

Olmstead Plan

Measurable Goals at a Glance

Excerpt from June 1, 2016

Olmstead Plan Update

Measurable Goals at a Glance

The table below provides a summary of the measurable goals contained in the Plan that indicate targeted outcomes within three to five years. More information about the specific goals is included in the topic area sections of the Plan. Agency acronyms are listed at the end of the table.

Topic	Goals	Agency
Person-Centered Planning	<p>Goal One: By June 30, 2020, plans for people using disability home and community-based waiver services will meet required protocols. Protocols will be based on the principles of person centered planning and informed choice.</p> <p>Annual Goals for the percent of plans that meet required protocols:</p> <ul style="list-style-type: none"> • By June 30, 2016, the percent of plans will increase to 30% • By June 30, 2017, the percent of plans will increase to 50% • By June 30, 2018, the percent of plans will increase to 70% • By June 30, 2019, the percent of plans will increase to 85% • By June 30, 2020, any plans that do not meet the required protocols will be revised to contain required elements of person centered plans. 	<p>DHS, DEED, MDE, ADM</p>
	<p>Goal Two: By 2017, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual’s experience regarding their ability: to make or have input into major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.</p> <p>Annual Goals for the percent reporting they have input into major life decisions:</p> <ul style="list-style-type: none"> • By 2015, the percent will increase to > 45% • By 2016, the percent will increase to > 50% • By 2017, the percent will increase to \geq55% <p>Annual Goals for the percent reporting they have input in everyday decisions:</p> <ul style="list-style-type: none"> • By 2015, the percent will increase to \geq 84% • By 2016, the percent will increase to \geq85% • By 2017, the percent will increase to \geq85% <p>Annual Goals the percent reporting they are always in charge of their services and supports:</p> <ul style="list-style-type: none"> • By 2015, the percent will increase to \geq70% • By 2016, the percent will increase to \geq75% • By 2017, the percent will increase to \geq80% 	

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Transition Services	<p>Goal One: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings will be 7,138.</p> <p>Annual Goals for the number of people moving from ICFs/DD, nursing facilities and other segregated settings</p> <ul style="list-style-type: none"> • By June 30, 2015, the number moving will be 874 • By June 30, 2016, the number moving will be 1,074 • By June 30, 2017, the number moving will be 1,224 • By June 30, 2018, the number moving will be 1,322 • By June 30, 2019, the number moving will be 1,322 • By June 30, 2020, the number moving will be 1,322 	DHS, DOC, MHFA
	<p>Goal Two: By June 30, 2019, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting will be reduced to 30% (based on daily average).</p> <p>Annual Goals to reduce the percent of people at AMRTC awaiting discharge:</p> <ul style="list-style-type: none"> • By June 30, 2016 the percent will reduce to ≤ 35% • By June 30, 2017 the percent will reduce to ≤ 33% • By June 30, 2018 the percent will reduce to ≤ 32% • By June 30, 2019 the percent will reduce to ≤ 30% 	
	<p>Goal Three: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital will increase to 14 individuals per month.</p> <p>Annual Goals to increase average monthly number of individuals leaving MSH:</p> <ul style="list-style-type: none"> • By December 31, 2015 the number will increase to ≥ 10 • By December 31, 2016 the number will increase to ≥ 11 • By December 31, 2017 the number will increase to ≥ 12 • By December 31, 2018 the number will increase to ≥ 13 • By December 31, 2019 the number will increase to ≥ 14 	
	<p>Goal Four: By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person centered planning process that adheres to transition protocols that meet the principles of person centered planning and informed choice.</p> <p>Annual Goals to increase the percent of plans that adhere to transition protocols:</p> <ul style="list-style-type: none"> • By June 30, 2016, the percent will increase to 15% • By June 30, 2017, the percent will increase to 30% • By June 30, 2018, the percent will increase to 50% 	

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Housing & Services	<p>Goal One: By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,547 (from 6,017 to 11,564 or about a 92% increase).</p> <p>Annual Goals to increase the number living in the most integrated housing:</p> <ul style="list-style-type: none"> • By June 30, 2015, the number will increase by 617 over baseline • By June 30, 2016 the number will increase by 1,580 over baseline • By June 30, 2017 the number will increase by 2,638 over baseline • By June 30, 2018 the number will increase by 4,009 over baseline • By June 30, 2019 the number will increase by 5,547 over baseline 	DHS, MHFA
	Employment	<p>Goal One: By September 30, 2019 the number of new individuals receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive, integrated employment will increase by 14,820.</p> <p>Annual Goals to increase the number in competitive, integrated employment:</p> <ul style="list-style-type: none"> • By September 30, 2015, the number will increase by 2,853 • By September 30, 2016, the number will increase by 2,911 • By September 30, 2017, the number will increase by 2,969 • By September 30, 2018, the number will increase by 3,028 • By September 30, 2019, the number will increase by 3,059
<p>Goal Two: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive, integrated employment.</p> <p>Annual Goals to increase the number in competitive, integrated employment</p> <ul style="list-style-type: none"> • By June 30, 2017, a data system will be developed. • By June 30, 2017, the number will increase by 1,500 individuals • By June 30, 2018, the number will increase by 1,100 individuals • By June 30, 2019, the number will increase by 1,200 individuals • By June 30, 2020, the number will increase by 1,200 individuals 		
<p>Goal Three: By June 30, 2020, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive, integrated employment will be 763.</p> <p>Annual Goals for the number of students in competitive, integrated employment:</p> <ul style="list-style-type: none"> • By June 30, 2016, the number will be 125 • By June 30, 2017, the number will be 188 • By June 30, 2018, the number will be 150 • By June 30, 2019, the number will be 150 • By June 30, 2020, the number will be 150 		

Topic	Goals	Agency
Lifelong Learning & Education	<p>Goal One: By December 1, 2019 the number of students with disabilities, receiving instruction in the most integrated setting, will increase by 1,500 (from 67,917 to 69,417).</p> <p>Annual Goals for the number of students in the most integrated settings:</p> <ul style="list-style-type: none"> • By December 1, 2015 the number will increase by 300 over baseline • By December 1, 2016 the number will increase by 600 over baseline • By December 1, 2017 the number will increase by 900 over baseline • By December 1, 2018 the number will increase by 1,200 over baseline • By December 1, 2019 the number will increase by 1,500 over baseline 	MDE, DHS, DOC
	<p>Goal Two: By October 1, 2020 the number of students who have entered into an integrated postsecondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475).</p> <p>Annual Goals to increase the number of students entering an integrated postsecondary education setting are:</p> <ul style="list-style-type: none"> • By October 1, 2016 the number will increase by 50 over baseline • By October 1, 2017 the number will increase by 100 over baseline • By October 1, 2018 the number will increase by 150 over baseline • By October 1, 2019 the number will increase by 200 over baseline • By October 1, 2020 the number will increase by 250 over baseline 	
	<p>Goal Three: By June 30, 2020, 80% of students in 31 target school districts will meet required protocols for effective consideration of assistive technology (AT) in the student’s individualized education program (IEP). Protocols will be based upon the “Special factors” requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.</p> <p>Annual Goal</p> <ul style="list-style-type: none"> • By December 31, 2016, pilot teams will establish a baseline and annual goals of students for whom there is effective consideration of AT. 	

Topic	Goals	Agency
Waiting List	<p>Goal One: By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated.</p>	DHS
	<p>Goal Two: By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace.</p>	
	<p>For persons exiting institutional settings</p> <ul style="list-style-type: none"> • Beginning December 1, 2015, as people residing in an institutional setting are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person makes an informed choice of alternative community services that are more integrated, appropriate to meet their individual needs, and the person is not opposed to moving, and would like to receive home and community based services. 	
	<p>For persons with an immediate need</p> <ul style="list-style-type: none"> • Beginning December 1, 2015, as people are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person meets criteria under Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b). 	
	<p>For persons with a defined need</p> <ul style="list-style-type: none"> • Beginning December 1, 2015, as people are assessed as having a defined need for waiver services within a year from the data of assessment, and within available funding limits, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days of determining the defined need. 	
	<p>Goal Three: By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b).</p>	
	<p>Goal Four: By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years.</p>	
<p>Goal Five: By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need.</p>		

Topic	Goals	Agency
Transportation	<p>Goal One: By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%). By January 31, 2016, a target will be established for sidewalk improvements.</p> <p>Annual Goals to increase the number of APS installations:</p> <ul style="list-style-type: none"> • By December 31, 2015, there will be an additional 50 APS installations • By December 31, 2016, there will be an additional 50 APS installations • By December 31, 2017, there will be an additional 50 APS installations • By December 31, 2018, there will be an additional 50 APS installations • By December 31, 2019, there will be an additional 50 APS installations 	MnDOT, Metropolitan Council
	<p>Goal Two: By 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase).</p> <p>Annual Goals to increase the annual number of passenger trips:</p> <ul style="list-style-type: none"> • By 2015 the number of trips will increase to 13,129,593 • By 2020 the number of trips will increase to 16,059,797 • By 2025 the number of trips will increase to 18,800,000 	
	<p>Goal Three: By 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.</p>	
	<p>Goal Four: By 2020, transit systems' on time performance will be 90% or greater statewide.</p>	

Topic	Goals	Agency
Healthcare & Healthy Living	<p>Goal One: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care, focusing specifically on cervical cancer screening, and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.</p> <p>Annual Goals to increase the number of individuals accessing appropriate care:</p> <ul style="list-style-type: none"> • By December 31, 2016 the number will increase by 205 over baseline • By December 31, 2017 the number will increase by 518 over baseline • By December 31, 2018 the number will increase by 833 over baseline 	DHS, MDH
	<p>Goal Two: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.</p> <p>Annual Goals to increase the number of children accessing dental care:</p> <ul style="list-style-type: none"> • By December 31, 2016 the number will increase by 410 over baseline • By December 31, 2017 the number will increase by 820 over baseline • By December 31, 2018 the number will increase by 1,229 over baseline <p>Annual Goals to increase the number of adults accessing dental care:</p> <ul style="list-style-type: none"> • By December 31, 2016 the number will increase by 335 over baseline • By December 31, 2017 the number will increase by 670 over baseline • By December 31, 2018 the number will increase by 1,055 over baseline. 	
Positive Supports	<p>Restrictive procedures for people with disabilities are prohibited except when used in an emergency situation. These goals seek reduction to the exceptions to restrictive procedures.</p> <p>Goal One: By June 30, 2018 the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will decrease by 5% or 200.</p> <p>Annual Goals to reduce number of people experiencing a restrictive procedure:</p> <ul style="list-style-type: none"> • By June 30, 2015 the number will be reduced by 5% or 54 • By June 30, 2016 the number will be reduced by 5% or 51 • By June 30, 2017 the number will be reduced by 5% or 49 • By June 30, 2018 the number will be reduced by 5% or 46 	DHS, MDE, MDH, DOC

Topic	Goals	Agency
Positive Supports	<p>Goal Two: By June 30, 2018, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will decrease by 1,596.</p> <p>Annual Goals to reduce the number of reports of restrictive procedures:</p> <ul style="list-style-type: none"> • By June 30, 2015 the number will be reduced by 430 • By June 30, 2016 the number will be reduced by 409 • By June 30, 2017 the number will be reduced by 388 • By June 30, 2018 the number will be reduced by 369 	DHS, MDE, MDH, DOC
	<p>Goal Three: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport). By December 31, 2019 the emergency use of mechanical restraints will be reduced to ≤ 93 reports and ≤ 7 individuals.</p> <p>Annual Goals to reduce the use of mechanical restraints:</p> <ul style="list-style-type: none"> • By June 30, 2015, reduce to 461 reports and 31 individuals • By June 30, 2016, reduce to 369 reports and 25 individuals • By June 30, 2017, reduce to 277 reports and 19 individuals • By June 30, 2018, reduce to 185 reports and 13 individuals • By June 30, 2019, reduce to 93 reports and 7 individuals 	
	<p>Goal Four: By June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 316.</p> <p>Annual Goals to reduce the number experiencing restrictive procedures at school:</p> <ul style="list-style-type: none"> • By June 30, 2015, the number will be reduced by 110 • By June 30, 2016, the number will be reduced by 105 • By June 30, 2017, the number will be reduced by 101 	
	<p>Goal Five: By June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251.</p> <p>Annual Goals to reduce number of incidents of restrictive procedures in school:</p> <ul style="list-style-type: none"> • By June 30, 2015, the number will be reduced by 781 • By June 30, 2016, the number will be reduced by 750 • By June 30, 2017, the number will be reduced by 720 	

Topic	Goals	Agency
Crisis Services	<p>Goal One: By June 30, 2018, the percent of children who receive children’s mental health crisis services and remain in their community will increase to 85% or more.</p> <p>Annual Goals to increase the percent of children who remain in their community after a crisis:</p> <ul style="list-style-type: none"> • By June 30, 2016, the percent will increase to 81% • By June 30, 2017, the percent will increase to 83% • By June 30, 2018, the percent will increase to 85% 	DHS, MDE
	<p>Goal Two: By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 89% or more.</p> <p>Annual Goals to increase the percent of adults who remain in their community after a crisis:</p> <ul style="list-style-type: none"> • By June 30, 2016, the percent will increase to 84% • By June 30, 2017, the percent will increase to 86% • By June 30, 2018, the percent will increase to 89% 	
	<p>Goal Three: By June 30, 2017, the number and percent of people who discontinue waiver services after a crisis will decrease to 45% or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)</p> <p>Annual Goals to decrease the number who discontinue waiver services after a crisis:</p> <ul style="list-style-type: none"> • By June 30, 2015, the number will decrease to no more than 60 people • By June 30, 2016, the number will decrease to no more than 55 people • By June 30, 2017, the number will decrease to no more than 45 people 	
	<p>Goal Four: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care, and will have a stable, permanent home within 5 months after leaving the hospital.</p> <ul style="list-style-type: none"> • By February, 2016 a baseline and annual goals will be established. 	
	<p>Goal Five: By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary, placement within ten days.</p> <ul style="list-style-type: none"> • By January 31, 2016, establish a baseline of the length of time it takes from referral for crisis intervention to the initiation of crisis services and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness. 	

Topic	Goals	Agency
Community Engagement	<p>Goal One: By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992.</p> <p>Annual Goals to increase the number of self-advocates:</p> <ul style="list-style-type: none"> • By June 30, 2016, the number will increase by 50 • By June 30, 2017, the number will increase by 75 • By June 30, 2018, the number will increase by 100 • By June 30, 2019, the number will increase by 150 <p>Annual Goals to increase the number involved in public planning projects:</p> <ul style="list-style-type: none"> • By June 30, 2016, the number will increase by 50 • By June 30, 2017, the number will increase by 75 • By June 30, 2018, the number will increase by 100 • By June 30, 2019, the number will increase by 150 	OIO
Preventing Abuse & Neglect	<p>Goal One: By September 30, 2016, the Olmstead Subcabinet will approve a comprehensive abuse and neglect prevention plan, designed to educate people with disabilities and their families and guardians, all mandated reporters, and the general public on how to identify, report and prevent abuse of people with disabilities, and which includes at least the following elements:</p> <ul style="list-style-type: none"> • Information and training on the use of the Minnesota Adult Abuse Reporting Center (MAARC) • Recommendations regarding a “Stop Abuse” campaign • Recommendations regarding the feasibility for creating a system for reporting abuse of children • Analysis of data to develop materials for public awareness and targeted prevention activities • Timetable for implementation of each element of the abuse prevention plan • Recommendations for developing common definitions and metrics related to maltreatment <p>Annual goals will be established based on the timetable set forth in the abuse prevention plan.</p>	MDH, DHS, MDE, OMHDD

Topic	Goals	Agency
Preventing Abuse & Neglect	<p>Goal Two: By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline.</p> <p>Annual Goals to reduce the number of ER visits and hospitalizations due to abuse:</p> <ul style="list-style-type: none"> • By January 31, 2017, a baseline and annual goals will be established. • By January 31, 2018, the number will decrease by 10% • By January 31, 2019, the number will decrease by 30% • By January 31, 2020, the number will decrease by 50% <p>Annual goals will be reviewed and revised as needed based on the most current data.</p>	MDH
	<p>Goal Three: By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.</p> <p>Annual Goals to reduce the number of people experiencing more than one episode of abuse</p> <ul style="list-style-type: none"> • By December 31, 2017, a baseline will be established. • By December 31, 2018, the number of people will be reduced by 5% • By December 31, 2019, the number of people will be reduced by 10% • By December 31, 2020, the number of people will be reduced by 15% • By December 31, 2021, the number of people will be reduced by 20% <p>Annual goals will be reviewed and revised as needed based on the most current data.</p>	DHS
	<p>Goal Four: By July 31, 2020, the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years will decrease by 50% compared to baseline. The number of students with a disability who are identified as alleged victims of maltreatment within those schools will also decrease by 50% by July 31, 2020.</p> <ul style="list-style-type: none"> • By July 31, 2017, a baseline and annual goals will be established. 	MDE
Assistive Technology	<ul style="list-style-type: none"> • See the Lifelong Learning and Education topic area for a goal related to Assistive Technology. • See Person Centered Planning, Transition Services, Employment and Lifelong Learning and Education topic areas for updated strategies related to Assistive Technology. 	

Agency Acronyms

ADM – Department of Administration	DEED – Department of Employment and Economic Development
DHS – Department of Human Services	DOC – Department of Corrections
MDE – Minnesota Department of Education	MDH – Minnesota Department of Health
MHFA – Minnesota Housing Finance Agency	MnDOT – Minnesota Department of Transportation
OIO – Olmstead Implementation Office	OMHDD – Ombudsman for Mental Health and Developmental Disabilities