Committee will review applications for use of grant funds and contact the applicant with questions, as needed. The committee will make an approval or denial decision based on alignment with the purpose of the Quality Improvement Grant and funds available.

4. The Applicant will be notified of the committee's decision by June 15, 2017, with funds distributed by June 30, 2017, and upon receipt of a signed agreement letter between the grantee and the Region 10 Quality Council. This communication will include the specific dollar amount and the specific Quality Improvement education/training for which funding has been approved.

NOTE: General questions about this process should be directed to Kerri Leucuta at kerril@arcse-mn.org.

Quality Improvement Grant Application

Criteria:

- This will be a one-time funding request, and funds will be distributed prior to June 30, 2017.
- Applicant must use allocated funds to support Quality Improvement training/education to assist in improving the lives of individuals with disabilities (please attach supporting documentation to application)
- Applicant must submit a narrative and financial report within 30 days after the completion of grant approved training/education. Unused funds should be returned.
- All individuals or agencies within Region 10 may apply for this grant, however, participating Region 10 Quality Council counties (Olmsted, Wabasha, and Houston) will have priority.

Date of application submission: _____

Applicant Name: _____

County of Applicant: _____

What disability population will approved funds support? _____

Parent or Guardian Name(s) (if applicable): _____

Address: _____

Phone: _____

Email: _____

Amount of funding requested?

How will the funding be used?

How is the training/education related to Quality Improvement? Please describe.



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Proposed Impact or Outcome:

Date of Event_____

Projected Completion Date_____

Applicant Signature

Date

Parent/Guardian/Conservator Signature

Date