

Meeting Minutes: HCBS Partners Panel

Date: May 31, 2019

Minutes prepared by: Aron Buchanan

Location: Hi-Way Federal Credit Union Admin Office

Welcome and Introductions

Lori Lippert, Disability Services Division

Introduce new leadership

Dan Pollock, Assistant Commissioner, Continuing Care for Older Adults Administration

Anab Gulaid, Deputy Assistant Commissioner, Community Supports Administration

2019 legislative update

Heidi Hamilton, Legislative Director, Continuing Care for Older Adults, Disability Services, and Deaf and Hard of Hearing Services

Dan Pollock, Assistant Commissioner, Continuing Care for Older Adults Administration

Presentation on the 2019 legislative session (See handouts)

Q: What will be the roles of the seventeen new staff?

A: They are all long-term care ombudsman staff. Ten staff will generally be distributed and the next seven will be dedicated to the regulatory assisted living licensure work. Other funding was dedicated to Minnesota Department of Health surveyors to enforce the license. In addition, licensure fees also will fund the staff.

Q: Is there an allocation for staff training, recruitment, or wages?

A: There was not anything specific relating to the assisted living license to address this. That said, the workforce shortage has been a constant challenge. We have had various conversations to address this, and legislation was contemplated to address these concerns. These conversations need to continue.

Comment: I hope DHS will issue guidance on the OIG documentation requirements.

Mental health and substance use disorder reform update

Maisha Giles, Director, Behavioral Health Division

Presentation on DHS' mental health (MH) and substance use disorder (SUD) reform efforts (See handouts)

Q: Will of the opioid-specific resources also be used to help people with other addictions?

A: It depends because people often suffer from multiple addictions. Those with opioid addictions and other addictions will benefit from the opioid-specific funding.

Q: Is there a way to increase expertise around people who have both a developmental disability and substance abuse disorder challenge?

A: Cross training is important to bring attention to this dynamic where a person may have a developmental disability, MH diagnosis and SUD. In these circumstances, it's important to be intentional and work collaboratively with all interdisciplinary team members to treat people holistically.

Q: If the Panel wants to know more, who are they able to contact?

A: You can contact me, and I will get you in touch with the appropriate person. Also note that you do not necessarily need to be a licensed SUD or MH provider to access funding that may be a benefit to those with these concerns.

Comment: Providers want to integrate care, but time collaborating with partner providers is not reimbursable, which is a disincentive.

Response: Yes, that is a big challenge. We are looking at what other states are doing to meet this challenge to see what we can learn to improve our system and make certain services reimbursable. So for example, care coordination is now reimbursable. In addition to this, there is the need to evaluate our rates to compensate appropriately.

Q: When you talk about 'integration', are you talking about chemical health/behavioral health, or are you speaking more broadly?

A: I'm primarily addressing the integration of SUD and MH services. That said, eventually, it would be best if we can more fully integrate with primary care, which we've started with the Certified Community Behavior Health Clinics (CCBHC).

Q: Can you give a couple of dashboard outcome measure examples relating to integrated treatment?

A: We are in the process of developing measures, but we need to include measures relating to how quickly people are accessing services, the quality of services, and tracking of follow-up.

Q: Can you speak to the stigma of chemical dependency and mental illness and how this contributes to people's fear of accessing services?

A: Yes, there is definitely a stigma out there that has an impact, which is why we need to continue to educate to dispel the myths that are out there. The more we promote chemical and mental health in the broader context of health and wellness, the better.

Collaborative safety model and pilot

Charles Young, Disability Services Division

Aric Gregg, Disability Services Division

Presentation on DHS' collaborative safety model and pilot (See handouts)

Q: What are DHS' hopes and high-level outcomes you want to see from this project? A: DHS is excited to work with counties on expanding the approach that counties have said is successful in Child Protection to a broader scope. With all of the system changes, we are hoping to better understand what changes make a difference to improve outcomes, help people live the lives they want to live, and how to better support staff in the work they do. We need to support a culture where staff know they will be supported when they take risks to support people differently and that if something goes wrong, they will not automatically be blamed.

Comment: It's always good to move beyond blame, but it's important to keep people accountable and make reparations for harm done. I don't see these two options as mutually exclusive.

Response: There is a role for investigations, and people do need to be kept accountable when they deliberately and egregiously harm someone. However, this approach often inappropriately finds fault with a person without understanding why that person made the decision they made. We need to understand if the person is overworked, not sufficiently trained, in an impossible situation, etc. so that we don't erroneously place blame on an individual without considering the context, the system in which the person is operating. Finally, with this pilot, we are working with situations where it has already been determined that further investigation is not needed.

Q: How does DHS plan on taking responsibility for the system and the findings that come from the project?

A: DHS is hoping to learn about needed policy and statutory changes, how decisions are made, and how we can better support people differently.

Closing

Lori Lippert, Disability Services Division

Next Meeting

Date: August 16, 2019

Time: 9 a.m. to 12 p.m.