What needs to change?

1. Slow down on change so it is manageable. Provider need some 'rest' from the multiple changes. They feel like they are running towards an every changing finish line.
2. Increase opportunities and efforts to share/hear successes.
    - Continue to work and communicate across DHS and state agencies.
    - Increase public awareness
        i. A media awareness campaign promoting person-centered care so individuals request it for themselves:
        ii. Use social media (Facebook, Twitter, YouTube) for testimonials/stories to show how person-centered care resulted in change.
        iii. Use a videographer to capture what people's stories
    - Promote success
        i. Identify best practices/successes, what is working, and ideas for others on how to replicate/model
        ii. Promote successful opportunities for people with disabilities and 'models' of service/supports
    - Celebrate success.
    - We need to be able to find successes because when goals are lofty and resources limited providers begin to feel that it is impossible to succeed.
3. Learn from and include multiple perspectives to inform the planning process.
    - Policy makers, MN Department of Human Services, and County staff should shadow persons working on the front line (e.g. – direct service workers, case managers, etc.) to learn about their challenges to barriers to deliver person centered services.
    - Include all populations in planning efforts including people with a traumatic brain injury, people who are homeless, American Indians.
4. Funding changes and increases.
    - Increase what is allowed to be funded in regards to technology such as tablets, phones, apps.
    - Align funding streams with MnCHOICES need base
        i. Admin simplification of common menu
        ii. If waiver, explore 1 under 65 waiver
        iii. And add case coordinator/management support state plan only
    - Increased dollars in the system to maintain/improve quality.
    - Continued and increased dollars for Home and Community Based Services Performance-based Incentive Payment Program Grants.
5. Policy changes, service development, and systems development.
    - Change CDCS budget to include more people with a variety of needs/ages; include exception
    - Implement CFSS Budget Model
    - Systems need to talk to each other
    - Service participants should be able to choose their own case manager.
    - Single access point for all services.

- Increase housing access services to help people implement their choice of where to live.
- We need to assure that licensing is on board with the impact of person centered movement (i.e. increased risk = increased incidents).
- Buy in from the MN Department of Health to support organizations to implement person-centered services through its licensing process and survey system.

6. Strengthen workforce development and support.
    - The workforce rapidly turns over, we need to better stabilize/retain the workforce.
    - Develop a long-range plan to address the workforce shortage that goes beyond each legislative biennium.
    - More out of the box ideas on finding more worker pools
    - Stable and strong workforce that is able to really know and follow person-centered plans
    - More workers in nursing homes, assisted livings, and home care across state
    - People directly supporting people using services need to be valued. The perception of direct support professionals needs to changed.
7. Expand or develop training and education.
    - Training needs to be continual and repetitive
    - More outreach, education, information, and training for individuals, direct care workers, and other professionals.
    - While a checklist is to be avoided, more structure is needed for training/educating people about person-centered practices and planning.
    - There needs to be ongoing funding for
    - Training (and funding for that training) needs to be developed or increased, topics include:
        i. Training that goes beyond compliance (i.e. competency-based training for Direct service workforce).
        ii. Person-centered thinking/planning
        iii. Person-centered dementia care
        iv. Training for Direct Care Worker Supervisors to assist them to support and monitor the delivery of person centered practices/care.
        v. On compliance requirements
    - Expand person-centered training, mentoring and technical assistance for aging services
        i. Embed in Live Well at Home and Older Americans Act Title III grants
        ii. Expand organizational person-centered training to aging service providers
    - More online training, including person centered thinking and CPR certified care
    - Develop rewards for organization to provide more training (e.g. increased compensation for resident care if increased training is provided).
    - Motivational interviewing training for Older Americans Act Title III caregiver support services, return to community specialists, and Senior Linkage specialists.
8. Educate, inform, and support service participants and families.
    - We need to educate families on the importance as well as the requirements of person centered requirements.

- Increase the education to service participants on how they can manage their funding.
- Service participants need to know they have the right to person centered practices.
- Better inform and support people with disabilities to lead person centered planning and implement plans.

9. Increase or develop quality improvement, evaluation, and data-driven decision making.
    - Continue building structures framework for Data-driven decision making that connects to outcomes for people accessing/receiving services.
    - Build in measurements and evaluation to know if these efforts make a difference for people.
    - DHS needs to figure out the data needed to manage the system and consistently gather quality information on all long-term services and supports.