MINNESOTA GOVERNOR’S COUNCIL ON DEVELOPMENTAL DISABILITIES

Wednesday, February 2, 2022
Meeting held virtually with Zoom
9:30 am until 11:30 am

MINUTES

MEMBERS PRESENT
Lee Shervheim, Council Chair
Dan Reed, Vice Chair
Michelle Albeck
Jenny Arndt
Wendy Berghorst
Jason Blomquist
Dupree Edwards (joined at 10:05 am)
Lisa Emmert
Kay Hendrikson
Brittanie Hernandez-Wilson (joined at 10:30 am)
Amy Hewitt
Lesli Kerkhoff
Mary Martin
Katie McDermott
Chris McVey
Jillian Nelson
Garrett Petrie
Kate Quale
Connie Rabideaux
Jenny Santema
Reid Scheller
Dan Stewart

MEMBERS EXCUSED
Abdi Matan

STAFF PRESENT
Stephanie Nelson
Paul Nevin
Colleen Wieck

GUESTS
Jennifer Drganc
Bud Rosenfield
I. **CALL TO ORDER**

Lee Shervheim called the meeting to order at 9:30 am.

II. **INTRODUCTIONS**

Shervheim asked each member to introduce themselves.

III. **APPROVAL OF AGENDA**

Shervheim asked for a motion to approve the Agenda.

**MOTION:** Hewitt moved, seconded by Nelson to approve the Agenda. Motion carried by consent.

IV. **APPROVAL OF COUNCIL MINUTES FOR DECEMBER 1, 2021 COUNCIL MEETING**

Shervheim asked for approval of the December 1, 2021 Council Meeting Minutes.

**MOTION:** Nelson moved, seconded by Blomquist to approve the Minutes for December 1, 2021 Council Meeting.

Roll call vote in favor: Albeck, Arndt, Berghorst, Blomquist, Emmert, Hendrikson, Hewitt, Kerkhoff, Martin, McDermott, McVey, Nelson, Petrie, Quale, Rabideaux, Reed, Santema, Scheller, and Stewart. Motion carried.

V. **GRANT REVIEW COMMITTEE RECOMMENDATIONS**

Chair Shervheim and Grant Review Committee Chair Emmert explained today’s process. The Council approved a Five Year Plan that includes a program goal to help fund training conferences. We have $20,000 to distribute during Federal Fiscal Year 2022. The Grant Review Committee reviewed 18 applications and will be recommending 11 applications today. We will take the recommendations one at a time in alphabetical order. If you believe you have a conflict of interest, please abstain and the vote will be recorded in the Minutes. Every member received the State of Minnesota Conflict of Interest policy with their packet of materials.

1. Emmert moved to fund Accord for $2,000.00 for Cow Tipping training. Nelson seconded the motion.


2. Emmert moved to fund Advocating Change Together for $1,050.00 for a state self-advocacy conference. Albeck seconded the motion.


3. Emmert moved to fund Autism Society of Minnesota for $2000.00 for the annual state conference. Arndt seconded the motion.


5. Emmert moved to fund East African Community & Health Initiative for $2,000.00 for career exploration training. Quale seconded the motion. Roll call vote: Albeck, Arndt, Berghorst, Blomquist, Emmert, Hendrikson, Hewitt, Kerkhoff, Martin, McDermott, McVey, Nelson, Petrie, Quale, Rabideaux, Reed, Santema, Scheller, and Stewart. No abstentions. Motion carried.

6. Emmert moved to fund L’Arche for $2,000.00 for Cow Tipping training. Blomquist seconded the motion. Roll call vote: Albeck, Arndt, Berghorst, Blomquist, Emmert, Hendrikson, Hewitt, Kerkhoff, Martin, McDermott, McVey, Nelson, Petrie, Quale, Rabideaux, Reed, Santema, Scheller, and Stewart. No abstentions. Motion carried.


9. Emmert moved to fund Sacred Grounds for $2,000.00 for Cow Tipping training. McDermott seconded the motion. Roll call vote: Albeck, Arndt, Berghorst, Blomquist, Emmert, Hendrikson, Hewitt, Kerkhoff, Martin, McDermott, McVey, Nelson, Petrie, Quale, Rabideaux, Reed, Santema, Scheller, and Stewart. No abstentions. Motion carried.


VI. PROGRAM SPEAKER—BUD ROSENFIELD, OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Bud Rosenfield presented a PowerPoint, and these are the highlights from that presentation.

The term ombudsman is defined by the United States Ombudsman Association as: “an independent, impartial public official with authority and responsibility to receive, investigate or informally address complaints about government (or government regulated agencies’) actions, and, when appropriate, make findings and recommendations, and publish reports.”

The Ombudsman’s Office:
- Established in 1987
- An independent state agency
- Ombudsman appointed by the Governor
- Policy set by the legislature
- Not a regulatory agency
- Not part of DHS
- Ten Regional Ombudsmen
- Medical Review Unit

The mission is to promote the highest attainable standards of treatment, competence, efficiency, and justice for persons receiving services for mental health, developmental disabilities, chemical dependency, or emotional disturbance.

The OMHDD serves: Minnesotans with concerns or questions regarding services of an agency, facility, or program serving children or adults with mental health, developmental disabilities, chemical dependency, or emotional disturbance issues.

Anyone can contact OMHDD on behalf of themselves, family or friends, clients, or others.

Our services are free and there are no income limits to access our services. There is no citizenship requirement for our services. Translator services through Language Line available. Retaliation against a client or other person who contacts the OMHDD is prohibited.

What is an Agency, Facility or Program?
- **Agency**: the divisions, officials or employees of the Departments of Human Services, Health or Education, local school districts, or county social service agencies that monitor, provide, or regulate services or treatment for mental health, developmental disabilities, chemical dependency, or emotional disturbance
- **Facility or Program**: a residential or non-residential program or an acute care inpatient facility that provides clients with services or treatment that is required to be licensed, certified, or registered by DHS, MDH, or MDE.

Why call the Ombudsman’s Office?
- Any person may call with
• A concern or complaint about services
• A question about client rights
• A question about an action of an agency or program
• A question about access to services or service options
• A question about the laws and rules that apply to services
• A question about guardianship or conservatorship
• A general question concerning services

Things the Ombudsman’s Office can do:
• Mediate or advocate on behalf of a client or group of clients
• Consult with providers about policies, practices, and procedures
• Gather and analyze information
• Conduct reviews and investigations
• Review serious injuries and death reports
• Examine records
• Visit programs
• Recommend corrective actions, issue reports, and monitor results
• Identify systemic issues and need for legislative action

Priority Issues
• Practices that diminish client dignity, respect, productivity, community integration or independence
• Concerns about health, safety and welfare
• Situations of abuse or neglect
• Unusual deaths or injuries of a client
• Quality of care or services received
• Violation of client rights
• Emergency use of manual restraint
• Access to appropriate services
• Termination or suspension of services
• Clients’ opportunities to direct and make choices about where they live, work and socialize

Other matters that are appropriate for review by the OMHDD include actions of an agency, facility or program that may be contrary to law or rule; may be unreasonable, unfair, oppressive or inconsistent with a policy or an order of an agency, facility or program; may be mistaken in law or arbitrary in the ascertainment of facts; or may be unclear or inadequately explained, when reasons should have been revealed.

§ 245.94 Subd. 2a. Mandatory reporting of deaths and serious injuries
• Within 24 hours after a client suffers death or serious injury, the agency, facility, program director, or lead investigator of a clinical drug trial at the University of Minnesota Department of Psychiatry shall notify the ombudsman of the death or serious injury
• Medical Review Unit: reviews each death report; determines appropriate level of review
• Medical Review Subcommittee (MRS): 5 members of our Governor-appointed Advisory Committee with medical expertise (at least 3 physicians, including 1 psychiatrist)
  • Review deaths where treatment questions are identified
  • Make recommendations
  • Identify systemic problems
  • Consult with agencies, licensing, other OMHDD staff

What is a serious injury?
• Fractures
• Dislocations
• Evidence of internal injuries
• Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health professional, whether or not further medical attention was sought
• Lacerations involving injuries to tendons or organs
• Extensive second-degree or third-degree burns
• Extensive second-degree or third-degree frostbite
• Irreversible mobility or avulsion of teeth
• Injuries to the eyeball
• Ingestion of foreign substances and objects that are harmful
• Near drowning
• Heat exhaustion or sunstroke
• Attempted suicide
• All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury

Serious Injury Reviews include:
• Timely, appropriate medical care
• Coordination of care and follow up services
• Appropriate treatment planning and risk management
• Medication changes
• Access to appropriate residential options and supports
• Evidence of injury prevention efforts
• Compliance with state laws, rules and relevant policies
• Adequacy of existing policies/practices/protocols
• Staff training
• Trends or clusters of similar system issues

Who does not qualify for OMHDD services?
• Criminal justice system and correctional facility issues
• Legal advocacy in court proceedings
• Social Security issues
• Veterans Affairs issues
• Any issue that does not meet definitions in OMHDD statutory definitions

If a person does not qualify for services, we will try to find an appropriate referral.

Other OMHDD services include:
• Civil Commitment Training and Resource Center
  • The Civil Commitment Training and Resource Center section contains fact sheets, notices counties must give to proposed patients and other info regarding commitment.
• Review of MDE, DHS and MDH licensing and maltreatment investigations
• Review of Emergency Use of Manual Restraints 245D.061
• Oversight of University of Minnesota clinical drug trials
• Minnesota Sex Offender Program

Contact information provided at the end of the presentation included:
• Website: Office of Ombudsman for Mental Health and Developmental Disabilities / Minnesota.gov (mn.gov)
• Contact info:
  • General Questions - ombudsman.mhdd@state.mn.us
  • Regional Ombudsman - Regional Listing or County Listing
  • OMHDD phone numbers: 651-757-1800 or 1-800-657-3506

The Council members asked several questions and discussed several issues including:
• Workforce shortages
• Maltreatment issues
• How Minnesota is moving in the opposite direction of community inclusion
• Lack of services is neglect of thousands of people
• The recent increase of 5% applies only for residential services
• Staff need livable wages and benefits
• The pandemic has made system failures even worse.
• More people are needed to advocate
• There are creative ways to enhance pay rates.

VII. EXECUTIVE DIRECTOR REPORT—COLLEEN WIECK
1. We have now received two notice of award letters totaling $420,096 based upon continuing resolutions. These funds are for Federal Fiscal Year 2022. The Council will allocate these funds to be spent after October 1, 2022.

2. The federal infrastructure legislation that passed in 2021 included a public health infrastructure section that will provide funding for Councils to pursue health disparities work. Each state council will receive $80,000. We will use the funds to continue our work with the Minnesota Department of Health that began several years ago.

3. We are also watching the Build Back Better bill because there is a specific section of new funding for the DD Act programs.
4. An international group has asked us to help them with background research for a bill to request the State Department to fund efforts in developing countries to build training programs for people with disabilities and families.

5. The Council set aside $100,000 for two research studies in 2022. The 60th anniversary of the 1962 Public Attitudes study is underway now and the results might be ready for our April 6, 2022 meeting. The second study addresses intersectionality and marginalization of people with disabilities. The design work is now beginning with interviews of a few Council members.

6. The 2022 Olmstead amendment process will begin soon. Council members will be notified when input will be accepted.

7. The 35th anniversary of Partners in Policymaking will be celebrated on May 21, 2022 during graduation of Class 39.

VIII. ADJOURNMENT

MOTION: Reed moved, seconded by McDermott that the meeting be adjourned. The meeting ended by consent at 11:20 am.

Respectfully submitted,

Colleen Wieck