

2017 State Quality Council Report to the Legislature

Disability Services Division

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$2,000.

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I. Executive summary

People with disabilities should be able to count on services that meet their needs in a way that empowers them to live with dignity and independence. They should have access to services consistent with their preferences and values. High-quality services not only support health and safety, but also help a person to achieve his or her hopes, dreams and aspirations.

The Minnesota State Quality Council exists to assist the Department of Human Services (DHS) in fulfilling federally mandated obligations. The council monitors service quality and quality-assurance and -improvement practices in Minnesota. The council is concerned with quality at the individual, community and systems levels. It is composed of a diverse group of stakeholders.

The council prepared this report in response to legislation passed in 2011. The council must report each year on its outcomes, priorities and activities during the previous state fiscal year.

Minnesota is a large and diverse state. Service-delivery issues might vary from region to region. With legislative appropriations, the State Quality Council has created regional quality councils to engage in quality-monitoring and -improvement activities at the individual and community levels. The regional councils provide leadership in the implementation of best practices related to the development of person-centered, inclusive services, communities and systems. They also coordinate a regional response to locally identified barriers, issues and service gaps. The council recommends that Minnesota continue its efforts to extend the regional councils to more areas of the state.

The state and regional quality councils have monitored the quality of services through listening sessions and the review of data and reports. They have developed tools for person-centered interviews to monitor service quality. The councils use a number of different strategies to address the desired quality outcomes and thereby improve quality.

In the coming year, the council will:

- Reaffirm existing and establish new quality-improvement priorities
- Continue the growth and development of the regional quality councils
- Use person-centered reviews and perform data analysis
- Continue to define its roles within current and future state systems
- Strengthen its role in supporting the Olmstead Implementation Office
- Continue to monitor quality measures related to desired outcomes and improvement priorities

II. Legislation

The 2011 Minnesota Legislature established the State Quality Council to help the Department of Human Services to fulfill federally mandated obligations by monitoring disability service quality and quality-assurance and -improvement practices. The state provided funding for these efforts through 2015 Laws of Minnesota, chapter 71, article 14, section 2, subdivision 5(l). The State Quality Council provides technical assistance and monitoring of person-centered outcomes related to inclusive community living and employment. The council must use the funding to assure a statewide plan for systems change in person-centered planning that will achieve desired outcomes. These outcomes include more integrated employment and community living.

Minn. Stat. §256B.097, subd. 3. State Quality Council.

(a) There is hereby created a State Quality Council which must define regional quality councils, and carry out a community-based, person-directed quality review component, and a comprehensive system for effective incident reporting, investigation, analysis, and follow-up.

(d) The State Quality Council shall:

(1) assist the Department of Human Services in fulfilling federally mandated obligations by monitoring disability service quality and quality assurance and improvement practices in Minnesota;

(2) establish state quality improvement priorities with methods for achieving results and provide an annual report to the legislative committees with jurisdiction over policy and funding of disability services on the outcomes, improvement priorities, and activities undertaken by the commission during the previous state fiscal year;

Laws of Minnesota 2015, chapter 71, article 14, section 2, subdivision 5(l)

State Quality Council. \$573,000 in fiscal year 2016 and \$600,000 in fiscal year 2017 are for the State Quality Council to provide technical assistance and monitoring of person-centered outcomes related to inclusive community living and employment. The funding must be used by the State Quality Council to assure a statewide plan for systems change in person-centered planning that will achieve desired outcomes including increased integrated employment and community living.

III. Introduction

The Minnesota State Quality Council and the Minnesota Department of Human Services Disability Services Division submit this report to the Minnesota Legislature pursuant to Minnesota Statutes, chapter 256B.097, subdivision 3.

Of the 520,000 people with disabilities in Minnesota, approximately 133,000 use Medical Assistance. Fewer than 70,000 need the long-term support services available through DHS specifically designed to serve people with disabilities. The Legislature created the State Quality Council to support, in collaboration with the Department of Human Services, a system of quality assurance and service improvement for people with disabilities who need long-term services and supports.

Much of the work required of DHS for people with disabilities has assured that minimum standards are met – establishing a floor, if you will. While that focus is an important function of government, it alone has not moved our state as far or as quickly as we would like toward achieving other important outcomes. Quality improvement focuses on the process to help achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality services or processes.

The State Quality Council exists to help DHS to fulfill federally mandated obligations. It does so by monitoring disability service quality and quality-assurance and -improvement practices in Minnesota. The council focuses on quality at the individual, community and systems levels.

Vision and values

Vision: The Minnesota State Quality Council, in collaboration with the Minnesota Department of Human Services, exists to support a system of quality assurance and improvement of services for people with disabilities.

Values: The Minnesota State Quality Council is committed to a system that is:

- Person-centered
- Outcomes-based
- Quality-driven
- Effective in its use of public funds.

State Quality Council structure

The council is composed of a diverse group of stakeholders, including:

- People with disabilities
- Family members
- Advocates

- Service providers
- Counties
- Regional Quality Council representatives
- Minnesota Department of Health
- Office of Ombudsman for Mental Health and Developmental Disabilities
- Minnesota Department of Human Services
 - Licensing Division
 - Disability Services Division.

The State Quality Council director guides the work of the council. Two co-chairs, elected from among the council membership, provide leadership and oversight for the council and the director. The Department of Human Services provides staff support, fiscal oversight and management of the State Quality Council as well as the regional councils.

Regional councils

Regional quality councils have a significant role in the improvement of service quality for people with disabilities at a local level. While the State Quality Council monitors quality of services for people with disabilities at a statewide level, quality improvement needs might vary from one part of the state to another.

The regional quality councils participate in a monitoring system developed by the region within guidelines established by the State Quality Council. Regional quality councils are key agents in improving the quality of services provided to people with disabilities — and then reporting findings and recommendations to the State Quality Council.

Each regional quality council creates a system to measure, monitor and report on the availability and quality of services in its region. The councils analyze information from a variety of sources, including:

- Person-centered quality reviews of people with disabilities who receive home and community-based services
- Brief interviews of people with disabilities who receive HCBS services
- Summary of maltreatment and behavioral incident reports of people with disabilities who receive HCBS services
- Lead agency waiver reviews
- Service and site-licensing review results and licensing actions
- Gaps analysis study results
- National Core Indicators Survey results
- Olmstead Quality of Life Survey results, when available.

The councils also provide regional leadership in the use of best practices to develop person-centered, inclusive services, communities and systems. Councils also coordinate a regional response to locally identified barriers, issues and service gaps.

Three regions of the state, representing 10 counties, have regional quality councils.

- Arrowhead Quality Council: St. Louis, Carlton, Lake and Cook counties
- Metro Quality Council: Hennepin, Scott and Dakota counties
- Region 10 Quality Council: Olmsted, Wabasha and Houston counties.

People with a variety of disabilities, family members, lead agencies (counties and tribal nations), providers and advocates all serve on regional quality councils.

Coordination with the Minnesota Department of Human Services

State Quality Council work groups comprising state council members and regional council staff and focused on specific priorities meet at least monthly and more often as needed. Community members also participate in the work groups. DHS employees staff and/or participate in the work groups, assuring communication and collaboration between the council and DHS. Monthly State Quality Council meetings, featuring presentations and conversations about various DHS quality-improvement initiatives, enhance coordination among the State Quality Council, the regional councils and DHS. This gives the department the further opportunity to integrate the councils' recommendations into its ongoing work.

IV. Quality monitoring and improvement

Defining quality

People with disabilities should be able to count on services that meet their needs in a way that empowers them to live with dignity and independence. People should have access to services that are consistent with their preferences and values. Services that not only help to maintain health and safety, but also help people to achieve their hopes, dreams and aspirations are considered to be high-quality services.

The State Quality Council identified seven outcomes necessary to assure that Minnesotans with disabilities have access to high-quality services.

- People have ready access to services and supports in their communities.
- Services and supports reflect each person's unique needs, expressed preferences and decisions about his or her life in the community.
- There are enough service and support providers to meet the needs. Providers are able to serve people effectively.
- People are safe and secure in their homes and communities, taking into account their informed and expressed choices.
- People receive support to exercise their rights and personal responsibilities.
- People are satisfied with their supports and services and achieve desired outcomes.
- The system supports people efficiently and effectively. The system constantly strives to improve quality.

The council identified two specific focus areas:

1. To increase the percentage of people with disabilities who live, work and play in integrated settings.
2. To increase or improve person-centered planning.

Monitoring quality

Throughout the year, the state and regional quality councils and their work groups reviewed data about service quality, availability of services and quality of life for people with disabilities in Minnesota.

Information reviewed included:

- DHS lead agency reviews
- DHS gaps study results down to the regional level
- National Core Indicators results
- Results from person-centered planning reviews
- NCI Family Survey results
- Licensing and maltreatment data
- Behavioral Intervention Report Form data by region

DHS included the council's priorities in the department's Biennial Report to the Legislature on Long-term Services and Supports for People with Disabilities. The establishment of the regional councils enabled DHS to provide more regional data to evaluate what may be unique to different regions.

The state and regional councils worked with the University of Minnesota Institute on Community Integration and DHS to develop two tools that will help to monitor the quality of services at the individual level. The councils will aggregate the individual data to monitor quality at the community level.

The institute helped the work group develop priorities from the council's quality indicators for use in the tools. The tools ensure a blend of quantitative data to allow both state and regional reviews of quality and qualitative data used to improve services for the person participating in the review. The tools and proposed methods received DHS Institutional Review Board approval in July 2017. The councils and DHS developed a way to collect and aggregate information and provide monthly trend reports. The regional councils will then set priorities and monitor improvement over time. The council expects to begin to use the tools in November 2017.

Improving quality

The state and regional quality councils have worked singularly and in concert to improve service quality and outcomes described earlier in this report. Among their efforts:

- The State Quality Council and DHS jointly mapped program participants' journeys to identify gaps and redundancies relevant to getting feedback from participants and their families. (Efficient and effective system and Satisfaction)

- The State Quality Council, regional quality councils and Disability Services Division leadership and other stakeholders met to highlight the combined efforts of the state and the council to:
 - Move toward person-centered thinking and practices throughout the whole system
 - Understand and reflect on system-change information
 - Gain a better understanding of how each organization supports the others in meeting their goals
(Plans are in accordance with each person’s unique needs and preferences)
- Regional quality council staff developed action plans to address service gaps in their respective regions. (People have access to services and there are sufficient well-trained providers)
- Regional council representatives and community stakeholders are participating in the Person-centered Organizational Change. Initiative DHS sponsors to enable regional organizations, including the regional quality councils, to identify an action plan to increase person centered practices at the person, organization and system level. (Plans are in accordance with each person’s unique needs and preferences)
- Regional council members serve on the Olmstead Implementation Office Abuse and Neglect workgroup. (People are safe and secure)
- Regional councils have held listening sessions in their regions. (The system strives to improve quality, People are supported in exercising their rights)

V. Goals for the coming year

- Reaffirm existing and establish new quality-improvement priorities for the council
- Continue the growth and development of the regional quality councils
- Implement the person-centered Interviews and subsequent data analysis
- Continue to define State Quality Council roles within current and future state systems
- Strengthen State Quality Council role in and support for the Olmstead Implementation Office
- Continue to monitor quality measures related to our desired outcomes and improvement priorities
- Continue efforts to increase the number of regional quality councils statewide