

2019-2020 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 Membership and History

- 2019-2020 Membership**

<u>Person Receiving Services</u> Josh Burt: Second Term Ends 2020 Matt Schoen: Second Term Ends 2021 (Retired) Emma Edwards: Second Term Ends 2022 Shelly Rohe: First Term Ends 2021 (Relocated) Than Boutelle: First Term Ends 2022 Open Position:	<u>Provider</u> Linda Driessen: Second Term Ends 2020 Marita Buehler: Second Term Ends 2022 John Gamble: First Term ends 2021 (replaced by Rylee Roshon) Jake Schuller: First Term Ends 2022
<u>Community Member</u> Mary Pieper: Second Term Ends 2021 (Retired) Dee Sabol: Second Term Ends 2022 Judy Young: Second Term Ends 2020 Anita Otterness: Second Term Ends 2019 Open Position:	<u>Family/Advocate</u> Beth Honecker: Second Term Ends 2021 Lisa Harvey: First Term Ends 2021 Ann Lazzara: Second Term Ends: 2020 (Retired) Open Position: Open Position:
<u>County Representative</u> Carolyn Olson – Houston County LeAnn Bieber -- Olmsted County Jodi Johnson – Wabasha County	
<u>Regional Resource Specialist (DHS)</u> Emily Miller	<u>Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities</u> Lisa Harrison-Hadler (July 2019-December 2019) Wade Oldenburg (Joined June 2020)
<u>Staff</u> 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 response to legislation, first contracts were issued in 2016 to address the state's need for regional quality councils in providing technical assistance in monitoring and improving the quality of services for people with disabilities, and monitoring and improving person-centered outcomes and quality of life indicators for people with disabilities.

As of July 2016, The Arc Minnesota Southeast Region, acting as the fiscal agent, established The Region 10 Quality Council, developed an activities and implementation plan, and developed council guidelines to outline and guide the duties the council is charged with through June 2020 (see below for Grantee Duties).

The guidelines for The Region 10 Quality Council were updated during FY2019-2020, at the direction of the council. (See [Appendix A](#))

The Region 10 Quality Council meetings were held bi-monthly (on even months) from 2:30-4 at Bear Creek Services in Rochester, MN. Starting March 2020, Region 10 Quality Council meetings have been held virtually due to the Covid-19 Pandemic.



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2. Grantee Duties

A. 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").

- The Arc Minnesota Southeast Region continues to be the fiscal Agent

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.

- Regional Quality Council (RQC) staff was hired in 2016
- The organizational structure, the workgroups, the guidelines were developed in 2016
- There continues to be workgroups overseen by the Region 10 Quality Council Manager and Coordinator:
 - Systems Improvement
 - Person Centered Quality Review Workgroup
 - The Education and Training Advisory Group --The Education and Training Advisory Group identifies regional training needs and plans training events and/or conferences.
 - 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 prior to the full RQC meeting to plan agenda items and activities that will guide the work of the RQC, the QA Commission, and the Workgroups. The Executive Committee will also determine council needs, facilitate recruitment, review new member referrals as well as those eligible for term re-election, and make recommendations to the full council for new membership approval.
- The Council Guideline Document was reviewed and updated in Fall 2019. Review of the guidelines will be completed annually and will be updated as needed.
- Budget is reviewed by RQC staff, fiscal host, and RQC members throughout each year to ensure responsible appropriation of funds



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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.

- Quality review data gathered from November 2017 through November 2019 was analyzed in partnership with the University of Minnesota Institute on Community Integration. To review statewide and Region 10 summary of best practices and gaps data, please click here: [Best Practices and Gaps](#). This summary has been shared with Interviewees and families, Interviewers, Regional Providers, and Regional Quality Councils and others. To see the entire data analysis offered by the University of Minnesota Institute on Community Integration, please copy and paste this URL into your browser: <https://drive.google.com/drive/u/0/folders/0B7wWJ57CbNH0MnBwUnFpNUUpGN2c>

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.

- Informed by information gathered from quality reviews and various stakeholders, the Region 10 Quality Council decided to complete a Liberty Plan Facilitation in June 2020 to determine next steps and to narrow down the focus of their quality improvement effort priorities.

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.

- The Region 10 Quality Council partnered with Olmsted County to plan and facilitate a Provider Forum in October 2019. This forum offered space for Providers to share best practices and voice challenges related to providing Person-Centered Practices as they struggle with an ongoing staffing crisis. Other participants include County Commissioners, and Legislators.
- The Provider forum participants formed 5 workgroups around Collaboration, Natural Supports, Regulations, Technology, and Advocacy. RQC staff participates in the Natural Supports Workgroup.
- Important stakeholder groups missing from this collaboration and conversation were people receiving services and families/guardians



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- In February 2020 RQC staff partnered again with Olmsted County to plan and facilitate a Family Forum, with the intent for the two forum groups to merge and collaborate as one. Additional meetings were postponed due to Covid-19, and will continue when participants are able to convene again.

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.

- The Region 10 Quality Council, in partnership with the Region 10 Quality Assurance, identified training needs informed by Quality Reviews as well as various stakeholders:

Series of trainings primarily for individuals and families

- System 101 – coordinate with counties
- Resource Guide – how to use
- Funding & Individual Budgets – understanding
- Planning – Person centered planning, how do I plan once I know my individual budget
- Person Centered Thinking
- Person Centered Outcomes

Additional training

- Developing natural/unpaid supports (individuals, families, providers)
- Annual Meetings – how to make them relevant/effective (individuals, families, providers) (coordinate with SAM)
- I'm In Charge of My Supports (individuals)
- How to support someone to be in charge of their supports (families, providers)
- How to use College of Direct Supports
- Facilitating person centered planning – train and mentor facilitators

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.

- In the Spring of 2017, The Region 10 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. (Please see below, under Quality Improvement Efforts section, for more information).



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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.

- A quality monitoring system was developed, implemented, and has been an ongoing effort in partnership with The State Quality Council, the Department of Human Services, and the University of Minnesota Institute on Community Integration since 2016.
- A database was developed in partnership with DHS to store gathered information and allow for reporting of quantitative data. The data base is updated as needed.

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.

- Quality review data gathered from November 2017 through November 2019 was analyzed in partnership with the University of Minnesota Institute on Community Integration. To review statewide and Region 10 summary of best practices and gaps data, please click here: [Best Practices and Gaps](#). This summary has been shared with Interviewees and families, Interviewers, Regional Providers, and Regional Quality Councils and others.
- The Regional Quality Councils met with DHS representatives in December 2019, and made the decision to shift our focus to developing and implementing Regional Quality Improvement Action Plans. A contract amendment was signed in April 2020.
- Informed by information gathered from quality reviews and various stakeholders, the Region 10 Quality Council decided to complete a Liberty Plan Facilitation in June 2020 to determine next steps and to narrow down the focus of their quality improvement effort priorities, and create an action plan.

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 Qualities and Characteristics of a Person-Centered Quality Review, Minnesota State Quality Council Indicators.

(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



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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.

- The review tool and process was developed, implemented, and has been an ongoing effort for the Regional Quality Councils in partnership with The State Quality Council, the Department of Human Services, and the University of Minnesota Institute on Community Integration since 2016. Quality Reviews began being conducted November 2017 and ended the end of February 2020 due to the Covid-19 pandemic.
- Ongoing efforts during this fiscal year included hiring and training of quality reviewers as needed; random selection of interviewees, scheduling and conducting of Quality Reviews; submitting accurate responses into Agile Apps (the RQC database); and reporting from data collected (up until February 2020)

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.

- Feedback is gathered from interviewees as to their perspective about the effectiveness and helpfulness of the quality review process.
 - Of the 194 interviews completed 65 feedback forms were returned
 - 100% of the interviewees that returned the feedback form indicated that the process was a positive experience, that they felt comfortable with the interviewers, and that the interviewers were knowledgeable, respectful and listened to the person they were interviewing.



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- 100% of the interviewees that returned the feedback form felt the summary of the interview that they received was meaningful and person-centered.
- When asked if the person interviewed would share barriers to quality of services with their team: 62% said they would share and discuss barriers with their team; 9% said they would not share with their team; 29% indicated Not Applicable to this question.
- When asked if the Person-Centered Quality Review summary will provide information that will help the person and their team planning for the future: 86% said Yes; 6% said No; and 8% indicated Not applicable to this question.
- A few direct quotes that we heard about the process include:
 - "It is nice to know that someone is continually looking for ways to improve the lives of people like myself."
 - "Informative visit."
 - "A chance to share experiences."
 - "The reviewers included the person and asked her the questions even though she doesn't always respond."
 - "The reviewers did an excellent job."
 - "The reviewers handled everything professionally."
 - "It would be nice to hear the whole teams perspectives."
- Feedback is also gathered from Quality Reviewers to receive their perspective and recommendations about the review process and what is going well or what could be improved.
- People can "contact us" on our website to share individual concerns with us, so that we can listen and offer resources to address concerns. People can also contact us by phone and by email to share concerns.

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.

- Reports are submitted as required.

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.



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- 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.
- The Regional Quality Councils met with DHS representatives in December 2019, and made the decision to shift our focus to developing and implementing Regional Quality Improvement Action Plans. A contract amendment was signed in April 2020.

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 (SQC) and its workgroups have been on hiatus for the majority of the 2019-2020 fiscal year. The Regional RQC staff (Metro, Arrowhead and Region 10) had divided themselves to have Regional Quality Council across all 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.
- **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.
- **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
 - data gathered identifies state-wide system improvement opportunities

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- 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
 - Supporting the RQCs in bringing needs to SQC/DHS and getting them resolved appropriately
- **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. Quality Review Data

In October of 2019, 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. The data reflects information from all the reviews completed throughout the state by not only the Region 10 Quality Council, but also the Metro Regional Quality Council and the Arrowhead Quality Council.

There are ten specific areas that were covered in the brief interviews as follows: 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. Based on feedback from council members, council staff, and quality reviewers, in July 2019 we removed questions that seemed redundant in nature, and added questions around areas of life that we heard a lot about, but didn't have specific questions about for reporting purposes, specifically transportation and case management. Quality reviewers use prompting questions for each area covered to gather the interviewee's input on how much choice and control that they 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 control over, the area of their life they were asked about; **none** means 0% of the time.
- **Some:** The person has control over, or experiences to some degree control over 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 significant control over 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 control to a full degree over 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.

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 was 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).



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- 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 review a statewide, and Region 10 specific, summary of best practices and gaps data, please click here: [Best Practices and Gaps](#). This summary has been shared with Interviewees and families, Interviewers, Regional Providers, and Regional Quality Councils and others. To see the entire data analysis offered by the University of Minnesota Institute on Community Integration, please copy and paste this URL into your browser:

<https://drive.google.com/drive/u/0/folders/0B7wWJ57CbNHoMnBwUnFpNUpGN2c>

5. Quality Improvement Efforts

Community Connectedness

Based on information gathered in the Quality Reviews, as well as looking at other related sources (i.e., 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.

Findings from the 2018-2019 community conversations 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)



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- 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

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.

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

Public Awareness Campaign

The Region 10 Quality Council and The Arc Minnesota partnered with iHeart radio to produce a radio ad to kick off a public awareness campaign that complements the work we have been doing around the importance of community connections and natural supports. The group came up with the Public Awareness Campaign slogan of "What Will It Take?"

There was a 60-second ad and a 15-second ad that each aired 42 times (a total of 84 spots) during prime listening (morning commute, midday, and evening commute) at the end of June. The ads were expected to be heard 93,000 times by listeners. Please click on these links to hear the ads.

The Arc
Minnesota-GENERIC

The Arc
Minnesota-GENERIC

In addition, the Region 10 Quality Council also created a newspaper ad that highlighted that people are more alike than different, and that people with disabilities are strong, capable, resilient, powerful, and are enriching lives of others and building community. This ad ran in the Rochester Post Bulletin at the beginning of July. Ongoing Public Awareness around the importance of community connections and natural supports for people with disabilities is being planned.



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Every person has a vision for an ideal life.
For people with disabilities it is often harder to realize that vision due to barriers such as limited housing choices, transportation, job offerings, and access to supports and services.

What will it take? Not as much as you think.
People are more **alike** than **different**. People with disabilities are strong, capable, resilient, and empowered, and are enriching lives and building community.

Want to learn more? Contact us at 507-287-2032 or visit arcminnesota.org.



 Working to improve the quality of services and supports for people with disabilities. 

Region 10 Technology Grants

The Region 10 Quality Council partnered with The Arc Minnesota Southeast Region to offer technology grants. The goal of these grants was to help people feel less isolated from friends and family during the COVID-19 pandemic. Together, we were able to purchase electronic devices (i.e. laptops, tablets, etc.) for 43 people with disabilities. This technology will help connect grant recipients with family members and friends virtually.

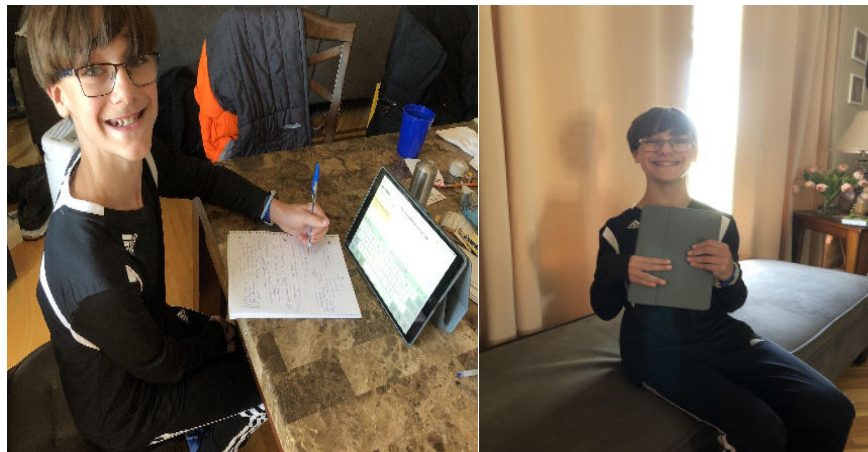
Recipients share the impact this technology grant made on their lives:

1. Ahmed and his family learned about the Technology Grant through his county case manager. They applied for and received a Computer, Chromebook, Wireless Printer, and a mouse. Ahmed's father shared "The Arc did a terrific job from answering my phone calls, to helping me submit my application, all the way to making sure that I received everything that I needed." Ahmed's father also stated, "The Arc understood the importance of a computer and printer for my son who has a developmental disability that can cause significant social, communication, and behavioral challenges."

This family was able to receive all the technology they asked for in a timely manner with everything working perfectly. The use of Google Chrome helped improve their son's communication skills through the use of various apps and built in features. They use the printer for a visual schedule that helps with self-care and daily living. Finally the computer they received is used as a positive reward for completing homework or chores. The computer is also useful for videos that can help show how a task is completed like hygiene, job tasks, and more.

While this was the family's first experience with The Arc, they had an overall wonderful experience. They would like to thank The Arc for their generous gift and are thrilled to have their support. "You have truly made the difference for us, and we are extremely grateful."

2. Asiyah and her family learned about the Technology Grant through her county case manager. They applied for and received an iPad through the grant. We learned that one of Asiyah's favorite things in the world is talking to her Grandmother, and the iPad that she received made it easier and more accessible to be able to video chat with her. The device also allows Asiyah to listen to her favorite songs and stories. It has also been convenient for school so they do not have to borrow a device. Asiyah and her family shared that "The Arc understands the importance of this device to Asiyah" and are very grateful.
3. Alexander and his family learned about the Technology Grant online. They applied for and received an iPad in May 2020 to assist Alexander with distance learning struggles due to the Covid-19 Pandemic. They chose to apply for an iPad because it is compatible with Google Classroom and Zoom which were the two main apps that Alexander's school was using for distance learning. The school only had Chromebooks to loan to kids, but it didn't allow for writing on documents like the iPad does. The iPad allowed Alexander success in writing emails, classwork, and talking to his teachers which "lowered Alexander's anxiety and struggles 100%!" Alex can't wait to start school again in the fall and be able to use his new iPad!



Self-Advocacy

When the COVID-19 pandemic hit Minnesota, we wanted to make sure that people would stay supported, connected, and informed. The Arc Minnesota developed a Self-Advocacy Website Initiative Workgroup to help people learn, advocate, and connect during the time of COVID-19 and beyond. Region 10 Quality Council is assisting self-advocates by serving on the Advocate Workgroup. The Advocate Workgroup meets twice monthly. On the Self-Advocacy page, self-advocates and people with disabilities can learn about various topics such as:

- What COVID-19 is and how to keep themselves safe
- Their civil rights: How to vote, their voting rights, and how to tell their story to legislators



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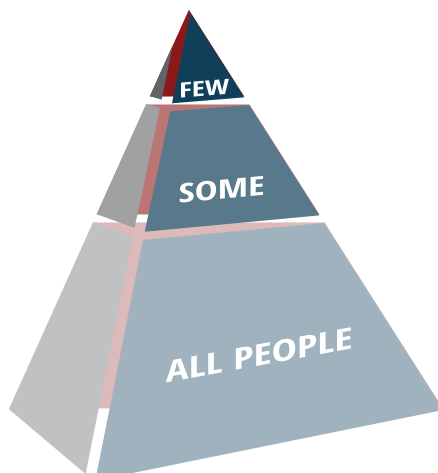
- Race, systemic racism, and police violence
- Self-advocacy conferences and self-advocacy groups to connect with other self-advocates.

The self-advocacy page can be found at <https://arcminnesota.org/self-advocacy-page/>.

Organizational Change for Person-Centered Thinking and Positive Supports Cohort

In the Spring of 2017, The Region 10 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 (PBS) 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

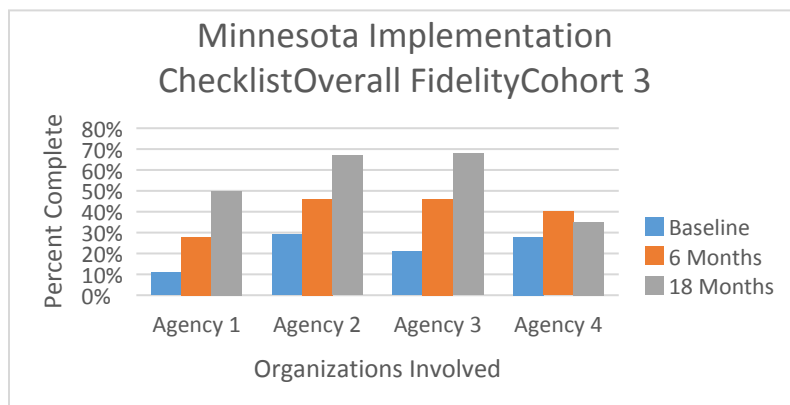
- Universal Person-Centered Strategies
- Encourage Self Expression
- Self-Determination and Choice Making
- Meaningful Participation in the Community

Teams begin by completing a fidelity self-assessment tool, *The Minnesota Implementation Checklist*. 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, 6 months, and 18 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



In addition to the self-assessments, each organization has an onsite evaluation. This onsite evaluation uses a similar rating scale but is administered in an interactive approach. 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 every 12 months after the initial onsite evaluation. Due to the Covid-19 pandemic, 2020 onsite reviews have been re-scheduled with organizations in Dec 2020 and Jan 2021, so current data is not available at the time of this report.

Overall, 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.

Cohort 3 began a new year of training in December 2019 to begin to look at regional capacity and sustainability as well as implementing "Tier 2" and "Tier 3" training where we build on universal strategies and look at different areas that the group choose to concentrate on. Tier 2 and 3 teams were established that includes PBS facilitators and person-centered planners and trainers. This more focused team looks at referral systems and ways to support people that may need extra support beyond universal practices. Two trainings were held in Dec 2019 and Feb 2020. In March 2020 Covid-19 made it difficult for providers to do formal work on Tiers 2 and 3; however, a well-established foundation in person-centered practices meant providers' responses to Covid-19 had a person-centered perspective. Asynchronous training is available for providers to support their continued learning and live training will resume in 2021. Providers will be starting



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with a Tiered Onsite Evaluation Tool (TOET) in January to help them regroup and evaluate where they are in the process.

The Regional Quality Council will have an active role in bringing this region together. The cohort organization working together with the RQC staff will be able to share information with both the Regional Quality Council and State Quality Council (currently on hiatus). The 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.

6. Outreach and Community Engagement

The Region 10 Quality Council worked throughout the 2019-2020 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. Information gathering and sharing included presentations with groups such as:

- Autism Support group presentation
- ABLE (A Brighter Living Experience) Provider Presentation
- Providers Network Presentation
- PossAbilities of Southern Minnesota Provider Presentation
- Virtual Town Hall "We are Essential"

The Region 10 Quality Council staff also participated in several events and 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 Odyssey Conference Booth
- Booth at Autism Picnic
- Community Volunteer Fair
- Participated in, volunteered at, and conducted a Marketplace session in collaboration the Metro RQC at the 2019 Minnesota Gathering for Person-Centered Practices.
- Staffed an information booth at the International Day of Persons with Disabilities Event held December 2019
- Information Booth at MaxAbility's Career Connection Event

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, share what we have been learning, and make community connections. The following are opportunities that the RQC staff participated in to facilitate community engagement and partnerships:

- Forums as they relate to disability topics and community concerns – i.e. Legislative Forums; Provider Forums; Family/Guardian Forums
- The Arc Minnesota Southeast Region Annual Golf Tournament fundraiser on July 29, 2019



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- The 2019 The Arc Minnesota Southeast Region Annual Meeting
- 2020 Census Complete Count Committee participation
- Invited to be a panelist in a "Panel Discussion on the 2020 Census"
- Committee on Sexual Abuse Prevention for people with disabilities to draft legislation pertaining to: Establishment of a caregiver misconduct registry; Mandate that disability service providers offer sexual violence prevention and reporting training for staff; Mandate that "vulnerable" adults have access to sexual assault testing kits
- Vulnerable Adult Act Redesign
- RAVA 2019 Community Volunteer Fair
- Olmsted County Health Assessment Planning and Partnership
- 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
- Parent Connect Night
- Staff and Council Members attended and advocated at Disability Day at the Capitol on February 25, 2020
- Participation in regular meetings regarding COVID-19 Non-profit Sector Response
- Arranged and supervised a Summer internship
- Get Out The Vote committee involvement

7. Recommendations

- More education and awareness is needed around the topics of natural supports, community connectedness, 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.
- More education and awareness is needed for people with disabilities and their families about services available and how to access them. Starting FY19-20, we updated the interview questions to include one around case management to determine if services are being explained in an understandable way. 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" and "We can't ask for what we don't know." 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.



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8. Priorities for Fiscal Year 2020-2021

On June 18, 2020 the Region 10 Quality Council came together to participate in a Liberty Plan, which is a tailored process to engage in action planning and to decide what our council wanted to explore and accomplish over the next year. The Liberty Plan focus areas included exploring:

- What are our action steps going forward;
- Who will we collaborate with; what information will we review to continue to guide our work;
- Who are the stakeholders we need to engage, and how will we communicate with them and others;
- What training/education do people want or need in our region.

During the Region 10 Quality Council meeting on August 13, 2020, we narrowed down our overall goal or priority to: Help people become more connected to their community.

New workgroups are being formed around three focus areas that we feel will help us achieve this goal:

- Recruitment and recognition of paid support providers/direct support professionals
- Building relationships and natural supports within community
- Using technology to assist people in connecting to others and accessing community
- In addition, a Training and Education Advisory Group has been formed (in partnership with Region 10 Quality Assurance) which will support these three workgroups in achieving our overall goal.

Please see our complete Liberty Plan here: [Liberty Plan](#).

9. Budget/Financial Report

FINANCIAL REPORT Region 10 Regional Quality Council

Fiscal Year 2020
7/1/19 – 6/30/20

Line Item	Budget	Actual (Rounded)	Balance
Personnel	\$115,000	\$111,876	\$3124
Rent	\$5,000	\$5,003	(\$3)
Travel	\$4,500	\$2,639	\$1,861
Supplies	\$9,000	\$7,187	\$1,813
Communications	\$3,500	\$3,774	(\$274)
Quality Reviewer Expense	\$7,260	\$7,155	\$105
RQC Meeting Expense	\$3,240	\$2,627	\$613
Contracted Services	\$3,000	\$3,297	(\$297)
Administration	\$15,000	\$15,000	0
Total	\$165,500	\$158,558	\$6,942

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



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Appendix A

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.



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- 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 be 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.



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- 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

1. 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.
2. 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.
3. 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.
4. 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.

- 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.



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- 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



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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.



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Signature _____ Date _____

Appendix B

Region 10 Quality Council Community Conversations Report of Findings and Recommendation



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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



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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.



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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 scarce 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
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Appendix C



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

Region 10 Quality Council Minutes

Region 10 Quality Council Meeting Minutes – September 19, 2019

In attendance: Dee Sabol, Anita Otterness, Josh Burt, Linda Driessen, Shelly Rohe

Staff: Kerri Leucuta, Polly Owens

Unable to attend: Ann Lazzara, Carolyn Olson, Judy Young, Lisa Harvey, Marita Buehler, Stephen Guerra, Jodi Johnson, Emily Miller, Beth Honecker, LeAnn Bieber, Emma Edwards, Lisa Harrison-Hadler

1. Call meeting to order by Kerri Leucuta
2. Mary Pieper resignation due to health reasons
 - a. Council would like to do something to recognize her years of advocacy
 - b. Card was signed and mailed
 - c. Email was sent to all Council members not in attendance at this meeting to inform them of this.
3. Management support of the State Quality Council Director's Position has expired and the only respondent after two Requests For Proposals was not approved by the review committee. Currently there is nobody in the role of SQC Director.
 - a. Reach out to Dee, Kerri or Karen with Questions
4. Council approved updated RQC Guidelines.
 - a. In anticipation of low attendance for this meeting, Kerri asked for approved/not approved vote from those who responded that they could not make this adhoc meeting. A quorum was met through a combination of in person votes and email votes.
 - b. New Guidelines to be signed by in October meeting
5. Executive Committee Update
 - a. Per Guidelines, Dee (as Vice Chair) will move into the role of Chair through June 2020.
 - b. New Vice Chair is needed.
 - i. Initial request for volunteers was made. If you are interested and willing to step into this role, please see Kerri.
 - ii. If there are no volunteers, the Chair and the newly formed Nominating Committee will reach out to members directly to seek replacement.
6. Nominating Committee
 - a. This newly formed workgroup will determine Council membership needs and recruit new members and officers as needed.
 - b. Volunteers for this committee include Linda Driessen, Steven Guerra, Anita Otterness, and Ann Lazzara. One more member is preferred.
 - c. Current Council needs include: a provider, a person receiving services, and a community member
 - i. Jake Schuller from SEMCIL is interested and has application
 - ii. Than Boutelle (Member of SAM) is interested and has application
7. Education, Training and Advisory Workgroup



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- a. This newly formed workgroup will be identifying regional training needs, and planning training events and/or conferences.
 - b. Polly Owens is staffing this workgroup.
8. System's Improvement Update
 - a. The workgroup reviewed the findings and recommendations from last year's Community Conversations around the need for Community and Natural Supports. Findings discussion included:
 - i. There seemed 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)
 - ii. 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)
 - iii. There should be the assumption that all people are part of the community; we need to work on how to keep people there
 - iv. Utilize a least restrictive intervention approach to people being in community, and add supports as necessary. Assume capability and add supports as necessary.
 - v. We need to consider children too, not just adults.
 - vi. The system is set up to be risk adverse, and protective
 - vii. These conversations should continue with different facilitated questions around "why do people leave community, and what can we do to keep people within community".
 - viii. 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 can't.
 - ix. True value is in removal of stigma (there was discussion that involved mental health stigma as well).
 - x. Tactics/Tools/Information could be provided to teach people ways to help in keeping people in community
 - xi. Focus needs to be on Interdependence rather than Independence...we are all in this together, so how can we solve this together
 - b. Other information and reports were provided and will be discussed at next meeting
9. Person Centered Quality Review Workgroup Update
 - a. Not meeting until 9/26/2019; Update to be provided at next meeting

Minutes Recorded by Kerri Leucuta

Regional Quality Council Meeting Minutes -- 10/17/2019



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Attendance: Josh Burt, Shelly Rohe, LeAnn Bieber, Anita Otterness, Lisa Harvey, Beth, Honecker, Dee Sabol, Judy Young, Emma Edwards, Lisa Harrison-Hadler, Jodi Johnson, Linda Driessen

Staff: Polly Owens, Kerri Leucuta and Karen Larson

Visitor: Jake Schuller

1. Called to order by Dee Sabol at 2:40 pm
 2. Minutes: Shelly Rohe moved and Linda Driessen second to approve the September Minutes.
 3. Updates regarding R10RQC members
 - a. Ann Lazzara is out on sick leave.
 - b. Mary Pieper has resigned from the RQC and PCQR workgroup.
 - c. Josh Burt: 2nd place in Bocci ball state tournament
 - d. Lisa Harrison-Hadler: Moving forward Lisa will serve on the RQC and SQC to ask questions and assist but will abstain on all voting.
 4. RQC Guidelines
 - a. Please sign Guidelines signature page and return to Kerri
 - b. We are in need of a RQC Vice Chair and new Workgroup chairs. Please let Kerri know if you are interested in serving in one or more of these roles.
 5. Vulnerable Adult Act Redesign: Kerri Leucuta
 6. System Improvement Workgroup: Linda Driessen
 - a. Person Center Quality Review Workgroup Community Conversations: found key topics actionable items.
 - b. Trends from Quality Reviews
 - c. Top five from data collected from Quality Reviews
 7. Person Center Quality Review Workgroup: LeAnn Bieber
 - a. Working on "Team" review process
 - b. Blue Folder "Leave Behind" working on updating
 - i. Kerri Leucuta: Updated group on the ICI meeting and DLAST
 - ii. Lisa DLAST was not approved by the IRB and needs to be before moving forward
 - iii. DHS is asking why we are different
 8. QA/RQC training group: Polly Owens
 - a. Putting together a work plan for trainings
 9. Nominating Committee: Kerri Leucuta
 - a. Applications approved from Nominating committee
 - i. Nathaniel Boutelle
 1. Josh motion and Linda to accept Than as a RQC member
 - a. All in favor one abstention
 - b. Application submitted
 - b. Jake Schuller submitted application
 - c. Applications needed
10. SQC: Lisa Harrison-Hadler
 - a. Nothing productive to report



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- b. New SQC members have not received proper orientation
 - c. RQC will be sending one RQC staff to the SQC meeting.
11. Once around
- a. LeAnn Bieber
 - i. PCT training: 12/10&13/2019
 - ii. PCT Coach training to be announced
 - iii. PCT outcome training open to all
 - b. Josh Burt: SAM is planning their 2020 summer conference
12. Next meeting: December 19, 2019 2:30 pm

Minutes Recorded by Karen Larson



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

Attendance: Ann Lazzara, Beth Honecker, Dee Sabol, Emily Miller, Jodi Johnson, Josh Burt, LeAnn Bieber, Linda Driessen, Marita Buehler, Than Boutelle, Polly Owens, Buff Hennessey, Kerri Leucuta, Karen Laron

1. Call RQC Meeting to order: Dee
2. New Member Introductions: Jake Schuller, Rylee Roshon, Than Boutelle
 - a. Than Boutelle is a self-advocate who also is on the SAM committee, and is going to be attending the Olmsted Academy training.
3. Members Resignation: Shelly Rohe
4. Why is RQC important? Staff represented: Housing problems, Job Opportunities needed, Listening to folks that receive supports.
5. Josh Burt reported that the Sam Conference is being held in May 30, 2020 at the Double tree: there are save the date flyers available. Still looking for speakers and folks that would like to have an informational booth.
6. Approval of 10/17/2019 Minutes: Motion to approve minutes by Beth Honecker and second by LeAnn Bieber.
7. New RQC Guidelines; If you have not signed your copy and returned it please do so.
8. Lisa Harrison-Hadler has been promoted and a new representative from the Ombudsman office will be assigned to us.
9. Guest Speaker: Jason Flint: DHS Disability services Manager
 - a. Update on SQC: SQC has been put on hold for the time being. There were many good, passionate people serving on the SQC. There was also a lot friction. 11 out of the 23 SQC members did not renew or quit serving on the SQC. We have a SQC contract \$110,000.00: what do we do with it?
 - b. RQCs. I have visited all three RQCs and have learned they are all different. Arc MN SE holds the R10RQC contract up to the next five years.
 - c. Quality Reviews: We learned that the number of completed reviews are low due to data spotty from DHS: Inaccurate contact information and the inability to get hold of folks
 - d. Findings: Six years ago, we did not have a way to collect data: now we have lots of information coming in. We have looked at the data collected from the quality review: it is good data but it is things we already know. Our tools did not collect the details that the quality review was able to get. What is the data telling us and how can we turn it around. We will be getting a list of priorities and what we want to put more effort into from each RQC.
 - e. Contract: We are working on amending the RQC contract. We are having open discussions with the RQCs. What have we learned and what kind of supports do you need.
 - f. Input from the RQC:
 - i. Grateful that you are open to the contract amendment.
 - ii. Differences between the other RQCs. Is because we have history. The current reviews limit our view on what is happening because we cannot get the total look. We are excited about the opportunities.

- iii. There was a disconnect between the SQC and RQC; what was each supposed to be doing?
- iv. Looking forward to assess quality statewide. What would the new SQC look like?
- v. Standardization: Do not want to duplicate. How can we look at the data regionally and statewide? Look at our data and make recommendations.
- vi. We collected data and people want to see results.
- vii. Stakeholders were missing from the reviews. We know a better way: we cannot get the whole picture without the whole team. We want to listen and hear from everyone. Everyone has to be at the table. In the team, review providers were communicating and teams were communicating. With the team review, we were better equipped to work through problems. We worked as a team of providers to fix what was not working. PCQR Workgroup worked on a team review process. Community conversations are good. We have a long way to go. Where can we break ground in new areas?
- viii. We are not collecting data from all populations: missing folks.
- ix. We would like to expand out of Rochester: maybe make it look so attractive so people come to us. Connections we everyone. Currently the contract is tied to counties. We want everyone to be at the center of excellence.
- x. State level: Local People get the information: see what is working and not working and what is missing. Take the Person Centered Thinking to the next level. Local level are in a better position to see what is happening. Take the data collected and share with everyone.
- xi. 245D is not bringing the team together. It is a Power over method.
- xii. People want to be at the table. People want to do good things.
- xiii. Communicating has to change. Listening has to change. Communication has gone to the state. State has to get out of the way and support us at the same time.
- xiv. Talk about keeping people safe.
- xv. Completely review and revise the VA laws and system.
- xvi. There is a fear of cuts from the federal government
- xvii. I like living here. You all have to step into my shoes and see what is happening. When there is staff turnover, it changes my life completely. Staff turnover is a huge issue.
- xviii. Potential for the SQC can be under the center of excellence. There needs to be an increase of communication between SQC and RQC and clarification.
- xix. Do a statewide RQC conference

10. Systems Improvement Committee:

11. Person Centered Quality Review Workgroup: No Meeting

12. Region 10 Quality Assurance Agenda: Polly: working on education possibilities



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Minutes Recorded By Karen Larson

Region 10 Quality Council Meeting Minutes – 04/16/2020

Attendance: Linda, Carolyn, Marita, Rylee, LeAnn, Judy, Josh, Beth, Dee, Buff, Kerri

Unable to attend: Than, Emma, Stephen, Lisa, Jodi, Ann, Emily, Anita, Jake, Karen, Polly

Notes Recorded: by Linda Driessen

1. Call RQC Meeting to order – Dee (Kerri Called the meeting to order at 2:35)
2. How is everyone doing? Do people need resource info, or know where to find it? – Kerri (15 minutes) Everyone shared their current COVID experiences.
 - a. Resource document attached for Olmsted County- Other Resources:
 - ✓ The Arc taking calls from families and people regarding COVID 19 concerns and questions. So they are trying to pull together resources for the various counties The Arc serves. If you have county specific resources to add, please send this information to Kerri.
 - ✓ Kerri is also part of a non-profit consortium, and is learning about and sharing local resources. Recently added unemployment information to the Olmsted County document. Best place to go is United Way 211, the county websites, or the city of Rochester websites for information, since this information is kept current and available
 - ✓ 507-328-2822 for Rochester City Hotline.
 - ✓ The Arc has a statewide workgroup that they are putting together resources for self-advocates that they can do while they are staying home, either with other housemates (group homes) or independently. Hopefully something to distribute by the week of April 20th.
 - b. Working on other counties in SE Minnesota as well...if you have any good resource information, please share
3. Approval of 2/20/2020 Minutes -- (5 Min)*
 - a. We did not have a quorum, but recommend the minutes are approved at the next meeting.
4. RQC Contract Update/Discussion (45 minutes) Discussion:
 - ✓ The contract is moving from and interview mode to more of an action mode. An opportunity to take what we have learned from the data and use it to make an impact.
 - ✓ We can do some training with the contract with R10 QA and will continue our work with that.
 - ✓ Quality Monitoring system to work with the tools already created in a different way than doing the interviews. What we do with the information? For Example:

Use the DLAST Tool to monitor the providers that are in the Cohort in Rochester and see how it has impacted their organization.

- ✓ Implementation plan may be through listening sessions, focus groups, community conversations.
- ✓ Communications plan to identify how we communicate what we are doing, who did we miss in the past, who do we engage in the future.
- ✓ Follow-up Protocol has been addressed through the website to address concerns.
- ✓ Quality of life indicators addressing informed decision-making. Getting at the question of if people were actually given choices beyond what they already knew. Also addressing risk management and not having all risk managed for you. Including education for all stakeholders involved (providers, guardians, case management)
- ✓ Person Centered Quality Reviews can be done in ways that are different, but still useful.
- ✓ Reports will be written.
- ✓ Collaboration will continue.
- ✓ The associated budget was reviewed- Pay by deliverable system being promoted. About 10% of our budget is based on the completion of each deliverable. \$4000/ completion. We are extending our existing contract to June 27, 2021, which gives us a year. The work can start as soon as the contract is signed, but can't complete the deliverables until the start of "year five". We will have to talk about how we use "reviewers" since we aren't doing interviews. But we could use them to do focus groups, etc. Also included a paid intern. Will have time from now until the end of July to discuss these deliverables.
- ✓ What do we do? Ideas: A Liberty Plan- which to give us a direction. This Liberty Plan could help us determine what kind of work groups we want to continue/form. (The Liberty Plan is a planning tool created by LifeWorks). Looks at what have done know and what does the future look like? We would want to bring in an independent facilitator. LeAnn could help us find a facilitator. Can we do this before June 30 to use this year's contract funds. Can we do it remotely?

5. Systems Improvement Workgroup Update – Linda (10 Min)

- ✓ How can we continue to do our community conversations with everyone being unable to get together? Can we post them on Social Media like Facebook and Instagram? This has a lot of challenges- populations reached.
- ✓ Could we do this as a ZOOM conversation with someone like Brooke Carlson who is facilitating the non-profit consortium.
- ✓ A story was shared about individuals with disabilities already experience the isolation that we are all having to go through now with COVID-19 Stay at Home



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orders. Could we use this as a way to start a conversation? How do we make sure that once we all come out of our houses, we ALL come out of our houses?

- ✓ Could we survey providers to see what this current situation has taught providers about how we can do things differently?
- ✓ Change the questions from our previous conversations.

6. Person Centered Quality Review Workgroup Update – Karen or Ann (5 Min)

- ✓ Waiting to meet until our contract is signed and will update then

7. Once Around/Adjourn – (5 min)

- ✓ SAM conference is being postponed until a yet to be determined day.

Minutes Recorded by Linda Driessen

Region 10 Quality Council Meeting Minutes – 06/18/2020

Liberty Plan Facilitation with Betsy Gadbois