

Olmstead Subcabinet Meeting Agenda

Monday, July 23, 2018 • 3:00 p.m. to 4:30 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

- 1) Call to Order**
- 2) Roll Call**
- 3) Agenda Review**

4) Approval of Minutes

- | | |
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| a) Subcabinet meeting on June 22, 2018 | 3 |
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5) Reports

- a) Chair
- b) Executive Director
- c) Legal Office
- d) Compliance Office

6) Action Items

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| a) Direct Care/Support Workforce Report recommendations (PC 4B.1a) (DHS/DEED) | 15 |
| b) Workplan Compliance Report for July | 71 |

7) Informational Items and Reports

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| 1) Person-Centered Planning 1H/1I – Annual report on training activities and tools (DHS) | 91 |
| 2) Employment 5A.5 – Semi-annual report on impact of WIOA (DEED) | |
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| 6) Quality of Life Survey 5C – Monthly report on survey implementation (OIO) | 119 |
| b) Workplan activity report to be reviewed by Subcabinet | 123 |
| 1) Community Engagement 1D/1E – Quarterly report on community contacts (OIO) | 125 |
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8) Public Comments

9) Adjournment

Next Subcabinet Meeting: August 27, 2018 – 3:00 p.m. – 5:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

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Olmstead Subcabinet Meeting Agenda Item

July 23, 2018

Agenda Item:

- 4) *Approval of Minutes*
 - a) *Subcabinet meeting on June 22, 2018*

Presenter:

Commissioner Tingerthal (Minnesota Housing)

Action Needed:

- ☒ Approval Needed
- ☐ Informational Item (no action needed)

Summary of Item:

Approval is needed of the minutes for the June 22, 2018 Subcabinet meeting.

Attachment(s):

4a- Olmstead Subcabinet meeting minutes – June 22, 2018

DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET**Olmstead Subcabinet Meeting Minutes**

Friday, June 22, 2018 • 10:30 a.m. to 12:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

1) Call to Order

Action: N/A

Commissioner Tingerthal welcomed everyone and provided meeting logistics.

2) Roll Call

Action: N/A

Subcabinet members present: Mary Tingerthal, Minnesota Housing; Shawntera Hardy, Department of Employment and Economic Development (DEED); Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD); Roberta Opheim, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) joined the meeting at 10:45 and Emily Piper, Department of Human Services (DHS) joined the meeting at 11:44

Designees present: Claire Wilson (DHS); Daron Korte, Minnesota Department of Education (MDE); Gil Acevedo, Minnesota Department of Health (MDH); Deb Kerschner, Department of Corrections (DOC) and Rowzat Shipchandler, Minnesota Department of Human Rights (MDHR)

Guests present: Mike Tessneer, Rosalie Vollmar, Darlene Zangara, Sue Hite-Kirk and Shannon Eckman, Olmstead Implementation Office (OIO); Ryan Baumtrog (Minnesota Housing); Erin Sullivan Sutton, Carol LaBine, Charles Young, Ryan Merz and Rick Figueroa (DHS); Tom Delaney (MDE); Maura McNellis-Kubat (OMHDD); Tom Delamey and Emily Jahr (MDE); Kody Olson and Joan Willshire Minnesota Council on Disability; Darielle Dannen (DEED); Kim Moccia (ADM); Stephanie Lenartz, Wendy Berghorst and Nicole Stockert (MDH); Jolene Robertus (DOC); and Jessica Cambronne (member of the public)

Guests present via telephone: Jessica Cambronne (member of the public) on phone until she arrived in person.

Sign Language and CART providers: Mary Catherine (Minnesota Housing); ASL Interpreting Services, Inc.; Paradigm Captioning and Reporting Services, Inc.

3) Agenda Review

Commissioner Tingerthal asked if there were any changes needed to the agenda. She reminded any attendees interested in providing public comment to sign up in the back of the room.

4) Approval of Minutes**a) Subcabinet meeting on May 21, 2018**

Commissioner Tingerthal asked if there are any changes needed to the minutes. No edits were needed.

Motion: Approve May 21, 2018 Subcabinet meeting minutes

Action: Motion – Hardy Second – Kerschner In Favor - All

5) Reports**a) Chair****1) Follow up on legislative session**

Commissioner Tingerthal asked the Commissioners or designees to provide a brief verbal update on any legislative proposals that were approved that relate to the priorities in the Olmstead plan. This is a follow up to the March Subcabinet meeting that included an overview of legislative proposals from each agency.

Assistant Commissioner Korte (MDE) reported the following:

- MDE had several mental health proposals relating to school safety and discipline. Unfortunately, they were part of the larger Omnibus Bill that was vetoed.
- Through the Bonding Bill, MDE had \$25 million approved for school safety grants, and a \$5 million grant to the Southwest/West Central Service Center to create a rehab center in Cosmos, Minnesota.

Assistant Commissioner Acevedo (MDH) reported the following:

- MDH had several proposals impacting vulnerable adults and the structure for assisted living framework. Nothing was passed. MDH is moving forward and internally working on these issues.

Assistant Commissioner Shipchandler (MDHR) reported the following:

- MDHR was able to stave off a budget cut of 30 percent.
- MDHR was involved in a conversation about misrepresentation of an animal as a service animal; which is now a misdemeanor.
- The Department also had a proposal to explicitly add “interactive process” into the Minnesota Human Rights Act, similar to the ADA. This did not pass, but MDHR is hopeful an appeals court case will have a decision about this.

Commissioner Hardy (DEED) reported the following:

- Much of the focus was on maintaining existing funding, specifically in the WorkForce training area. The Omnibus Bill was vetoed and no additional funding was awarded.
- The broadband program, if not funded next session, will end. This is a critical resource for connecting with individuals with disabilities.

Assistant Commissioner Wilson (DHS) reported the following:

- DHS had proposals for additional funding for mental health grants, personal care assistants, and reports of abuse and neglect, etc. All were tied to the larger Budget Bill and did not make it through the process.
- DHS received close to \$30 million in the bonding bill to establish regional crisis housing centers to deal with mental health crises.

Deb Kerschner (DOC) reported the following:

- The primary request was for electronic health records system. This was not approved, but the DOC will continue to request it.

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Commissioner Tingerthal (Minnesota Housing) reported the following:

- Through the Bonding Bill, Minnesota Housing received \$80 million in housing infrastructure bonds. These were heavily used in the last five years to provide permanent supportive housing of various types, to include units for people with disabilities. From the \$80 million, \$30 million will be for housing for people with behavioral health needs. Minnesota Housing will be working with DHS, counties and providers to define what that means. Senator Senjem from the Rochester area suggested crisis housing centers be located in the same communities as permanent supportive housing. Minnesota Housing and DHS will work together to make sure programming is in place and crisis housing centers are well connected to sources for permanent supportive housing.
- Minnesota Housing also received \$10 million in funds to renovate public housing throughout the state. This would be for basic repairs such as elevators, plumbing, roofs, and health and safety items. Low income people with disabilities often live in public housing.

News items - Commissioner Tingerthal reported that there have been several items in the news recently that relate to Olmstead. They include:

- DEED – Star Tribune article on June 10, 2018 related to employment.
- DHS – A press release on grants promoting community inclusion, employment, and housing choices for people with disabilities.
- DHS/ADM – An upcoming press release on the launch of Minnesota’s Guide to Assistive Technology website on June 26, 2018.
- DHS - Star Tribune article on June 12, 2018 related to efforts to block 7% cuts to disability service providers.

b) Executive Director

- Darlene Zangara provided an update on the Community Engagement Workgroup. An orientation meeting will be held on June 26, 2018. Monthly meetings are scheduled and the dates of the meetings are posted on the Olmstead Plan website.
- Today is the 19th anniversary of the Olmstead Decision. A series of Facebook posts have been posted on the history of Olmstead.

c) Legal Office

No report.

d) Compliance Office

1) Olmstead Plan 2018 Strategic Review Process

Mike Tessneer (OIO) described the process that will be followed to complete the Olmstead Plan 2018 Strategic Review. Commissioner Tingerthal added that the agencies should expect to be contacted by the Olmstead Compliance staff. She explained that strategic review of the Plan was contemplated since the initial adoption of the Olmstead Plan. The Court felt there were some long deadlines for some of the goals. The purpose of the review is to look back and see if the results we are getting are the same as what we were hoping

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for when the plan was initially drafted. Any questions about the Strategic Review should be directed to the OIO Compliance staff.

6) Action Items**a) Prevention of Abuse and Neglect Recommendations**

Assistant Commissioner Korte (MDE) reminded the Subcabinet that the Comprehensive Plan for the Prevention of Abuse and Neglect for People with Disabilities report was presented at the January 29, 2018 meeting. The report included several recommendations. At that meeting, the Subcabinet asked DHS, MDH, and OMHDD to review the recommendations and determine if there were activities already underway that align with the recommendations. The report included in the packet summarizes the results of the agency reviews. If the Subcabinet agrees with the agency recommendations, a meeting will be convened of a group of interested individuals including members of the Specialty Committee, to inform them of the plan moving forward. Then perhaps sometime in the future we could consider reconstituting some form of that group, perhaps with a new charter or something else, to look at things in the report that don't fall within the jurisdiction of the agencies or things that we need to work on through our community partners.

The agencies then presented the activities related to the recommendations.

- Nicole Stockert (MDH) reported on MDH targeted recommended activities. The activity relates to creating an accessible plain language version of the resident Bill of Rights for Supervised Living Facilities (SLFs). When the activity is complete there will be a plain-language guide for the supervised facility, Bill of Rights in both printed and audio versions, instructional booklets for individuals and instructors and situational videos with accompanying instructional guide to support training sessions. This project is being done using focus groups to consult with people with disabilities.

Questions/ Comments

Robert Opheim (OMHDD) asked if the plain language Bill of Rights is unique to only SLFs. Nicole Stockert (MDH) confirmed that this is focused specifically on the Bill of Rights for residents in SLFs.

- Erin Sullivan-Sutton (DHS) reported on DHS targeted recommended activities. DHS has a number of ongoing workplan activities in prevention of abuse and neglect, person-centered practices, and positive support topic areas. One of the targeted activities relates to training individuals with disabilities in self-advocacy through a 12 month program of classroom training and field work. This helps individuals know their rights, have expectations about how they should be treated and know what to do if they are violated.

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DHS is also implementing Goal 3 in the Preventing Abuse and Neglect topic area. That goal tracks repeated episodes of reported abuse and neglect through the Minnesota Adult Abuse Reporting Center (MAARC). The data will be used to identify prevention strategies to reduce occurrences of abuse and neglect.

DHS also has a number of activities related to engaging with people with disabilities, family members and guardians to provide information, tools and resources to help them understand their options, their rights, and plan for their future through person-centered practices.

This includes strategies to focus on outreach to ethnically and racially diverse audiences and DHS has a number of trainings that are offered directly through the College of Direct Supports with the person-centered curriculum.

Questions/ Comments

Roberta Opheim (OMHDD) asked if MAARC gets data from the counties. Erin Sullivan Sutton (DHS) stated that county data is being reported through MAARC.

- Tom Delaney (MDE) reported on MDE targeted recommended activities. MDE will be building on existing goals, strategies, and work plans for development and implementation of person-centered practices focused on equality, leadership and self-advocacy efforts for people with disabilities.

MDE participates in the Minnesota System of Interagency Coordination (MNSIC) with other state agencies. One of the projects through MNSIC is to develop and scale up person-centered practices within school districts, specifically in the Individualized Education Program process. The goal is to maintain the protections for parents and students that are in the due process requirements of special education, but, at the same time, incorporate the benefit of person-centered planning for the educational plans.

Another effort by MDE is through the School Safety and Technical Assistance Center, which provides the resources and training to school districts, specifically related to the Safe and Supportive Schools Act. Resources and training provided focus on the prevention of bullying for all students, including bullying of students with disabilities.

MDE is also implementing Goal 4 in the Preventing Abuse and Neglect topic area. This goal tracks the number of schools with three or more investigations of alleged maltreatment of a student with a disability. MDE's student maltreatment team specifically focuses on the prevention of abuse and neglect, using specific reports from

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school districts. The statewide positive behavioral intervention and supports (PBIS) is being used in response to school districts with repeated reports of maltreatment. At the same time, PBIS training is being provided across the state with as many school districts as the annual training cohorts allow.

- Maura McNellis-Kubat (OMHDD) reported on OMHDD targeted recommended activities. OMHDD receives approximately 850 annual reports of deaths of people with disabilities. The reports are evaluated to determine what led to the death and the care preceding the death. The reviews look for patterns and trends and ways that the system may need to be improved. In addition based on the information gathered, a list is developed of things that people can do to reduce the risk of harm to people with disabilities. From the findings, medical alerts can be issued and monitored.

Roberta Opheim (OMHDD) added that in addition to death reports, they also receive about 1,500 serious injury reports annually. Those are reviewed to determine if proper care was given or if the risk needs to be reassessed. And one of the things OMHDD will be looking at is how they can get better data out of the system to see if they can pinpoint some of these things rather than just how many did they received.

Assistant Commissioner Korte (MDE) wrapped up the report by thanking all who had worked on this report, the recommendations and follow-up.

Questions/Comments:

Colleen Wieck (GCDD) asked if the group is going to continue to meet to address 1) public education campaign, and 2) data analysis. Will the data analysis be shared and will we start looking at trends? For example, the opioid crisis and the number of deaths due to that.

Assistant Commissioner Korte stated that he sits on the Statewide Opioid Oversight Project that DHS administers. There is crossover conversation about public education campaign and he will bring that to the group.

In regards to next steps for recommendations that are not specifically already being addressed by agencies, his thoughts are that the Subcabinet might provide some traction for those items.

Colleen Wieck (GCDD) pointed out that there is an upcoming report to the Subcabinet regarding the public education update. Hopefully there will be enough time allowed at that time for more discussion.

DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET**b) March 2018 Olmstead Plan – Workplan Revisions**

In the interest of time, Commissioner Tingerthal explained the process followed by the agencies to review the March 2018 Plan to determine if any workplan activity changes were needed. Agencies determined that no changes were needed. There were no questions and no action was needed.

c) Workplan Compliance Report for June

Commissioner Tingerthal also reported that of the 15 workplan activities reviewed this month 15 were completed and none are being reported as an exception. The list of activities reviewed are attached to the Workplan Compliance report. There were no questions.

Motion: Approve June Compliance Report

Action: Motion – Korte

Second – Opheim

In Favor - All

7) Informational Items and Reports**a) Workplan activity reports to be presented to Subcabinet****1) Employment 6A.2a – Status of recommendations to implement home and community-based services rule to support competitive integrated employment**

Ryan Merz (DHS) presented the report to the Subcabinet.

Questions/Comments:

Robert Opheim (OMHDD) asked if there would be sufficient capacity of day training and habilitation centers for individuals who do not choose competitive integrated employment. Ryan Merz stated work with stakeholders would be important to determine the needed capacity. The goal is to make day training and habilitation centers geared towards community inclusion and prevocational services. Roberta Opheim asked if DHS Licensing will regulate, monitor and assess whether or not people are getting services required under the waiver status. Ryan was not able to address this and will take it back to DHS.

Commissioner Tingerthal asked if he would report back the answer to the Olmstead Office for inclusion in the materials for the next meeting.

2) Education 2A – Annual report on number of students with Developmental Cognitive Disability and Autism Spectrum Disorders in most integrated setting

Tom Delaney (MDE) presented the report to the Subcabinet

Questions/Comments:

Colleen Wieck (GCDD) stated she watches this data closely and was wondering which types of schools are included in the data. Tom Delaney (MDE) stated the data includes charter

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schools, intermediate school districts and regular school districts. If they don't fall into those categories, they would not be counted.

Roberta Opheim (OMHDD) suggested checking on unlicensed settings called Children's Therapeutic Services and Supports (CTSS) who are required to report data to the home school district. It is important to know that kids that are going into these facilities, licensed or not, are getting the required education component and issues reported back. Tom Delaney indicated he would follow up on that.

3) **Education 3A.1, 3A.2, 3A.3 – Annual report on 4-year and 6-year graduation rates of American Indian and Black students with disabilities**

Tom Delaney (MDE) presented the report.

Questions/Comments:

Commissioner Hardy (DEED) stated that it is always good to see graduation rates increasing. She wanted to make sure, however, that we're checking in and evaluating strategies and being thoughtful about social determinants.

4) **Education 4F – Annual report on students with disabilities exiting MCF – Red Wing utilizing a reintegration protocol**

Deb Kerschner (DOC) presented the report.

Questions/Comments:

Commissioner Tingerthal commented that a few years ago this was a problematic area but, the report reflects that DOC is committed to making connections with education.

Roberta Opheim (OMHDD) asked Assistant Commissioner Korte if they are seeing resistance from the home school districts to reintegrate these students back into the school. Assistant Commissioner Korte stated there is a good relationship with Minneapolis and St. Paul public school districts. They are pushed to give students a chance in mainstream settings 3 and 2.

5) **Positive Supports 1C.8 – Annual report on implementation of Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports**

Charles Young (DHS) presented the report.

Questions/Comments:

Colleen Wieck (GCDD) asked if DHS staff serve on the external program review committee and if reports on who uses mechanical restraints could be received. This tends to be the

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security hospital in St. Peter, and the numbers have not decreased. She is wondering which DHS unit will provide the training to St. Peter.

Charles Young stated the Disability Services Division continues to offer technical assistance to St. Peter, as well as monitor their use of restrictive interventions. St. Peter is very proactive. A bill was signed into law that provide an exemption for child care providers from the positive supports rule. This means that both family child care and child care centers will no longer be required to go to the same training as other DHS licensed facilities.

6) Crisis Services 3B.5 – Annual report on implementation of Forensic Assertive Community Treatment teams

Carol LaBine (DHS) and Jolene Robertus (DOC) presented the report.

Questions/Comments:

Commissioner Tingerthal asked if Minnesota is part of the control group, will they get access to all the research findings. Jolene Robertus (DOC) confirmed that they would.

7) Quality of Life Survey 5C – Monthly report on survey implementation

Darlene Zangara (OIO) presented the report. There were no questions.

8) Public Comments

Commissioner Tingerthal asked those who signed up for public comment speak to the Subcabinet.

Jessica Cambronne (member of the public)

Jessica provided a printed copy of her comments to Subcabinet members and these will be filed appropriately. Highlights included:

- Lack of awareness and education about trauma in the human service industries.
- Compassion fatigue (also known as Secondary Traumatic Stress Disorder) may be a factor in at least some of the workforce shortage.
- Training loophole for personal care assistants (PCAs) employed under a certain program are trained by families.
- Outcomes suggested:
 - Training on the causes, types and symptoms of trauma.
 - Training on supporting persons in crisis when professional support from a mental health professional is not available.
 - Research on compassion fatigue and Secondary Traumatic Stress Disorder as it relates to both paid and unpaid caregivers and other social service personnel.
 - Training on the topic of compassion fatigue and Secondary Traumatic Stress Disorder.

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- Training on trauma inflicted on a witness to abuse.
- Review of current law and licensure policies to ensure all care providers are trained in mandatory reporting.

Questions/Comments:

Commissioner Piper (DHS) asked Jessica her thoughts on when it would be practical for a person to receive training and if it would be one-time training or revisited. Jessica stated that as a PCA she is required to complete annual training on many topics. She suggested that an overview on abuse and neglect would be appropriate on an annual basis. Awareness, support and cross-training and on compassion fatigue would be huge.

9) Adjournment

Commissioner Tingerthal adjourned the meeting at 12:05 p.m.

Next Subcabinet Meeting: July 23, 2018 – 3:00 p.m. – 4:30 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

Olmstead Subcabinet Meeting Agenda Item

July 23, 2018

Agenda Item:

6 (a) Direct Care/Support Workforce Report recommendations (PC 4B.1a)

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

- ☒ Approval Needed
- ☐ Informational Item (no action needed)

Summary of Item:

In March 2018, the Cross-Agency Direct Care and Support Workforce Shortage Working Group submitted a recommendations report to the Olmstead Subcabinet. This report laid out a strategic vision for tackling the crisis in the direct care and support workforce. The cross-agency working group identified seven prioritized recommendations, and each recommendation contained subordinate strategies. The Subcabinet then requested the following actions:

- *Add Activity Person-Centered Planning 4B.1a*
 - *The working group will further review and edit the recommendations included in the report to:*
 - *Prioritize the direct care report recommendations for implementation; and*
 - *Review and update the direct care report recommendations to identify:*
 - *which recommendations would need legislative action,*
 - *which would require state agency action, and*
 - *which ones require collaborative community efforts.*
- *Report back to the Subcabinet at the July 23, 2018 meeting.*

Attachment(s):

6a – Direct Care/Support Workforce Report recommendations

Olmstead Subcabinet Meeting Agenda Item

Recommendations to Expand, Diversify, and Improve Minnesota's Direct Care and Support Workforce

Workplan

Olmstead Subcabinet
Cross-Agency Direct Care and Support Workforce Shortage
Working Group
July 10, 2018

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Introduction

In March 2018, the Cross-Agency Direct Care and Support Workforce Shortage Working Group submitted a recommendations report to the Olmstead Subcabinet.^[1] This report laid out a strategic vision for tackling the crisis in the direct care and support workforce. The cross-agency working group identified seven prioritized recommendations, and each recommendation contained subordinate strategies. The Subcabinet then requested the following actions:

- Add Activity Person-Centered Planning 4B.1a
 - The working group will further review and edit the recommendations included in the report to:
 - Prioritize the direct care report recommendations for implementation; and
 - Review and update the direct care report recommendations to identify:
 - which recommendations would need legislative action,
 - which would require state agency action, and
 - which ones require collaborative community efforts.
- Report back to the Subcabinet at the July 23, 2018 meeting.
- Adjust Activity Person-Centered Planning 4B.2
 - Develop implementation plan and work plan based upon recommendations *[for strategies and activities to recruit, train and retain workers to better meet Minnesota's Direct Care/Support Workforce needs.]*
 - Submit implementation plan and work plan to Subcabinet for review by September 30, 2018.

In April 2018, members of the working group divided into sub-teams to develop the work plans for each recommendation. The sub-team members are listed in Appendix A. Going forward, members of the cross-agency working group, including members of the disability community, family members, advocates, and others have expressed interest in continuing this work.

The working group prepared this report in response to the first part of the Subcabinet's direction. This report uses the following definitions as to what is required to implement these activities. Pending Subcabinet review and approval, the assessment by the affected state agencies as to what additional resources and policies would be needed to implement these activities will be included in the next report due in September 2018. The definitions used to answer the question in the columns that appear in the report are below:

Would need legislative action: This is answered "Yes" if the activity would require a change in statute, authority or appropriations.

Would require state agency action: This is answered "Yes" if any state agency action is necessary for the activity to occur. It does not presume that funding, staffing and other resources are currently available to implement the activity, only that one or more state agencies would need to take action for this activity to occur.

^[1] See page 133 of Olmstead Subcabinet Meeting Agenda, March 26, 2018:
<http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-299179.pdf>. Accessed May 21, 2018.

Would require collaborative community efforts: This is answered “Yes” if voluntary efforts by community stakeholders would be needed for this activity to occur. If the activity only requires that some stakeholders comply with new or changing policies and procedures (such as a mandatory wage report) that is not considered collaborative community efforts.

As stated in the March 2018 report:

The widespread inability to find direct care and support workers jeopardizes the health and well-being of Minnesotans with disabilities and older adults who depend on those services to remain in the most integrated settings possible. Even when caregivers can be hired, many people with disabilities describe a pattern of compromising their own needs to accommodate caregivers. In other cases, family members are forced to walk away from their own careers to care for loved ones themselves.

Despite the depth of need and a passion for the work, direct care and support professionals often report poor job satisfaction due to low wages and a lack of benefits, such as paid time off and health coverage. The need to earn a livable wage drives a striking percentage of direct care and support professionals out of the industry. This leaves agencies and other providers struggling – or unable – to provide the requested services to people in need.

The seven prioritized recommendations from the March 2018 report with subordinate strategies are listed below:

1. Increase worker wages and/or benefits

Strategies:

- A. Provide a livable wage to enhance job satisfaction and retention, and address statutory limits on reimbursement rates that make it difficult for providers to pay direct care and support staff a livable wage.
- B. Require provider reporting of wages paid to track progress toward a livable wage.
- C. Offer or improve benefits provided to direct care and support professionals, including health coverage, paid time off, and holiday pay.
- D. Assess the potential of creating an employee pool group consisting of direct care and support professionals throughout the state to achieve the best possible health coverage at the most affordable price.

2. Expand the worker pool

Strategies:

- A. Create incentives for high school and college students choosing direct care and support career paths.
- B. Expand the worker pool to non-traditional candidates.
- C. Explore options to address transportation barriers for direct care and support professionals and the people who depend on their services.
- D. Provide resources to help organizations utilize recruitment and retention strategies known to increase the quality of candidates hired.
- E. Develop a service corps through partnerships with colleges, universities, and/or private partners.
- F. Develop apprenticeship opportunities.

3. Improve the workforce by enhancing training for direct care and support professionals

Strategies:

- A. Assess the value of developing a training and scholarship program consistent with the Minnesota Department of Employment and Economic Development's career pathway model.
- B. Promote use of existing training and development options.
- C. Provide tiered credential options and career ladders for direct care and support professionals.

4. Increase job satisfaction (including quality of the job)

Strategies:

- A. Ensure access to effective supervision.
- B. Recognize exceptional direct care and support work.

5. Raise public awareness by promoting direct care and support careers

Strategies:

- A. Leverage Minnesota's career, training, and business services to develop a statewide recruitment and promotional plan to attract jobseekers to direct care and support careers.
- B. Create a recruitment and retention guide, promotional materials, and public service announcements on direct care and support careers targeted to potential workers.
- C. Develop an educational awareness plan on direct care and support careers targeted to high school students.

6. Promote service innovation

Strategies:

- A. Identify and promote the use of technology solutions.
- B. Support the development of service options for shared services and shared living in the most integrated setting.
- C. Examine possible policy or regulatory barriers to the employment of potential workers or the accessibility of services by the people who need them.

7. Enhance data collection

Strategies:

- A. Gather and report longitudinal direct care and support workforce data across long-term services and supports in Minnesota.
- B. Identify ongoing data needs for monitoring workforce issues.
- C. Gather and report annual direct care and support workforce data across service types and populations receiving long-term services and supports.
- D. Monitor improvements or worsening of the workforce issues based on baseline data.
- E. Provide funding to allow monitoring of the relationship between critical incidents, recidivism of institutionalization, and emergency room visits based on reductions or increases in vacancy and turnover rates.
- F. Provide funding to conduct a statewide study of emergency rescue personnel who respond to people who fall in their homes or need assistance with toileting or other activities of daily living due to lack of direct care and support staff.

All of the recommendations include, in addition to the activities listed in the work plan below, these additional overarching activities for the cross-agency working group:

- Consulting with DHS and DEED government relations directors on any Olmstead directives that may come to the 2019 session.
- Documenting progress going forward at regular intervals.

Workplan

Recommendation 1: Increase worker wages and/or benefits

Strategy 1.A: Provide a livable wage to enhance job satisfaction and retention, and address statutory limits on reimbursement rates that make it difficult for providers to pay direct care and support staff a livable wage.

Strategy 1.B: Require provider reporting of wages paid to track progress toward a livable wage.

Strategy 1.C: Offer or improve benefits provided to direct care and support professionals, including health coverage, paid time off, and holiday pay.

Strategy 1.D: Assess the potential of creating an employee pool group consisting of direct care and support professionals throughout the state to achieve the best possible health coverage at the most affordable price.

1	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
1.A.1	<ul style="list-style-type: none"> Work for a competitive workforce wage adjustment, both in a one-time increase in compensation and indexed adjustments every two years. This should be based on the average of the Bureau of Labor Statistics Occupational Classifications (SOC codes) for similarly skilled/educated occupations and include total compensation. In addition, bring all Direct Care Workers (DCW) wages up to the level of the highest paid DCW, as the highest priority for wage increases. Explore Personal Care Assistant (PCA) reimbursement rates to allow for differentiating rates based on level of training and care required. The PCA reimbursement rate is the same for all recipients except during this past legislative session when an enhanced rate of 5% will be allocated for consumers who receive more than 12 hours per day of PCA services. This activity will help address the urgent staffing crisis consumers requiring extensive assistance with Activities of Daily Living (ADL) who may have the greatest degree of difficulty in obtaining direct care staff. 	High	Yes	Yes	Yes

1	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
	<ul style="list-style-type: none"> Both reimbursement rates and compensation rates are regulated in Minnesota through statute, and therefore it is a necessity to build support for needed legislation by activating provider and worker organizations in a public education campaign that incorporates the impacts of the worker shortage on people in the local community. See Appendix B: Direct Care Staff Wage Analysis for supporting data. 				
1.A.2	<ul style="list-style-type: none"> Assess the state of financial sustainability of PCA providers given the increases in expenses against a reimbursement rate that has not had the degree of adjustments with increased regulated expenditures. Identify PCA providers which are non-profit. Pull data on financial status from most recently available Federal 990s. Prepare report. This requires determining a working definition of financial sustainability and identifying financial metrics to utilize for report analysis. Develop a financial stability survey. Do a random sample of PCA providers that are for profit, and conduct the survey. Prepare report. Note: Many providers have multiple lines of business and it may not be practical to separate PCA or to determine the financial impact of PCA on the overall organization. Work with Propel Non-profits (formerly Non-Profits Assistance Fund and MAP for Non-profits) to identify the criteria they use to determine whether an organization is credit worthy. Use that or similar criteria to assess financial strength. 	Medium	No	Yes	Yes
1.A.3	<ul style="list-style-type: none"> Develop a report on a comprehensive overview on all reimbursement rates for all programs in Long Term Services and Supports (LTSS), the people served, services covered, average wage by Direct Care Workers (DCWs) in each LTSS area and total number of people served. 	High	No	Yes	No
1.A.4	<ul style="list-style-type: none"> Engage all stakeholders in a public education campaign about the direct worker care crisis, an overview of Long Term Services and Supports, and why implementing the action items as solutions to this crisis is in the best interest of all Minnesotans. Related to Strategies 2.4 and 2.5. 	Medium	No	No	Yes

1	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
	<ul style="list-style-type: none"> See Appendix C for supporting data from a survey of the Minnesota First Provider Alliance members. 				
1.B.1	<ul style="list-style-type: none"> Make reporting of workforce data mandatory for all providers across all LTSS programs. Policy analysis would need to look at legislative language in order to provide basis for action and also for analysis on results of such mandated reporting. Could build upon HF2373 and SEIU contract. 	High	Yes	Yes	No
1.C.1	<ul style="list-style-type: none"> Make it possible for Direct Care Workers and employers to be flexible in the use of compensation funds, so that a range of benefits or wages could be selected by the worker. Policy analysis would be considerable to assess what it would take to make it possible with regard to the legal issues that are central to this item. 	Low	Possibly	Yes	Yes
1.D.1	<ul style="list-style-type: none"> Pursue ways of maximizing the purchasing power of Direct Care Workers (DCWs) for benefits. This includes coordination with public health care program eligibility standards and buying into state programs such as MinnesotaCare. This would require legislative action. A team of experts would be needed throughout the duration of the work. Initial conversation has taken place with some individuals about such an effort. Any proposal will require policy analysis and would need to look at compensation. Statewide health care coverage survey to be conducted by MDH for Long Term Services and Supports direct care workforce, and providers. 	Medium	Yes	Yes	Yes

Recommendation 2: Expand the worker pool

Strategy 2.A: Create incentives for high school and college students choosing career direct care and support career paths

Strategy 2.B: Expand the worker pool to non-traditional candidates

Strategy 2.C: Explore options to address transportation barriers for direct care and support professionals and the people who depend on their services

Strategy 2.D: Provide resources to help organizations use recruitment and retention strategies known to increase the quality of candidates hired

Strategy 2.E: Develop a service corps through partnerships with colleges, universities, and/or private partners

Strategy 2.F: Develop apprenticeship opportunities

2	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
2.A.1	<ul style="list-style-type: none"> Identify current employee/loan forgiveness programs which offer recruitment benefits of scholarships, tuition reimbursement, child care, transportation and other resources for the purpose of identifying “gaps” in availability to home care agencies. Develop similar employee programs (e.g., Minnesota Department of Human Services Nursing Facility Employee Scholarship Program, Leading Age Minnesota Foundation Scholarships, Minnesota Department of HCBS Employee Scholarship Grant Program) or expand programs to include home care workers who are caring for people with disabilities under the age of 65. Look at replicating or expanding federal/ state programs whereby college loans are forgiven for individuals who enter certain occupational fields (in this case direct care). Identify existing programs for apprenticeship programs to provide a career pathway from PCA to LPN/RN and develop communication/marketing plan to reach home care agencies across the state. Coordinate with state home care organizations. Related to Strategy 3.A 	Medium	Yes	Yes	Yes

2	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
2.B.1 and 2.D.1	<ul style="list-style-type: none"> Review legislative/congressional directives for mandatory work assignments for individuals receiving public assistance Work with the Minnesota Department of Human Services (DHS) to review possibilities of recruiting newly arrived immigrant populations to be PCAs Work with the Minnesota Department of Employment and Economic Development (DEED) to advertise openings in Workforce Centers, with youth service agencies, with adult serving agencies, etc., through the use of Direct Support Connect – an online job board matching workers looking for work and users of service looking for workers. Work with the Minnesota Department of Education and other secondary educational organizations to build awareness of Direct Support Connect, to build awareness of the PCA workforce shortage and to encourage volunteer or part time work. Work with Minnesota State Colleges and Universities, the University of Minnesota, and private college consortiums to also market Direct Support Connect to student populations. Work with advocacy groups to recruit non-traditional candidates. Work to increase salaries/reimbursements. Related to Strategy 1.A 	High	No	Yes	Yes
2.C.1	<ul style="list-style-type: none"> Examine conclusions reached by MnCOTA (Minnesota Council on Transportation Access) concerning employment related transportation barriers faced by youth and low-income adults. Survey present and potential PCAs concerning transportation barriers to employment. Working with the Minnesota Department of Transportation (MnDOT) and the Metropolitan Council propose strategies to overcome barriers including such ideas as van pools, car sharing, and greater access to public transportation. Look at expansion of transportation programs in DEED such as “Getting to Work.” 	High	Possibly	Yes	Yes

2	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
2.E.1 and 2.F.1	<ul style="list-style-type: none"> • Develop Service Corps project design. • Identify potential members of service corps: <ul style="list-style-type: none"> ○ High school juniors/seniors interested in health careers (high school credit). ○ Post-secondary students interested in health careers (credits/credentials) and in other academic areas e.g., this group would be provided with the potential of tuition forgiveness or scholarships for part time work commitment. • Work with accrediting agencies and Minnesota Department of Labor and Industry (DLI) to secure portable credentials leading to higher levels in health care. • Design marketing campaign to recruit corps/apprenticeship members. • Identify service corps funding sources (state/federal agencies/new legislation.) • Identify existing state/federal volunteer organizations for potential affiliation. • Related to Strategy 1.A and 3.A 	High	Yes	Yes	Yes

Recommendation 3: Improve the workforce by enhancing training for direct care and support professionals

Strategy 3.A: Assess the value of developing a training and scholarship program consistent with the Minnesota Department of Employment and Economic Development’s career pathway model.

Strategy 3.B: Promote use of existing training and development options.

Strategy 3.C: Provide tiered credential options and career ladders for direct care and support professionals.

3	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
3.A.1	<ul style="list-style-type: none"> Create a direct care and support professionals career pathway development team with representatives from state agencies, labor, advocacy, education, and service provider organizations. Pathway Development Team will identify competencies required, available training, gaps in training, barriers/challenges to expanding training, and plan to develop an identified pathway. Pathway Development Team will work with other professional organizations such as the Board of Nursing to work through scope of practice issues which might arise. Work with Board of Nursing to explore admission criteria for LPN programs so direct care experience will be a factor consider in admissions decisions. Related to Strategy 1.A 	High	No	Yes	Yes
3.A.2	<ul style="list-style-type: none"> Continue funding SEIU training. Identify a robust set of courses/offerings which are eligible for training funds. Work with Minnesota State to offer courses/trainings throughout Minnesota. Related to Strategy 2.B 	High	Yes	Yes	No
3.A.3	<ul style="list-style-type: none"> Publicize (through workforce centers, schools, employers, etc.) the direct care and support professionals connection to existing career ladders—i.e., being a PCA is a great starting point for other health and human service careers. 	High	No	Yes	No

3	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
	<ul style="list-style-type: none"> Create collateral and online materials to be used by workforce centers, career counselors, employers, etc. to visually depict the opportunities to advance to other health and human service occupations from a direct care and support starting point. Identify training requirements and costs along with salaries associated with advancement on a career ladder. 				
3.A.4	<ul style="list-style-type: none"> All state-funded health and human service-related scholarship programs (e.g., MDH Home and Community-Based Services Scholarship Grant Program) should be expanded and amended to include direct care and support professional eligibility. An inventory of these programs and any factors that limit inclusion of these workers will be created. Legislation will be advanced to expand funding and increase access. Related to Strategy 2.A 	High	Yes	Yes	Yes
3.A.5	<ul style="list-style-type: none"> Develop a Direct Care Service Corps program that will provide financial support to post-secondary students who choose to work as a direct care and support professional while enrolled in college. Related to Strategy 2.E and 2.F 	High	Yes	Yes	Yes
3.B.1	<ul style="list-style-type: none"> Compile list of existing training and development options such as: PCA Choice, SEIU, DHS Individual PCA training, etc. and publicize to employers (agencies and individuals) and direct care and support professionals. 	High	No	Yes	Yes
3.C.1	<ul style="list-style-type: none"> Related to Activity 3.A.1. Develop direct care and support professional (“Level 2” or “Lead”, for example) that can assist with training of new worker. Create a reimbursement code and fund this type of service. Peer training, allow senior PCA’s to train new staff. A policy barrier may exist if training is taking place and one of the two people (trainer or trainee) is not getting paid – most likely the trainee. DHS does not permit billing for two people at the same time. 	Medium	Yes	Yes	No

Recommendation 4: Increase job satisfaction (including quality of the job)

Strategy 4.A: Ensure access to effective supervision.

Strategy 4.B: Recognize exceptional direct care and support work.

4	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
4.A.1	<ul style="list-style-type: none"> Implement for all Long Term Services and Support (LTSS) consumers, surveys of consumers with mandated reporting on their satisfaction with supervision, direct care workers, and their providers. Policy analysis would need to look at legislative language in order to provide basis for action and also for analysis on results of such mandated reporting. 	High	No	Yes	Yes
4.A.2	<ul style="list-style-type: none"> The Minnesota Department of Human Services (DHS) implements an overall job satisfaction rating for all supervisors and direct care workers in aggregate. All Long Term Services and Support (LTSS) providers are mandated to conduct job satisfaction surveys by direct care workers and on supervision. Priority within this implementation item is to address the unlicensed area first on provider metrics, job satisfaction metrics, and participant/consumer satisfaction surveys. In context of Long Term Services and Supports, unlicensed services are to have measures on quality indicators, job satisfaction metrics, and as importantly, participant/consumer satisfaction surveys. Policy analysis would need to look at legislative language in order to provide basis for action and also for analysis on results of such mandated reporting. 	High	No	Yes	Yes
4.A.3	<ul style="list-style-type: none"> Re-engineer and expedite the Personal Care Assistant onboard process to reduce time lag, from initial recruitment of first time workers to deployment. Conduct provider education so that agencies are also working to reduce time lag from recruitment to deployment of direct care workers. Also increase awareness of the PCA 10 lessons to increase success of the PCA testing by direct care workers through the following e-link: http://registrations.dhs.state.mn.us/videoConf/Default.aspx?BusinessUnitID=16. Related to strategies for Recommendation 3. 	Medium	No	Yes	Yes

4	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
4.B.1	<ul style="list-style-type: none"> Assess what currently exists for awards and recognition. Home Health Aides, PCA,s CNA's, Health Service Assistants, Social Service Assistants, are some but not all who comprise Long Term Services and Supports direct care workers. We will work with an organization that could be part of a recognition program—such as Odyssey by DHS, or multiple entities that would support this effort on raising visibility, public awareness about Long Term Services and Supports professionals. 	Low	No	Yes	Yes

Recommendation 5: Raise public awareness by promoting direct care and support careers

Strategy 5.A: Leverage Minnesota's career, training, and business services to develop a statewide recruitment and promotional plan to attract jobseekers to direct care and support careers.

Strategy 5.B: Create a recruitment and retention guide, promotional materials, and public service announcements on direct care and support careers targeted to potential workers.

Strategy 5.C: Develop an educational awareness plan on direct care and support careers targeted to high school students.

The activities to implement Recommendation 5 each target all three strategies.

5	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
5.A.1 and 5.B.1 and 5.C.1	<ul style="list-style-type: none"> Create a recruitment and retention guide, marketing materials and PSAs promoting PCA careers. <ul style="list-style-type: none"> Research if existing guides, marketing materials and PSAs can be used rather than creating original materials. Analyze existing materials to assess if they are adequate for our purposes. Choose the guide, marketing, and PSA (if they exist) that best fit our purpose, edit/tweak it if necessary. If existing materials are not adequate, create a new recruitment and retention guide, marketing materials, and/or PSAs. Related to Recommendation 2 and Strategy 1.A 	High	No	Yes	Yes
5.A.2 and 5.B.2 and 5.C.2	<ul style="list-style-type: none"> Utilize social media to promote PCA careers. <ul style="list-style-type: none"> Compile list of social media sites that are already promoting PCA careers. Identify additional social media avenues such as state agency sites. Work with state agency and other organization's communications staff to provide information and materials for social media sites. 	High	No	Yes	Yes

5	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
5.A.3 and 5.B.3 and 5.C.3	<ul style="list-style-type: none"> Develop a seminar on PCA careers that can be replicated and offered in WorkForce Centers and other organizations involved in workforce development. <ul style="list-style-type: none"> Examine existing classroom-style and virtual seminars to assess if existing materials can be used. If existing seminar is not viable, create a seminar including a PowerPoint and associated materials for classroom settings, and an online version that can be posted on state agency webs or other channels. 	High	No	Yes	No
5.A.4 and 5.B.4 and 5.C.4	<ul style="list-style-type: none"> Use GovDelivery to promote job vacancies directly to job seekers. <ul style="list-style-type: none"> Prepare materials and list of events, etc., that can be promoted through GovDelivery. Work with state agency personnel to plan a GovDelivery email campaign. Implement the plan, start promoting PCA careers with GovDelivery. 	High	No	Yes	No
5.A.5 and 5.B.5 and 5.C.5	<ul style="list-style-type: none"> Do statewide PCA education and hiring events in WorkForce Centers. <ul style="list-style-type: none"> Create a plan in coordination with DEED, DHS, local Workforce Development Boards, Minnesota State colleges, and other partners in the workforce development system. Implement the plan and hold a statewide event that can be replicated for future events. Related to Strategy 2.B 	Low	No	Yes	No
5.A.6 and 5.B.6 and 5.C.6	<ul style="list-style-type: none"> Develop a plan to promote Direct Support Connect (directsupportconnect.com). <ul style="list-style-type: none"> Gather existing promotional materials for Direct Support Connect. Provide materials to state agencies and other organizations for use with Strategies 1-5 above. Print and distribute promotional materials to WorkForce Center personnel and DHS grant recipients statewide. Related to several strategies that also reference Direct Support Connect. 	High	No	Yes	Yes

5	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
5.A.7 and 5.B.7 and 5.C.7	<ul style="list-style-type: none"> Develop and educational awareness plan targeted to Minnesota Family Investment Plan (MFIP) recipients, high school students, and other audiences. <ul style="list-style-type: none"> Identify a lead staff person or contractor who would be dedicated to this project full time for approximately 6 months. Staff person or contractor develops the plan. Plan is implemented in coordination with DHS, DEED, MDE and OHE. Related to Recommendation 2. 	Low	No	Yes	Yes
5.A.8 and 5.B.8 and 5.C.8	<ul style="list-style-type: none"> Promote and distribute PCA videos on YouTube, state websites, social media, etc. <ul style="list-style-type: none"> Research and gather existing PCA career videos from online and other sources Share videos as appropriate on existing websites, social media sites, etc. 	Medium	No	Yes	Yes

Recommendation 6: Promote service innovation

Strategy 6.A: Identify and promote the use of technology solutions.

Strategy 6.B: Support the development of service options for shared services and shared living in the most integrated setting.

Strategy 6.C: Examine possible policy or regulatory barriers to the employment of potential workers or the accessibility of services by the people who need them.

6	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
6.A.1	<ul style="list-style-type: none"> Develop a computer program that enables coordination among agencies to meet service user and agency needs with regions of the state. May need policy changes for working with multiple providers and development/spread of available technology. 	High	No	Yes	No
6.A.2	<ul style="list-style-type: none"> Develop system for PCA Choice and Consumer Directed Community Supports (CDCS) consumers to network in order to identify backup or emergency on-call staff. Utilize Direct Support Connect to identify backup staff. Currently developed but marketing needs to be done to register more direct care workers and service users. This would not require additional funding except for staff time in marketing. Explore other mechanisms to create emergency on-call systems amongst consumers. This would require use of technology and policy changes/fiscal notes to create a mechanism to pay on-call staff. 	High	No	Yes	Yes
6.A.3	<ul style="list-style-type: none"> Promote the use of assistive technology (AT), including communications technology, to support Olmstead goals while reducing staff time. State departments, local agencies and providers all need to encourage the use of AT through the planning and service delivery processes and work to educate and train consumers on applications of AT which can supplement or replace human assistance to reduce staff needed. 	High	No	Yes	Yes

6	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
	<ul style="list-style-type: none"> State agencies have collaborated to create the “Minnesota Guide to Assistive Technology” which supports people through the process of identifying how AT can help meet their support needs. The Guide is found at https://mn.gov/admin/at/ 				
6.A.4	<ul style="list-style-type: none"> Expand the use of monitoring technology to support Olmstead goals while reducing staff time. Properly deployed monitoring technology can support people to live more independently and to reduce the need for people in situations such as overnight asleep staffing in group residential settings. 	High	No	Yes	Yes
6.A.5	<ul style="list-style-type: none"> Explore how assistive technology could be used more frequently to replace staff time for things like automatic catheter drains. This is currently available to people in HCBS waivers but could look at expanding to be available for people in state plan services. 	High	No	Yes	Yes
6.B.1	<ul style="list-style-type: none"> Service dogs/animals could be explored as a way to replace one-on-one people assistance. Policy issue as some consumers may need assistance to pay for basic food, veterinary care, and other costs associated with these animals. 	Medium	Possibly	Yes	Yes
6.B.2	<ul style="list-style-type: none"> Establish program to hire more people with disabilities who could provide assistance to other people with disabilities. For example, people with physical disabilities could redirect behaviors or monitor people with different types of disabilities. Requires policy changes to allow recipients to provide services. 	Medium	No	Yes	Yes
6.B.3	<ul style="list-style-type: none"> Examine ways that current Day Training and Habilitation (DTH) or other transportation vehicles could be used to shuttle PCAs back and forth to consumers’ homes when not being used. 	Medium	No	Yes	Yes
6.B.4	<ul style="list-style-type: none"> Creating incentives for PCAs to recruit other PCAs. This could be monetary or in the form of gift cards. 	Medium	No	Yes	Yes
6.B.5	<ul style="list-style-type: none"> Examine current policies around MFIP recipients to develop policies to prevent losing benefits by going to work as direct care workers. Related to 5.A.7 	Medium	Possibly	Yes	No

6	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
6.B.6	<ul style="list-style-type: none"> Publicize Direct Support Connect, DHS' online job matching system designed to match workers looking for direct support jobs with consumer seeking direct support workers. Have publicity materials available at workforce centers and other prominent places/job boards. This website currently exists but additional marketing needs to be done. 	Medium	No	Yes	Yes
6.C.1	<ul style="list-style-type: none"> The Minnesota Department of Human Services (DHS) is designing Life Sharing supports for interested people with disabilities and non-related families in Minnesota. Life Sharing will use existing service structures to make it possible for a person with a disability to live with a non-related family member and share experiences. It communicates mutuality: a real community life, not a service life, is the expectation. If policy changes are needed, DHS will work to propose needed legislation and CMS approval as necessary. 	Low	No	Yes	Yes

Recommendation 7: Enhance data collection

Strategies 7.A, 7.B, 7.C, and 7.D are combined into 7.G: Articulate an ideal monitoring system and data needs, determine existing data sources, determine gaps.

Strategy 7.A: Gather and report longitudinal direct care and support workforce data across long-term services and supports in Minnesota.

Strategy 7.B: Identify ongoing data needs for monitoring workforce issues.

Strategy 7.C: Gather and report annual direct care and support workforce data across service types and populations receiving long-term services and supports.

Strategy 7.D: Monitor improvements or worsening of the workforce issues based on baseline data.

Strategy 7.E: Provide funding to allow monitoring of the relationship between critical incidents, recidivism of institutionalization, and emergency room visits based on reductions or increases in vacancy and turnover rates.

Strategy 7.F: Provide funding to conduct a statewide study of emergency rescue personnel who respond to people who fall in their homes or need assistance with toileting or other activities of daily living due to lack of direct care and support staff.

7	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
7.G.1	<ul style="list-style-type: none"> In order to determine existing data sources and determine gaps at the <i>population level</i>: compile all available population level data, survey data, and program data for Minnesota into a report or tool. 	High	No	Yes	No
7.G.2	<ul style="list-style-type: none"> In order to gather data on sustainability at the <i>employer level</i>: refer to Recommendation 1, Activity 1.A.2. Assess the state of financial sustainability of Personal Care Assistants (PCA) providers given the increases in expenses against a reimbursement rate that has not had the degree of adjustments with increased regulated expenditures. 	Medium	No	Yes	Yes
7.G.3	<ul style="list-style-type: none"> In order to gather data at the <i>program level</i>: See Recommendation 1, Activity 1.A.3. Develop a report on a comprehensive overview on all reimbursement 	High	No	Yes	No

7	Activities	Priority	Legislative Action?	State Agency Action?	Collaborative Community Effort?
	rates for all programs in Long Term Services and Supports (LTSS), the people served, services covered, average wage by Direct Care Workers (DCWs) in each LTSS area, and total number of people served.				
7.G.4	<ul style="list-style-type: none"> In order to gather data at the <i>program level</i>, ensure that future direct care worker legislation provides for data collection results/monitoring. See Recommendation 1, Activity 1.B.1. Make reporting of workforce data mandatory for all providers across all LTSS programs. 	High	Yes	Yes	No
7.G.5	<ul style="list-style-type: none"> In order to compile <i>population</i> wide and <i>program</i> level data: Modify current Information Technology (IT) systems as needed to report/capture data. 	High	No	Yes	No
7.E.1	<ul style="list-style-type: none"> Create hospital and nursing home admission and discharge code/codes to allow monitoring of critical incidents, recidivism of institutionalization, and emergency room visits due to lack of home care. 	High	No	Yes	Yes
7.F.1	<ul style="list-style-type: none"> Explore incident report data submitted to DHS for MA population. Note if data exists for reason/cause of incident indicating lack of home care workers. If so, compile and track number and type of incidents, associated costs if incident resulted in visit to provider/specialty/hospital. 	Medium	No	Yes	Yes

Strategy and Recommendation Relationships

Some strategies in the work plan target similar tools and activities. There may be synergies and efficiencies if sub-teams targeting similar tools and activities work together. For example, Direct Support Connect is a job board for direct support workers, home care workers, and PCAs. Strategies 2.B, 2.D, 5.A, 5.B, 5.C, 6.A and 6.B include activities that touch Direct Support Connect. Another example is surveys. Strategies 1.A, 1.D, 2.C, 4.A, and 7.G include activities that require surveys. Continued sub-team communication and collaboration is essential for maximizing these efficiencies.

Work on some strategies will result in progress on multiple recommendations. These relationships were identified by the working group and are shown in the table below. An 'x' indicates a relationship between work on a strategy and progress on a recommendation.

	R1	R2	R3	R4	R5	R6	R7
1.A	x	x					x
1.B	x						x
1.C	x						
1.D	x						
2.A		x	x				
2.B	x	x					
2.C		x					
2.D	x	x					
2.E	x	x	x				
2.F	x	x	x				
3.A	x	x	x				

	R1	R2	R3	R4	R5	R6	R7
3.B			x				
3.C			x				
4.A			x	x			
4.B				x			
5.A	x	x			x		
5.B	x	x			x		
5.C	x	x			x		
6.A						x	
6.B		x			x	x	
6.C						x	
7.G	x						x
7.E							x
7.F							x

Acknowledgements

DHS and DEED staff would like to acknowledge individuals who work in creating this report. The majority of the work was done by working group members and their voluntary group leaders. The following individuals served as “Team Leaders”: David Niermann (DEED), Robin Pikala (Direct Care worker), Valerie DeFor (Minnesota State – Health Force One), Steve Kuntz (DEED), Larry Eisenstadt (DEED), Oriane Casale (DEED), and Jesse Bethke Gomez (Metropolitan Center for Independent Living), who actually took on leading two of the groups.

Appendix A has a list of the workgroup members who served on these seven different work teams. You will note that many of these individuals served on more than one workgroup and as many as three. We really want to acknowledge their commitment to this work to recruit, retain and improve the direct care staff/workforce shortage.

We would especially like to recognize Oriane Casale (DEED), Nitika Moibi (Minnesota Department of Health), Diane Drost (parent and disability advocate) and Valerie DeFor (Minnesota State – Health Force One) for the extra time they spent researching and gathering information on various issues and from different sources. Also, to Dan Newman for providing management leadership from DHS and gathering information about the provider reimbursement rates. Also, thanks to Dena DeLisle (Adena LLC) who joined this group quite recently and put together the provider survey that appears in Appendix C.

These groups took on much work as is evident in this report on a very short timeline. This involved sometimes having to fit in a lot of extra time and effort to complete these work plans under strict deadlines which all managed to do. Finally, we would like to acknowledge Erica Klein, senior management consultant from Management Analysis and Development (MAD) who kept the groups on track, provided resources to them, and compiled the work of the teams to put together this report.

The full roster of the cross-agency working group appears in Appendix D.

Appendix A: Sub-team membership

Recommendation 1: Increase worker wages and/or benefits

Group members: Jeff Bangsberg (disability advocate), Oriane Casale (DEED), Jesse Bethke Gomez (Metropolitan Center for Independent Living)*, Tyler Frank (SEIU Healthcare MN), Lori Dusan (family member and advocate), Curtis Buhmann (DHS), Dan Newman (DHS), Andre Best (PCA agency and First Provider Alliance representative)

Recommendation 2: Expand the worker pool

Group members: Larry Eisenstadt (DEED)*, David Niermann (DEED), Adesewa Adesiji (DEED), Steve Kuntz (DEED), Mohamed Mourssi-Alfash (disability advocate), Diane Drost (parent and disability advocate), Nitika Moibi (MDH), Valerie DeFor (HealthForce Minnesota – Minnesota State), Dena Belisle (PCA agency and First Provider Alliance representative), Linda Wolford (DHS)

Recommendation 3: Enhance training for direct care and support professionals

Group members: Robin Pikala (State Provider Cooperation Committee)*, Jeff Bangsberg (disability advocate), Tyler Frank (SEIU Healthcare MN), Lori Dusan (family member and advocate), David Niermann (DEED), Adesewa Adesiji (DEED), Valerie DeFor (HealthForce Minnesota – Minnesota State)*, Shelly Elkington (Avenues for Care, Inc. provider agency), Dena Belisle (PCA agency and First Provider Alliance representative)

Recommendation 4: Increase job satisfaction (including quality of the job)

Group members: Jesse Bethke Gomez (Metropolitan Center for Independent Living)*, Mohamed Mourssi-Alfash (disability advocate), Lisa Flynn (Hiawatha Homes/Home Care Association representative), Linda Wolford (DHS)

Recommendation 5: Raise public awareness by supporting direct care and support careers

Group members: David Niermann (DEED)*, Robin Pikala (State Provider Cooperation Committee), Adesewa Adesiji (DEED), Steve Kuntz (DEED), Larry Eisenstadt (DEED)

Recommendation 6: Promote service innovation

Group Members: Steve Kuntz (DEED)*, Jesse Bethke Gomez (Metropolitan Center for Independent Living), Lori Dusan (family member and advocate), Dena Belisle (PCA agency and First Provider Alliance representative), Linda Wolford (DHS)

Recommendation 7: Enhance data collection

Group members: Oriane Casale (DEED)*, Mohamed Mourssi-Alfash (disability advocate), Jim Liebert (DHS), Dan Newman (DHS), Nitika Moibi (MDH), Lisa Flynn (Hiawatha Homes/Home Care Association representative), Kay Kammen (DEED), Linda Wolford (DHS)

*Indicates group leader

Appendix B: Direct Care Staff Wage Analysis



Comparative wage analysis of home and community based services direct care staff

June 2018

Department of Human Services
Disability Services Division
540 Cedar Street
St. Paul, MN 55155



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.is, call 651-431-4300, 867-267-2655, or use your preferred relay service. ADA1 (2-18)

As requested by Minnesota Statute 3.197: This report cost approximately \$5,000 to prepare, including staff time, printing and mailing expenses.

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Introduction

This analysis examines wages for direct care staff in the home and community-based service (HCBS) fields compared with other occupations with similar education, experience and training requirements.

Summary of findings

Compared to all Bureau of Labor Statistics (BLS) occupations with the same education, experience and training requirements, direct care staff in home and community based services have significantly lower wages than the average worker with the same requirements. The average wage is 11 percent higher for all occupations with the same classifications than the average wage is for direct care workers.

This analysis highlights that direct care occupations are paid significantly less than other occupations with the same education and training requirements.

Defining direct care-staff occupations in the HCBS field

This analysis defines the average wage paid to HCBS direct care workers by utilizing the wage codes used in the Disability Waiver Rate System (DWRS). DWRS sets rates for most home and community-based services provided under the disability waivers, including residential services such as foster care, day services and unit-based services that help people live and work in the community.

The system sets rates based on data of average provider costs across the state. The formula starts with Bureau of Labor statistics (BLS) direct care-wage codes and then applies other costs to the wage value such as PTO, training costs, employee benefits, employer taxes, transportation, administrative and program costs, absence costs and indirect-time costs. The value of cost components are based on intensive research DHS and independent research firms conducted in 2010 and 2016. Predominant wage codes used in the formula are shown in Table 1:

Table 1: Predominant wage codes used in rate setting formula

BLS Code	Occupation	Median Wage in Minnesota (as of 12/31/16)
21-1093	Social and human service assistants	\$15.57
31-1011	Home health aides	\$11.87
31-1014	Nursing assistants	\$13.39
39-9021	Personal care aides	\$11.15

Other wage codes are used in specialized services, for example employment supports, behavioral support or services incorporating nursing. However, in most rate frameworks, the wage used is a combination of the codes listed in Table 1 (e.g., x percent of one code and y percent of another). This is because there is no wage code

that isolates workers in the home and community-based service fields separate from workers in other settings, i.e., nursing homes and hospitals.

The most recent analysis on direct care staff wages conducted by the National Core Indicators in 2015 found that the average wage paid to direct care staff in Minnesota was \$12.66. In DWRS, the composite wage used for residential services is \$13.53 and \$15.33 in day services. This analysis uses the weighted average wage in the DWRS frameworks of \$14.03 as a proxy for HCBS direct care staff wages to consider how these wages compare with the wages paid in other competing industries.

Occupations with similar entry requirements

In 2016, BLS published job characteristics and educational data for each BLS wage code ([Employment Projections: Measures of Education and Training](#), Bureau of Labor Statistics, 2016). It categorized each wage code by:

- Typical education needed for entry (eight options ranging from Doctoral/professional degree to no formal educational credential)
- Work experience in a related occupation (three options ranging from “5 years or more” to none)
- Typical on-the-job training for competency (six options ranging from internship/residency to none).

For our analysis, we defined the classifications for direct care staff in HCBS by identifying how BLS categorized the specific codes used in DWRS. The most predominant classifications for direct care occupations used in DWRS are shown in Table 2.

Table 2: Most predominant classifications for direct care occupations

BLS Code	Occupation	Education	Work experience	Training
21-1093	Social and human service assistants	High school	None	Short-term on the job
31-1011	Home health aides	High school	None	Short-term on the job
31-1014	Nursing assistants	High school	None	Short-term on the job
39-9021	Personal care aides	High school	None	Short-term on the job

To isolate other occupations that are comparable to direct care-staff jobs, we identified all occupations that had the same classifications for all three measures. There were a total of 76 occupations. They included:

- Customer service representatives
- Office clerks
- Receptionists
- Bus drivers
- Delivery truck drivers
- Production workers
- Childcare workers
- Sales workers
- Security guards
- Shipping workers
- Hotel clerks
- Data entry workers
- Tire repairers
- Tellers
- Maintenance assistants

For a full list of these occupations, see [Table 4](#).

Wage comparison

This analysis compared the average direct care-staff wage of \$14.03 to the weighted average wage of all occupations defined in Table 4 with the same classifications. The range in wages across these occupations was \$10.05 for gaming dealers and \$28.25 for media communication workers. The most populated occupations are shown in Table 3.

Table 3: Wage comparison of most populated occupations

Occupation	Total number of workers in MN	Average wage in MN
Personal care aides	67,420	\$ 11.83
Customer service representatives	56,610	\$ 18.51
Office clerks, general	53,070	\$ 17.00
Stock clerks and order fillers	33,440	\$ 13.43
Secretaries and administrative assistants, except legal, medical, and executive	29,860	\$ 18.81
Home health aides	25,200	\$ 12.69
Receptionists and information clerks	17,880	\$ 14.34
Bus drivers, school or special client	15,720	\$ 15.97
Light truck or delivery services drivers	14,750	\$ 17.96
Shipping, receiving, and traffic clerks	13,950	\$16.98

Conclusions

Of all the 76 occupations meeting the same education, training and experience classifications, the weighted average wage was \$15.62. This is 11.35 percent higher than the weighted average direct care staff wage of \$14.03.

If the HCBS direct care staff wage codes were excluded from the calculation, the weighted average wage of the occupations on this list would be \$16.46, a value that is 17.31 percent higher than the weighted average direct care-staff wage.

Table 4

Table 4: BLS occupations with the identified education, experience, and training classifications

BLS occupational title	Total number of Minnesota workers	Minnesota hourly mean wage
Personal care aides	67,420	\$11.83
Customer service representatives	56,610	\$18.51
Office clerks, general	53,070	\$17.00
Stock clerks and order fillers	33,440	\$13.43
Secretaries and administrative assistants, except legal, medical, and executive	29,860	\$18.81
Home health aides	25,200	\$12.69
Receptionists and information clerks	17,880	\$14.34
Bus drivers, school or special client	15,720	\$15.97
Light truck or delivery services drivers	14,750	\$17.96
Shipping, receiving, and traffic clerks	13,950	\$16.98
Social and human service assistants	13,820	\$16.53
Helpers: Production workers	11,000	\$13.01
Security guards	10,950	\$15.53
Childcare workers	10,140	\$11.76
Driver/sales workers	8,770	\$12.70
Recreation workers	8,010	\$13.65
Tellers	7,890	\$13.22
Postal service mail carriers	6,420	\$23.86
Reservation and transportation ticket agents and travel clerks	5,530	\$21.66
Office and administrative support workers, all other	5,500	\$16.11
Fitness trainers and aerobics instructors	5,140	\$19.12
Hotel, motel, and resort desk clerks	4,730	\$10.94
Loan interviewers and clerks	4,530	\$20.52
Nonfarm animal caretakers	3,220	\$12.16
Data entry keyers	3,110	\$15.97
Mail clerks and mail machine operators (except postal service)	2,950	\$15.21
Interviewers (except eligibility and loan)	2,800	\$16.94

BLS occupational title	Total number of Minnesota workers	Minnesota hourly mean wage
Merchandise displayers and window trimmers	2,480	\$14.79
Information and record clerks, all other	2,460	\$19.97
Postal service mail sorters, processors and processing-machine operators	2,300	\$23.61
Order clerks	2,170	\$17.02
Gaming dealers	2,150	\$10.05
File clerks	1,920	\$15.69
Helpers: Installation, maintenance and repair workers	1,890	\$14.24
Personal care and service workers, all other	1,710	\$12.00
Residential advisors	1,680	\$16.66
Protective service workers, all other	1,600	\$18.02
Postal service clerks	1,530	\$21.99
Tire repairers and changers	1,530	\$13.47
Cargo and freight agents	1,360	\$23.34
Community health workers	1,360	\$18.29
Library assistants, clerical	1,150	\$14.82
Office machine operators (except computer)	1,140	\$15.83
Veterinary assistants and laboratory animal caretakers	1,040	\$14.44
Financial clerks, all other	960	\$18.15
Couriers and messengers	950	\$15.17
Switchboard operators (including answering service)	910	\$15.78
Media and communication workers, all other	860	\$28.25
Gaming and sports book writers and runners	840	\$10.40
Weighers, measurers, checkers and samplers, recordkeeping	800	\$17.09
Word processors and typists	700	\$18.88
Transportation security screeners	670	\$19.71
Coin, vending, and amusement machine servicers and repairers	620	\$18.78
Funeral attendants	610	\$14.10
Transportation workers, all other	480	\$15.04

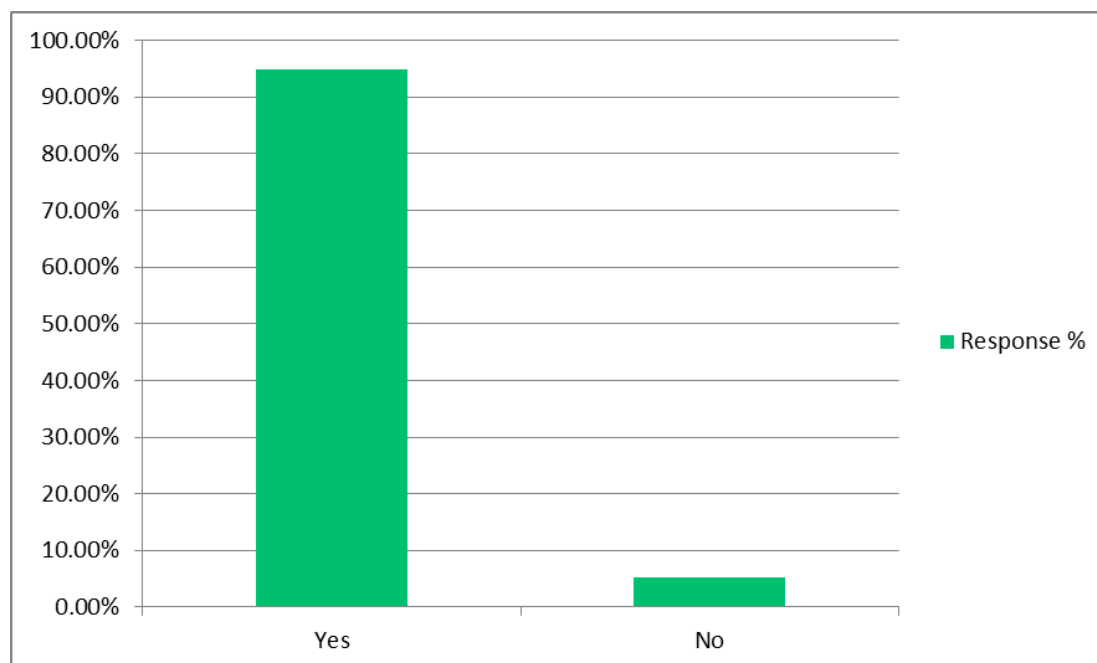
BLS occupational title	Total number of Minnesota workers	Minnesota hourly mean wage
Photographic process workers and processing machine operators	450	\$14.17
Pharmacy aides	450	\$12.76
Furniture finishers	440	\$17.20
Gaming cage workers	420	\$13.27
Meter readers, utilities	340	\$23.84
Baggage porters and bellhops	330	\$10.73
Physical therapist aides	320	\$17.87
Orderlies	320	\$17.45
Helpers: Pipelayers, plumbers, pipefitters, and steamfitters	290	\$16.97
Entertainment attendants and related workers, all other	290	\$12.01
Media and communication equipment workers, all other	250	\$24.93
Helpers: Electricians	240	\$14.24
Locker room, coatroom and dressing room attendants	150	\$11.35
Parking enforcement workers	140	\$16.64
Radio operators	120	\$25.03
Costume attendants	120	\$18.29
Bridge and lock tenders	70	\$28.24
Textile knitting and weaving machine setters, operators and tenders	50	\$13.63
Gaming service workers, all other	40	\$10.21
Correspondence clerks	30	\$21.26
Manufactured building and mobile home installers	30	\$15.53

Appendix C: Provider Survey

Minnesota First Provider Alliance conducted a survey of their members on PCA vacancies, benefits offered, training and client feedback, all issues of interest to the Working Group. A total of 77 provider agencies have responded to date (June 7, 2018). Results in full are provided below. The following bullets provide a summary of the results:

- On average each respondent currently has approximately 14 PCA vacancies in their agency.
- 9.2 percent of the PCA jobs in responding agencies are currently unfilled.
- In answer to the question on what impacts these vacancies will have on clients, 22 of 59 respondents, or 37 percent, mentioned institutionalization (hospitals, nursing homes, assisted living, inability to continue to live in their own homes) in an open-ended question.
- Close to 40 percent of PCAs who work for the responding agencies are family members of the clients.
- About 50 percent of the responding agencies offer PTO and holiday pay and about 44 percent offer health benefits. About 85 percent provide staff training.
- Most responding agencies receive client feedback and try to use this to improve their services.

Are you having difficulty filling PCA vacancies?



Answer Choices	Response %	Response Count
Yes	94.81%	73
No	5.19%	4

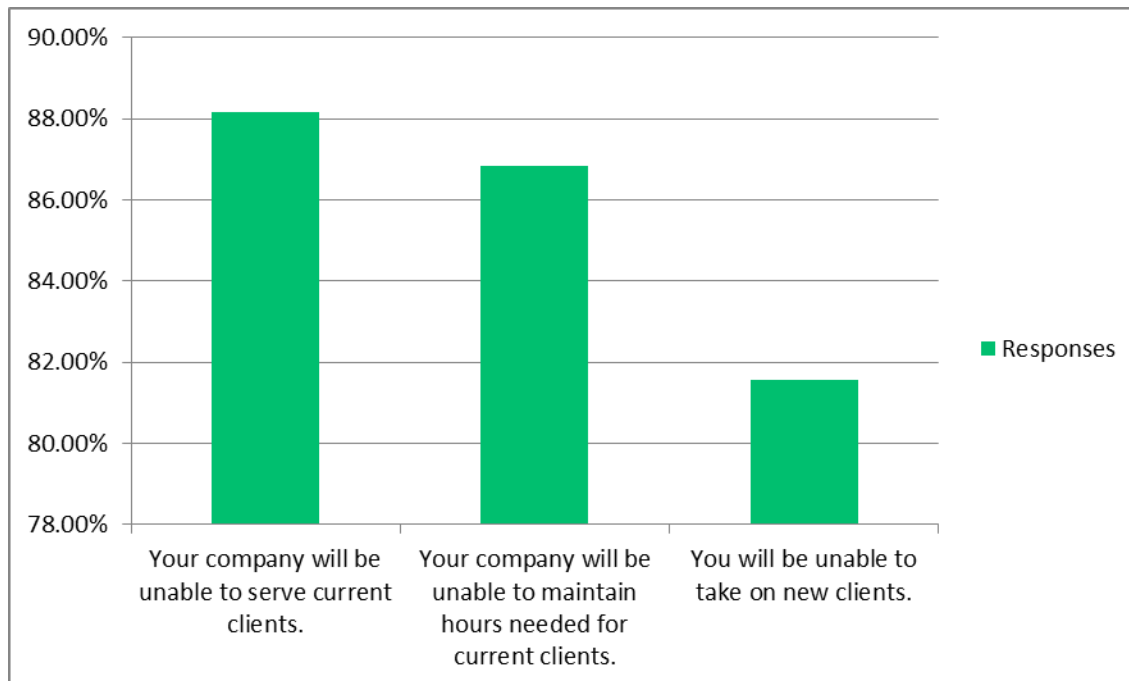
How many open PCA positions do you have open today?

Summary: On average each respondent currently has approximately 14 PCA vacancies in their agency.

How many PCAs are currently employed at your company?

Summary: 9.2 percent of the PCA jobs in responding agencies are currently unfilled.

What could be the impact of not filling vacancies? Check all that apply.



Answer Choices	Response %	Response Count
Your company will be unable to serve current clients.	88.16%	67
Your company will be unable to maintain hours needed for current clients.	86.84%	66
You will be unable to take on new clients.	81.58%	62

Would there be any other impacts on the client community?

Responses

- Clients may not be serviced if we can't fill vacancies
- Yes
- Huge. Clients WILL be institutionalized like years ago.
- With 40 hours/week very hard to find PCA for existing services.
- No
- "1. Some patients will be left without care
- 2. Long delay in replacing PCAs who terminate"
- Clients either have to go without or go into a facility; negatively impacts client's ability to work and be productive members of the community
- No
- People without proper care may end up going into institutions thus costing our programs more and moving independent living efforts backwards.
- Even difficult to have back up
- There have been clients who have had to move to assisted living or nursing homes, taking them out of their homes and out of the communities where they have been productive contributors to the economy.
- Yes, they will not receive care for the number of hours they require. Quality of care will also be impacted negatively
- Clients would be unable to participate in outside activities, family, friends. Clients would have little say as to hours/times of work by PCA.
- Clients with complex medical needs will have to move to nursing homes.
- Question number 4 above doesn't apply to us currently
- Client will have to look from another community.
- Not able to produce quality services in a timely fashion
- Client will look for other companies that might have enough employees.
- Cover current employee's time off, cover emergencies for clients (hospitalizations, etc.)
- Clients may not be able to stay in their homes, be forced into nursing homes.
- People cannot receive the service or the quantity of service they need
- Our client's lives are negatively affected when they do not have staff because their basic needs cannot be met. If a person's basic needs cannot be met, they cannot flourish and enjoy life as they would like. Their health, both, physical and mental, is also at risk when they do not have a staff person to assist them in completing their ADLs.
- Yes. Many clients are potentially becoming vulnerable adults due to the PCA/Caregiver shortage. Clients are falling and being admitted to Hospitals more often due to lack of PCA/Caregiver coverage. We have also seen more clients who prefer to live at home have to go into a facility due to lack of PCA's/Caregivers.
- If you can't provide the service they will need to go somewhere else
- They might have to go into Nursing Homes or Assisted Living homes to get the cares they need instead of being in their home with families and getting the same cares
- Clients are frustrated that we have trouble finding quality help with experience and maturity. They can become disenfranchised to accepting help even if they really need it due to many bad experiences in keeping help.
- WE turn away clients probably since Jan. 1st 2018 at minimum 15 new clients.

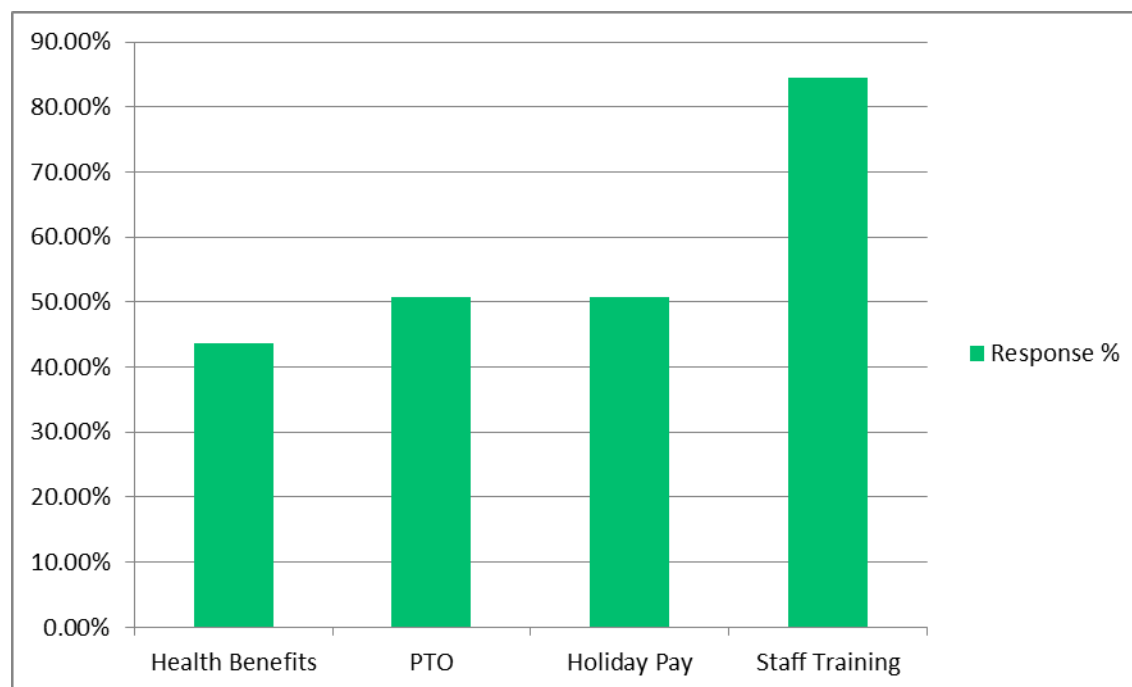
- 6
- Clients will be at risk of not being able to live independently in the community and may be forced to live in institutions to receive the care needed.
- We had had to turn away new referrals because we cannot guarantee that we will have applicants. It is senseless to do an intake for someone you may not be to offer any services to.
- Clients going without care for long periods of time.
- Responsible parties become exhausted
- There will be no continuity of care
- No
- The client may have to be put in an institution due to the shortage of workers. The staff aren't always willing to drive a distance to work with clients out of town because of the rates us agencies receive and can't offer higher compensation to staff.
- Yes, it would impact with their social and well as their physical needs
- People will be unable to leave the hospital or TCU or be forced to move into nursing homes or long term care facilities
- They wouldn't get the help they need to continue living in their homes
- Clients go into the hospital because of a lack of staff. Clients die because there is no one in the home. Clients are unable to pursue their goals and live their lives in meaningful ways.
- We are a PCA Choice company. Sometimes clients leave our program because they are struggling to find staff, and then they go to Traditional PCA companies and are told there are no staff available there either. Our workforce is in a crisis, especially so for clients who use wheelchairs and need higher levels of care.
- Yes people that are perfectly able to stay in the home will have to move to nursing facilities. This would be a huge cost to tax payers
- Yes. Increased hospital visit due to skin breakdown. I have also had 2 clients leave my agency due to unfilled shifts and move to tiny rural towns where their family is one hour away from them. They did NOT want to move and leave their home of many years, but they have been forced to make these decisions due to staffing.
- Not having staff to meet the client's needs...gives us a bad reputation to not find adequate staff due to low wages.
- Yes not having enough staff to meet their needs
- Clients have few options for PCA's. Often the PCA's we have to take a lot of coaching, are late for work, pure work ethics, but Clients regard a bad PCA is better than no PCA.
- Clients who can't get their shifts filled will probably just have to let go of their services and go to a facility, or settle for a less committed PCA.
- Huge impact – client's needs are not being met.
- Yes, not able to even try and staff brand new clients who have no one to help them causing some to be forced into some kind of facility. Going against the very nature of PCA services which is keeping clients independent in the community out of facilities.
- Yes may not be able in their homes
- Our PCA Choice clients are struggling to fill necessary shifts. Most of our clients are 12-24 hour per day services so this means they need 5-10 PCAs. Many are barely getting by with 2-3 PCAs. This means we often have to allow OT that we cannot bill for. We have a few clients who may have no choice other than a nursing home or group home. Fact is very few nursing homes or group homes will accept clients with this level of cares. We MUST see rate/wage increases or the PCA program will fail and cost the state more with costly facilities.
- Loss of revenue

- When clients go underserved, there is a direct correlation to their physical and mental health as observed by increased hospital and emergency room visits and the increase in drugs used to treat depression, anxiety, and mental illness.
- Yes, EMS would receive the calls
- Clients will move into assisted living and other facilities
- Clients cannot actively have interaction in their community. When a client has an active staff, their life is greatly enhanced.
- PCAs are demanding more than \$13 per hour
- Yes, Caregivers turnover is most impacting the care of our clients.
- NA
- Not able to do all that they want to be doing

How many of your PCA are family members taking care of a family member?

Summary: Close to 40 percent of PCAs who work for the responding agencies are family members of the clients.

Do you offer benefits? Check all that apply.



Answer Choices	Response %	Response Count
Health Benefits	43.66%	31
PTO	50.70%	36
Holiday Pay	50.70%	36
Staff Training	84.51%	60

Do you receive feedback on quality of care from clients? And what do you do with that feedback?

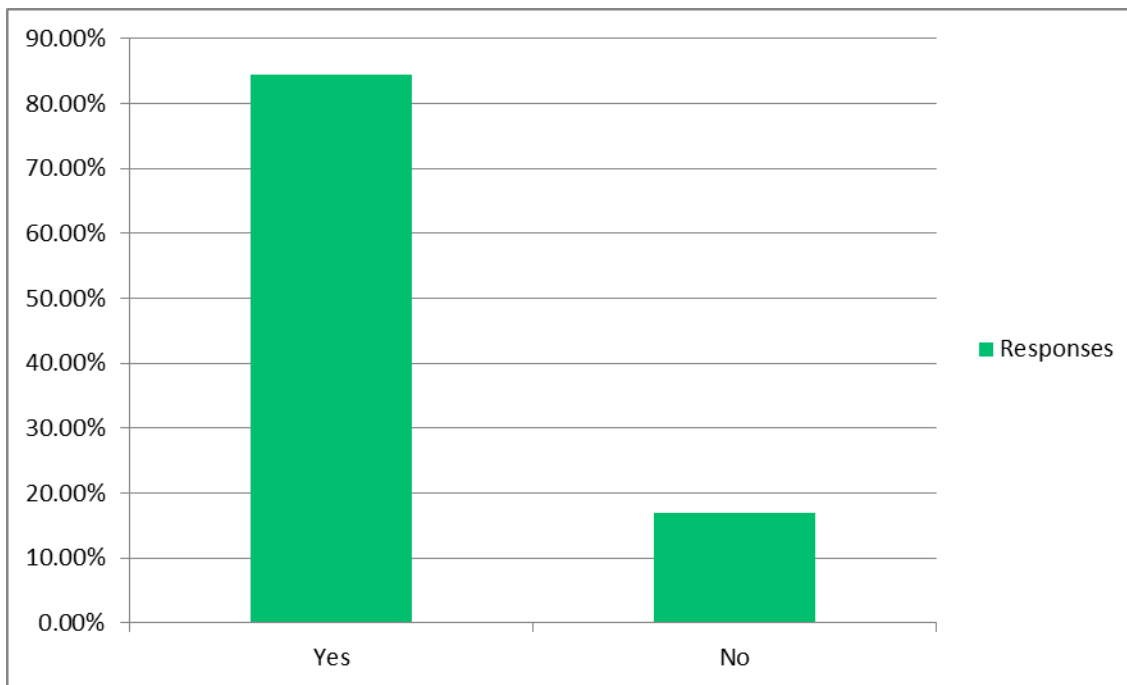
Responses

- Yes. We keep them.
- Yes, through client surveys, sup visits, or conversations. Address any issues that require follow up with caregivers: training, instructions, etc.
- Yes
- Yes. Discuss it.
- Working with PCA and client's to improve the services.
- Sometimes, we take it into consideration of how to give PCA raises.
- Yes. We share with the staff and use for training
- Yes. We address concerns.
- We use feedback to keep doing what is right and eliminate problems before they arise
- This information is scanned into the client file
- Follow up
- yes, we give the feedback back to the PCA
- I try to reorient my workers to do better
- Periodic surveys, feedback during QP/Supervisory nurse home visits. Follow up with person involved to make improvements.
- Yes. Change care plans. Retrain pcas.
- Yes
- "Yes, we get feedback from clients.
- We plan to buy gift cards for a ""thank you"" for doing a good job. "
- "Yes, feedback is not enough staffing coverage and not enough pay to keep staff.
- Quality of care feedback is good.
- We pay for an ongoing posting of Indeed. We are constantly recruiting for PCA positions. We have increased our wages. A huge issues is especially when we are going to have to 15 per hour with the new Mpls/St. Paul wages. Will the state reimburse agencies to help with the increase wages are mandated to pay.
- Overtime, is an issues for a number of families. They used to pay able to work up to 48 hours and it was straight time. We have cut overtime due to the fact we now to pay 1.5 for over 40 and some clients can't handle another caregiver to come in for those extra hours.
- Yes, we consider and make changes as needed.
- Yes, PCA evaluations and satisfaction surveys
- We hear feedback that we care and when we have staff available they are well trained. We also receive feedback that the lack of staff creates challenges for these clients as well as make them not feel cared for. We often times can only offer verbal reassurance that we are trying to find staff. Many times we send a supervisor to cover if there is no staff.
- Yes we do. Our LSW's or RN's also follow up with our clients regularly to ensure their safety and that all of their cares are being met in the home and that the PCA/Caregiver is prompt with their schedule and follows the Care Plan. We document our follow ups. We forward any changes in condition to the recipients Responsible Party and to their Case Manager, if they have one. We also have the Client/Responsible Party complete an Agency Survey for further feedback.

- Yes, we try to make the best of it by adjustments to the service if needed
- Yes we do, we have nurses and HR checks in with our clients to make sure cares are being met and they are satisfied. If not we train, write up, look for another PCA to fit their needs and maybe that PCA will work for another client or not at all
- Yes, we work together with our QP to help train the PCA if necessary, however, most of the issues are due to the PCA's poor work ethics.
- Yes we do an in depth evaluation after 6 weeks on company and care providers. We review the information and respond and make training or policy changes as we go.
- Nothing
- Utilize the feedback to implement training for the PCA's or provide positive feedback to the PCA's as encouragement to continue doing a great job...
- Yes, we utilize feedback to develop a plan with recipients to improve their individual quality of care so that it meets their expectations.
- Yes, we use the feedback to improve operations.
- PCA Choice families fall under union so they get PTO and Holiday pay. Traditional families do not as they typically do not have enough hours to meet the criteria for our agency.
- Supervisory visits documented satisfaction with care and many times, clients compliment their PCAs greatly.
- Yes we receive them and we pass to the PCA's in order to improve their work and understanding with the clients
- "Yes through visit and survey.
- We use the feedback to enhance patient care"
- sometimes, most them are verbal
- yearly report
- Yes
- Yes, they always ask that the PCA receive higher rate of pay because they enjoy their staff and their quality of care the staff provide that allows them to continue to stay home.
- Yes, we compile them in a report
- yes, we do quality assurance surveys
- Yes. Improve practices and/or maintain promote the goods ones.
- Yes, review and that gives us areas of weakness and additional trainings needed
- We relay it to the DSP.
- Yes and we address it if it is negative feedback.
- Positive feedback most of the time.
- Yes. After an internal staff discussion, we will address with the client, staff, training program, do what it takes to make the client feel confident of their care. However, the candidates who work for \$11/hr are many times very inexperienced, and lack professionalism. Increased training costs money so that is not an unlimited budget.
- We do our best to hire qualifies staff...but doesn't always work like that...with higher wages...more qualified staff...
- They are upset that we don't have staff to send to their home to help with their needs. Clients then go with help or services
- QP's keep in constant contact with clients. PCA's have evaluations that are based on client feedback. Training for PCA's
- Yes. Use it to shape the company/industry - training, going to DHS for changes, etc.
- Yes
- Yes, we address problematic issues immediately and praise/reward the PCA's who are doing a great job!
- yes, corrective actions or celebrations depending on

- Yes we go over it with PCAs to improve care
- Many PCA Choice clients are not having all of their needs met due to lack of staff and costly expenses to advertise (out of pocket). One client has lost weight due to not having enough help to eat regularly. We are now helping by paying to run job ads, building a web site job board, offering hiring bonuses with little to no increase in applicants.
- Yes. Used it as a training tools, and ways to improved services delivery
- We have conducted customer satisfaction surveys in the past and have found that, indeed, clients are highly appreciative of having caregivers. However, clients are truly concerned about the shortage of PCA staff these days.
- Raise for their workers
- work on the feedback and see if we can get better service everyday
- Clients are asking More money for their PCAs
- Yes try to make the service better
- Yes we put in it in employee files and follow up on anything that needs attention or improvements

As an employer, have you offered any opportunities to improve the skills of your PCAs?



Answer Choices	Response %	Response Count
Yes	84.42%	65
No	16.88%	13

If yes, please explain.

Responses

- Annual training
- Support through supervisors, nurses. Job Shadowing, Competitive Edge Program, and opportunities to work with multiple clients with diverse care needs.
- In-house training, mentoring.
- RN doing training for PCA in the client place.
- "1. Regular meetings and training
- 2. Supervision by a Registered Nurse
- 3. Sharing compliance information"
- Complex cares training specific to our client needs
- We offer yearly training on safety and emergencies
- Training giving Bonuses
- We provide annual training for all staff who provide personal care to clients to maintain an 8 hour per year education program, because many of our PCA's in the PCPO program also care for our comprehensive licensed clients too and require 8 hours of education per year. We also provide hands on training through our RN's for any on site education needed to care for that particular client. I want to also add a comment for question #7 that PTO is only offered to PCA Choice as required with the union. We cannot afford to offer PTO all of our staff!
- Training, albeit inadequate
- additional training
- Periodic mailings to all PCA's (approx. 6/yr) on topics that affect care.
- PCAs are trained to meet every need of their clients that are identified on the care plan.
- PCA staff are trained and constantly update their knowledge and keep up with changes in industry.
- Training and promotion
- Annual training
- Training opportunities from what is offered online
- "We offer additional training at any time they request on any IADL's and health related tasks.
- 24 phones available to employees/clients or questions/concerns"
- Further training by our QPs, online training modules, annual training, etc.
- Nurse, QPs provide training
- We offer ongoing training.
- We have our PCA's/Caregivers log in to a training portal online and go through extra training regarding Person Centered cares, Bloodborne Pathogens, Fraud Prevention, Safety, Mandated Reporting and First Aid.
- More training
- We have quarterly, and annual visits from Qualified Professionals and they go over all the cares and offer all the training they need and ask if there is training they would like. There is a test sent out annually to PCAs about Vulnerable Adults and we get those back and address them depending on their % correct as needed
- We have added training on "What is a PCA's role", Falls Prevention, Hygiene, Positive Supports, HIV and Hepatitis C information.
- We currently is College of direct support for annual and specific client training. Plus we do on the site training. We also do training that is needed on site during RN supervision visits.

- PCA Training
- We offer quarterly continuing education with one-on-one training and instruction.
- RN training, training materials, performance reviews, etc.
- We offer paid training for CPR/first Aid, periodic trainings on mental health issues, Nurse delegated trainings.
- Aromatherapy training
- Yes, we offer training to help PCA's better serve their clients. we also offer one on one help in case the PCA has questions
- In house training/ certifications
- CEU's and yearly training
- We provide training to all staff once hired and as needed throughout their employment.
- In-service, training and supervision
- We offer continuing education units
- In office training, training with QP
- We are not the employer - we are choice. But we do offer training and have a scholarship for those pursuing higher education
- We offer as much training as they need to make sure they are qualified to complete the task
- Ongoing training with qualified professional.
- We offered a free CPR class to all of our PCA's, additional training from our QP, shadow training with other more experienced PCA's, however all of that costs money.. Again, very tight budgets.
- "Offer free CPR/First Aid class
- Education thru College of Direct Support at least every other month"
- Semi-monthly education
- Every PCA has an opportunity to receive 12 hours of paid training a year. PCA's maintain a higher pay if they do complete annual training. Training includes Red Cross First Aid/CPR and Person Centered class room subjects based on requests by PCA for health needs of clients. Cofe' meetings throughout our region are shorter 3 hr sessions that include PCA round-table discussions, Home-study workbooks and College of Direct Support options for those who can't come to class. Training Details at: <http://www.homeatheartcare.com/employee-training.html>
- Annual trainings
- Training with multiple clients dealing with a variety of disabilities causing the PCA to be ready to work with almost any client in MN.
- We provide additional training.
- We provide in the know training which is continuing education for CNAs and tuition reimbursement for CNA education
- Web based video resources online
- We do semi-yearly in services training
- Move into to higher paid positions within the programs
- trainings
- Continues training and higher wage
- Training
- Annual training
- Annual in-service training for every employee
- More training and we also have tuition reimbursement for CNA programs if the pca continues to work for us for 1 year

Appendix D: Roster

CROSS-AGENCY WORKING GROUP MEMBERSHIP ROSTER

Expand, Diversify and Improve Minnesota's Direct Care/Support Workforce

Update: June 2018

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OFFICE OF HIGHER EDUCATION

To be appointed

Olmstead Subcabinet Meeting Agenda Item

July 23, 2018

Agenda Item:

6 (b) Workplan Compliance Report for July

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

Summary of Item:

This is a report from OIO Compliance on the monthly review of workplan activities. There are no exceptions to report.

The Workplan Compliance Report includes the list of activities with deadlines in June that were reviewed by OIO Compliance in June and verified as completed.

Attachment(s):

6b - Workplan Compliance Report for July 2018

[AGENDA ITEM 6b]**Workplan Compliance Report for July 2018**

Total number of workplan activities reviewed (see attached)	49	
• Number of activities completed	49	100%
• Number of activities on track	0	0%
• Number of activities reporting exception	0	0%

Exception Reporting

No activities are being reported as an exception.

Workplan Reporting for July (listed alphabetically)

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
CE 1D	Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information sessions including date, approximate number of attendees, and any specific topic areas/ concerns that were raised.	Through the use of the Olmstead website, social media, email, paper handouts, in person information sessions and other appropriate communication methods, as well as with the assistance of partner organizations, stakeholders will be informed about the Olmstead Plan and other activities that promote the Plan.	7/31/2018 (quarterly)	OIO	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.
CE 1E	Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).	Evaluation of outreach and engagement activities will help determine the effectiveness of activities and which activities to continue and which activities to discontinue or revise.	7/31/2018 (quarterly)	OIO	Verified as complete for July 2018 occurrence. Report included with CE 1D report in July 2018 Subcabinet packet.
CM 1E.2	Produce and disseminate a quarterly "Olmstead News and Updates" electronic newsletter to interested stakeholders.	Accessible communications will be available to individuals and communities. People with disabilities, their families and supporters will be informed about Olmstead Plan implementation.	7/31/2018 (quarterly)	OIO	Verified as complete for July 2018 occurrence. Newsletter sent on June 5 and July 2, 2018.
CM 2B.6	Analyze the public comments on the housing topic area, to determine how the comments can improve Plan implementation. Report to the Subcabinet.	Public input will be used to inform the topic area and strategies	7/31/2018	OIO, DHS, MHFA	Verified as complete. This will be reported at the August 2018 meeting.
CM 2D.2	Maintain a monthly calendar to monitor and implement communication activities.	Audiences will be engaged in the Olmstead Plan implementation through communications.	6/30/2018* (monthly)	OIO	Verified as complete for June 2018 occurrence.
CM 2D.4	Quarterly review the OIO and Agency communication materials for accuracy, timeliness, and alignment with the Olmstead Plan.	Audiences will be engaged in the Olmstead Plan implementation through communications.	6/30/2018* (quarterly)	OIO, agencies	Verified as complete for June 2018 occurrence.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
CR 2A.3	Conduct pilot project in school year 2017-18 to increase access to children' mental health crisis services in schools.	Increased access to children's mental health crisis services in schools will improve the likelihood that the crisis will be resolved in school and if it is necessary for them to leave, they will experience a timely return. Pilot project will be implemented and a plan will be developed to expand it statewide.	6/30/2018	DHS, MDE	Verified as complete. Report on lessons learned from pilot and recommendations is due to the Subcabinet in September 2018 (CR2A.4).
CR 3B.6c	Increase number of individuals receiving FACT team services to full capacity	The FACT team model is determined to be a best practice for delivering mental health services to individuals exiting correctional facilities. The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	6/30/2018	DHS, DOC	Verified as complete. More info was included in report for CR 3B.5 in June 2018 Subcabinet packet.
ED 1A	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data to OIO Compliance on the number of schools using PBIS and the number of students impacted.	One barrier that prevents students with disabilities from receiving instruction in the most integrated setting is the use of restrictive procedures. PBIS has proven effective in reducing the use of restrictive procedures, which results in increased access of students to the most integrated setting. A minimum of forty additional schools per year will use the evidence based practice of PBIS so that students are supported in the most integrated setting. <ul style="list-style-type: none"> • In school year 2015-2016 school year 532 or (26.5%) of Minnesota schools were will be implementing PBIS, impacting 247,009 students or (30% of all students). • In school year 2016-17 school year 585 schools (28.5%) we are implementing PBIS. Forty-two schools were added in the fall of 2016. • For school year 2017-18, 637 schools (31.0%) are implementing PBIS. Fifty-two schools were added in August 2017 	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence. As of August 2017, 641 Minnesota schools are in training or have completed two-year cohort training. This includes 31% of Minnesota schools, which impacts over 311,000 students, or 35.6% of students. More information available at http://pbismn.org/statewide/mn-pbis-schools.php .

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
ED 3A.3	Minnesota will align the IDEA SPP/SSIP activities with the activities related to increasing graduation for all students. Submit federal SPP plan and SSIP plan to Office of Special Education Programs (OSEP).	Implementation of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for American Indian and Black students with disabilities. Increased graduation rates will increase the likelihood of students going on to post-secondary education.	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence.
ED 3E	MDE will provide public engagement opportunities related to all strategies in lifelong learning and education topic area. Engagement includes special education meetings with local stakeholders, including administrators, teachers, interagency partners, parents and advocacy groups and Special Education Directors' Forums, etc. Provide status update of engagement activities to OIO Compliance.	Students with disabilities and their families will have input into their educational experiences and understand their opportunities for education and employment.	6/30/2018 (annually)	MDE	Verified as complete for June 2018 occurrence.
ED 4D	MDE and DOC will disseminate information about the reintegration protocol to promote its use at other juvenile correctional facilities housing youth from Minnesota including county, private, and out-of-state facilities.	Sharing information and promoting the use of the reintegration protocols will increase the utilization of the protocols in county, private and out-of-state facilities.	6/30/2018	DOC, MDE	Verified as complete.
ED 6F	MDE will evaluate, monitor and adjust professional development and technical assistance to support participating school districts in outcomes related to active consideration of assistive technology.	MDE will improve outcomes among participating school districts by evaluating their own professional development, revising as needed to ensure they can provide effective professional development and technical assistance to successive participating school districts.	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
EM 1A.6	Continue the implementation of the informed choice process with persons served by Vocational Rehabilitation Services, Medicaid funded programs and students who are a part of the Employment Capacity Building Cohort as outlined in the Olmstead Employment goals.	Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose integrated, competitive employment or they may not object to moving to competitive, integrated employment, or they may choose day service and/or other employment option. The policy does not call for the elimination of certain service options or closure of specific facilities.	6/30/2018* (annually)	DHS MDE DEED	Verified as complete for June 2018 occurrence.
EM 2A.2	Develop an interagency system to establish baseline, and measure competitive, integrated employment outcomes, including outcome measures by race and ethnicity. Update OIO on the status by June 30, 2018. (Adjusted 12/2017)	Using work from Interim Interagency data system, DHS, DEED and MDE will work in collaboration with Data Governance Initiative. The Initiative will establish goals and measurements over time to measure outcome and determine gaps in service. The measures will include: type of employment; work setting and employer of record; hourly wage, benefits and number of hours worked; informed choice planning information; and others developed based on experience.	6/30/2018 ± 2/31/2017 (Adjusted 12/2017)	DHS MDE DEED	June 2018 update provided. Legislation was not passed related to this item during the most recent session. Agencies will continue to use current measurement methodologies to show progress of competitive integrated employment.
EM 4A.4	During the 2017-2018 school year, and incorporating lessons learned, expand capacity building learning sessions to next group of local education agencies.	Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting transition aged youth from school to integrated, competitive employment. By beginning with 16 local education agencies with this process, lessons learned will be used to expand to additional local education agencies over time.	6/30/2018	DHS MDE DEED	Verified as complete for 2017-2018.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
EM 5A.5	Report semi-annually to the Subcabinet on the status of Workforce Innovation and Opportunity Act (WIOA) and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve. This includes the status of the Order of Selection (OOS) and the number of individuals who achieved Competitive integrated employment because of WIOA.	Targeted funding for Pre-Employment Transition Services will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.	7/31/2018 1/31/2018 (semi-annually)	DEED	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.
EM 5A.7	During the expansion of VR employment services efforts will be made to recruit and develop more racially and ethnically diverse service providers. Annually review that 100% of DEED/VRS employment providers have Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation that requires provider to implement cultural competency and diversity plans.	Targeted funding for Pre-Employment Transition Services will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.	6/20/2018* (annually)	DEED	Verified as complete for June 2018 occurrence.
HC 3A.1	The MDH Cardiovascular Health Unit will initiate a campaign to promote hypertension identification and control for disparate population groups. This will be accomplished through clinical systems enhancement and team based care utilizing clinic and community health care teams. This work is in conjunction with federally funded statewide Center for Disease Control (CDC) initiatives.	Disparate populations at higher risk for hypertension will be identified and their care managed. A subset within disparate populations includes those with disabilities.	6/30/2018	MDH	Verified as complete.
PC 1B.8a	Continue second year pilot of Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model in two community areas during the 2017-2018 school year. This incorporates person-centered planning practices into the Individualized Education Program (IEP) process.	Students will experience person-centered practices in their educational experience.	6/30/2018	MDE DEED DHS MDH	Verified as complete.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
PC 1C.1a	Train a new cohort of 14 individuals with disabilities in self-advocacy through a 12-month program of classroom training and fieldwork.	These self-advocates will become leaders within the Olmstead Plan. Participants will work in teams to plan and execute an integration project in their own community.	6/30/2018	DHS	Verified as complete.
PC 1H	Engage with people with disabilities, family members and guardians to provide information, tools, and resources to assist them to understand their options, assert their rights and plan for their future through person-centered practices. This will include strategies to reach ethnically and racially diverse audiences. Provide access to person-centered training via the College of Direct Supports and the Person-Centered Counseling curriculum. Report to the Subcabinet on the number of training activities and tools, the number of people trained and evaluation results when available.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	7/31/2018 (annually)	DHS	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.
PC 1I	Provide training, technical assistance and learning opportunities for lead agency assessors and planners, case managers and providers to promote the use of person-centered practices and increase capacity. Use strategies to reach diverse audiences. Report to the Subcabinet on the number of training activities, the number of participants trained and evaluation results when available.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	7/31/2018 (annually)	DHS	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.
PC 1L.2	Develop Disability Hub capacity so it provides people with disabilities and those who support them with: <ul style="list-style-type: none"> • A way to be engaged in shaping policies and services • A reliable source of information about policy and services changes 	People with disabilities using Disability Hub MN will know about changes to services and policies and have an opportunity to express their support or concern.	6/30/2018	DHS	Verified as complete.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
PC 2A.4	Complete the NCI survey interviews for the 2018 cycle.	The NCI results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	6/30/2018	DHS	Verified as complete.
PC 2D.1a	Provide training and technical assistance to lead agency assessors on how to explore potential use of assistive technology as they conduct MnCHOICES assessments.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES	6/30/2018	DHS	Verified as complete.
PC 2D.2	Analyze one full year of assistive technology data from MnCHOICES assessments.	See D.1a above	6/30/2018	DHS	Verified as complete.
PC 4B.1a	<p>The working group will further review and edit the recommendations included in the report to</p> <ul style="list-style-type: none"> • Prioritize the direct care report recommendations for implementation; and • Review and update the direct care report recommendations to identify: <ul style="list-style-type: none"> o which recommendations would need legislative action, o which would require state agency action, and o which ones require collaborative community efforts. <p>Report back to the Subcabinet at the July 23, 2018 meeting.</p>	<p>Scope and Key Issues for Direct Care/Support workforce shortage defined.</p> <p>Priorities established for initiating efforts to address Direct Care/Support workforce shortage.</p> <p>Opportunities to develop career pathways are identified that can be targeted to address the Direct Care/Support workforce shortage.</p> <p>Workgroup is aware of related activities that that are underway and that impact on the Direct Care/Support Workforce shortage.</p> <p>Olmstead Subcabinet reviews recommendations from the cross-agency working group.</p>	7/31/2018	DEED, DHS, steering team, working group	Verified as complete. Report included in July 2018 Subcabinet packet.
PR2 1D	<p>Report to the Subcabinet on the status of the public education campaign targeted at providers who serve individuals with disabilities, individuals with disabilities, families, and advocates.</p> <p>The report will include a summary of the activities undertaken, the target audience, and any evaluation results.</p>	<p>Targeted providers, individuals with disabilities, families, and advocates will:</p> <ul style="list-style-type: none"> • Be educated on how to recognize abuse and neglect; • Be educated in methods to reduce barriers in reporting suspected maltreatment; and • Be educated on how to prevent maltreatment in an effort to prevent future abuse and neglect. 	7/31/2018	MDH DHS OMHDD	Verified as complete. Report included in July 2018 Subcabinet packet.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
PR2 2A	Report to the Subcabinet quarterly, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID's) that document failure to report abuse, neglect and other maltreatment. (Quarterly)	It is expected that the overall number of maltreatment allegations will rise as a result of the education campaign about how to recognize and report suspected maltreatment. However, the number of citations issued to ICF/IID's that document failure to report abuse, neglect, and other maltreatment should decrease as a result of the education campaign about how to recognize and report suspected maltreatment.	7/31/2018* 4/30/2018 1/1/2018 (quarterly)	MDH	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.
PR2 2B	Report to Subcabinet quarterly, the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required Minnesota Statute 626.557 subd.14 (b).	Over time, the number of citations issued to Supervised Living Facilities documenting failure to comply with the development of an individualized abuse prevention plan should decrease as providers and direct care staff receive additional education about prevention of maltreatment.	7/31/2018* 4/30/2018 1/1/2018 (quarterly)	MDH	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.
PR3 1A.5	Review and compile data on remediation strategies and demographic data of suspected victim and perpetrator by lead investigative agency to identify strategies that may be effective at preventing repeat maltreatment of the same type.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	6/30/2018	DHS MDH MN.IT	Verified as complete.
PR3 1B.1	Complete an inventory of existing communication methods used to inform service providers.	Existing communication venues will be identified.	6/30/2018	DHS MDH MN.IT	Verified as complete.
PR3 1B.2	Develop communication plan to disseminate alerts.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	6/30/2018	DHS MDH MN.IT	Verified as complete.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
PR3 2A	DHS will work with representatives from the State Quality Council and the newly established regional councils to identify strategies and activities to reduce the risk of abuse and to improve the quality of practice. The proposed workplan activities will be submitted to the Subcabinet for review .	Workplan activities will be submitted to the Subcabinet for review.	6 months after the Plan	DHS	Verified as complete. Report included in July 2018 Subcabinet packet.
PR4 2C	Provide ongoing targeted technical assistance and an annual training for school administrators on student maltreatment, mandated reporter requirements, PBIS, Restrictive Procedures, and discipline. (Annually)	Increase awareness of abuse and neglect in public schools, offer guidance and direction in implementing appropriate behavioral interventions and prevention efforts; decrease use of emergency interventions.	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence. More information available at http://pbismn.org/statewide/mn-pbis-schools.php
PR4 3E	Annually report to the Subcabinet: <ul style="list-style-type: none"> Number of districts who fulfilled verification requirement procedures and confirmed mandated reporter training to all district employees. Number of districts who did not fulfill verification requirements and did not confirm mandated reporter training to all district employees. 	Increase school personnel accountability and awareness to report situations of abuse and neglect in the school setting.	7/31/2018* (annually)	MDE	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.
PS 1B	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data on the number of schools using PBIS.	The expected outcome is that as the number of schools using PBIS increases, there will be a reduction in the emergency use of restrictive procedures in school settings. The purpose of the Restrictive Procedures Stakeholders Workgroup is to review and implement the current statewide plan and to identify further efforts to reduce the use of restrictive procedures. A minimum of forty additional schools per year will be using PBIS.	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence. More information available at http://pbismn.org/statewide/mn-pbis-schools.php .

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
PS 1D.1	Provide Crisis Intervention Teams training for DOC security staff.	<p>Trainings will improve staff skills in avoiding and managing crisis when they occur and reduce the use of restrictive procedures.</p> <p>(SFY14 baseline 15% of security staff trained)</p> <ul style="list-style-type: none"> • During SFY16: Increase of 80 (22%) • During SFY17: Increase of 80 (25%) • During SFY18: Refresher classes and at least one 40-hour class held to maintain 25% level. • During SFY19: Refresher classes and at least one 40-hour class held to maintain 25% level. 	6/30/2018* (annually)	DOC	Verified as complete for June 2018 occurrence.
PS 1D.2	Provide Motivational interviewing training for DOC case managers.	<p>In the adult DOC facilities and MCF-Red Wing (DOC's juvenile facility), DOC will train all case managers in motivational interviewing (MI).</p> <p>Baseline: In SFY14, 97 staff received MI 1, and 20 received MI 2. All trained staff participate in Communities of Practice to update skills. All case managers at MCF-Red Wing have been trained and are participating in Communities of Practice.</p> <p>Communities of Practice for all trained staff to maintain Motivational Interviewing skills:</p> <ul style="list-style-type: none"> • During SFY16: 25% DOC case managers trained • During SFY17: 100% trained • After SFY17: trainings held as needed to maintain 100% level 	6/30/2018* (annually)	DOC	Verified as complete for June 2018 occurrence.
PS 1D.3	Provide Traumatic brain injury training for DOC staff.	DOC staff can view an optional online traumatic brain injury (TBI) training. In SFY15, 93 staff completed the course. Optional TBI training will remain available to DOC staff on a voluntary basis. Estimated training numbers will be 100 staff per fiscal year.	6/30/2018* (annually)	DOC	Verified as complete for June 2018 occurrence.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
PS 1D.4	Provide Aggression Replacement Training (ART) as appropriate for staff in correctional settings.	SFY14 baseline for staff trained in Aggression Replacement Training: <ul style="list-style-type: none"> • 57 staff had taken an ART orientation • 22 trained on how to implement ART During SFY17: All new MCF-Red Wing staff to receive training during DOC Academy on how to integrate ART into the facility's program	6/30/2018* (annually)	DOC	Verified as complete for June 2018 occurrence.
PS 2D	DHS will publish annual reports on the External Program Review Committee's annual evaluation on the progress in reducing the use of restrictive procedures and recommendations	Publishing the results of the annual evaluation noted above and efforts undertaken to reduce the use of restrictive procedures, including mechanical restraints will serve as an accountability tool as state agencies work to reduce the use of mechanical restraints to prevent imminent risk of injury due to self-injurious behaviors.	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence. Report is available at External Program Review Committee Annual Evaluation Report (October 2017) (PDF)
PS 2F.1	Implement MDE's statewide plan to reduce the use of restrictive procedures. Restrictive procedures workgroup will meet four times during 2017-18 school year.	The expected outcome is that as the MDE restrictive procedures statewide plan is implemented, the emergency use of restrictive procedures in the school setting will decline.	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence. Annual report available at https://education.mn.gov/MDE/about/rule/leg/rpt/2018Reports/
PS 2G.4	During the school year, MDE will provide at least three trainings and technical assistance to districts on the topic of restrictive procedures and positive supports. This includes training held at a specific district with their staff.	Increased knowledge and use of evidence based positive behavior strategies will reduce the emergency use of restrictive procedures in school settings.	6/30/2018* (annually)	MDE	Verified as complete for June 2018 occurrence.
QL 5C	OIO will monitor Quality of Life Survey implementation. Provide a monthly report to the Subcabinet on the progress of survey implementation. The report will address progress on the activities 5D – 5J below.	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	7/31/2018 (monthly)	OIO	Verified as complete for July 2018 occurrence. Report included in July 2018 Subcabinet packet.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
QL 5E	Monitor the development and implementation of a protocol for Abuse and Neglect reporting <ul style="list-style-type: none"> • Respondents in our sample are potentially vulnerable adults; there is a clear protocol for reporting abuse and neglect to the Minnesota Adult Abuse Report Center or Common Entry Point. • Regular connection with interviewers will occur to address any areas of concern immediately. 	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	6/1/2018	OIO	Verified as complete. Update included in report for QL 5C.
QL 5G	Monitor the identification and completion of 500 follow-up interviews <ul style="list-style-type: none"> • A representative random sample will be drawn from the 2,005 baseline survey participants. • Storage of private health care data will adhere to the data security plan approved by DHS IRB during the baseline survey administration. • Ensure Data Quality – All data used in both the recruiting and outreach process and through the survey and interview process will be live at all times. o Review weekly data to determine response rates from different settings and determine if changes are needed in the outreach plans. o Review data every other week, to analyze inter-rater reliability and determine if there are any patterns in responses that could indicate that survey interviewers are introducing bias and need additional training. o Provide a data summary on a monthly basis, to OIO for discussion about what findings are emerging. • Analyze Data – All data will be stored in a secured database and checked monthly for quality and validity. 	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	6/1/2018	OIO	Verified as complete. Update included in report for QL 5C.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency Response
QL 5H	Monitor the creation of the Olmstead Quality of Life Survey Report Develop Research Questions <ul style="list-style-type: none"> • Develop research questions through a collaborative process with agency stakeholders to help focus the analysis and ensure there is consensus on analytical approaches. 	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	6/1/2018	OIO	Verified as complete. Update included in report for QL 5C.
TS 1A.7	Implement new Individualized Home Supports (IHS) services upon CMS approval. Report status to OIO.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.	Report status in 6/30/2018	DHS	Status update provided. Service launched on July 1, 2018.

Olmstead Subcabinet Meeting Agenda Item

July 23, 2018

Agenda Item:

- 7 (a) *Workplan activity reports to be presented to Subcabinet*
- 1) *Person-Centered Planning 1H/1I – Annual report on training activities and tools (DHS)*
 - 2) *Employment 5A.5 – Semi-annual report on impact of WIOA (DEED)*
 - i. *Vocational Rehabilitation Services*
 - ii. *State Services for the Blind*
 - 3) *Preventing Abuse/Neglect PR2 1D – Public education campaign (MDH)*
 - 4) *Preventing Abuse/Neglect PR2 2A – Quarterly report on ICFs/IID citations (MDH)*
 - 5) *Preventing Abuse/Neglect PR2 2B – Quarterly report on SLFs citations (MDH)*
 - 6) *Quality of Life Survey 5C – Monthly report on survey implementation (OIO)*

Presenter:

Agency staff

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity and will be presented to the Subcabinet.

Attachment(s):

7a1 – 7a6 Olmstead Plan Workplan - Report to Olmstead Subcabinet

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Person-Centered Planning
Strategy	Strategy 1: Broaden the effective use of person-centered planning principles and techniques for people with disabilities
Workplan Activity Number	PC 1H and PC 1I
Workplan Key Activity	<p>PC 1H: Engage with people with disabilities, family members and guardians to provide information, tools, and resources to assist them to understand their options, assert their rights and plan for their future through person-centered practices. This will include strategies to reach ethnically and racially diverse audiences. Provide access to person-centered training via the College of Direct Supports and the Person-Centered Counseling curriculum. Report to the Subcabinet on the number of training activities and tools, the number of people trained and evaluation results when available.</p> <p>PC 1I: Provide training, technical assistance and learning opportunities for lead agency assessors and planners, case managers and providers to promote the use of person-centered practices and increase capacity. Use strategies to reach diverse audiences. Report to the Subcabinet on the number of training activities, the number of participants trained and evaluation results when available.</p>
Workplan Deadline	July 31, 2018 and annually thereafter
Agency Responsible	DHS
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

One of the foundations of the Olmstead Plan is person-centered practices. The Department of Human Services engages people with disabilities and their families to learn what is important to them, what questions they have and what support they would like from the Department. What we learn from them informs the Department's policy and training development, particularly when it comes to becoming a person-centered system. The Department broadens the effective use of person-centered planning principles and techniques for people with disabilities by providing training in person-centered thinking, planning and practices.

REPORT

This report lists activities that took place from July 1, 2017 through June 30, 2018.

ENGAGEMENT ACTIVITIES [PC 1H]

Print materials

I KNOW ME. What Person-Centered means for me

This is a booklet for people and their families that introduces the core concepts of what person-centered planning means for them. This booklet was edited to include the new Disability Hub MN brand, and distributed again to County Case Managers and providers to use with their program participants. This is still available as an electronic document (eDoc).

Disability Hub MN

This handout introduces “Disability Hub MN, a free statewide resource network that helps you solve problems, navigate the system and plan for your future.” In addition, it lists how people can share their ideas and feedback at disabilityhubmn.org/my-voice. This handout was mailed to 25,000 Disability Services Division (DSD) program participants.

Employment Matters

This handout was mailed to 17,000 people age 16-64 who were receiving Prevocational, Day Treatment and Habilitation, Adult Day Services, Prevocational Services or receiving school and MA disability waiver services.

Hearing from people

Virtual Insight Panel

The Virtual Insight Panel (VIP) was created with a diverse group of Minnesotans who volunteer to shape and inform communications and programs for people with disabilities. VIP members provide insight through interviews, focus groups and surveys.

To ensure that there is engagement with a diverse audience, recruiting targets were set. As a result, the Panel is made up of people of different racial and ethnic backgrounds, different disability types and different geographic locations.

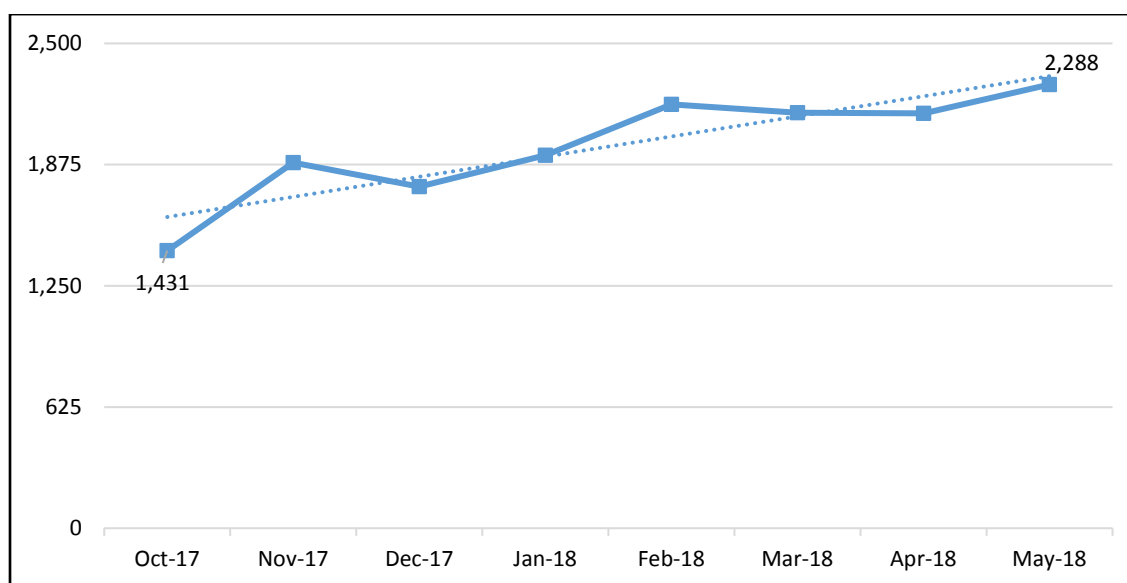
For the first VIP activity, 150 people were emailed a survey to gather feedback about employment messaging and 61 people responded. Their feedback was used to create interagency employment key messages to support the development of consistent person-centered messages across our agencies to help people understand expectations about work for people with disabilities. These key messages were included in the Employment Matters mailing.

[AGENDA ITEM 7a1]*On-line resources***Disability HUB website** (<https://disabilityhubmn.org/>)

This website was launched in August 2017 and contains person-centered topics including: My Best Life, My Home, My Work, My Health, My Skills and My Money. The home page includes a short video about the Hub, and includes audio descriptions and transcripts to increase the accessibility for people who are blind and deafblind.

Since the start of the Hub website, the monthly users have increased 60%, the sessions have increased 67%, and the pages visited have increased 48%. Custom analytics were created to better understand how customers are navigating the site, which will inform future content management strategy. DisabilityHUBMN.org website traffic has gradually increased over the last 8 months.

Figure 1: Disability Hub visits, October 2017-May 2018



**each data point is the number of total visitors each month over the last 8 months*

Introduction and Guide to Supported Decision Making

(<https://www.youtube.com/playlist?list=PLKdIRbjdmxgeDSVBZhEFyrzIli9ziO3Mc>)

This is a series of 10 YouTube videos published by DHS on April 11, 2017. The speaker is Johnathan Martinis, a national expert of disability law and policy. He talks about supported decision making and why the right to make choices is fundamental to our identity and well-being. Below is the total number of views for all 10 videos since April 2017. Over the last year, the total number of views for the videos increased by 240%.

- Number of videos: 10
- Number of total views: 5,975

Positive Supports Minnesota website (<https://mnpsp.org/>)

Positive supports are approaches that offer respectful, supportive, and effective ways to help people make positive changes in their lives. Positive supports are used to build on a person's successes, strengths, and desires, and do not include the use of punishment.

Supported Decision Making website (<http://supporteddecisionmaking.org/>)

TRAININGS

Trainings include evaluations which are then reviewed and used to make improvements in future trainings. Evaluations are not saved or compiled across trainings.

Trainings conducted by the Department of Human Services

Support Planning Professionals Learning Community

This series of online webinars provides learning opportunities to prepare support planners to apply the DHS Person-Centered, Informed Choice and Transition Protocols to their work. This is a monthly learning community.

- Number of trainings: 10
- Number of participants: 2,157

Using Person-Centered Practices in Support Planning

This is a one-day training where support planners receive support to understand the criteria used by the Lead Agency Review team to evaluate a person-centered support plan, integrate person-centered practices into assessor and case manager responsibilities and workflows and develop person-centered support plans.

- Number of trainings: 17
- Number of participants: 616 (across 80 lead agencies)

Person-Centered Support Planning: Jump Start with Eight Simple Elements

This is a half-day workshop where support planners discuss how to successfully incorporate the person-centered thinking skills and the elements introduced in the full-day, Using Person-Centered Practices in Support Planning training, into a person's support plan. These workshops were offered regionally with smaller groups.

- Number of workshops: 23
- Number of participants: 727

Creating Meaningful Person-Centered Outcomes

This is a half-day workshop where support planners understand the rules and regulations about outcomes, define and describe what meaningful outcomes are, explore desired outcomes for

[AGENDA ITEM 7a1]

people we support and practice writing meaningful person-centered outcomes. We will be offering more of this workshop later this year.

- Number of workshops: 1
- Number of participants: 58

MnCHOICES Certified Assessor Training (MNCAT)

This is a three-step online training to certify assessors in order to administer the MnCHOICES assessment tool to individuals accessing Home and Community-Based Services.

- Number of participants: 178

MnCHOICES Certified Assessor Training (MNCAT) Recertification

This is for current certified assessor whose certification expired in the last year. In order to recertify, assessors must acquire 45 continued learning units (CLUs) during the three year certification period. At least 12 of the 45 CLUs must improve the ability of the assessor to practice in a more person-centered way.

- Number of participants: 543 (This number may be duplicated in other trainings such as the SPP LC webinars, Person-Centered Thinking and Planning trainings)

*Trainings Sponsored by the Department of Human Services***Person-Centered Thinking Training**

This is a two day, interactive training for acquiring person-centered thinking skills that are centered on how to discover and balance what is important to and what is important for a person. DHS began a partnership with the Institute on Community Integration to perform this trainings to interested stakeholders free of charge in December of 2012.

- Number of sessions: 16
- Number of participants: 283

Person-Centered Planning/Picture of Life Training

This is a two day, interactive training that builds on applying person-centered thinking as well as learning and using planning tools that assist with helping people envision the life they want in their community. This training is focused on the Picture of a Life person-centered planning method. Participants in this training learn how to write a person-centered plan.

- Number of sessions: 1
- Number of participants: 9

Person-Centered Thinking (PCT) Train the Trainer

This activity expands the person-centered training capacity throughout the state by recruiting, training, and mentoring potential trainers in person-centered practices. Those being trained can become certified to provide person-centered thinking to others. Seventy-five certified PCT Trainers are currently participating in the Minnesota Person-Centered Thinking Community of Practice. Recruiting included strategies to bring in a diversity of new trainers.

- Number of sessions: 10 (this number is included in the PCT training sessions above)
- Number of participants: 8 PCT Trainer candidates were certified

Person-Centered Planning Train the Trainer

This activity expands the person-centered planning capacity throughout the state by recruiting, training, and mentoring potential trainers in person-centered practices so that those being trained can become certified to provide person-centered planning trainings to others. The people trained here become certified to provide Picture of a Life facilitators. Fourteen people have been trained to become Picture of a Life Facilitators.

Recruiting included strategies to bring in a diversity of new trainers.

- Number of sessions: 6 (this number is included in the PCT training sessions above)
- Number of participants: 4 trainer candidates in certification process

Person-Centered and Positive Support Organizational Change Training

This is a three-year training opportunity that supports organizations and DHS to implement person-centered practices, promote a person-centered organizational culture and assists organizations in navigating through governmental systems changes. The regional cohort training model being used for the three cohorts and DHS consists of the following activities that total to 160 hours of training:

- Regional Trainer training - two full days of in-person training and three 2 hour conference calls
- Organization-wide training - five full days of organization-wide training
- Coach Training - six full days of new coaches training
- Existing Coaches Training to develop coach trainers - three days/existing coaches training
- Key Contacts Training - two full days of in-person training and three 2 hour conference calls
- Up to six webinars

Twenty-three organizations are participating in one of four training cohorts that are located in four geographic locations in Minnesota (northeast, west central, metro, southeast).

Participating organizations represent residential service providers, day training and habilitation services, county lead agencies, mental health agency, public health agency, one regional quality

[AGENDA ITEM 7a1]

council, and DHS. The organizations participating in the cohort receive training on person-centered practices, positive behavior supports, and making data-driven decisions. Cohort 1 has completed the three year process, Cohort 2 is in the final year of the process, and Cohort 3 and DHS have two years left in the process. Information about these training efforts including training materials are available here: <https://mnpsp.org/training-materials/>

- Number of sessions: 91 training day sessions
- Number of participants: 390 participants in Organization Team Training (232 coaches, 158 leaders, 34 key contacts, 26 PBS facilitators, 16 PCT trainers)

Person-Centered Positive Behavior Support (PBS) Intensive Training

This training is focused on developing and mentoring up to five people participating in the regional training cohorts to become PBS facilitators with PBS mentor support to complete case study to demonstrate competency in PBS facilitation. Training includes six full-day onsite training sessions, six two-hour webinars, access to online training content and telepresence and onsite support in facilitating person-centered and positive behavior support plans. Additionally, up to 20 people may participate in the in-person or webinar sessions to gain universal knowledge and skills in PBS.

- Number of sessions:
 - six PBS training days
 - 41 teleconference training sessions
- Number of participants:
 - 35 people registered for PBS training days
 - 26 PBS facilitators
 - Average attendance for training days:
 - 18 in-person
 - 11 webinar only

Person Centered Counseling Curriculum

This curriculum consists of six online courses, with 4-12 lessons within each course, and one in-person course. The in-person course provides a blended learning opportunity that creates a bridge between the online content from Course 2 and 3. The in-person course is delivered by trainers certified by The Learning Community for Person Centered Practices using the criteria developed for this training program.

- Course 1: Introduction to No Wrong Door (online)
- Course 2A: Person-Centered Thinking and Practice (online)
- Course 2B: Person-Centered Thinking and Practice (in-person)
- Course 3: Person-Centered Planning and Implementation (online)
- Course 4: Who We Serve (online)
- Course 5: Person-Centered Access to Long Term Services and Supports (online)
- Course 6: Protection and Advocacy (online)

[AGENDA ITEM 7a1]

- Number of participants: As of June 21, 2018, 17,517 of active learners have completed 6,224 number of lessons in the Person Centered Counseling training curriculum.

The College of Direct Support, Person-Centered coursework

The College of Direct Supports is an online training curriculum designed for support and care professionals to assist them in their professional lives. Through the Department of Human Services, all of the coursework is free to county and state employees as well as providers of a certain size. For larger providers the fee to participate is greatly reduced, the rest is subsidized by DHS. The College of Direct Supports has four online modules specific to person-centered planning and many others that support person-centered practices. Each course can be done at a participants own pace, be referred to at any time and entails competency testing. <http://directcourseonline.com/courses/>

- There were 7,480 individuals who completed one or more courses on Person-Centered Practices and Supports.
- There are 11,033 individuals who are in the process of completing one or more lesson and/or courses on Person-Centered Practices and Supports.

Minnesota Gathering for Person-Centered Practices

This is a two-day long event that is an opportunity for those who are committed to person-centered values and are eager to learn about and share ideas for real implementation and changed practices. The gathering platform is conducive for shared learning and experiences about what individuals have been actively working on and share ideas with those that are eager to move forward. Participants included person-centered thinking trainers, coaches, leaders, self-advocates, parents, direct support professionals, state policy staff, etc.

- Number of trainings = 2 (November 2017)
- Number of participants: 428 total participants over two days (duplicated)

TECHNICAL ASSISTANCE [PC 1I]

DHS provides technical assistance to support planners and service providers in various ways.

Regional Resource Specialists

The Disability Services Division has staff located throughout the state to provide technical assistance on a daily basis in their region.

Response Center

The Disability Services Division provides technical assistance to counties, providers, people who use services and their families. The staff are all trained in person-centered practices.

[AGENDA ITEM 7a1]**Communities of Practice**

The Disability Services Division recently launched communities of practice for support planners and others to help people develop their person-centered practices. The Division also has supported a community of practice around positive supports for a couple of years.

Learning Communities

The Support Planning Professionals Learning Community focuses on developing person-centered practices and has convened via webinar monthly since 2015

Community Capacity Team

DHS staff with advanced skills in person-centered planning and practices and positive supports provide technical assistance to support planners and service providers in the field on a daily basis.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Employment
Strategy	Implement the Workforce Innovation and Opportunity Act (WIOA) and promote hiring among contractors
Workplan Activity	EM 5A.5
Workplan Description	Report semi-annually to the Subcabinet on the status of Workforce Innovation and Opportunity Act (WIOA) and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve. This includes the status of the Order of Selection (OOS) and the number of individuals who achieved Competitive integrated employment because of WIOA.
Deadline	January 31, 2018 and semi-annually thereafter
Agency Responsible	DEED/VRS
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

This is a report to the Olmstead Subcabinet from the DEED Vocational Rehabilitation Services (VRS) on the the status of the implementation of the Workforce Innovation and Opportunity Act (WIOA) and its impact on DEED policies and the individuals served. It also includes a report on the status of the Order of Selection process.

REPORT

The date range covered in this report is January 1, 2018 through June 30, 2018.

Order of Selection

The DEED/VRS Order of Selection process is based on federal regulations that are not subject to revision at the state level. Under Rehabilitation Services Administration (RSA) regulations, a state VR agency that cannot serve ALL persons with disabilities who are seeking services must establish an Order of Selection process that defines a priority system for who will be served first.

Minnesota's framework is based on an individual's functional limitations:

- Service Category 1: Persons with the most significant disabilities (three or more functional limitations) are the highest priority for service.
- Service Category 2: Persons with two functional limitations are the second priority for service.
- Service Category 3: Persons with one functional limitation are the third priority for service.
- Service Category 4: Persons without a functional limitation are the last priority for service.

VRS determines the number of functional limitations on an individual basis through the application and intake process.

Only Service Category 1 is currently open, which means individuals determined eligible can receive service immediately. All other Service Categories are closed.

As of July 9, 2018, the VRS waiting list included a total of 1,642 individuals:

- Service Category 2 = 1,271
- Service Category 3 = 617
- Service Category 4 = 26
- Total = 1,914

Of individuals found eligible for VRS services between October 1, 2017 and July 10, 2018, ninety-two percent (92%) of those accepted for services were from within Category 1.

WIOA Impact on Vocational Rehabilitation Services

On July 22, 2014 the Workforce Innovation and Opportunity Act (WIOA) was signed into law. WIOA (Pub. L. 113-128) is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. WIOA supersedes the Workforce Investment Act of 1998 and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973.

WIOA has significantly broadened the scope of services that VRS is required to provide to people with disabilities. These changes require a dramatic expansion of services that encourage people with disabilities to achieve competitive, integrated employment in the community.

Two categories of service required by WIOA have the greatest impact on VRS administered programs:

1. **Pre-Employment Transition Services became effective July 22, 2014** requires VRS to target services to *students with a disability* from ninth grade through age 21 who are eligible, or potentially eligible, for services.
2. **Limitations on the Use of Subminimum Wage (WIOA Section 511)** requires VRS to provide services to populations historically not served by the agency with the intention of encouraging and assisting these individuals to achieve regular jobs in the community rather than jobs in sheltered workshops that pay less than minimum wage.

No new funding was provided under WIOA for this expansion of services. The law mandates that state VR programs divert a minimum of fifteen percent (15%) of existing federal resources to provide the Pre-Employment Transition Services required under WIOA. At the current level of funding, VRS must set aside a minimum of \$6 million annually to provide Pre-Employment Transition Services. There are no fiscal mandates tied to the implementation of WIOA Section 511. However, given the high number of persons working in subminimum wage employment in Minnesota, VRS spends \$1.3 million annually to implement the Section 511 mandates. In total, the unfunded mandates of WIOA divert over \$7 million annually from other VR services.

[AGENDA ITEM 7a2i]***Pre-Employment Transition Services (Pre-ETS)***

WIOA requires VRS to have Pre-ETS available statewide to all students with disabilities, grade nine through age 21.

The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self advocacy.

In the 2017-2018 school year, this statewide mandate for services covers 42,465 students, ninth grade through age 21 with Individual Education Plans (IEPs). Students on 504 plans are also included in this mandate but the exact number of students on 504 plans is not known because of limitations in available data.

Implementation of Pre-ETS

All VRS transition staff have been trained on the requirements to provide Pre-ETS and the delivery of these services has been embedded in the VRS service delivery process. At the local level, VRS is working collaboratively to coordinate with school district and county social service staff in the provision of these services. VRS staff assess the need for Pre-ETS with every student on the VR caseload which has resulted in 1079 students receiving Pre-ETS to date in Federal Fiscal Year (FFY) 18.

In order to have Pre-ETS available to “potentially eligible” students with disabilities, VRS issued a request for proposals in the spring of 2017. As a result, nine community organizations were awarded funds totaling \$735,248 for State Fiscal Year (SFY) 2018. These nine contractors began outreach to schools and students at the beginning of the 2017-18 school year, resulting in 540 students being served to date. VRS issued a second RFP in March, 2018 to expand the availability of Pre-ETS services in the metropolitan area and Northwestern Minnesota, areas that were inadequately served with the first round of awards. Award letters to four providers were issued on July 9, increasing the expenditure for Pre-ETS services for “potentially eligible” students by an additional \$334, 612.

The mandated minimum requirement for Pre-ETS expenditures for FFY18 is \$6,082,104.

Limitations on the Use of Subminimum Wage: WIOA Section 511

Section 511 of WIOA addresses the subject of subminimum wage jobs, usually in segregated work settings such as sheltered workshops. Section 511 identifies two target populations: young people who traditionally would have been placed in sheltered workshops, and adults who are already working in a sheltered workshop setting and earning below minimum wage.

The 511 provisions of WIOA for (1) youth at-risk of being placed in sheltered workshops and (2) adults already in sheltered employment and earning below minimum wage were effective July 22, 2016.

WIOA now requires VRS to offer and provide the following services:

- **Young people** who historically have been tracked into subminimum wage employment are required to apply for Vocational Rehabilitation Services before they can be hired into a job that pays less than minimum wage.
- **Adults** currently working in jobs below the Federal Minimum Wage (\$7.25/hour) in segregated settings must receive career counseling, information and referral services, and discuss opportunities to pursue competitive, integrated employment in the community. These services are to be offered at six month intervals during the first year and annually thereafter. According to the federal Department of Labor's Wage and Hour Division, there were more than 15,400 adults working in subminimum wage employment in Minnesota when Section 511 went into effect.

WIOA Section 511 Implementation

- The number of youth with developmental disabilities that have been referred to VRS has increased significantly since WIOA Section 511 went into effect in July, 2016. In FFY15, prior to the implementation of WIOA Section 511, there were 962 students with developmental disabilities referred to VRS; in FFY17, that number had increased to 1,697. In FFY15, services were initiated for 729 of those youth; in FFY17, that number had increased to 1,410—an increase of 93% in just two years. Based on the current trend, the number of youth with developmental disabilities expected to be served by VRS in FFY18 is 1,734.
- Minnesota's eight Centers for Independent Living (CILs) are the VRS designated representatives to provide the initial career counseling and information and referral services to adults working at minimum wage for 14c employers.
- CIL staff have been trained in protocols for service provision and record keeping.
- CIL staff are providing services in eight regions statewide based in CIL service areas.
- In Year One of Section 511 implementation, CIL staff provided career counseling and information and referral services to 11,991 adults working at sub-minimum wage.
 - Of the adults who were provided career counseling and information and referral services 2,010 adults (16.76%) said they were interested in competitive integrated employment.
- Year Two numbers as reported by the CILs for the period of July 22, 2017 – July 10, 2018:
 - 10,237 individuals participated in the career counseling and information and referral (CC&I&R) services.
 - Of that total, 1,452 expressed interest in competitive integrated employment
- Year Three implementation is slated to begin on schedule in mid-July with additional improvements being made to the CC & I&R process, the most notable one being the elimination of the guardian signature on the required Section 511 documentation.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Employment
Strategy	Implement the Workforce Innovation and Opportunity Act (WIOA) and promote hiring among contractors
Workplan Activity	EM 5A.5
Workplan Description	Report semi-annually to the Subcabinet on the status of Workforce Innovation and Opportunity Act (WIOA) and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve. This includes the status of the Order of Selection (OOS) and the number of individuals who achieved Competitive integrated employment because of WIOA.
Deadline	January 31, 2018 and semi-annually thereafter
Agency Responsible	DEED/SSB
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

This is a report to the Olmstead Subcabinet from State Services for the Blind (SSB) on the status of the implementation of the Workforce Innovation and Opportunity Act (WIOA) and its impact on DEED policies and the individuals served; and a report / analysis of the Order of Selection process.

REPORT

The date range covered in this report is January 1, 2018 through June 30, 2018.

Order of Selection

Order of selection is a federally regulated process that outlines the steps that need to occur if a vocational rehabilitation agency is unable to meet the needs of all individuals interested in services due to a shortage of funds or a shortage of personnel.

SSB went on order of selection on October 1, 2015. Individuals are assigned to one of four categories:

- Category 1: Individuals who are in danger of losing their job (job retention)
- Category 2: Individuals with five or more functional limitations (most significant disability)
- Category 3: Individuals with three or four functional limitations (significant disability)
- Category 4: All other individuals with a disability

Categories 1 and 2 are open which means, individuals determined eligible can receive service immediately. All other categories are closed, and the individuals remain on a waiting list until the Director of SSB either temporarily or permanently opens up closed categories.

Since October 1, 2015, the waiting list has been opened five times. The last time the waiting list was opened was August 2017 where all 30 people on the waiting list came off. There are currently 30 people on the waiting list (21 in Category 3 and 9 in Category 4). 37 individuals under Category 1: Job Retention are subject to the waiting list if they no longer require job retention services.

SSB provides a thorough orientation to the SSB's services, so an individual can make an informed decision on whether they want to apply or not. From January 1st to June 30th, 37 individuals attended orientation, and 4 of them chose not to apply.

WIOA Impact

WIOA has been in place since July 22, 2014. The final regulations have been in place since June 2016. SSB has adjusted to the changes, especially in the areas of pre-employment transition services (Pre-ETS), limitations on the use of subminimum wage, and the new performance accountability measures. These three areas have had the most significant impact on the organization.

In June 2017, the updated case management system Workforce One (WF1) went live. With the new system, SSB is able to track and report on all the WIOA-required items, including data used for calculating the performance accountability measures.

As of December 31, 2017, SSB has completed an updated policy and procedure manual that reflects the WIOA-related changes. Online training modules on Workforce Development Unit (WDU) policies are being developed in collaboration with the Department's Training Coordinator. These modules will be made available on the State's Enterprise Learning Management system and will be required to be reviewed by all current and incoming WDU staff. The training modules are estimated to be completed by January 1, 2019.

SSB has started the initial stages of amending Rule 3325 so it aligns with WIOA. An internal workgroup has been formed, and they are currently conducting a thorough review of the current Rule to identify what changes need to be made. The process takes an estimated 18 months and should be completed by January 1, 2020.

Pre-ETS

There is a 15% or 1.3 million reservation of funds requirement for Pre-ETS. For Federal Fiscal Year (FFY) 2018, these funds are to be used with 171 students receiving Pre-ETS. Additional guidance has come out that clarifies the allowable costs that can be charged to the reservation; however, the interpretation of what is allowable is still narrow. SSB met the 15% requirement for FFY 2017.

SSB has an updated 2017-2018 Pre-ETS blueprint that is developed in coordination with the State Rehabilitation Council. The blueprint outlines SSB's annual plans for service provision to students with disabilities.

[AGENDA ITEM 7a2ii]

SSB continues to partner with the PACER Center to provide training for staff on working with families and IDEA. SSB is also working with the International School of Protocol to provide a training to students called “Blind and Socially Savvy”. The training teaches individuals how to interact appropriately in social and work environments.

Minnesota SSB has been recognized as a leader in the field of Pre-ETS, and the structure of the program has been showcased at a state and national level. Notable achievements in this area include:

- The Pre-ETS Blueprint that lays out the annual strategies for providing services to all Pre-ETS students
- A Pre-ETS Assistive Technology Loaner Program for students so they can access and participate in pre-employment transition services
- A statewide contract for Blind and Socially Savvy, which is a training program that provides an opportunity for Pre-ETS youth to learn about important social skills that will help them become more confident with themselves in order to network with others in the community
- A contract with PACER Center was developed to help SSB staff improve their understanding of how to work with parents, families, and the community when working with students with disabilities
- Blind Abilities partnership to create podcasts about independent living and job readiness skills

Limitations on the Use of Subminimum Wage

SSB is required to serve as the gatekeeper for youth seeking subminimum wage employment. SSB is also responsible for providing ongoing career counseling and information and referral (CC&I&R) services to all known individuals in subminimum wage employment.

SSB has an assigned rehabilitation counselor who is responsible for tracking individuals in subminimum wage employment and providing semi-annual and annual CC&I&R services. SSB has partnered with WINTAC, the technical assistance center through the Rehabilitation Services Administration, to enhance the career counseling and information and referral services (CC&I&R) provided to individuals in subminimum wage. Based on the collaboration, we have modified several documents and have provided additional training to the staff person who provides the CC&I&R. At this time there are 14 individuals who receive CC&I&R from SSB.

SSB has partnered with WINTAC and Y-TAC to implement a consistent method of delivering customized employment services to individuals with significant disabilities, which will include youth seeking subminimum wage employment. On May 30, 2018, several SSB staff, contractors, and work-based learning coordinators received an overview on what customized employment is. Intensive training by a recognized customized employment trainer will be provided in the fall to staff and contractors who provided customized employment services.

An internal workgroup is developing user-friendly handouts written in plain language that describe the limitations on subminimum wage process and requirements. The purpose of the handouts is to help customers, parents, guardians, partners, and service providers understand the new requirements.

Performance Accountability Measures

All programs under WIOA report on six joint performance accountability measures; these are standardized across the Title programs. The sixth measure, Services to Employers, is in a pilot phase. States are responsible for choosing two of three options. The Department of Employment and Economic Development chose to focus on “business penetration” and “job retention”.

All WIOA partners within the State have been meeting to establish common definitions around Services to Employers, Credential Attainment, and Measurable Skill Gains. The goal is to have a coordinated and consistent approach when reporting the measures, as these are joint measures that impact all programs.

SSB began collecting the data for the performance accountability measures starting July 1, 2017. The most substantial change that comes with the new measures is that after a client is closed from the program, we still must report on their employment and credential information for the 2nd and 4th quarters after exit (post-exit follow-up). Prior to WIOA, vocational rehabilitation performance revolved around individuals who are closed with achieving competitive integrated employment. Now, even individuals closed unsuccessfully can contribute positively to a state’s performance. The measures also focus on incremental and progressive success through an individual achieving milestone gains and credentials. SSB’s process on post-exit follow-up, which is used to collect information on some of the performance measures, is being showcased at the Vocational Rehabilitation Summit conference in September.

In January 2018, we are partnering with the technical assistance center WINTAC to provide technical assistance and guidance to staff on the new performance measures. WINTAC will review our policies and procedures to ensure they align with WIOA. They will also be training rehabilitation counselors and vocational rehabilitation technicians on new approaches for working with clients with a focus on long-term employment and credential attainment. WINTAC is meeting with management to update staff position descriptions and performance evaluation tools so they better reflect WIOA’s changes.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Preventing Abuse and Neglect (Goal 2)
Strategy	Strategy 1 - Use data to identify victims and target prevention.
Workplan Activity Number	PR2 1D
Workplan Key Activity	Report to the Subcabinet on the status of the public education campaign targeted at providers who serve individuals with disabilities, individuals with disabilities, families, and advocates. The report will include a summary of the activities undertaken, the target audience, and any evaluation results.
Workplan Deadline	July 30, 2018
Agency Responsible	MDH
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

This workplan strategy relates to public education campaign efforts to reach residents and staff of supervised living facilities (SLFs) to increase awareness of the Health Care Bill of Rights. The primary outcome is that residents will understand that they have rights, what those rights are, and how to appropriately advocate for them.

This workplan has also identified an outcome to educate providers, individuals with disabilities, families, and advocates on how to recognize and report abuse and neglect, and how to prevent maltreatment in an effort to prevent future abuse and neglect. To achieve this outcome, educational resources were developed for multiple audiences, including professional caregivers, and to raise public awareness. Teaching individuals who live in supervised living facilities about their health care bill of rights is a step toward achieving these strategies.

REPORT

This public education campaign focuses on helping individuals with disabilities better understand their rights. Residents of supervised living facilities (SLFs) are protected by a Health Care Bill of Rights which is a set of guarantees, including but not limited to:

- safeguarding resident information
- ensuring fair treatment
- maintaining resident safety and health (including the right to be free from maltreatment)

However, there are many barriers in effectively communicating to residents about their rights, including that the rights are currently written at a Grade 12 reading level and a lack of alternative formats. Such an advanced reading level does not meet the accessibility needs of

many residents. To address this need, the work of this public education campaign has focused on achieving the following goals:

- A) Creating a plain language Bill of Rights for supervised living facilities.
- B) Developing training materials for providers to assist staff and families in communicating with individuals with disabilities about their rights.

Educational Resources Developed

MDH consulted with a vendor who held focus groups with residents and staff of SLFs in May of 2017. Feedback gathered during these sessions included ideas on how a bill of rights might be better communicated to individuals with disabilities and their families.

During the past year, the consultants reviewed best practices literature about readability, white space, font style and size. Based on their research they developed the following resources:

- A plain language bill of rights, in both print and audio versions.
- A user guide that includes a curriculum and lesson plans for each right.
- An instructional handbook intended to be used by SLF staff to teach residents about their rights.

All of the resources were developed and user-tested in consultation with people with disabilities.

Next Steps

While the plain language bill of rights and instructional workbooks have been finalized, there is still work in progress. When complete, the project will also include situational videos with an accompanying instructional guide to support training sessions.

Individuals with disabilities and their families are often unaware of their rights or how to advocate for them. Not knowing what their rights are puts them at increased risk of repeated harm. An additional benefit of SLF staff teaching residents about the Bill of Rights, is that through teaching, staff will develop a deeper understanding of the residents' rights. It will help reinforce to staff their conduct requirements and their obligations per Minnesota law. The resources developed from this campaign will not only educate on how to recognize abuse and neglect, but will also raise awareness of what the rights are with the goal to prevent future maltreatment from occurring.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Preventing Abuse and Neglect
Strategy	Monitor and improve accountability of providers
Workplan Activity	PR2 2A
Workplan Description	Report quarterly to the Subcabinet, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document failure to report abuse, neglect and other maltreatment.
Deadline	January 1, 2017 and quarterly thereafter
Agency Responsible	MDH
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

This key activity requires MDH to report quarterly the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document **failure to report maltreatment** (this includes abuse, neglect and financial exploitation). This report was developed by counting citations that were issued to ICFs/IID during this reporting period as a result of failure to report maltreatment.

Citations may be issued as a result of:

- A standard federal certification and/or state licensing survey
- A complaint investigation

MDH conducts a survey to ensure compliance with the federal certification requirements for ICFs/IID annually, which includes a licensing survey every other year.

Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

The Vulnerable Adults Act mandates providers to report maltreatment to the Common Entry Point (MAARC). Thus, this report reflects how often reportable maltreatment was found to *have not been* reported by ICF/IID providers to the Common Entry Point.

REPORT

This report covers the time frame of January 1, 2018 – March 31, 2018, as well as a cumulative report covering the first three quarters of State Fiscal Year (SFY) 18.

STATE FISCAL YEAR 18

During January 1, 2018 – March 31, 2018 (SFY 18 Q3):

- MDH conducted 49 surveys and 19 complaint investigations for ICFs/IID.
- Of those, **MDH found failure to report maltreatment on 12% of the surveys** (6 of the 49 surveys conducted) **and on 21% of the complaint investigations** (4 of the 19 complaints).
- The citations involved **seven** different ICF/IID providers. Two of the seven providers were cited for failure to report maltreatment in SFY 17.

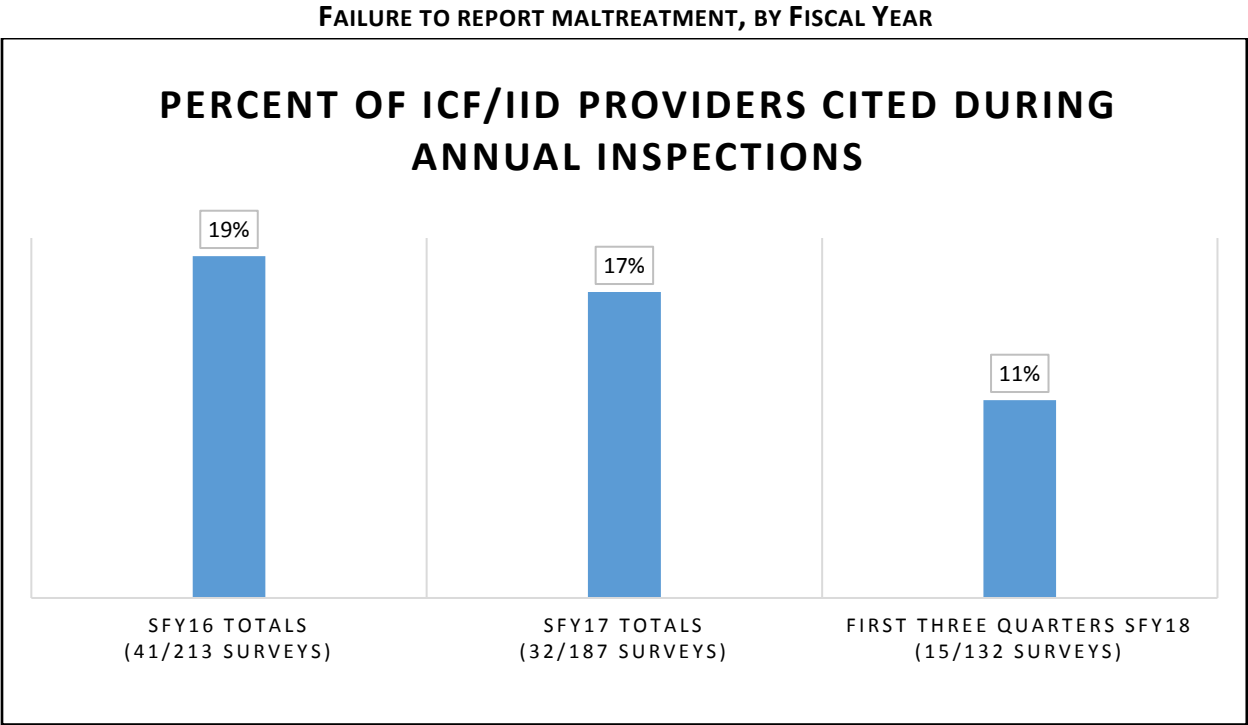
SFY 18 CUMULATIVE REPORT (Q1 – Q3):

During July 1, 2017 – March 31, 2018 (first three quarters of SFY18):

- MDH conducted 132 surveys and 44 complaint investigations for ICFs/IID.
- Of those, **MDH found failure to report maltreatment on 11% of the surveys** (15 of the 132 surveys conducted) **and on 11% of the complaint investigations** (5 of the 44 complaints).
- The citations involved **17** different ICF/IID providers. Forty-one percent (7 out of 17) were cited for failure to report maltreatment in the previous two fiscal years.

Number of ICF/IID Survey and Complaints Conducted, and Number and Percent Cited for Failure to Report Maltreatment

Time Period	Surveys Conducted	Complaint Investigations	Percent of Surveys Resulting in Failure to Report Maltreatment	Percent of Complaint Investigations Resulting in Failure to Report Maltreatment	Number of Providers Cited for Failure to Report Maltreatment
SFY 16 Total	213	29	19% (41/213)	3% (1/29)	40
SFY 17 Total	187	57	17% (32/187)	5% (3/57)	35
SFY 18 Q1	45	7	16% (7/45)	0% (0/7)	7
SFY 18 Q2	38	18	5% (2/38)	6% (1/18)	3
SFY 18 Q3	49	19	12% (6/49)	21% (4/19)	7



This data provides a starting baseline on how frequently non-reporting of maltreatment is found on ICF/IID annual inspections (surveys) and complaint investigations. A public education campaign focusing on how to recognize, report and prevent maltreatment is in progress to better inform providers serving individuals with disabilities. Eventually, as a result of the education campaign on how to recognize and report suspected maltreatment, it is expected that the number of citations issued reflecting failure to report maltreatment will decrease.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Preventing Abuse and Neglect Goal 2
Strategy	Monitor and improve accountability of providers
Workplan Activity	PR2 2B
Workplan Description	The number of citations issued to Supervised Living Facilities/ ICFs/IID that document failure to comply with the development of an individualized abuse prevention plan.
Deadline	January 1, 2017 and quarterly thereafter
Agency Responsible	MDH
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

This key activity requires MDH report quarterly the number of citations issued to providers who are licensed as a Supervised Living Facility, that document **failure to develop an individualized abuse prevention plan**, as required Minnesota Statute 626.557 subd.14 (b). All of these licensed Supervised Living Facilities are also federally certified as ICFs/IID in this reporting period, and are referred to as ICFs/IID hereinafter.

Citations may be issued as a result of:

- A standard federal certification and/or state licensing survey
- A complaint investigation

MDH conducts a survey to ensure compliance with the federal certification requirements for ICFs/IID annually, which includes a licensing survey every other year.

Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

REPORT

This report covers the time frame of January 1, 2018 – March 31, 2018, as well as a cumulative report covering the first three quarters of State Fiscal Year (SFY)18.

STATE FISCAL YEAR 18

During January 1, 2018 – March 31, 2018 (SFY 18 Q3):

- MDH conducted 49 surveys and 19 complaint investigations for ICFs/IID.
- Of those, **MDH found failure to develop an individualized abuse prevention plan on 4% of the surveys** (2 of the 49 surveys) **and on 11% of the complaint investigations** (2 of the 19 complaints).
- The citations involved **four** ICF/IID providers

- All four providers were also cited for failure to report maltreatment (as described in Workplan Activity 2A) during this reporting period
- Fifty-percent (2 out of the 4 providers) were cited for failure to develop an individualized abuse prevention plan in the previous two fiscal years.

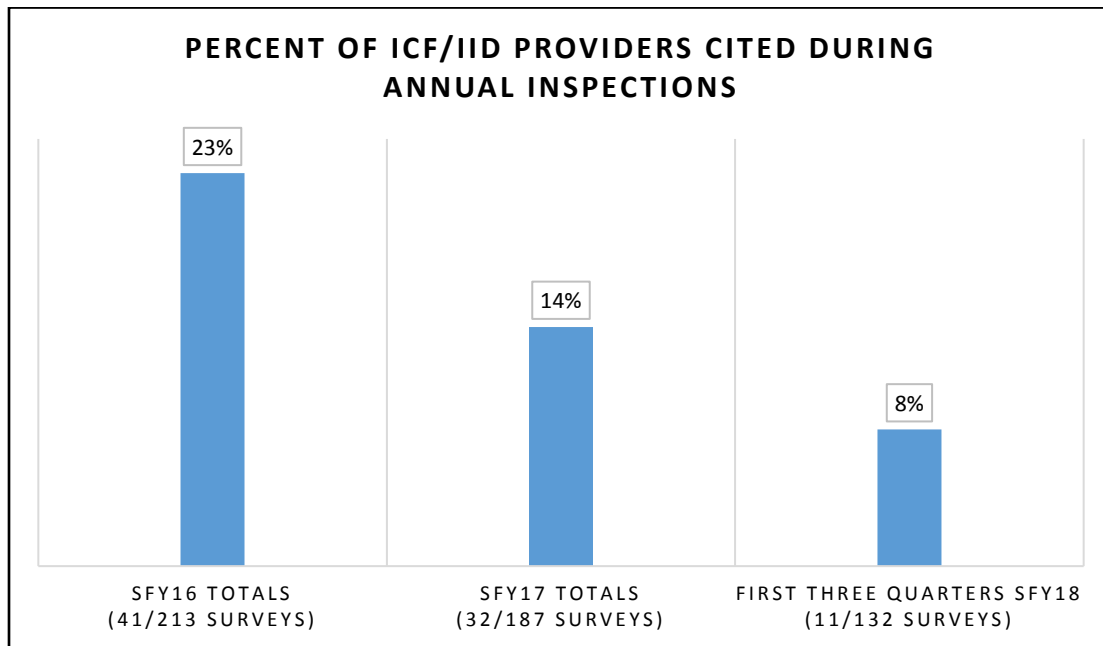
SFY 18 CUMULATIVE REPORT (Q1-Q3):

During July 1, 2017 – March 31, 2018 (first three quarters of SFY18):

- MDH conducted 132 surveys and 44 complaint investigations for ICFs/IID.
- Of those, **MDH found failure to develop an individualized abuse prevention plan on 8% of the surveys** (11 of the 132 surveys conducted) **and on 7% of the complaint investigations** (3 of the 44 complaints).
- The citations involved **14** different ICF/IID providers. Almost half were cited for failure to develop an individualized abuse prevention plan in the previous two fiscal years (6 out of the 14 providers).

**Number of ICF/IID Survey and Complaints Conducted, and
Number and Percent Cited for Failure to Develop an Individualized Abuse Prevention Plan**

Time Period	Surveys Conducted	Complaint Investigations	Percent of Surveys Resulting in Failure to Develop an Individualized Abuse Prevention Plan	Percent of Complaint Investigations Resulting in Failure to Develop an Individualized Abuse Prevention Plan	Number of Providers Cited for Failure to Develop an Individualized Abuse Prevention Plan
SFY16 Total	213	29	23% (50/213)	0% (0/29)	47
SFY17 Total	187	57	14% (26/187)	5% (3/57)	29
SFY18 Q1	45	7	16% (7/45)	0% (0/7)	7
SFY18 Q2	38	18	5% (2/38)	6% (1/18)	3
SFY18 Q3	49	19	4% (2/49)	11% (2/19)	4

[AGENDA ITEM 7a5]**Failure to develop an individualized abuse prevention plan, by Fiscal Year**

This data provides a starting baseline on how frequently failure to develop an individualized abuse prevention plan is found on ICF/IID annual inspections (surveys) and complaint investigations. A public education campaign focusing on how to recognize, report and prevent maltreatment is in progress to better inform providers serving individuals with disabilities. Eventually, as a result of the education campaign, it is expected that the number of citations issued reflecting failure to develop an individualized abuse prevention plan will decrease.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Quality of Life Survey
Strategy	Strategy 5: Monitor the implementation of the Quality of Life Survey Administration Plan
Workplan Activity Number	QL 5C
Workplan Key Activity	OIO will monitor Quality of Life Survey implementation. Provide a monthly report to the Subcabinet on the progress of survey implementation. The report will address progress on the activities 5D – 5J below.
Workplan Deadline	June 30, 2018 (monthly thereafter)
Agency Responsible	OIO
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

OIO will implement the Quality of Life Follow- up Survey as part of the longitudinal study to assess and track the quality of life for residents with disability. Quality of life will be measured through a field test survey instrumentation developed by the Center for Outcome Analysis tailored to meet the Minnesota Olmstead Plan’s requirements.

The Quality of Life instrument measures changes in quality of life as people with disabilities choose to move to more integrated settings. The survey will be used to measure changes in the lives of people with disabilities over time. The Quality of Life Baseline Survey was conducted in 2017-2018. The follow-up survey will assess a smaller group from the baseline data to indicate of whether increased community integration and self-determination are occurring for people with disabilities.

REPORT

QL	Key Activity	Deadline	Status for July 2018
5D	Monitor the implementation of the Quality of Life Survey Administration Plan including: <ul style="list-style-type: none"> • Develop a detailed workplan that outlines project activities week-by-week throughout the project timeline. • Conduct weekly conversations with interviewers to ensure quality and validity and identify challenges as they arise and create solutions to address them. 	Begin by May 1, 2018.	Deliverables are being monitored on a monthly basis and were met during the month of June. Weekly communications continue to occur with the interviewers.

QL	Key Activity	Deadline	Status for July 2018
5E	<p>Monitor the development and implementation of a protocol for Abuse and Neglect reporting</p> <ul style="list-style-type: none"> • Respondents in our sample are potentially vulnerable adults; there is a clear protocol for reporting abuse and neglect to the Minnesota Adult Abuse Report Center or Common Entry Point. • Regular connection with interviewers will occur to address any areas of concern immediately. 	Begin by June 1, 2018	Interviewer training is completed which included addressing any areas of concern immediately. The outreach will include interviewers scheduling the interviews
5F	<p>Monitor the plan to recruit, train, and supervise interviewers. Priority for hiring will be: Show ability to responsibly implement interviews with fidelity.</p> <ul style="list-style-type: none"> • Experience and/or comfortable working with people with disabilities and can conduct interviews in languages other than English. • Have the cultural competency to work with people of many different backgrounds. • Are geographically dispersed across the state 	Begin by May 1, 2018.	<p>Interviewer training is completed.</p> <p>The interview schedule plan has been developed and interviews are scheduled to begin in July.</p>
5G	<p>Monitor the identification and completion of 500 follow-up interviews</p> <ul style="list-style-type: none"> • A representative random sample will be drawn from the 2,005 baseline survey participants. • Storage of private health care data will adhere to the data security plan approved by DHS IRB during the baseline survey administration. • Ensure Data Quality – All data used in both the recruiting and outreach process and through the survey and interview process will be live at all times. <ul style="list-style-type: none"> ○ Review weekly data to determine response rates from different settings and determine if changes are needed in the outreach plans. ○ Review data every other week, to analyze inter-rater reliability and determine if there are any patterns in responses that could indicate that survey interviewers are introducing bias and need additional training. ○ Provide a data summary on a monthly basis, to OIO for discussion about what findings are emerging. <p>Analyze Data – All data will be stored in a secured database and checked monthly for quality and validity.</p>	Begin by June 1, 2018.	<p>Weekly calls continue with The Improve Group to ensure that deliverables are being met.</p> <p>Monthly meeting are being held with the QOL Advisory Committee to discuss deliverables and any other concern as needed.</p> <p>The representative random sample has been pulled.</p>

[AGENDA ITEM 7a6]

QL	Key Activity	Deadline	Status for July 2018
5H	<p>Monitor the creation of the Olmstead Quality of Life Survey Report</p> <p>Develop Research Questions</p> <ul style="list-style-type: none"> • Develop research questions through a collaborative process with agency stakeholders to help focus the analysis and ensure there is consensus on analytical approaches. 	Develop by June 1, 2018	The research questions have been completed for the follow-up survey.
5I	<p>Monitor the creation of the Olmstead Quality of Life Survey Report</p> <p>Complete analysis</p> <ul style="list-style-type: none"> • The analysis will be focused on comparing survey score changes from the baseline across all relevant variables. The other component of this analysis will focus on measuring the impact different variables have on survey scores. • The report will highlight the major changes from baseline to follow-up. It will identify changes in survey module scores and scan for any significant changes in scores across service setting and region. • A comprehensive analysis of all relevant variables and include the results of the regression methodology that will be further developed in the planning stages of this work. • Data tables of all results will be included in the report. 	Complete analysis by November 30, 2018	On track to be reported by November 30, 2018.
5J	Submit the Quality of Life Survey results final report to the Subcabinet.	Report by December 31, 2018	On track to be reported by December 31, 2018.

Olmstead Subcabinet Meeting Agenda Item

July 23, 2018

Agenda Item:

- 7 (b) *Workplan activity reports to be reviewed by the Subcabinet*
- 1) *Community Engagement 1D/1E – Quarterly report on community contacts (OIO)*
 - 2) *Preventing Abuse/Neglect PR3 2A – State Quality Council strategies to reduce abuse (DHS)*
 - 3) *Preventing Abuse/Neglect PR4 3E – Annual report on school districts and mandated reporter training (MDE)*

Presenter:

Responsible agencies will be available to answer any questions Subcabinet members may have on these reports.

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity. They will not be presented to the Subcabinet, however agency staff will be available to answers any questions Subcabinet members may have on these reports.

Attachment(s):

7b1 – 7b3 - Olmstead Plan Workplan - Report to Olmstead Subcabinet

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Community Engagement
Strategy	Increase the number of leadership opportunities for people with disabilities
Workplan Activity Number	CE 1D and CE 1E
Workplan Key Activity	<p>CE 1D: Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies.</p> <p>Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information or networking sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised.</p> <p>CE 1E: Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).</p>
Deadline	October 31, 2016 and quarterly thereafter
Agency Responsible	Olmstead Implementation Office (OIO)
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

OIO continues to strategically engage with disability communities and individuals with disabilities to enhance or promote their own self-advocacy and leadership opportunities. Greater awareness of Olmstead, training and networking opportunities helps increase opportunities for self-advocacy and leadership by people with disabilities. Interested individuals are often provided information and referrals for opportunities for professional growth, including employment opportunities for the State of Minnesota, volunteer opportunities or opportunities to participate in a training program.

OIO continues to engage with many providers, families and organizations that serve or work with individuals with disabilities. These interactions are a platform for networking, information-sharing, and critical conversations about what Olmstead means to diverse communities with disabilities. Through these strategic meetings, OIO staff seek to act as a resource for disability communities and serve as a bridge between people with disabilities and state agencies.

REPORT

OIO continues to inform community members regarding collaborative work and activities that promotes the Olmstead Plan's goals and strategies. OIO has tracked all contacts. The tracking form includes: location, point of contact, individuals or community engaged, number of individuals engaged, event or topic area, OIO staff responsible, and identity of sponsoring organization. OIO continues to build intentional relationships and partnerships with the goal to cultivate and build inclusive and accessible engagement practices.

From April 1 – June 30, 2018, OIO staff engaged with 193* people through meetings, presentations and workshops.

Highlights from quarterly outreach activities:

- OIO staff presented to several provider organizations regarding the 2018 Olmstead Plan updates including:
 - ARRM;
 - Deafblind Transition Committee;
 - Self-Advocacy Committee; and
 - Dakota County Transportation Committee.
- OIO staff attended and engaged with participants at the Employment Capacity Building Fair hosted by Minnesota Department of Education.
- OIO staff presented at Minnesota Department of Human Rights - Civic Engagement Summit.
- OIO staff participated in all of the Governor's Task Force on Housing Regional Forums in the following locations:
 - Austin
 - Little Falls
 - Duluth
 - Crookston
 - St. Paul
 - Golden Valley
 - Sleepy Eye
- OIO staff participated in the 2018 Health Equity Leadership Institute/Partnering for Health Equity.
- OIO staff participated in the Department of Human Rights' Civic Engagement Practitioner's Leadership Team.

Evaluation summary of outreach activities:

Evaluations for the various activities highlighted in this report were conducted by the host organization of the event. No evaluation outcomes or data are reported in this quarterly report.

*This number may include duplicates. This is an incomplete number as data was not available for some activities.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Preventing Abuse and Neglect (Goal 3)
Strategy	Engage Quality Councils
Workplan Activity	PR3 2A
Workplan Description	DHS will work with representatives from the State Quality Council and the newly established regional councils to identify strategies and activities to reduce the risk of abuse and to improve the quality of practice. The proposed workplan activities will be submitted to the Subcabinet for review.
Deadline	6 months after the Subcabinet approves the Comprehensive Plan for Prevention of Abuse and Neglect for People with Disabilities
Agency Responsible	DHS
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

The State Quality Council is a team of people who are working to improve the quality of services provided to people with disabilities in the state of Minnesota. Council members include Department of Human Services employees, people who receive disability services, the family members of people who receive disability services, advocates, and more.

The role of each Regional Quality Council is to work collaboratively with regional stakeholders and partners in order to monitor and improve the quality of services, person-centered outcomes, and overall quality of life for people with disabilities at both an individual and system level.

REPORT

At the June 22, 2018 Olmstead Subcabinet meeting DHS addressed activities they have committed to address the topic of Preventing Abuse and Neglect.

The State Quality Council reviewed the Comprehensive Report on Preventing Abuse and Neglect submitted to the Subcabinet, and support the work that DHS is doing. The Council has its own legislative priorities and directive, and will not have a continued role in this area.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Preventing Abuse and Neglect – Goal 4
Strategy	Strategy 3: Improve school accountability for training
Workplan Activity Number	PR4 3E
Workplan Key Activity	<p>Annually report to the Subcabinet:</p> <ul style="list-style-type: none"> • Number of districts who fulfilled verification requirement procedures and confirmed mandated reporter training to all district employees. • Number of districts who did not fulfill verification requirements and did not confirm mandated reporter training to all district employees.
Workplan Deadline	July 31, 2018 and annually thereafter
Agency Responsible	MDE
Date Reported to Subcabinet	July 23, 2018

OVERVIEW

As part of the Olmstead Plan, the Minnesota Department of Education Compliance and Assistance Division's Student Maltreatment Program collects annual verification from school districts indicating that all school employees have been trained on mandated reporter duties and the protections from retaliation when a report is made in good faith. This workplan activity relates to improving school accountability for training, with the goal of preventing abuse and neglect by educating and informing mandated reporters of their obligation to report situations of abuse and neglect in the school setting, for which they receive protection from retaliation when the report is made in good faith.

REPORT

Mandated reporting training is an annual requirement for all public school districts. During state fiscal year 2018, which is the 2017-2018 school year, 541 districts fulfilled verification requirement procedures and confirmed all district employees were trained on mandated reporting. This represents 100% compliance by Minnesota public school districts.

Additionally, on June 25, 2018, the Minnesota Department of Education Division of Compliance and Assistance offered approximately 150 school administrators a full-day workshop. The training provided targeted technical assistance regarding student maltreatment, mandated reporting and trauma-informed care. The goal of this training was to increase awareness of the Department's efforts to ensure that students with disabilities receive services in the most integrated setting appropriate to their needs.

Web-based training is available on the agency website with additional information regarding mandated reporting and investigation procedures. The Department also has a twenty-four hour reporting line and is continuously available to field inquiries regarding mandated reporting.

Cross-Agency Direct Care/Support Workforce Shortage Working Group

:

7 Recommendation Areas Developed by Working Groups
with High Priority Items Identified in Plan

1

Olmstead Subcabinet Meeting July 23, 2018 Presenters:

- Linda Wolford
- Jeff Bangsberg
- Dena Belisle

2

Increase worker wages and/or benefits

- 1.A.1 Wage adjustment and reimbursement rate changes
- 1.A.3 Report on reimbursement rates
- 1.B.1 Mandatory workforce data reporting

3

Expand the worker pool

- 2.B.1 and 2.D.1 Innovative recruiting e.g., students, new immigrants, people on public assistance
- 2.C.1 Address transportation barriers for direct care staff
- 2.E.1 and 2.F.1 Direct Care Service Corps e.g., incentives for secondary and post-secondary students

4

Enhance training

- 3.A.1 Career pathway development team
- 3.A.2 Offer courses
- 3.A.3 Publicize existing career ladders
- 3.A.4 Expand scholarship programs
- 3.B.1 Compile existing training and publicize

5

Increase job satisfaction

- 4.A.1 Survey consumers about staffing issues and satisfaction with workers
- 4.A.2 Job satisfaction survey of direct care workers for retention purposes

6

Raise public awareness

- 5.A.1 and 5.B.1 and 5.C.1 Create recruitment and retention guide
- 5.A.2 and 5.B.2 and 5.C.2 Use social media to promote careers
- 5.A.3 and 5.B.3 and 5.C.4 Develop career seminars
- 5.A.4 and 5.B.4 and 5.C.4 Use GovDelivery to promote job vacancies
- 5.A.6 and 5.B.6 and 5.C.6 Promote Direct Support Connect

7

Promote service innovation

- 6.A.1 Automate agency coordination to better cover service users
- 6.A.2 Systems for backup, emergency and on-call staff
- 6.A.3 Promote assistive technology to replace human staffing
- 6.A.4 Expand monitoring technology

8

Enhance data collection

- 7.G.1 Compile population data
- 7.G.4 Future program data collection
- 7.G.5 Modify technology systems to capture data
- 7.E.1 Create hospital and nursing home admission and discharge codes for tracking whether due to lack of staffing