METRO REGIONAL QUALITY COUNCIL MEETING MINUTES
Friday October 9th, 2020
9 am – 11am
The Arc Minnesota
2446 University Ave West, Suite 110
St. Paul, Minnesota
Zoom

Purpose Statement: The purpose of the Regional Quality Council is to connect with and promote all communities of people with disabilities so that services and supports help them to live a life based on their hopes and dreams. The council will work together to continually monitor and improve the quality of services and supports for people with disabilities. The council seeks to improve person-centered outcomes, quality of life indicators, and to drive overall systems change.

In attendance: Angie Guenther, Jeffrey Nurick, Rod Carlson, Diane Sjolander, Tayler Guccione, Robert Morneau, Dr. Mohamed Alfash, Joe Cuoco, Erin Paredes, Chelsea Lorenz, Katie Elleraas, Paris Gatlin, Judi Marie Ringe, Kyle Dennis, Rhonda Godfrey

Guest: Poppy Sundquist

Guest Speaker: Charles Young, DHS

Interns: Maykala Owens, Melanie Campana-Gladstone

1. Introductions/What's Happening

Any updates or announcements to share?

- Angie Guenther:
    - Submitted deliverables to DHS, excited to get feedback and approval on those. Will update the council after hearing back from Department of Human Services (DHS)
    - Rebecca St. Martin has resigned from MRQC. We are looking for more self-advocates/people with disabilities to fill 2 open seats on the MRQC
    - Happy National Disability Awareness Month! We have been posting videos and resources on Facebook. Also have been connecting with employers and local chambers of commerce on how they can make their workplace more accessible.
    - Reviewed exit surveys from members who have resigned or didn't renew their membership. Feedback:
        - Council membership needs more representation from people receiving services/people with disabilities. Increased outreach efforts with emphasis on explaining who we are and what we do and focus on being welcoming.
        - We heard that communications between meetings can be too time consuming or confusing. Will reduce emails/work between meetings.

        - Reminder to treat everyone with kindness and respect and to listen to understand, not to respond.
    - Heads up: Next month we will not be meeting in work groups, instead we will be having a guest speaker, Bob Wagner.
- Erin Paredes:
    - Dakota county is offering $3000 incentive to hire individuals with disabilities
- Joe Cuoco:
    - $300 unemployment bump expired, hoping this will help with filling open job positions

2. Collaborative Safety/Culture of Safety Discussion – Charles Young, DHS

- Idea behind collaborative safety model is to try to analyze critical incidents trends and systemic influences that affect this.
- Overview of the pilot
    - DSD launched a pilot in 2019 to learn systemic influences on critical incidents
    - Pilot counties: Blue Earth, Hennepin, and St. Louis
    - Duplicating approach used by DHS Child and Safety Permanency
    - Culture Change: from blame to accountability
    - Support direct support staff in a complex HCBS system
- Critical Incidents: External Reports to DHS
    - Behavior Intervention Report Rorm, Adult Maltreatment, Child Maltreatment, Serious Injury, Death, 245D Service Terminations, 2960 Critical Incidents
    - Shown as a Venn diagram because they often overlap, and most types of critical incidents will have multiple reports
- Why use the Collaborative Safety Model?
    - To reduce critical incidents, we need to understand how our system influences decisions among those operating our disability services
    - We must create an environment where staff are comfortable sharing how they make decisions
- Key Operating Principles 1
    - Underneath every obvious story about 'human error' there is a deeper, more complex story
    - In general, staff come to work to do a good job everyday
    - We all make decisions that makes sense to us at the time based upon our environment and the system we are working within
- Old view or Bad Apple Theory
    - Systems are set up to not fail
    - 'Human errors' cause accidents
    - Failures are unexpected
    - Systems should identify 'bad apples' and remove them
    - Outcome bias: the worse outcome, the worse the punishment (this is very unfair to some staff)
- 7 Transitions to A Safety Culture (moving away from bad apple theory)
    1. Shift from blame to accountability
    2. Shift from applying quick fixes to understanding underlying features

3. Shift from fallible humans in perfect systems to fallible humans in imperfect systems
4. Shift from first stories to second stories
5. Shift from employers are a problem to control to employees are a solution to harness
6. Shift from accountability up to responsibility down
7. Shift from simple to systemic accident models

- Pilot project objectives
    - Develop recommendations about how Minnesota can continue to expand the use of this model beyond Child Safety and Permanency to other divisions within DHS including Disability Services, Aging and Adult Services, 245D Licensing, and Licensing investigations
    - Develop a robust and proactive response to critical incidents dedicated to accountability, learning, and improvement of Minnesota's systems rather than placing blame
- Who is involved:
    - Steering committee of DHS, county, providers
    - Safety Analyst Review Team
        - 10 staff from DHS and pilot studies
- Trainings and Pilot Project
    - Trainings to learn about safety science:
        - Orientations
        - Safety leadership institutes
        - Advances training sessions
- MN/s Collaborative Safety Review Structure
    - Critical incident types:
        - Elopement
        - Medication error
        - Staff sleeping on duty
        - Wheelchair safety
        - Use of prone restraint
        - 245D Service terminations
        - Covid-19 related incidents
    - Data from the case reviews originates from
        - Behavior Intervention Report Form (BIRF)
        - Minnesota Adult Abuse Reporting Center (MAARC)
        - DHS Licensing Investigations
        - 245D Service Terminations
        - Usually about 70-100 incidents every month that they receive
        - Only assign about five incidents for the Safety Analyst Review Team to look at.
- Implementation Options:

	Description	Expected time commitment
Safety Analyst	Safety Analysts review cases selected by the case selection committee, conduct human factors debriefings, lead systemic mapping reviews, write narratives and score their cases	10-20 hours per case (currently each Safety Analyst is assigned 1 case every other month)
Case Selection Committee	Members of the committee review all incidents that may meet the criteria of cases to be reviewed and select which ones will move forward with a human factors debriefing	4-8 hours/month depending on number of cases
Mapping Team	The mapping team is comprised of representative members from all levels of the 'system'. Mapping teams currently include provider, lead agency and state representatives (disability services, OIG and sometimes MDH)	2 hours/case (St. Louis County typically maps two cases per month on average)
Data Action Group	The Data Action Group (DAG) reviews the systemic scores from each of the incidents and attempts to determine which parts of the system may require attention and/or reform to decrease critical incidents in the future	Currently 2-4 hours every six months. (On our current schedule, the next Data Action Group would meet in November or December of 2020)
Safety Action Group	A Safety Action Group (SAG) is comprised of members within the system that are authorized to make changes or propose changes to the system. The SAG reviews recommendations from the Data Action Group(s) and selects which recommendations to move forward on	2-4 hours every year to review the data and recommendations from the Data Action Group (likely much more time will be needed to actually act on a recommendation)

Angie will send out a survey with options to get council vote on where this work fits.

3. **Workgroups**
    - **Employment**
        - Updates to share

            Paris:
            - Progress being made on job board for people with disabilities. Launch date pushed to November
            - Arc MN has Employment Steering Committee and Employment workgroups – looking for members with disabilities

            MRQC Employment Report and Executive summary available on website
            - https://qualitycouncilmn.org/wp-content/uploads/Employment-Report-9.25.2020-4.pdf
            - https://qualitycouncilmn.org/wp-content/uploads/MRQC-Employment-Report-Executive-Summary-9.29.2020.pdf
        - Employment Action Plan – plan next steps, timeline, roles/responsibilities

Focus on:

- **Practical implementation**
- **Actionable steps**
- **Be beneficial to government, nonprofit, and private**
- **People with disabilities and their family**

1. Provide person-centered thinking/practice training for job coaches and other employment support professionals
    a. Non-profits who help people obtain or maintain employment
        i. Ex: Goodwill does job placement
2. Working with employers to foster positive workplaces and challenge traditional employment
3. Expand access to customized employment training
4. Possible legislation support
    a. Advocate for a livable wage for people with disabilities (end subminimum wage)
    b. Healthcare
5. Connect with government to help improve their practices –
    a. VRS (DEED)
        i. Annual Reports: 15% "success" rate
        ii. Receiving services without getting jobs, long waiting lists, don't know how to work with different disabilities, lower expectations
        iii. Important in how it is approached/framed – stay open minded
            1. Offer partnership – everyone benefits
            2. Educating each other
        iv. Understanding the factors that contribute to the low success rate
    b. DSD (DHS)
    c. Join efforts to improve Connect 700 Program

- **Support Staff**

Updates to share?

- MRQC staff are finalizing support staff report and an executive summary. Going to be sent out next couple weeks
- Surveys are finalized and ready to go

Support Staff Shortage Project Plan - plan next steps, timeline, roles/responsibilities

- Start Date right away, Next week (October 12th)
- Contact person information?
    - Providers on council
        - Need information from Living Well Disability Services
- Incentive
    - An incentive of $1,000 will be given to provider agency after completing surveys. The incentive is expected to be used to implement the recommendations provided in the resource packet. MRQC were thinking of doing an MOU (Merandum of Understanding), an understanding that the money will actually be used for this. Will then follow up to see how money was allocated
    - Ideas for how to follow-up?
        - Do we give money to providers on the council?
            - Council member expressed concerned over this, no problem giving incentives to provider, but them being on council seems odd to her.
            - Will we be able to give incentives ongoing past the pilot program? If not, then it doesn't make sense to do it now
            - Ethical concerns of giving money incentive only for pilot program to people on the council
        - Tayler clears up that incentive will be used for every organization or employer who participates in the survey, after pilot program. Just starting with service providers on council for pilot program.
- Timeline
    - 2-3 weeks for provider agency/employer and support staff to complete survey
- How do we want to do reminders for the surveys? Weekly?
    - Members agree with weekly reminder
    - Never Mondays or Fridays: Council suggests Wednesdays
    - Suggestion of first week reminder email and then second week reminder call check-in, third week reminder email again
- Determining method for engaging with service recipients?
    - Focus groups and survey to gather input from people with disabilities who receive services?
        - Comments that this changes dynamic of the project
        - Other members agree that we should first focus on provider surveys before engaging focus groups with service recipients
        - Connecting and making people feel engaged can potentially be difficult virtually

        - Council member commented that other people can have more success participating virtually than in person
- End goal
    - What are our end goals of this project?
        - Improve recruitment and retention of direct support staff
        - Give insight to organizations on how they can improve
        - Best practices that can be shared with others and can be used again
        - Improve consistency of support staff for people who receive services
        - Information shared for policy changes
    - How do we share this information and with who?
        - Provider Agency/Employer
        - Support Staff
        - DSD
        - Toolkit creators
        - Alicia Munson with public policy potential
    - Turnaround Timeline?
        - Within 30 days
        - Give them resources by December/January
        - Then follow-up 30 days later

4. **Large Group Share Out**

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

Working:
- Technology
- Guest speaker's presentation was interesting and applicable members kept comments brief

Not working:
- Not enough time (2)

Next Meeting: November 13th, 2020 from 9:00 – 11:00am