

Strategic Planning Committee, Friday, May 26, 2006
Prepared by Tara Gibbs

The Strategic Planning Committee met on Friday, May 26, 2006 at the HealthPartners corporate headquarters in Bloomington, Minnesota. The group composed of representatives from the Department of Health and Human Services, local agencies, local interpreters, local universities and colleges, local HMOs, local hospitals, and interpreting organizations worked from 8:30 am to 3:15 pm, lead by Mary Russell, a strategic planner at HealthPartners.

A nutshell version of the work that came out of the session is followed by an in-depth report of the session.

NUTSHELL

There was consensus that the group exists to improve the quality and delivery of interpreter services, and that this will only be achieved through broad partnerships. Currently the group is focused on medical interpreting, but will eventually get into other areas, as well. Among the four strategies of the group to achieve this objective are training, credentialing, regulation of the field, and networking. This session did not, as originally intended at the beginning of the day, focus on developing timelines for many specific activities, but rather found that a necessary step to achieving any of our programs is the creation and formalization of the organization in order to be able to deliver and move along the legislative, regulatory, training, and credentialing agendas. This is motivated in part by issues with the Bush and Bremer grants that would be resolved by being a legal entity. The preferred form is thought to be 501(c)3. A timeline and action plan were developed for bringing this to the group on June 16, and for moving this forward over the summer. It is thought that after the application for 501 (c)3 is submitted, it will likely be important to have another Strategic Planning Meeting to set specific goals and targets for the group related to training, credentialing, regulation of the field, and networking.

In preparation for the 6/16 meeting, all members are encourage to talk to other non-profits and find out about sources of advice/legal council with expertise in 501 (c) 3 formation.

Note on format of the organization. 501 (c) 3 organizations are not allowed to engage in “lobbying efforts”. It is believed that “lobbying” is a legally defined activity, such that the drafting of legislation, submission of legislation, and endorsement of legislation do not constitute “lobbying”, however, this point is being investigated, as proposing legislation to regulate the field will likely be part of our agenda.

DETAILED VERSION

ACTIVITY ONE: Looking back in order to move forward: small group discussion

The goal of this activity was to reflect on where the group has been.

The room was broken into two groups. Each group was asked to document their responses to the following questions on a flip chart:

- *List the changes we have experienced in the last two years.
- *What was the catalyst for those changes?
- *Are those reasons for change still relevant today?
- *What are the important lessons we have learned from this?
- *What have we accomplished?
- *Where didn't we live up to our expectations?

RESPONSES of group one

Changes

No/few new educational opportunities
More agencies
Increased complexity of big picture
Orgs becoming better consumers of lang. services
Wages going down
Greater demand overall and diversity
Centralization of services
Increased use of family and friends
Increased fraud
Loss of professionals
Increases in number of tools available to provide service
Predatory behaviors increasing
Increased need for cost reduction
More clinic based/staff models
Interpreter voice getting stronger and community voice
Increased focus on agency vs freelance

Catalysts for this change

Fiduciary duty, driving, fiscal decisions
Role of interpreter is not defined
Increase in demand
Mover people
More awareness of fed regs
More provider awareness
Lawsuits
More awareness of legislators, overall
Not understanding the medical system/access to sytem/1st world health care options/meanings
Loss of ORR funds
Moving of PTI from CLA to CCE
Reduction of director's position and Admin Fellow

Overall increase in health care costs, change in pricing and contracting
Major quality issues
Need for people to make a living without understanding interpreting issues
Survival mentality

Relevancy? More relevant now than ever

Important lessons learned
--sane and implementable legislation (billing/payment system)
we have to partner
need for patient ed and provider ed
co-operation in groups
need base-line/standardization
--need best practices
--billing system
need for a formal entity, ISG
need for more training
other training models
affordable
assessable
services in a centralized format
regulatory body/means
-needs to be objective
-centralized file of complaints
-providers, agencies
-accreditation of agencies following x standards

ISG accomplishments
Increase awareness of what the issues are
Has moved us to the tipping point

Didn't live up to our expectations
Haven't been able to formalize ourselves to become an effective group

Expanded discussion
Industry (agency, staff interpr, organizations)
--how has it lived up to its expectations?
--not able to support professional development of the interpreter
--interpreters are contractors to the agencies, not employees
control/regulation by the plans—balance of administration, req and quality requirements
--no one can get arms around
Ensuring quality
Plans/hospitals aren't holding agencies accountable

RESPONSES of group two

Change

Increased staff positions

More interpreters in ATA and other professional organizations

Higher profile of organizations—NCIHC, NAJLT

Providers look for higher quality (education, licenses)

Increased legal pressure (liability)

Increased public awareness (incl greater Minnesota)

(continuing) urge to save \$ by using staff

“Race to the bottom”

Catalysts for change

Changing demographics

Increased media coverage

Professionalization (interps getting trained/certified)

--unionization

--dialogue btw interpreters, providers, management

more interps join ATA

NCIHC—academic involvement:

--standards

--list serve

HIPPA legislation

JCAHO (regulatory agency)

Lessons/insights

Profession must define standards for value creation eg. NCIHC

Profession has to hold itself accountable vs external standards

National standards

Influence

-positive media portrayals

-publications/political positions

-community voice (LEP)

Realistic Plans for certification

The profession doesn't police itself well

Other comments and responses

Delta=d+f+v>resistance

Dissatisfaction+first signs+vision

FOLLOW UP

Following this activity, the groups traded places and read the other group's list. They then had a chance to ask for clarification. This section was not recorded in detail.

ACTIVITY TWO: Looking Forward: A picture of the future: individual reflection

The goal of this activity was to reflect on where the group has been.

Each participant was asked to write on the following:

It is five years from now and all we have hoped to accomplish has come true. You have revolutionized the way you operate as an organization. As a result you are recognized as best in class organization that provides networking, training and development opportunities for language professionals and community interpreters. Other organizations look to you as leader and they want to know the secret of your success. The Wall Street Journal wants to highlight your accomplishments by featuring your story in an upcoming edition. Your task is to individually write that story. Start with the headline. What would it say? Then move on to the main story. Write a couple of paragraphs that outline what was created and what was accomplished.

Below are some of the stories which participants made available for dissemination.

1. Minnesota Leads Nation in Medical Interpreter Training, Licensing

Minnesota's interpreters working in medical settings are, on average, the most highly trained, according to a new industry survey. With the help of legislation, MN has also implemented a first of its kind graduated licensing program for medical interpreters.

What have been the keys to overcoming internal and external resistance to this level of regulation and requirements? According to a spokes person for the Interpreting Stakeholders Group: The easiest part was making the "business case" that high quality interpreting pays off in fewer repeat visits and better health outcomes. The hard part was making standards for interpreting that were attainable for occasional, as well as full-time interpreters, and providing incentives for interpreters to go thru the training necessary."

What was that incentive? "It's now required by law. Several legislators were eager to get behind policies that required set amounts of training and passage of a licensure exam. We presented our plans and after a lot of re-working, consultation, and time in committees, it was finally passed."

Who pays for all this training? "The ones who receive the most financial benefit: health plans, who have overall for a provider expenses to reimburse; hospitals, who have more successful outcomes; and large agencies, who get more repeat business by employing better interpreters."

2. Minnesota—Land of 10,000 professional interpreters

If you speak limited or no English and want to receive health care—Minnesota is the place to go. The state of Minnesota has done more to reduce health care disparities than any other state in the country and one of the keys to their success has been to focus on language as one of the greatest barriers to equal care and health outcomes.

Leading the effort to improve the quality of and access to professional interpreters, as well as, define the best delivery and financial models for the provision of these services has been the Interpreting Stakeholders Group (ISG), a non-profit organization with the

mission of imposing language access and interpreting quality throughout the state of Minnesota, and the creation of an on-going partnership between interpreter agencies, care delivery systems, health plans, educational organizations, and professional interpreters that has led to improvements in access and quality and cost.

ISG's accomplishments include:

- The creation of a regulatory body to monitor quality issues and deal with complaints
- the creation and support of training programs that has (increased) the number of interpreters with at least 60 hours of professional training 10-fold.

3. ISG Births Board of Medical Interpreters

5 years since establishing a public/private partnership of training medical interpreters for the community, the ISG has established at the MDH a board which certifies and legally monitors the quality and ethics of providers of medical interpretation.

The Interpreting Stakeholders Group, working in concert with professional organizations has established cultural competency training at the medical, dental, pharmacy and nursing schools as well as establishing CME requirements for ongoing licensure.

It is a model for the country of collaboration between payers, providers, and professionals.

4. No title

The Interpreting Stakeholders Group (ISG) has brought high quality interpreting standards to the medical field. Utilizing a range of training options with uniform standards and competency evaluation criterion across them, programs ranging from work-based training and apprenticeships to more traditional university based training programs where heritage learners can develop their language and interpreting skills, and using everything from traditional classrooms to professional mentorship pairs to non-traditional web-based delivery, they have developed a field of interpreters in 8 major Minnesota language groups who have successfully passed language proficiency and interpreting skills tests offered by the group. These training programs and tests are now being used in Iowa, Indiana, Oregon, California, and Massachusetts. They accomplished these lofty goals through government, and private employer, and educator collaborations, through the development of carefully and highly articulated training standards, the creation of a centralized database where employers could view interpreter credentials before hiring, creation of a better-business-bureau style record of complaints system, and legislation mandating interpreter training, testing, and professional development, in order to legally use the professional title of interpreter.

5. ISG-UMTIA—Interpreting the Future

The ISG which was formed by UMTIA has taken the profession of Medical Interpreting to the next level. By bringing together all the sectors involved in the medical interpreting

field, HMO's, interpreters, health care providers, agencies. ISG has been able to define medical interpreting as a profession. They have been able to define minimum requirements for working in the field, and requirements for certification/licensing. They have promoted recognized ethical standards, and promoted accessible training for interpreters. Through this work ISG UMTIA has made it possible for LEP clients to gain equal access.

ACTIVITY THREE: Debriefing the stories

Participants read their stories to the group and then used post-it notes to individually capture the common themes that had struck them. One theme was listed per post it. After writing themes on post-it notes, the post-it notes were stuck randomly on three flip-chart pages. Participants then read through all of the post-it notes and were asked to organize them into groups of related notes. The list of post-it noted themes which participants wrote down is listed below, organized as it was at the end of the exercise, by related group. One post-it note was chosen to identify each group. That post-it note is listed at the top. Of these, one "licensing and certification" was eventually changed to "credentialing", because "licensing and certification" did not adequately capture the idea of a pool of qualified interpreters generally, but rather imposed a particular means of attaining the goal of a pool of qualified interpreters.

1. Networking
Collaborative
--work to create strands, training, eg gov. non-profit, private
Collaboration
Govt, private sector, educational insrs
ISG in almost every story
Unique partnership
Number of organizations tat could/should be involved
Network of services
2. Customer Focus
No specific mention of LEP community needs
Need for more research and focus groups
Cultural mediation
Language as "the" barrier to reaching diverse populations vs. xxx
Language challenges
Equality of access
Centralized access to interpreters
3. Regulation of Field
Centralized access to interpreter qualifications
Legislation
Regulatory requirements

- Regulating/quality board
 - Need for regulation/reg board (database, complaints)
 - Interpretation standards
 - Legal incentives
 - Standards of practice for agencies
4. Interpreter Training
 - Interpreter Training
 - Preparation/education/training
 - Increased competence
 - The training offer to medical interpreters through DHS
 - Need for basic and advanced training (barrier to moving forward on either one?)
 - Training for vendors
 - Education for vendors
 - Accessible interpreter training
 - Professional development
 - Care provider training
 - Mary's training in the medical field programs for providers
 - Education of patients and providers
 5. Credentialing
 - Licensure and regulation
 - Standardized testing
 - Recognized ethical standards/standards of practice
 - Number of common goals we share
 - License/certification
 - "tiered" model
 - occasional vs. FT interpret
 - competency levels
 - multi level certification
 - ethics
 - accountability
 - licensure/credentialing/certification
 - right set of goals
 6. Funding
 - Federal funding
 - Funding for training
 - Financial incentive
 7. Miscellaneous
 - Minnesota!!!!

ACTIVITY FOUR: Articulating the Vision—Small Group Exercise

Participants then looked at the lists and decided which were lists of strategies, and which were lists of outcomes.

Networking, regulation, credentialing, and training were determined to be strategies. The question for determining success was framed as “Will there be greater access to health care?” and “Will there be greater access to quality interpreters?”

The question was posed, is “access” a strategy? However, the group felt that access was an outcome, not a strategy, thus the determining question of a strategy should be

“What does it do to access to health care?”

Groups were then charged with answering the questions “What?” and “How?” for each strategy.

The group broke into four teams of 2-3 people to fill out a “Team Assignment Worksheet”. Below are the team reports:

Credentialing

How can we...

- ...create a pool of identifiable, quality interpreters

In order to...

- ...improve access to health care

- ...ensure that people who are highly qualified are employed over people who aren't highly qualified

- ...ensure they are practicing high ethical standards

- ...improve accountability (and reduce fraud)

- ...improve the professional identity of the field and professional wages of the field

- ...improve ease of the uneducated employer in choosing who to hire and recognizing skilled employees

Training

How can we...

- ...create training programs to reach localities and sectors

- ...train at all/various levels

- ...train providers and clients (patients)

- ...make training accessible for all interpreters

- ...make training affordable

- ...make training widely available

In order...

- ...for vendors to refer interpreters with high qualifications

- ...to enable the best possible communication between providers and clients/patients

- ...to develop a sufficient pool of skilled interpreters around the state and in many/all needed languages

Regulation

How can we...

- ...develop legislation

- ...define scope of practice
- ...establish board of medical interpreters
- ...maintain roster of credentialed interpreters

In order to...

- ...(Left blank)

Networking

How can we...

- ...define and promote ourselves as a group
- ...present ourselves
- ...get more sectors to buy in and participate

In order to...

- ...identify and recruit more sectors and the right people from those sectors.
- ...increase funding
- ...advance legislation
- ...make system wide improvement in the delivery of services, and pool of experts to draw on (influence and knowledge)

ACTIVITY FIVE

Definition of Vision

--a vision is a picture of the future you seek to create, described in the present tense, as if it were happening now. A statement of or vision shows where we want to go and what we will be like when we get there. The word comes from the Latin word "videre, to see". This link to seeing is significant: the most richly detailed and visual the image is, the more compelling it will be. Because of its tangible and immediate quality, a vision gives shape and direction to the organization's future.

Participants were asked to share their answers to the homework question: What are the qualities of a successful organization?

Some responses from present participants and participants emailing in responses included:

Organized

Leadership structure

Leaders have a vision of the industry

Common goal

There is a gain to belonging for each member

Education

Experts

Resourceful

Have money to do things

Have motivation to do things

Values for the company, ethics, etc are understood and followed by all

Posses a clear image in the community
Tangible goals
Involved in creating legislation and training resources
Work well as a group
Responsive
Moves forward in a timely fashion
Integrates new members and provides specific tasks and areas of responsibility for them to participate in
Has mechanisms for feedback and negotiation of process
Has mechanisms for rotating leadership and responsibility
Has stated goals, reasonable timelines, and members tht take responsibility for getting items done on those timelines

Discussion turned to sustainability of our goals under the current non-formalized organizational structure, and gains and risks of formalizing the organization.

ACTIVITY SIX

An action accelerator was developed for the strategy: Become a 501(c)3 organization.

1. What's the idea: Describe the idea in a single action statement that everyone will understand. Is the action we want clear?

Form 501 (c) 3 organization

2. Why do it?
What are the payoffs? Consider how this idea will help your team achieve its assignment.

Legal identity
Leadership structure
Ability to carry out goal
Eligibility for funding
Not subservient to other's goals
More effective
Job tasks assigned to some members
Clarifies partnerships
Improves ability to provide services

Any costs?
Time?
Legal assistance in filing?
Will need to file with IRS if grants over \$25,000 received

Any risks?
What if we don't get results?

May lead to division within the group and loss of collegiality as there is a leadership and power structure implemented

Can the case for taking action be made? Yes

3. Who must support the idea?

What information or knowledge is required to put this idea into action? Who has it? Can we get it?

- Legal expertise
- MN Council for Non-profits
- A physical address
- Talk to other non-profits

Whose jobs will be impacted by this idea?

- People willing to take the job

Who must supply time, resources, or authority to implement this idea?

- The membership at the June 16th meeting
- Membership weighing in by email

4. How can we measure results?

What is a simple indicator of success for this idea?

- We are able to get things done on the agenda
- We are able to get grants to get things done on the agenda
- The membership likes it, supports it, and helps create it

5. How do we put this idea into action?

Brainstorm ideas for how your team can accelerate this priority idea into action.

- This list is listed below as part of a timeline

What specific support do we need to get started?

- Money for book
- Money for application fees
- By-laws
- Legal expertise in filing for 501 (c) 3 status

5/31 Communicate this outcome of the day to the larger group. (TARA)

5/31 Contact MN Council of Non-Profits and have them do a presentation to entire ISG (TARA)

5/31 Get book on starting non-profit from MCNP (TARA)

6/15 Go through book and identify information and steps we need to do this (TARA)

6/16 Find out definition of lobbying (TOM)

6/16 Talk to other non-profits (Bruce, Mary, Santiago, others)

6/16 Find out about sources of advice/legal council (Larry, Roberto, others)

6/16 Get by-in or process for by-in at Stakeholder's meeting

The remaining items have date-to-be-determined, depending on the consensus of the group at 6/16

- id sources of legal/nonprofit advice

- draft by-laws defining purpose of our org and officers/leadership

- create board of directors to advise us

- find funds for application fees, attorneys fees, and ook

- select a group to draft organizational structure

- decide on need for volunteer/paid positions, internal support if needed

- look at volunteer model of National Council with paid project support from grants