Gaps Analysis Regional Meeting Summary: Region 5 – Central Minnesota

Meeting held on May 4, 2017

Convened by Wilder Research for the 2015-16 Department of Human Services Gaps Analysis study

July 2017

The information, views, opinions, and conclusions included in this summary are those of the regional meeting participants and do not represent the official position or policy of the Minnesota Department of Human Services.
Table of Contents

Introduction................................................................................................................................................................1

Gaps Analysis..........................................................................................................................................................1

Region 5............................................................................................................................................................1

Regional meeting participants.........................................................................................................................2

Regional meeting process ...............................................................................................................................2

Prioritized service gaps....................................................................................................................................3

Prioritization, round one .....................................................................................................................................3

Prioritization, round two .....................................................................................................................................4

Prioritization, round three ..................................................................................................................................5

Potential solutions.............................................................................................................................................6

Brainstorming solutions .................................................................................................................................6

Solutions selected for action planning .............................................................................................................8

Action plans.......................................................................................................................................................8

Next steps..........................................................................................................................................................10
Introduction

Gaps Analysis

The Gaps Analysis gathers local information about the capacity and gaps in Minnesota’s publicly funded home and community-based services (HCBS) system and continuum of mental health (MH) services and supports to meet the needs of all persons who need services. The Gaps Analysis is conducted every other year. Previously, the Gaps Analysis was conducted through a survey process that primarily asked county lead agencies to provide their perceptions about the availability of HCBS and MH services and supports. For the 2015-16 analysis, the process was revised to provide an opportunity for regional stakeholders to review and use data from the past Gaps Analysis with a focus on solutions. The 2015-16 Gaps Analysis was conducted through 11 regional meetings, each attended by approximately 40 stakeholders including representatives of lead agencies, service providers, and consumers/advocates. The regional meetings provided an opportunity for participants to discuss and prioritize top service gaps, identify solutions to service gaps, and develop action plans to implement the solutions.

This report provides a summary of the meeting for Region 5, Minnesota’s central most economic development region. The purpose of this summary is to provide a resource for stakeholders in Region 5 and around the state, as well as the Minnesota Department of Human Services (DHS), in their ongoing work to address critical service gaps.

Region 5

Region 5 includes five counties: Cass, Crow Wing, Morrison, Todd, and Wadena.

Region 5 has a population of 163,041 people, representing 3% of the statewide population (U.S. Census Bureau, 2015 Population Estimates). Thirty-four percent of the region’s population is enrolled in Minnesota Health Care Programs (MHCPs), including: Medical Assistance (MA), MinnesotaCare, Minnesota Family Planning Program, Home and Community-based waiver programs, and Medicare Savings Programs. Of those enrolled in MHCPs, 22 percent used one or more HCBS or MH services and supports. Additional data about current and potential service users and data from the previous Gaps Analysis (covering 2013-14) can be found in the 2015-16 Gaps Regional Data Profile for Region 5 (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7302F-ENG).
Regional meeting participants

Approximately 40 stakeholders were invited to each regional meeting. These stakeholders included representatives from counties, tribes, and managed care organizations with administrative or contract authority to provide assessment and support planning (i.e., lead agencies); providers of HCBS and MH services and supports; and advocates for current and potential service users.

Thirty-one stakeholders participated in the Region 5 meeting on May 4, 2017 in Brainerd, Minnesota. Figure 1 describes the self-identified roles of the meeting participants.

1. Roles of regional meeting participants

<table>
<thead>
<tr>
<th>Role</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer/advocate</td>
<td>1</td>
</tr>
<tr>
<td>County lead agency representative</td>
<td>12</td>
</tr>
<tr>
<td>Managed Care Organization representative</td>
<td>5</td>
</tr>
<tr>
<td>Service provider</td>
<td>10</td>
</tr>
<tr>
<td>Role not specified</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>

DHS representatives and staff from Wilder Research also attended this and the other regional meetings to present data, facilitate activities, answer questions, and take notes during table discussions. This process is described in more detail in the next section of this report.

Regional meeting process

Wilder Research staff facilitated and managed the logistics for each of the regional meetings with support from representatives from DHS. Each meeting began with an overview of the Gaps Analysis process and purpose by DHS division leadership and a brief presentation of data on demographic characteristics of the region’s population, service utilization by the region’s residents, and the 2013-14 Gaps Analysis by Wilder Research. The remainder of the meeting consisted of three facilitated activities that helped participants to:

- Prioritize what they identified as service gaps for all persons who need services in the region
- Brainstorm solutions to service gaps identified as a priority
- Develop action plans to implement the most promising solutions

This report highlights key findings from each of the three facilitated activities in Region 5.
Prioritized service gaps

The goal of the first facilitated activity was to identify a prioritized set of service gaps that stakeholders wanted to address in the region. This activity was broken into three rounds of prioritization described below.

Prioritization, round one

In round one, participants worked in small groups with a focus on one of the following four populations: older adults, persons with disabilities, children with mental health conditions, or adults with mental health conditions. Two small groups discussed each population, for a total of eight small groups. Each small group was asked to determine the four most important service gaps for their population. In lieu of service gaps, per se, some groups identified features of the services system that led to service gaps, such as shortages in school-based access to services and shortages in qualified staff. Figure 2 presents the top four gaps determined by each group working on each of the four populations of interest.

2. Prioritization, round one - service gaps

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Older adults</strong></td>
<td>a. Mental health, lack of psychiatry specifically (inpatient and outpatient)</td>
</tr>
<tr>
<td></td>
<td>b. Provider availability (Personal Care Assistant [PCA], chore services, dental, customized living, assisted living); cannot keep/find staff</td>
</tr>
<tr>
<td></td>
<td>c. Transportation (same day, long distance)</td>
</tr>
<tr>
<td></td>
<td>d. --</td>
</tr>
<tr>
<td><strong>Persons with disabilities</strong></td>
<td>a. Employment – finding staff for various program for individuals with disabilities</td>
</tr>
<tr>
<td></td>
<td>b. Limited affordable housing options</td>
</tr>
<tr>
<td></td>
<td>c. Psychologists able to complete a proper diagnostic assessment for rule 185/DD case management and mental health care</td>
</tr>
<tr>
<td></td>
<td>d. Transportation (medical and non-medical)</td>
</tr>
<tr>
<td><strong>Children with mental health conditions</strong></td>
<td>a. Earlier intervention, in-home treatment; i.e., Youth Assertive Community Treatment (ACT)</td>
</tr>
<tr>
<td></td>
<td>b. [Services for] Transition-aged youth</td>
</tr>
<tr>
<td></td>
<td>c. Trauma-informed treatment</td>
</tr>
<tr>
<td></td>
<td>d. --</td>
</tr>
<tr>
<td><strong>Adults with mental health conditions</strong></td>
<td>a. Inpatient psychiatric beds</td>
</tr>
<tr>
<td></td>
<td>b. Mental health workforce issues</td>
</tr>
<tr>
<td></td>
<td>c. Supportive housing</td>
</tr>
<tr>
<td></td>
<td>d. Transportation</td>
</tr>
</tbody>
</table>

Note. The service gaps are not listed in rank order.
Prioritization, round two

Next, the two small groups working on the same population merged together to further narrow the service gaps identified as a priority for that population. To aid in this, the group members completed a grid ranking activity in which they ranked each service gap in terms of its ease to address and level of impact. Figure 3 presents several example photos of the grid ranking exercise conducted in Region 5. Each participant was instructed to place one sticker into the appropriate quadrant of the grid based on whether they thought it would be relatively easy or hard to address (e.g., How many resources would be required? How much time would it take?) and the level of impact addressing the gap would have (e.g., How many people would this help? Would this help individuals with a high level of need?). For example, if a participant thought a service gap would be difficult to address but doing so would have a high impact on the population in their region, they placed a sticker in the lower right quadrant.

3. Ease and impact grid ranking activity examples

The grid ranking exercise helped participants prioritize the three service gaps for their target population that they would recommend during the solution development stage of the meeting. Figure 4 presents the resulting three service gaps identified as a priority for each population.
4. Prioritization round two – top three service gaps for each population

<table>
<thead>
<tr>
<th>Older adults</th>
<th>People with disabilities</th>
<th>Children with mental health conditions</th>
<th>Adults with mental health conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Housing</td>
<td>Out-of-home placement</td>
<td>[Service for people with] Complex needs</td>
</tr>
<tr>
<td>Provider (workforce) availability (includes Personal Care Assistant, chore, psychiatry, customized living, assisted living)</td>
<td>Transportation</td>
<td>Transportation</td>
<td>Mental health workforce</td>
</tr>
<tr>
<td>Transportation</td>
<td>Workforce</td>
<td>Workforce shortage</td>
<td>Supportive housing</td>
</tr>
</tbody>
</table>

Note. The service gaps are not listed in rank order.

**Prioritization, round three**

Finally, each participant reviewed all the prioritized gaps across the four populations, and voted for the one(s) that they felt should advance into the solution development stage of the meeting. Each participant was allowed four votes that could be distributed in any manner across any service gap(s) in any population. Prior to the voting, the facilitators engaged the participants in a conversation about potentially combining service gaps that were similar or overlapping across populations. In Region 5, “transportation” for persons with disabilities, older adults, and children living with mental health conditions were combined into a single, overarching “transportation” category. The meeting participants also coalesced around the desire to combine “workforce,” “workforce shortage,” and “mental health workforce” into a single overarching category of “workforce.” Lastly, “housing” and “supportive housing” were combined into an overall “housing” category.

Five service gaps received the largest number of votes and advanced into the solution development phase:

- Housing
- Nutrition
- Out-of-home placements
- Transportation
- Workforce
Potential solutions

The goal of the second facilitated activity was to identify a set of solutions to the prioritized service gaps. The facilitated activity was separated into three stages during which participants: 1) brainstormed solutions to the prioritized service gaps, 2) evaluated potential solutions by discussing considerations such as feasibility and barriers to implementation, and 3) voted on a set of solutions for which action plans would be developed during the final part of the meeting. It is important to note that complete “solutions” to the service gaps may not be available, but instead participants discussed strategies to help shrink the service gap. All kinds of solutions and strategies that were identified by participants are simply referred to as solutions throughout this report.

Brainstorming solutions

During the brainstorming activity, participants formed small groups focused on identifying possible solutions for one of the five gaps listed above. They also worked within their groups to determine the level at which each possible solution would need to be implemented (e.g., regional, statewide). Participants were encouraged to focus on solutions that could be implemented regionally, but were given space to document solutions that would need to be implemented at a state level (e.g., reforming legislation, increasing reimbursement rates for service provision). Figure 5 lists the solutions that were brainstormed for each of the top five service gaps. Solutions marked with a “*” were noted as being state-level, statewide, state and regional, or legislative solutions on the participants’ note sheets. It is important to note that some solutions may require state-level action but were not indicated as such by the participants and are not starred below.

5. Brainstormed solutions for service gaps identified as a priority

<table>
<thead>
<tr>
<th>Service gap</th>
<th>Brainstormed solution(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>• [Develop] Housing First model housing project</td>
</tr>
<tr>
<td></td>
<td>• [Have] services available on site or linked to the housing. Support people in their homes. Prevent housing loss, support housing retention</td>
</tr>
<tr>
<td></td>
<td>• Apply for housing/services grant options and innovations grants. Actively pursue housing related grant opportunities*</td>
</tr>
<tr>
<td></td>
<td>• [Hire] staff that can develop landlord relationships, leverage resources, coordinate partnerships, and facilitate development; Regional Housing Planner</td>
</tr>
<tr>
<td></td>
<td>• Prevent housing loss, support housing retention; tenancy support services across disability types*</td>
</tr>
<tr>
<td>Nutrition</td>
<td>• Recruit people to deliver home delivered meals by coordinating with other groups (churches, service providers, care coordinators)</td>
</tr>
<tr>
<td></td>
<td>• Connect meal providers to medical providers with meals at time of medical appointments (primary care provider can write a prescription)</td>
</tr>
<tr>
<td></td>
<td>• [Start a] mobile food shelf with pre-made dietary-approved or regular meals</td>
</tr>
<tr>
<td></td>
<td>• [Implement] reimbursement for volunteers to cover mileage at a fair rate</td>
</tr>
<tr>
<td></td>
<td>• Incorporate youth volunteers as part of their graduation requirements. [Develop] intergenerational food sites. [Have students receive] high school credit to deliver meals</td>
</tr>
<tr>
<td></td>
<td>• [Increase] education and awareness for youth, older adults, general public, and medical community about benefits [of good nutrition]</td>
</tr>
<tr>
<td>Service gap</td>
<td>Brainstormed solution(s)</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Out-of-home placements | • Advertise to recruit more family foster providers and respite providers  
• Lift moratorium on beds*  
• [Develop a] central “bed availability” notification site/system  
• Increase training opportunities for fosters/providers. [Develop a] regional communication system  
• Raise reimbursement rates for specialty homes*                                                                 |
| Transportation         | • Expand community transit hours and distance  
• Reduce cost of transportation  
• Car sharing*  
• [Create a] reduced repair/maintenance cost program  
• Market transportation more effectively  
• [Develop a] regional transportation bus system to bigger cities/towns  
• [Develop a] bike safety program*  
• [Provide] incentives/car sharing for volunteer drivers*                                                                 |
| Workforce              | • Utilize other professionals who are already going into people’s homes  
• Streamline provider requirements so it is easier to hire staff*  
• Higher pay rates (outcome pay based on turnover rates). Incentive pay/loan repayment plan (better advertisement, more flexible requirements)*  
• Share staff among providers (create a pool, including training options and retention strategies)  
• [Develop] recruitment ideas (college, Department of Employment and Economic Development). Look for options outside of human services, more diverse groups  
• [Provide] training/certifications, bring specialized training/certifications to communities outside of the metro*  
• Use more people who are peers/in recovery  
• Use technology to reduce need for human bodies (telehealth)*                                                                 |
Solutions selected for action planning

Each small group was asked to select approximately three of their solutions to review and discuss. They were asked to discuss considerations related to the feasibility of these solutions as well as the barriers to implementing them. Following this evaluation, each small group presented their two most preferred solutions to the broader group for consideration. Then, using a “walking caucus” approach, participants were asked to line up in front of the solution they most wanted to work on. This process was used to identify six solutions for the region around which action plans for implementation would be developed. Figure 6 displays the selected solutions.

### 6. Preferred solutions to service gaps identified as a priority

<table>
<thead>
<tr>
<th>Service Gap</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing First</td>
<td>[Dedicate a] regional housing planner to leverage resources, coordinate partnerships, and facilitate development</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Educate and promote awareness of senior nutrition resources by connecting resources for meal delivery</td>
</tr>
<tr>
<td>Out-of-home placement</td>
<td>[Implement a] regional communication system</td>
</tr>
<tr>
<td>Transportation</td>
<td>[Expand] regional transportation system – new, better options</td>
</tr>
<tr>
<td>Workforce</td>
<td>[Create] provider sharing resources (staffing, training, idea sharing, continuing education units (CEUs))</td>
</tr>
<tr>
<td>Workforce</td>
<td>[Implement] retention strategies – [use a] multifaceted approach to staff satisfaction</td>
</tr>
</tbody>
</table>

### Action plans

For the final activity of the meeting, small groups of participants developed detailed implementation plans for their preferred solution to a given service gap. Each group was instructed to complete an action plan that included the following:

- A list of action steps and the goal of each step
- Names and/or roles of people leading and supporting each action step
- Resources required to implement each action step
- Barriers that might impede each action step
- A communication plan around each action step
- A target completion date for each step

The action plans varied widely in their length and types of steps needed to move them forward. Some of the action planning groups were able to incorporate more detail regarding the points above than others. Figure 7 displays the steps associated with each action plan.
## 7. Action steps

<table>
<thead>
<tr>
<th>Service gap</th>
<th>Solution:</th>
<th>Action steps:</th>
</tr>
</thead>
</table>
| Housing First                     | [Hire a] regional housing planner to leverage resources, coordinate partnerships and facilitate development | 1. Approve and support Housing Support for Adults with Serious Mental Illness (HSASMI) grant application by Northern Pines (NP)  
2. Develop a job description  
3. Present job description and proposal to hire  
4. Hire/contract for regional housing planner  
5. Apply for housing and service grant opportunities  
6. Expand scope of housing planning to include other populations: disabilities and homeless partners  
7. Develop regional housing plan |
| Nutrition                         | Educate and promote awareness of senior nutrition resources by connecting resources for meal delivery | 1. Learn about the nutrition providers, services, and programs  
2. Connect with CWE (Crow Wing Energized) and other county Statewide Health Improvement Partnership (SHIP) projects  
3. Educate health plan care coordinators and other stakeholders on [learnings from] step 1 |
| Out-of-home placement             | [Develop a] regional communication system                                  | 1. [Attend a] county supervisor meeting to discuss current communication between county and providers  
2. Grant writing  
3. Identify coordinator. [Get] regional county website up. IT meeting  
4. [Hold a] provider meeting  
5. DHS licensing |
| Transportation                    | [Expand] regional transportation system to add new, better options         | 1. Research county data on needs and what is available  
2. Hold a conference call with team to determine other stakeholders  
3. Contact a MnDOT representative to educate on regional issues |
| Workforce                         | [Create] provider sharing resources (staffing, training, idea sharing, continuing education units (CEUs)) | 1. [Create a] template for Certified Community Behavioral Health Clinics (CCBHC), train staff, and [develop a] resource list  
2. [Form a] regional mental health training cohort  
3. [Provide a] region 5 quarterly trainings  
4. [Host a] regional conference for health providers |
| Workforce                         | [Develop] retention strategies – [use a] multifaceted approach to staff satisfaction | 1. Have each provider conduct a satisfaction survey to develop a complete list of retention options  
2. Take provider level survey to the regional level to share resources  
3. Identify an electronic way to share documents |

The action plans were meant to serve as a resource for meeting participants, and potentially other stakeholders in the region, to help guide their work to solve critical service gaps. Transcribed action plans were provided back to the meeting participants so that they could be modified or added to as the work progressed. Detailed action plans and participant lists are included in Appendix A for the Regional Gaps Analysis Meeting Summaries and can be obtained by contacting DHS at 651-431-2600.
Next steps

An overall statewide report will be available on the DHS Gaps Analysis website in fall 2017 (http://mn.gov/dhs/gaps-analysis).

DHS identified the following next steps:

- DHS plans to hold additional meetings with stakeholders, specifically persons who use services, their families, and advocates. The Department has also consulted with tribal health directors about how best to gather input from tribes and they have recommended holding two separate meetings, one with the Ojibwe tribal nations and one with the Dakota tribal nations.

- DHS is committed to continuing to work with action planning groups to process the information collected through the Gaps Analysis study and to identify ways to support their actions steps. In the past, for example, the Gaps Analysis study results were used to guide grant funding and the development of specific training efforts. The results from these regional meetings will likely be used in a similar way.

- The Department will check in with the action planning groups as well as various stakeholder groups (such as the County State Work Group, one or more Managed Care Organization workgroups, Tribal Health directors, and the HCBS Partners Panel) when the final report is completed this fall and again in 2018 as planning begins for the next Gaps Analysis study.

ABOUT THIS REPORT:

This summary was developed by Wilder Research in collaboration with the Minnesota Department of Human Services Aging and Adult Services, Disability Services, and Mental Health Divisions.

July 2017
Attention. If you need free help interpreting this document, call the above number.

Mلاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

張注：如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

请注意,如果您需要免费协助传译这份文件,请拨打上面的电话号码。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.