Welcome & opening comments

Jodi Harpstead
Commissioner
Department of Human Services
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<td>9:00 a.m.</td>
<td>Welcome, opening comments and agenda review</td>
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<td>9:10 a.m.</td>
<td>Approach to action plan (final report)</td>
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<td>9:50 a.m.</td>
<td>Public engagement update</td>
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<td>10:10 a.m.</td>
<td>Background presentation followed by Q&amp;A</td>
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<td>10:25 a.m.</td>
<td>Administrative efficiencies and program simplification presentation and discussion</td>
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<td>• MnCHOICES Improvements (initial submissions: 72, 104 &amp; 142)</td>
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<td>10:50 a.m.</td>
<td>Break</td>
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<td>11:20 a.m.</td>
<td>Transformational strategy presentation and discussion</td>
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<td>• Waiver Reimagine (initial submission: 100)</td>
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<td>11:45 a.m.</td>
<td>Background presentation followed by Q&amp;A</td>
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<td>12:00 p.m.</td>
<td>Health equity strategy presentation and discussion</td>
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<td>• Ensuring Equitable Access to Disability Service Programs (initial submission: 43)</td>
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• We are using the WebEx platform for today’s meeting.

• Please mute your line to reduce background noise.

• Please use the “raise your hand” feature if you wish for the Commissioner to call upon you.
  • Click on the Raise Hand button, which will place a small hand icon next to your name in the participant list. This will alert us that you wish to be called upon.

• Please unmute your line when you wish to speak.

• If you have a question or request, please enter it into the Q&A box in the top right-hand panel.
  • Indicate if your request is for everyone, or for the Bailit Health moderator.
Approach to Action plan: Discussion
A component of the BRC charge was to address health equity.

This Commission is the first time that DHS has conducted an intentional equity review process with public stakeholders.

- Two intended purposes: (1) raise questions through an equity lens to help guide the development of strategies; and (2) raise questions that should be considered in implementation of strategies.
- A final equity review of the draft action plan will be conducted.

Suggested approach for the Action Plan:

- Recommend that no BRC strategy should be implemented until 1) design details have been developed with equity in mind and 2) the outstanding equity considerations have been reviewed and an assessment completed.
- Recommend the Governor's Health Sub-Cabinet, or a subsequent commission or task force, be developed to explore undeveloped and/or additional health equity strategies.
Proposal for Modified Approach to Action Plan: Additional Recommendations

1. Address the impact of COVID-19 and civil unrest on BRC work & Action Plan
   • Describe how COVID-19 and civil unrest impacted work of BRC
     • Reduced ability to develop and review all identified strategies
     • Lost ability to re-consider each developed strategy after the initial review

2. Suggested approach for strategy inclusion
   • Include all developed and presented strategies that were advanced for further consideration
     • Members rank support for each strategy on a 1 to 5 scale (1: no support; 5: full support)
     • Members may provide written comments to be included in report
   • Include a list of all undeveloped or developed strategies that were not presented
     • Suggest work groups or committees to address some of the undeveloped strategies
3. Suggested approach for full final action plan voting

- Consensus decision that the final action plan represents the work conducted by the Blue Ribbon Commission and meets the legislative charge of the Commission to the best of Commission and agency ability.
Public Engagement Update

Krista O’Connor, Strategic Development Director
DHS, Health Care Administration
Public engagement activities

General Public – Stakeholders - Community
Public engagement activities
General Public

• Public website: https://mn.gov/dhs/hhsbrc/

• Blue Ribbon Commission Listserv
  • 250 individuals signed up
  • Meeting notices
  • Commission updates

• Public meetings
Public engagement activities
Targeted Stakeholders

- Ongoing project updates to partners and state agencies via in person meetings and emails
- Initial public request to solicit strategy ideas
- Written and public comment at BRC meetings
- Meetings to inform design, review strategies & review action plan
- Cultural & Ethnic Communities Leadership Council (CECLC) & Health Equity Advisory & Leadership Council (HEAL) participation in equity review process on each developed strategy
- Stakeholder Toolkit
- Stakeholder input on draft action plan & Commission Member outreach
- Final public request on draft action plan
Public engagement activities
Targeted Stakeholders: Commission Member

• Tribal Health Directors: J. Dupuis
• Cultural & Ethnic Communities Leadership Council: J. Harpstead
• Employers: D. Krause
• MN Community Measurement: D. Krause
• American Cancer Society: D. Krause
• MN Leadership Council on Aging: G. Kvenvold

• MACSAA: S. Kiscaden
• Local PH Association: S. Kiscaden
• Assoc of MN Counties: S. Kiscaden
• MN Alliance for Patient Safety: G. Kvenvold
• Area Agencies on Aging: G. Kvenvold
• MN Home Care Assoc: G. Kvenvold
• Best Life Alliance: Sue Schettle
Public engagement activities
Community Engagement

• Work plan development and revisions
• Outreach to partners organizations & community liaisons
• Outreach for community participation
• 2-3 virtual events with 10 – 15 participants
• 16 – 20 telephone interviews
Strategy development acknowledgement

• Initial intent was to involve both interested Commission members and stakeholders

• Volume of work, overlap with session, COVID-19, civil unrest and special legislative session increased the challenges to complete this work within the tight timelines

• In retrospect, it simply wasn’t feasible

• Staff have been responsive to providing answers to questions and modifying strategies based on Commission input
MnCHOICES and Long-Term Services and Supports Process Improvements
Why assessments matter?

• Assessments connect people needing help with professionals in their local community to help them identify needs and understand the publically funded services available to them.

• The assessment process ensures people are able to make informed choices, and that services are tailored to their needs, values, and priorities.

• Every year a reassessment is required by federal regulation to determine ongoing eligibility.

• Annual reassessments are an opportunity to review and update service and support plans, ensuring a person-centered approach which results in positive outcomes.
The MnCHOICES Assessment is a part of a larger eligibility process for long-term services and supports.

The process can be complicated for the person being assessed and, depending on the agency, could involve multiple staff from different departments completing work before eligibility is determined and services and supports are initiated for the person.

A common misconception is that MnCHOICES is what holds up the process; however, there are many other steps involved in the eligibility process that cause delays.
What is MnCHOICES Assessment?

• A person of any age with a disability or in need of long-term services and supports can ask for a MnCHOICES assessment.

• MnCHOICES assessments are completed by certified assessors from the county or tribal nation where the person lives.

• The assessor conducts an interview and uses the MnCHOICES tool to document the person’s preferences and the supports needed.

• MnCHOICES is a rules-based application which aligns rules, regulations, and statute to determine eligibility.
MnCHOICES background & benefits

- MnCHOICES is part of a multiyear effort to transform and simplify Long-Term Services and Supports (LTSS) system.

- MnCHOICES replaced three assessment processes that were designed for specific service programs:
  1. Developmental Disability Screening (DD)
  2. Long-Term Care and Consultation (LTCC)
  3. Personal Care Assistance (PCA)

- MnCHOICES determines eligibility more proficiently and accurately, and it captures important data for ongoing service planning and evaluation.
MnCHOICES certified assessors

- Only certified assessors conduct MnCHOICES assessments.
  - Each county and tribal nation must have a team of certified assessors that include at least one social worker and one public health nurse/registered nurse.

- MnCHOICES certified assessors must meet the statutory requirements for:
  - Education and experience
  - Initial and ongoing training to support their professional work
Assessors must become certified through the MnCHOICES Certified Assessor Training (MnCAT).

- Training and certification helps ensure consistency for eligibility determination and service planning.
- Training gives assessors the skills needed to tailor the assessment and conduct a person-centered interview.
- Lead agencies are responsible for providing additional training and oversight of certified assessors.
MnCHOICES Support Plan, Rates and Improvement Tool

• Information gathered during the MnCHOICES assessment is automatically transferred into the MnCHOICES support plan application.

• Rates are calculated within the MnCHOICES support plan, replacing the separate Rate Management System (RMS).

• The LTSS Improvement Tool is a feedback mechanism within the MnCHOICES support plan that is used to evaluate a person’s satisfaction with services.
MnCHOICES Process

- MnCHOICES is a web-based tool certified assessors use to conduct a single, comprehensive assessment. This allows for discovery of the person's goals, interests and preferences and not just health and safety matters.
- MnCHOICES allows people to make informed choices on all aspects of their life. The MnCHOICES system determines eligibility more efficiently and accurately while capturing important data for ongoing service planning and evaluation.
- An evaluation tool used to gather feedback from people about their experience with long-term services and supports. Ensures the person has an opportunity to give feedback on the plan and make changes. Used in part to measure and improve quality and outcomes for home and community-based services.

- After the in-person assessment, the assessor completes necessary follow up work including: coordinating with case manager and other professionals, documenting eligibility, coordinating service with financial eligibility and making necessary referrals.
- MnCHOICES Assessment information to summarize what was discovered during the assessment process and communicate next steps to the person.
- If the person goes on to receive publicly funded services, the support planner uses this tool to develop a plan with the person to deliver services based on the person's needs and preferences. Includes rate calculation systems and generation of service agreement reports for data entry into MMIS.
Reminders and Strategy Review Guidelines
Reminder: The Commission is Charged to Create an Action Plan

The statute charges the Commission to create an action plan that will, at a minimum, include strategies to:

1. **Transform the health and human services system** to a) improve program efficiencies, b) produce savings, and c) promote better outcomes for all Minnesotans;

2. **Increase administrative efficiencies and improve program simplification** within health and human services public programs, including: examining the roles and experience of the State, counties and tribes in delivering services, and identifying any conflicting and duplicative roles and responsibilities among the health and human services agencies, counties, and tribes;

3. Identify evidence-based strategies for addressing the significant cost drivers of State spending on health and human services, including the medical assistance program, in order to **reduce health and human services expenditures with net savings of $100M in the next biennium** (July 1, 2021 – June 30, 2023);

4. **Reduce waste** in administrative and service spending in health and human services through, including but not limited to misuse and overuse of health care services, fraud reduction, and improved program integrity; and

5. **Advance health equity** across geographies and racial and ethnic groups, in part, by addressing disparities in access, and disparities in outcomes.
• Strategy selection was determined using the approved criteria with the goal of advancing strategies that would meet the Commission’s charge.

• Selection of strategies for development does not indicate State agency advocacy, endorsement or support.

• State staff have helped develop strategies as technical assistance, similar to what they provide for legislator-initiated proposals.
Strategy: MnCHOICES Improvements
I. Problem Statement

1. The MnCHOICES Assessment is part of a larger eligibility process for long-term services and supports (LTSS) that takes too long to complete, is hard to understand, and is inconsistent and inequitable.

   a. An individual must meet three eligibility thresholds to qualify for LTSS: functional eligibility, disability certification, and financial eligibility

   b. Eligibility process involves multiple staff from different departments

   c. Delays occur at many steps during the eligibility determination process

   d. The eligibility process is delegated to counties and tribal nations, resulting in implementation variation
II. Recommended Strategy

Implement a process improvement plan with counties and tribal nations that would:

1. Build on 2019 LTSS process mapping that identified 34 process “pain points”
2. Secure a qualified vendor to complete process improvement review
3. Work with pilot counties and tribal nations to analyze processes
4. Incorporate feedback from individuals who have received a MnCHOICES assessment
5. Produce a guide for families and individuals requesting assessment
III. Anticipated Benefits

• The strategy is likely to:
  1. Improve the experience of individuals and families requesting LTSS
  2. Increase consistency of LTSS processes across the State, thereby ensuring more equitable access to services
  3. Streamline processes in counties and tribal nations, increase their staff capacity
  4. Reduce state and federal costs for the administering program, as result of reductions in lead agency time to complete the process
  5. Reduce administrative burden
IV. Supporting Evidence

- DHS engaged in business process review with one county, which led to implementation of statewide changes as well as additional opportunities for improved efficiency and more equitable services.
V. Administrative Implications

1. Strategy requires resources to secure a vendor to conduct the business process review

2. DHS staff are required to support and manage project

3. Counties and tribal nations staff time is required to participate in pilot

4. Cost estimate is small, less than $1M
VI. Equity Review - Questions

• What process will this strategy take to ensure equitable access to services?

• How will this strategy mitigate unintended consequences?

• How does this strategy improve experiences for underrepresented populations requesting services?

• Considering the variations in county processes, how does this strategy promote service eligibility for individuals regardless of background, race/ethnicity, and geographic location?
VI. Equity Review – Questions and Considerations (cont’d)

• How does the strategy consider unconscious bias in the MnCHOICES assessment interviewing process?

• Considering the impact of COVID-19, will this strategy require modifications to MnCHOICES & LTSS process improvement plans?

• Develop a shared understanding among counties and tribal nations of standards to ensure individuals served understand the process and receive person-centered services.

• Embed an equity lens throughout process improvements.
VI. Anticipated Challenges

Implementing this strategy will require ...

- Interest from counties and tribal nations in changing their processes
- Time to implement changes, which may interrupt the work of counties and tribal nations
- Resources to implement process efficiencies and other improvements, which counties and tribal nations may lack

Implementing this strategy may mean ...

- A temporary increase in wait times for individuals to receive an assessment while counties and tribal nations are making system changes
Break
The Waiver Reimagine project seeks to:

• Simplify and streamline the service menu across waivers
• Develop an individual budget methodology based on a person’s unique service and support needs
• Reconfigure the waivers from four to two
• The 2017 legislature required the state to conduct two studies:
  • Study I: Consolidation/reconfiguration of the DD, CADI, CAC, & BI waivers
  • Study II: Develop an individual budgeting model for these programs and update CDCS budget methodology

• Throughout 2018, extensive research and in-depth stakeholder engagement was conducted.
The Waiver Reimagine Report was published in 2019.

The 2019 legislature directed DHS to implementing Phase 1 of the project, which includes:

- Streamlining services (merging 12 services into 6 services);
- Analyzing options to implement a new waiver structure and individual budgeting methodology;
- Continuing outreach and engagement with people, families, counties, tribal nations, and service providers.
• Continuing research on individual budgeting, focusing on the unique needs of children

• Implementing the streamlined service menu across all four current waivers

• Developing policy to prepare for systems transition

• Engaging with the community thoughtfully and inclusively in 2020 and beyond.
  • During the COVID-19 peacetime emergency, we are altering our methods of engagement to continue to meet the community where they are safely and productively.

• Working to publish a legislative report with updates on the project and next steps in 2021
Waiver Reimagine Stakeholder Engagement

• Waiver Reimagine is a deep and expansive change to Minnesota’s disability waiver system so communities must be involved at every step

• Throughout 2018 and 2019, in-depth and inclusive stakeholder engagement was conducted across Minnesota
  
  • Feedback, questions, ideas, and concerns were sought from people with disabilities, their families and friends, county and tribal nations, service providers, and advocacy groups
  
  • Many listening sessions were conducted in both rural and metro areas, in multiple languages with culturally specific questions, and in various formats, virtual and in-person, to accommodate the various needs of the community
People across Minnesota identified challenges within the waiver programs, including:

- A system that is overly complex
- Lack of clear and pertinent public information
- Limits on control, flexibility, and the self-direction of waiver services
- Inequitable access based on geographical region

A vendor is currently working with us to continue engagement efforts throughout 2020.

- During the COVID-19 peacetime emergency, we are altering our methods of engagement to continue to meet the community where they are safely and productively.

Equity remains a central value of Waiver Reimagine—we are working to make disability services more transparent, consistent, and allied with what the community wants, needs, and envisions.
• **Phase 1:** Consolidate services and create singular service definitions for all waiver services

• **Phase 2:** Develop individual budget methodologies that include support ranges and service mix values

• **Phase 3:** Consolidate waivers and seek federal authority to implement

• **Phase 4:** Transition people from current waivers to new waivers
Thank You!

Disability Services Division

waiver.reimagine@state.mn.us
Strategy: Waiver Reimagine
I. Problem Statement

1. 54,000+ Minnesotans with disabilities receive support from four HCBS waiver programs
   - Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), and Developmental Disabilities (DD)

2. These four waiver programs have different eligibility criteria, services and administrative requirements, and different resource allocation methods

3. County and tribal staff must weigh each person’s support needs against those of others in the same geographic area

4. The complexity of these waiver programs makes it challenging for individuals and families to navigate and for counties and tribal nations to administer
II. Recommended Strategy

1. Transition four disability waiver programs into two based on services person needs and settings they receive them in, rather than diagnosis

2. Implement an individual budgeting model that allocates resources based on people’s needs no matter where they live in the State

3. Build on previous studies undertaken in response to 2017 legislative requirement, collectively known as “Waiver Reimagine”

4. Submit plans to simplify waivers to CMS for approval
II. Recommended Strategy (cont’d)

1. The first phase of work is underway and includes:
   • Implementing a common, streamlined service menu in 2021 across four waivers
   • Refine and finalize individual budget method
   • Creating supporting policies to prepare for future transition

2. Future work will include:
   • A second wave of engagement with people receiving waiver services and their families, as well as lead agencies and provider organizations
   • Publish legislative report in 2021 with proposed next steps to support transition to recommended program and budget
   • Obtain legislative approval of waiver structure and budget changes
   • Submit waiver plans to CMS and develop budget transition plan
III. Anticipated Benefits

1. Implementation of this strategy means that any person involved with the disability waiver service system will have a clear understanding of what their waiver can offer
   - Which services are available
   - Which services best match an individual’s unique needs
   - What is the budget to purchase an individual’s services

2. This will simplify the waiver program for people with disabilities and their families, and lead agency workers, case managers and service providers
IV. Supporting Evidence

1. The Waiver Reimagine strategy is informed by extensive research into program structure reconfigurations and individual budgeting models

2. DHS has learned from similar transitions in FL, ID, NC, OR, WV and WY

3. DHS reviewed the experiences of DE, KS, NM, NY, PA and TN in altering the structure of HCBS services for people with disabilities
V. Administrative Implications

1. DHS has already completed significant work to support implementation of a new waiver structure and budget methodology

2. The strategy will impact MMIS, MnCHOICES, Waiver Management System, and MAXIS

3. The strategy will require system changes to align with federal guidance on personal access for Medicaid participants

4. Cost estimate is small, less than $1M
VI. Equity Review – Questions

• Does the strategy consider individual equity implications for program consolidation, streamlining and financial management?

• How will strategy utilize an equitable assessment process?

• How will strategy make provisions for accountability for individual’s budgets to remain the same?

• How does strategy consider impact to individuals during transition?

• How will strategy mitigate system impacts?

• How will strategy assess potential impact to families, agencies, and providers?
VII. Anticipated Challenges

1. Regional service gaps may occur during transition to a new service menu, which could be addressed through provider engagement and education.

2. Lower budget amounts than current individual participant spending. This could be mitigated, in part, by a longer transition period and a process for consideration of extraordinary individual needs.

... DHS, working with the community and legislature, will develop a transition plan for moving people from the old to the new waiver system.
Background Presentation:
Ensuring Equitable Access to Disability Service Programs
Evaluating HCBS Assessment Processes for Racial and Ethnic Disparities

Maria Trueblood, HCBS Waiver Policy Staff
Background Definitions

Programs included in Medicaid-funded Home and community-based services (HCBS)

- Developmental Disability (DD)
- Community Alternative Care (CAC)
- Brain Injury (BI)
- Community Access for Disability Inclusion (CADI)
- Elderly Waiver

- Alternative Care
- Home Care Nursing
- Skilled Nursing Visits
- Personal Care Assistance
- Home Care Therapies
• Research across home and community-based services (HCBS) show clear differences in patterns of enrollment, service use, and self-reported satisfaction by race/ethnicity.

• These differences suggest the existence of disparities among people of color and American Indians who are enrolled in HCBS programs.
• Multi-stage project using quantitative and qualitative methods to examine the assessment process and understand disparities.

• This project will examine institutional biases built into policies and practices and make recommendations to address them.

• Continuous improvement lens: project will work to identify and share practices that are successfully addressing disparities.
• Examine racial/ethnic disparities in HCBS programs, with a specific focus on the assessment process.

• Inform and guide qualitative and quantitative research to understand and measure racial/ethnic disparities in the assessment process for HCBS programs.

• Champion ongoing measurement to monitor disparities over time, identify positive practices, and make policy/operational recommendations.

• Inform policy and operational changes.
Phase I: Setting the stage
Timeline: Current- end of 2020

Phase 1 Elements

• Quantitative analysis of existing data
• Qualitative analysis: process mapping (policy, county, Tribe, MCO)
• Literature review/inventory of existing research
• Establishing external advisory group

Funding & Partners

• Funded through Moving Home Minnesota. A federal demonstration project through CMS.
• University of Minnesota and Purdue University
Phase II Elements

• Partner with communities and people requesting HCBS services to understand their experiences.

• Partner with lead agencies to systematically review assessment processes with an equity lens.

• Engage with stakeholders providing HCBS services.

Funding & Partners

• Scope and depth of project will be determined by available funding

• RFP process planned
Phase III: Embedding It In Our Work
Timeline: 2021-post project

- Develop systematic measures to examine disparities in the assessment process.
- Develop recommendations that identify potential methods to address disparities.
- Develop a framework/methodology for lead agencies to use to assess racial/ethnic disparities in assessment.
Partnering with Community

• Community-based participatory research

• Compensation for the time and subject matter expertise of community members

• Continuous feedback to community partners

• Stakeholder communication plan
Thank you
Strategy: Ensuring Equitable Access to Disability Service Programs
I. Problem Statement

1. Research across HCBS programs shows clear differences in enrollment patterns, service use, and self-reported satisfaction by race/ethnicity

2. HCBS waiver programs provide a more robust set of services yet are much less diverse than the state plan personal care assistance (PCA program)
   - In 2018, 60% of PACA participants were people of color or Native American, but only 14% of DD waiver and 27% of participants in the other three disability waiver programs were people of color or Native American

3. These differences suggest the existence of disparities among people of color and American Indians enrolled in HCBS programs
   - Similar disparities may exist for Asian American and Latino communities, and people who are multiracial
II. Recommended Strategy

DHS is in phase one of project to identify racial/ethnic disparities in waiver access. Funded by Moving Home Minnesota, the project examines institutional biases in policies, and how to address them.

1. Working with partners at University of Minnesota and Purdue
2. Reviewing research to understand racial/ethnic disparities in assessment process for HCBS programs
3. Reviewing findings with an advisory board of community members
II. Recommended Strategy (cont’d)

The strategy focuses on phase two, during which DHS will work directly with stakeholders to understand the assessment process from their perspectives.

1. Partner with communities and people requesting HCBS services to understand their experiences
2. Partner with lead agencies to review assessment processes with equity lens
3. Identify and propose changes that have meaningful impact
4. Ensure communities of color are provided clear communication on how their feedback resulted in changes

...phase three will implement findings from first two phases.
III. Anticipated Benefits

1. Implementation of this strategy will result in identifying systemic or policy changes needed in order to remove barriers for African-American communities to access waiver services.

2. The strategy will lead to equitable access to HCBS services by people with disabilities and older adults who are members of African American, American Indian, Asian American, and Latinx or multiracial communities.

3. The strategy will improve the State’s understanding of the needs of these communities and will address barriers experienced by people receiving the LTSS services they need.
IV. Supporting Evidence

1. MN PCA study provides current information on service utilization

2. Use data analysis from phase one to determine eligibility for both waiver and PCA and how people selected

3. Over time see a decrease in appeals related to eligibility for these groups

4. After changes are implemented, monitor data to see if people moved from state plan/PCA to HCBS waivers
V. Administrative Implications

1. DHS will coordinate the research, but the evaluation will be conducted by an external contractor
   - Funding needed for one FTE and contract with research entity

2. Updates to MnCHOICES and changes to DHS systems may be needed

3. Updates will need to be made to Minnesota statute

4. DHS will need to change the training provided to MnCHOICES assessors, case managers and others involved with determining eligibility for services, and incorporate anti-racism work

5. Cost estimate is small, less than $1M
VI. Equity Review – Questions

• Does this strategy consider disaggregated data of disparities and disproportionalities among African Americans, Latinx, American Indians, Asian Americans, and multiracial and ethnic groups with disabilities?

• Does the strategy specifically include racial and ethnic disparities as a result of barriers to accessibility in waiver programs?

• What approach does this strategy use to examine institutional racism?

• How will this strategy specifically address systemic or policy changes to remove barriers experienced among African American, Latinx, Asian American, American Indian, and multiracial groups?
VI. Equity Review – Questions (cont’d)

• There is no one size fits all approach as needs vary among racial and ethnic communities. How will this strategy make provisions to ensure equitable outcomes?

• Could the discrepancy between rates result in disparate/adverse impacts?

• Does the strategy consider geographic impact as a potential barrier of accessibility to waiver programs?

• How will this strategy make provisions for accountability among lead agencies?

• How will person-centered thinking be embedded into this strategy?
VI. Equity Review – Additional Considerations

• How does the strategy plan to engage with community members and provide mentoring?

• How will the strategy hire staff that is representative of the target communities?
VII. Anticipated Challenges

1. The strategy requires meaningful engagement with communities and lead agencies, and this will require a time commitment on their part.

2. The strategy will create system costs for the State, and administrative costs associated with staffing and contracting.

3. Funding will need to be secured in the next budgeting cycle.

4. The strategy would require the legislature to take action in order to secure funding beyond phase one.

5. The strategy will result in additional costs for external stakeholders as the project focuses on community-based participation in research methods.

6. Length of time needed to implement changes may leave communities feeling like they have provided their input without seeing results in a timely manner.
Wrap-up
Next steps and timeline

- June 23: Draft action plan sent to members
- **June 25: BRC meeting to review draft action plan**
- June 30: Due date for action plan revisions & Commission Member comments
- Mid July – July 31: action plan posted for public comment, community engagement activities, and collection of stakeholder input
- **Aug 19: BRC meeting to review public input & incorporation into action plan**
- Aug 25: Due date for any Commission Member comment revisions
- Sept 14: Final draft action plan sent to members
- **Sept 18: BRC meeting review and vote to support action plan**
- October 1: Due date to submit action plan to Governor and Legislators
Thursday, June 25, 2020

BRC Meeting 13

9:00 a.m. - 12:30 p.m.
Thank you!

hhs.blue.ribbon.commission@state.mn.us