

# **Olmstead Plan Workplan Completed Activities**

September 21, 2016

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**Olmstead Plan Workplan – Person-Centered Planning**  
**June 1, 2016 Plan Goals (page 34)**

**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.

**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.

**STRATEGIES:**

1. Broaden the effective use of person-centered planning principles and techniques for people with disabilities
2. Evaluate the effectiveness of person-centered planning principles and techniques
3. Incorporate assistive technology assessment into person centered planning processes

**24 activities complete**

**Strategy 1:** Broaden the effective use of person-centered planning principles and techniques for people with disabilities

<b>1</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>	<b>Status (OIO)</b>
A.1	<p>Implement person-centered and informed choice protocols</p> <p>Review all relevant person centered planning and informed choice standards, policies, and best practices in order to establish person centered planning and informed choice protocols</p>	<p>Minnesota will establish clear standards in person-centered planning incorporating current regulations, standards, policies and best practices. People with disabilities, families, advocates, lead agencies and providers will have access to person-centered planning and informed choice protocols. There are many requirements and definitions about person-centered planning that need to be brought together to establish Minnesota's standards.</p>	A.1: Review standards by <b>October 31, 2015</b>	<p>DHS, MDE, DEED</p> <p>Parties to the Jensen Settlement agreement</p> <p>Lead agencies (counties, tribes and health plans)</p>	Complete 12/2015
A.2	Define standards that work across agencies for person-centered planning and informed choice with input from people who use the services and parties to the Jensen settlement agreement and publish protocols		A.2: Publish protocols by <b>January 1, 2016</b>		Complete 2/2016
A.3	Conduct public outreach to inform public about protocols		A.3: Conduct public outreach by <b>January 31, 2016</b>		Complete 2/2016
A.4	Begin implementing protocols with people who receive waiver services		A.4: Implement protocols in waiver services by <b>January 1, 2016</b>		Complete 2/2016

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
B	Communicate, train and provide technical assistance to lead agencies and providers about person centered practices and informed choice protocols	<p>Person centered practices and informed choice are necessary for persons with disabilities to exercise personal preferences in housing, employment, education and other services and supports.</p> <p>Lead agencies and providers need a complete understanding of the principles of person-centered practices and informed choice to effectively fulfill their responsibilities.</p> <p>Through the use of a Community of Practice model case managers will develop the necessary skills to support organizations in adapting new person centered practices. These strategies will emphasize individualized service and housing options, community engagement, and employment.</p> <p>People from diverse cultural and ethnic communities will provide information on what works and what doesn't in person-centered planning practices.</p>		<p>DHS, MDE, DEED, DOC</p> <p>Lead agencies (counties, tribes and health plans)</p>	
B.1	Publish series of bulletins on person-centered practices and informed choice protocols		B.1: Publish bulletins by <b>February 29, 2016</b> (December 31, 2015)		Complete 3/2016 Exception 1/2016
B.2	Require expanded training and monitoring of person-centered practices and informed choice for certified assessor re-certification		B.2: Require training and monitoring for certified assessors beginning <b>December 31, 2015</b>		Complete 1/2016

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
B.3	Provide a Community of Practice for case managers to problem-solve and learn from one another using case studies and other formats. (A Community of Practice is a model that brings together professionals performing similar functions with the intention of learning from one another.)		B.3: Community of Practice with Jensen class members' case managers <b>Ongoing</b> ;  Include other case managers beginning <b>May 31, 2016</b>		Complete 6/2016
B.4	Initiate Learning Community for professionals who do support planning, e.g., MnCHOICES Certified Assessors, Case Managers, Care Coordinators, Relocation Service Coordinators. The Learning Community provides more general training than the Community of Practice and is open to a wider audience. There will be sessions that include hearing from people from diverse cultural and ethnic communities who use services.		B.4: Initiate Learning Community by <b>October 31, 2015</b>		Complete 12/2015
B.6	Train 625 case managers, assessors and planners in person-centered thinking and 500 case managers, assessors and planners in person-centered planning		B.6: Train person-centered thinking and person-centered planning by <b>June 30, 2016</b>		Complete 7/2016
B.7	Develop person-centered practices in home and community based services through legislatively authorized quality add-ons to service rates to providers		B.7: Provide quality add-ons for providers beginning <b>December 31, 2015</b>		Complete 1/2016
B.8	Develop plan for expanding person centered practices to all services provided through MDE, DEED, and DHS		B.8: Develop expansion plan by <b>June 30, 2016</b>		Complete 7/2016
B.9	DOC will implement a system for assessing plans for people exiting state correctional facilities for fidelity to person-centered principles.		B.9: Implement DOC system beginning <b>July 1, 2016</b>		Complete 8/2016
B.10	Develop a training and technical assistance plan to increase provider capacity to provide person-centered services		B.10: Develop training plan by <b>August 31, 2016</b>		Complete 9/2016

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C.1	Train people and their families on person-centered planning through multiple efforts Provide training and technical assistance in self-advocacy and person-centered planning through year-long process for at least 21 people with disabilities and their support teams. Once training is completed, listening sessions featuring people who received the training will be held with DHS staff. Sessions will include hearing from people from diverse cultural and ethnic communities who use services.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	C.1: Begin training and technical assistance to 21 people by <b>January 31, 2016</b>	DHS Advocacy groups Selected vendors	Complete 2/2016
C.2	Develop materials and implement training to help people with disabilities, families and guardians understand options, answer questions and connect with those who can assist them in making an informed choice and planning for a transition.		C.2: Develop materials and implement training by <b>June 30, 2016</b>		Complete 7/2016
D.1	Ensure access to person-centered planning  Clarify with Centers for Medicare and Medicaid Services (CMS) which services fund person centered planning	People with disabilities and their families will have access to person-centered planning services and informed choice. This requires both access to the service and the capacity to provide the service.	D.1. Clarify CMS funding for person centered planning by <b>October 31, 2015</b>	DHS  Selected vendor	Complete 12/2015
D.3a	Determine the number of qualified planners available to develop person centered plans; determine if this is sufficient capacity; and if not ...		D.3a: Determine number of qualified planners by <b>March 1, 2016</b>		Complete 4/2016
D.3b	...develop plan to increase capacity. This will include efforts to recruit and develop more racially and ethnically diverse qualified planners.		D.3b: Develop expansion plan by <b>June 30, 2016</b>		Complete 7/2016

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
D.4	Train six people to certification standards necessary to lead person-centered planning trainings		D.4. Train six people by <b>June 30, 2016</b>		Complete 7/2016

**Strategy 2:** Evaluate the effectiveness of person-centered planning principles and techniques

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Use the National Core Indicator survey until the Quality of Life survey is available in 2016. NCI surveys will be conducted annually including, interviews, analysis and posted results	The posted results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	NCI surveys began in 2014 and continue annually:	DHS  National Core Indicators collaboration	
A.1	<ul style="list-style-type: none"> <li>Complete NCI interviews</li> </ul>		A.1: Complete interviews by <b>June 30, 2016</b> (April 30, 2016 )		Complete 7/2016 Adjusted 4/2016
B.1	<p>Monitor implementation of person centered planning strategies</p> <p>Counties will conduct self-audits on person centered planning processes</p>	Implementation of person centered planning processes will improve over time.	B.1: Begin county self-audits by <b>March 31, 2016</b>	DHS  Lead agencies (counties, tribes, health plans)	Complete 4/2016
B.3	DHS will provide technical assistance to lead agencies as needed		B.3: Provide technical assistance beginning <b>January 31, 2016</b>		Complete 2/2016
C	Evaluate the potential of a monitoring role by the State Quality Council in light of 2015 legislative appropriations	The legislatively-created State Quality Council has a role in supporting the efforts to create a person-centered system. They bring additional resources to the effort and can provide external review of the system.		DHS  State Quality Council	
C.1	Council and DHS in consultation with the OIO will deliberate the role and responsibilities of the Council		C.1. Determine roles by <b>January 31, 2016</b>		Complete 2/2016

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C.2	DHS (as fiscal agent) will execute contracts with regional quality councils to carry out responsibilities across the state		C.2: Execute contracts by <b>July 31, 2016</b> (May 31, 2016)		*Complete 8/2016 Adjusted 6/2016



## **Olmstead Plan Workplan – Transition Services**

**June 1, 2016 Plan Goals (page 42)**

### **GOAL ONE:**

By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings will be 7,138.

### **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).

### **GOAL THREE:**

By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital will increase to 14 individuals per month.

### **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.

### **STRATEGIES:**

1. Improve ability to gather information about housing choices
2. Implement new transition protocols
3. Increase service options for individuals making transitions
4. Monitor and audit the effectiveness of transitions

## **25 activities completed**

**Strategy 1: Improve ability to gather information about housing choices**

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Develop an informed choice process which includes housing & employment options for all individuals receiving long term services and supports - including mental health.	<p>People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.</p> <p>This will give them the opportunity to be in the most integrated setting of their choice, and have the opportunity to interact with nondisabled persons to the fullest extent possible.</p> <p>This will result in an increase in the number of individuals with disabilities moving to integrated housing and employment.</p>		DHS Lead Agencies (counties, tribes and health plans)	
A.1a	<ul style="list-style-type: none"> <li>MnCHOICES process</li> </ul>		A.1a: MnCHOICES process developed by <b>December 31, 2015</b>		Complete 1/2016
A.1b	<ul style="list-style-type: none"> <li>Mental health services process</li> </ul>		A.1b: Mental Health services process developed by <b>January 31, 2016</b>		Complete 2/2016
A.2	Insert informed choice process into existing planning processes.		A.2: Insert informed choice into existing processes by <b>January 31, 2016</b>		Complete 2/2016
A.3	Provide training to lead agencies on the informed choice process.		A.3: Begin training by <b>February 28, 2016</b>		Complete 3/2016
A.4	Design new services, standards and rates to support alternative housing options		A.4: Develop survey by <b>February 28, 2016</b>		Complete 3/2016
A.5	Design new services, standards and rates to support alternative housing options		A.5: Design services, standards and rates by <b>June 30, 2016</b>		Complete 7/2016
A.6	Implement new services upon legislative approval		A.6: Implement <b>upon approval</b>		*Complete 8/2016

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
B.1	Provide year-long training and technical assistance in self-advocacy and person-centered planning to at least 21 people with disabilities and their support teams.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support them planning and advocating for their choices.	B.1: Begin training/technical assistance to 21 people by <b>January 31, 2016</b>	DHS Advocacy groups Selected vendors	Complete 2/2016
B.2	Develop materials to help people with disabilities, families and guardians understand options, answer questions and connect with those who can assist them in making an informed choice and planning for a transition.		B.2: Develop and implement training by <b>June 30, 2016</b>		Complete 7/2016

## Strategy 2: Implement new transition protocols

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Test new transition protocols	Transition protocols will ensure that there is a uniform standard of practice, built upon the five key principles of transition planning from the Olmstead Plan (as agreed to in the Jensen settlement agreement) available to people who use long-term supports and services, including mental health services.	A.1: Test protocols by <b>August 31, 2015</b>	DHS  Lead Agencies (counties, tribes and health plans)	Complete 12/2015
A.2	Revise and pilot transition protocols		A.2: Pilot protocols by <b>September 30, 2015</b>		Complete 12/2015
A.3	Train lead agencies on pilot transition protocols and tools		A.3: Provide training beginning <b>October 31, 2015</b>		Complete 12/2015

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.4	Submit transition protocols to the subcabinet for approval that include 4 components: (1) Outreach protocol lays out expectations regarding giving people the opportunity to make choices about where they live and how they receive services. (2) Transition planning protocol lays out the standards that the Department of Human Services has designed for use with transitions from all segregated settings. (3) Follow-up protocol ensures implementation of the plan. (4) Systems tracking and measurement protocol to provide data for identifying trends that will inform policies, funding, training and other activities.		A.4: Subcabinet approves protocols by <b>February 1, 2016</b>		Complete 3/2016
A.5	Post approved protocols on Olmstead website (within 30 days of Subcabinet approval)		A.5: Post protocols on website <b>within 30 days of subcabinet approval</b>		Complete 4/2016
A.6	Implement transition protocols (within 30 days of subcabinet approval)		A.6: Begin implementation of protocols <b>within 30 days of subcabinet</b>		Complete 4/2016

**Strategy 3:** Increase service options for individuals making transitions

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Evaluate the current range of services available, such as those through home and community based services as necessary to make available flexible options to support transitions to more integrated settings.	Adequate resources and options will be available to meet people's needs and individual desires so that they can live and pursue their interests in the most integrated setting of their choice.	A.1: Evaluate services by <b>November 30, 2015</b>	DHS  Lead agencies (counties, tribes and health plans)  Providers	Complete 12/2015

<b>3</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>	<b>Status (OIO)</b>
A.2	Identify services available to individuals in integrated settings <ul style="list-style-type: none"> <li>Report on status of submission to CMS.</li> </ul>		A.2: Report on CMS submission by <b>April 4, 2016</b> (Ongoing)		Complete 5/2016  Adjusted 1/2016
A.3	Provide targets for service development, to lead agencies and providers. Include efforts to recruit and develop more racially and ethnically diverse providers.		A.3: Establish targets by <b>March 31, 2016</b>		Complete 4/2016
B.2	Provide technical assistance to county financial workers regarding using Minnesota Supplemental Assistance (MSA) to develop individualized housing and supports		B.2: Provide technical assistance to county financial workers beginning <b>June 30, 2016</b>		Complete 7/2016
B.3	Provide technical assistance to contract managers and providers regarding new Group Residential Housing (GRH) policy changes that increase choice and access to individualized housing and supports		B.3: Provide technical assistance to contract managers/providers beginning <b>June 30, 2016</b>		Complete 7/2016

**Strategy 4: Monitor and audit the effectiveness of transitions**

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	DHS and lead agencies will conduct audits of transition planning to determine if transition meets protocols	Adherence to transition protocols will result in individuals choosing supports and services that are likely to be successful for them. Routine auditing of these processes will increase the compliance rate with protocols by lead agencies and providers. DHS will monitor the progress towards adhering to person-centered standards for transition planning. Analysis of the data gathered will inform plans for continuing to improve the system.	A.1: Begin audits by <b>June 30, 2016</b> (one-third of counties are audited every year)	DHS  Lead agencies (counties, tribes and health plans)	Complete 7/2016
C.1	Monitor the number, percent, and length of stay, and adherence to transition protocols for AMRTC patients under restore to competency orders <ul style="list-style-type: none"> <li>• Design and implement data system</li> </ul>	Patients under restore to competency orders and civil commitments for mental health treatment at AMRTC experience longer than necessary stays. Utilization of transition protocols will result in better treatment and appropriate lengths of stay.	C.1: Implement data system by <b>January 1, 2016</b>	DHS	Complete 2/2016
C.2	Analyze and report data on transition protocols and recommendations of changes needed		C.2: Report quarterly beginning <b>April 30, 2016</b>		Complete 5/2016

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
D.1	<p>DHS, DEED and DOC will work together to ensure efficient and successful transitions for people leaving DOC facilities and entering community services. In support of these transitions, DOC will seek funding approval of an electronic health record system.</p> <p>DOC, DHS and community providers will begin to provide training to all DOC staff involved in release planning activities of programs and resources appropriate to individuals with disabilities.</p>	<p>For the 2015 legislative session, DOC developed a legislative initiative to seek funding for an electronic health record system to assist with release to community settings with appropriate levels of support. DOC will continue to seek passage of this legislation. Reentry staff will be trained on community based services appropriate to individuals with disabilities exiting department of corrections. This will include 636 case managers, release planners, transition coordinators and field agents. DOC staff involved in release planning will make effective referrals to disability services and facilitate informed choice with respect to those services.</p>		DHS, DEED, DOC	
D.1a	<ul style="list-style-type: none"> <li>Develop training</li> </ul>		D.1a: Develop training by <b>July 1, 2015</b> ;		Complete 12/2015
D.2	Identify gaps and barriers to a more coordinated system of transition planning for people with disabilities exiting state correctional facilities. (ongoing)		D.2: Identify gaps and barriers by <b>June 1, 2015 and ongoing</b>		Complete 12/2015



## **Olmstead Plan Workplan – Housing & Services**

### **June 1, 2016 Plan Goals (page 48)**

#### **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).

#### **STRATEGIES:**

1. Create more affordable housing
2. Improve the ability to gather information about housing choices
3. Implement reform for housing assistance programs
4. Improve future models for housing in the community

### **16 completed activities**

**Strategy 1: Create more affordable housing**

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Utilize the Bridges Regional Treatment Center (RTC) funding allocated from the Transitions to Community program, and the additional Bridges rental assistance funding provided in 2015. The Bridges and Bridges RTC programs provide rental assistance to support people with a serious mental illness, especially those people exiting institutional settings. MHFA will issue request for proposals (RFP) for additional Bridges funding and Bridges RTC funding, including renewal of existing grants	Increasing the Bridges program capacity will increase the number of people with disabilities who are exiting a segregated setting or at risk of a segregated setting that receive rental support for housing in their community. The individual will have a signed lease and access to supportive services.  Annual increase in numbers of individuals achieving integrated housing through the Bridges programs will be reported in the Housing measurable goal.		MHFA, DHS	
A.1a	Issue Bridges RFP		A.1a: Issue Bridges RFP by <b>August 31, 2015;</b>		Complete 12/2015
A.1b	Issue Bridges RTC RFP		A.1b: Issue Bridges RTC RFP by <b>January 30, 2016</b>		Complete 2/2016
A.2a	MHFA will select housing agencies and implement Bridges grants		A.2a: Award Bridges grants by <b>February 1, 2016;</b>		Complete 3/2016
A.2b	MHFA will select housing agencies and implement Bridges RTC grants		A.2b: Award Bridges RTC grants by <b>July 1, 2016</b>		Complete 8/2016
B	Measure housing stability for people who enter the Bridges program under the additional Bridges funding which established a priority for people leaving institutions or who are homeless.	The Bridges program, which is implemented by contracting with housing agencies that provide rental assistance who are partnered with mental health entities, will increase the number of households who will have affordable, integrated housing and supportive services, which will increase housing stability.	B: Measure housing stability for new households entering Bridges after <b>July 1, 2015</b>	MHFA, DHS	Complete 12/2015

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C.2a	<p>Issue funding opportunities for the Section 811 units awarded in 2015 (Round II) in the Consolidated RFPs</p> <ul style="list-style-type: none"> <li>Round II Section 811 funds RFP</li> </ul>		C.2a: Publish Round II Section 811 funds in RFP by <b>April 30, 2016</b>		Complete 5/2016

**Strategy 2:** Improve the ability to gather information about housing choices  
(Refer to Transition Services Strategy 1)

**Strategy 3:** Implement reform for housing assistance programs

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	<p>Implement group residential housing (GRH) policy changes adopted in 2015 legislative session.</p> <p>Issue Bulletin regarding first set of changes and new forms to lead agencies; complete statewide webinar and in-person trainings for counties, tribes and providers; establish process for responding to and publishing providers' frequently asked questions</p>	<p>The policy changes will promote choice and access to integrated settings by</p> <ul style="list-style-type: none"> <li>Giving people more control regarding the county in which they prefer to live</li> <li>Removing barriers to working</li> <li>Separating the service payment from the housing payment so that people can have informed choice of housing and services.</li> </ul>	A.1: Issue bulletin, complete training design and process for responding to questions by <b>April 1, 2015</b>	DHS	Complete 12/2015
A.2	Release GRH Orientation training		A.2: GRH Orientation training available beginning <b>January 30, 2016</b>		Complete 2/2016
A.3	Issue Bulletin on new work incentives and enrolling GRH providers in service billing system and complete trainings for lead agencies and providers.		A.3: Issue bulletin and complete training by <b>April 1, 2016</b>		Complete 5/2016

**Strategy 4: Improve future models for housing in the community**

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Increase access to information about integrated housing for persons with disabilities through improved technology solutions.	People with disabilities will be able to make informed choices when they understand what options are available to them.		MHFA, DHS HousingLink	Complete 12/2015
A.1	Using existing contract with HousingLink, launch the revised HousingLink website with enhanced features specifically for people with disabilities	These activities will give people with disabilities multiple ways to access information regarding affordable housing options.	A.1: Launch revised HousingLink website by <b>September 30, 2015</b>	World Institute on Disabilities	
A.2	Develop a communication plan for HousingLink revised website including contact information for Linkage Line staff who can assist individuals in accessing the information by means other than online		A.2: Develop a HousingLink communication plan by <b>January 15, 2016</b>  (October 31, 2015)		Complete 2/2016  Exception 12/2015
A.3	Using existing contract with World Institute on Disabilities, develop a communication and training plan for providers, counties and tribes on HB101		A.3: Develop HB101 communication and training plan by <b>June 30, 2016</b>		Complete 7/2016
<b> </b>					
B.2	Develop a technical assistance plan for lead agency contract managers and providers on Group Residential Housing policy changes		B.2: Develop technical assistance plan for lead agency contract managers and providers by <b>June 30, 2016</b>		Complete 7/2016
<b> </b>					
C	Implement evidence-based practices and person-centered strategies related to housing. Develop outreach, training and technical assistance to lead agencies, support planning professionals, providers, individuals and their support systems.	Utilization of evidence based practices and person centered strategies related to housing have been proven effective at increasing the number of people with disabilities in integrated housing.  Lead agencies and providers will adopt best practices, and person-centered strategies related to housing.	Implement technical assistance beginning <b>June 30, 2016</b>	DHS	Complete 7/2016

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
D  D.1	<p>Develop policy recommendations and strategies to access Medicaid coverage for housing related activities and services for individuals with disabilities.</p> <p>Evaluate the Centers for Medicaid and Medicare Services (CMS) guidance on the use of federal funding for housing related services for people with disabilities in contrast with existing policy and practices.</p>	<p>CMS guidance focuses on access to integrated housing for people with disabilities.</p> <p>Minnesota’s policy will align with the CMS guidance on using Medicaid funding for housing-related services for people with disabilities.</p> <p>Alignment with the CMS policy will increase access to integrated housing for people with disabilities.</p>	<p>D.1: Complete evaluation of CMS guidance by <b>November 30, 2015</b></p>	<p>DHS</p>	<p>Complete 12/2015</p>
D.2	<p>Propose preliminary policy recommendations and strategies to DHS leadership</p>		<p>D.2: Propose policy recommendations by <b>December 31, 2015</b></p>		<p>Complete 12/2015</p>



## **Olmstead Plan Workplan – Employment**

### **June 1, 2016 Plan Goals (page 52)**

#### **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.

#### **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.

#### **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.

#### **STRATEGIES:**

1. Implement the Employment First Policy
2. Develop an interagency data system to improve measurement of integrated employment
3. Reform funding policies to promote competitive, integrated employment
4. Develop additional strategies for increasing competitive, integrated employment among people with disabilities
5. Implement the Workforce Innovation and Opportunity Act (WIOA) and Section 503
6. Implement the Home and Community Based Services (HCBS) rule in a manner that supports competitive, integrated employment

## **18 completed activities**

**Strategy 1: Implement the Employment First Policy**

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status
A.1	Develop framework for informed choice for employment that can be used at the local level.	<p>Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose integrated, competitive employment or they may not object to moving to competitive, integrated employment, or they may choose segregated employment.</p> <p>The policy does not call for the elimination of certain service options or close specific facilities.</p> <p>Informed choice will determine whether the individual moves to competitive, integrated employment or stays in segregated employment.</p>	A.1: Develop informed choice framework by <b>December 31, 2015</b>	<p>DHS, DEED, MDE</p> <p>Employment Learning Community/Community of Practice</p> <p>MN Employment First Coalition</p> <p>Community Transition Interagency Committees (CTICS)</p> <p>16 Local Education Agencies</p> <p>Metro County Employment Workgroup</p>	Complete 2/2016
A.2	Pilot the informed choice framework with sixteen local educational agencies two regional vocational rehabilitation services agencies and two lead agencies.		A.2: Pilot informed choice framework by <b>March 31, 2016</b>		Complete 4/2016
A.3	Provide interagency statewide introductory training on informed choice implementation.		A.3: Provide training by <b>May 31, 2016</b>		Complete 6/2016
A.4	Implement informed choice process with persons served by Vocational Rehabilitation Services, Medicaid funded programs and youth with developmental cognitive disabilities as outlined in the Olmstead Employment goals.		A.4: Implement informed choice process by <b>June 30, 2016</b>		Complete 7/2016
A.5	Develop interim data measures		A.5: Develop interim data measures by <b>June 30, 2016</b>		Complete 7/2016

**Strategy 2:** Develop an interagency data system to improve measurement of integrated employment

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Develop an interim interagency data system to measure employment outcomes	In order to monitor progress in movement from segregated to competitive, integrated employment it is necessary to collect employment information for individuals with disabilities, including: type of employment; work setting and employer of record; hourly wage, benefits and number of hours worked; and informed choice planning information. The data system will make it possible to measure the expansion of opportunities for integrated, competitive employment.	A.1: Develop interim interagency data system by <b>July 31, 2016</b>	DHS, DEED, MDE Department of Administration	Complete 8/2016

**Strategy 3:** Reform funding policies to promote competitive, integrated employment

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Align agency policies to support an individual's informed choice for employment.  Seek funding for appropriate rates for proposed employment services	By realigning employment-related policies and funding priorities across DHS, DEED and MDE, it will be possible to meet the expectations of individuals with disabilities who choose competitive, integrated employment. People who choose competitive, integrated employment will have access to it.	A.1: Prepare funding proposal by <b>November 30, 2015</b>	DHS, DEED, MDE  Employment Practice Review Panel  MN Employment First Coalition	Complete 2/2016
A.4	Direct funds used for vocational evaluations and/or employment placement services to competitive, integrated settings.		A.4: Redirect funds during <b>2015-2016 school years</b>		Complete 7/2016

**Strategy 4:** Develop additional strategies for increasing competitive, integrated employment among people with disabilities

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Identify 16 local education agencies serving the largest numbers of students 19-21 with developmental cognitive disabilities.	<p>Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting transition aged youth from school to integrated, competitive employment.</p> <p>By beginning with 16 local education agencies with this process, lessons learned will be used to expand to additional local education agencies over time.</p>	A.1: Identify 16 local education agencies by <b>October 31, 2015</b>	<p>DHS, MDE, DEED</p> <p>Community Transition Interagency Committees (CTICS)</p> <p>16 Local Education Agencies</p> <p>Secondary Transition Community of Practice</p> <p>National Secondary Technical Assistance Team</p> <p>Placement Partnerships Project Search</p>	Complete 12/2015
A.2	Provide capacity building learning sessions to 16 local education agencies. Sessions will include evidence-based strategies such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school.		A.2: Provide learning sessions to 16 agencies by <b>May 31, 2016</b>		Complete 6/2016
B.5	On an annual basis, provide estimates for resources to meet the demand for integrated, competitive employment. This includes IPS capacity and other evidence-based practices.		B.5: Annually provide estimates of resources by <b>June 30, 2016</b>		Complete 7/2016

**Strategy 5: Implement the Workforce Innovation and Opportunity Act (WIOA) and promote hiring among contractors**

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.2	DEED and MDE will provide an overview of WIOA requirements to local education agencies and vocational rehabilitation service providers		A.2: Provide overview to local education agencies and providers by <b>July 22, 2016</b>		Complete 8/2016
A.3	Track the fiscal and programmatic impact of the expansion of VR employment services to high school students with disabilities to determine sufficiency of resources for other populations in the short and long term.		A.3: Track impact of expansion by <b>July 22, 2016</b>		Complete 8/2016
B.1	<p>Implement WIOA Limitations on Use of Subminimum Wage under WIOA §397</p> <ul style="list-style-type: none"> <li>WIOA §397.20: Youth considering Subminimum Wage Job; and</li> <li>WIOA §397.40: Individuals Working in Subminimum Wage Jobs</li> </ul>	<p>By providing an informed choice process which includes consideration of and experience with competitive integrated employment, there will be an increase of youth and adults with disabilities achieving competitive, integrated employment.</p> <p>Increased provision of services to youth and adults with disabilities will reduce the “tracking” of transition aged youth into non-competitive jobs and ensures that the informed choice process includes consideration of and experience with competitive integrated employment</p>	B.1: Implement WIOA limitations on use of Subminimum wage by <b>July 22, 2016</b>	<p>DHS, DEED, MDE</p> <p>State Rehabilitation Council</p> <p>State Rehabilitation Council for the Blind</p> <p>Local education agencies</p> <p>US DOL</p>	Complete 8/2016
B.2	DEED/VRS-SSB must develop and implement informed choice process for persons considering or currently working in subminimum wage jobs. Implementation of the process must be documented. Compliance of entities holding subminimum wage certificates will be audited by the United States Department of Labor (US DOL)		B.2: Develop and implement informed choice process by <b>July 22, 2016</b>		Complete 8/2016

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C.2	Establish an interagency agreement defining the roles and responsibilities of MDHR and DEED-VRS.		C.2: Establish interagency agreement by <b>January 15, 2016</b>		Completed 2/2016
C.4	Contractors will be referred to DEED-VRS for consultation regarding effective strategies for hiring persons with a disability.		C.4: Refer contractors to DEED-VRS beginning <b>February 15, 2016</b>		Complete 3/2016
C.5	DEED-VRS provides consultation regarding strategies for hiring persons with disabilities		C.5: Provide consultation to contractors beginning <b>February 16, 2016</b>		Complete 3/2016

## Olmstead Plan Workplan – Lifelong Learning and Education

June 1, 2016 Plan Goals (page 58)

**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).

**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).

**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.

### STRATEGIES:

1. Improve and increase the effective use of positive supports in working with students with disabilities
2. Continue strategies to effectively support students with low-incidence disabilities
3. Improve graduation rates for students with disabilities
4. Improve reintegration strategies for students returning back to resident schools
5. Increase the number of students with disabilities pursuing post-secondary education
6. Expand effectiveness of Assistive Technology Teams Project

### 9 completed activities

**Strategy 3 and 5:** Improve graduation rates for students with disabilities and Increase the number of students with disabilities pursuing post-secondary education

3	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners	Status (OIO)
A.1	<p>Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR).</p> <p>Minnesota’s SIMR is targeted toward increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time. Pilot with 4 school districts—Duluth, Minneapolis, Osseo, and St Paul to identify evidence-based practices for improving outcomes for students with disabilities who are American Indian and Black. (Minnesota is targeting increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time.) Focus groups with district administrators and Black and American Indian students with disabilities in these 4 school districts provided additional information pertaining to low levels of graduation rates.</p>	<p>Application of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for students with disabilities.</p> <p>Increased graduation rates will increase the likelihood of students going on to post-secondary education</p>	<p>A.1 Pilot during <b>2015-2016 school year</b></p>	<p>MDE</p> <p>School districts of</p> <ul style="list-style-type: none"> <li>• Duluth</li> <li>• Minneapolis</li> <li>• Osseo</li> <li>• St Paul</li> </ul>	<p>Complete 7/2016</p>
A.3	<p>Minnesota will align the IDEA SPP/SSIP activities with the activities related to increasing graduation for all students</p> <ul style="list-style-type: none"> <li>• Submit federal SPP plan and SSIP plan to OSEP</li> </ul>		<p>A.3: Submit federal plans by <b>June 30, 2016</b></p> <p>(Ongoing)</p>		<p>Complete 7/2016</p> <p>Adjusted 1/2016</p>

3	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners	Status (OIO)
B	<p>Provide four regional trainings to local education agencies using the Postsecondary Resource Guide - Successfully Preparing Students with Disabilities and training modules.</p> <p>[collaboration with Minnesota State Colleges and Universities (MnSCU)]</p>	<p>The Postsecondary Resource Guide has proven to increase the number of students entering into integrated postsecondary settings</p>	<p>Provide regional trainings by <b>April 30, 2016</b></p>	<p>MDE</p> <p>MnSCU Disability Coordinators</p> <p>Community Transition Interagency Teams</p>	<p>Complete 5/2016</p>
C	<p>Provide web-based training to local education agencies highlighting evidence based practices for youth with disabilities transitioning from secondary education to postsecondary education.</p> <p>[collaboration with the National Technical Center on Transition (NTACT)]</p>	<p>Use of NTACT's tools to assist state and local agencies' capacity has proven to increase student participation in and success in postsecondary education and careers.</p>	<p>Provide NTACT training by <b>June 1, 2016</b></p>	<p>MDE</p> <p>National Technical Assistance Center (NSTACT)</p>	<p>Complete 7/2016</p>
D.1	<p>Explore a broader data system to measure how many students with disabilities are graduating from high school and entering into an integrated postsecondary education setting.</p>	<p>Currently, the data collection being used is the Minnesota Post School Outcome Survey which provides information from a snapshot in time and is being used as a short-term proxy measure.</p> <p>A broader data system will provide better data to measure progress in movement from secondary to post-secondary settings.</p>	<p>D.1: Explore systems by <b>December 30, 2015</b></p>	<p>MDE</p> <p>MnSCU Disability Coordinators</p> <p>Data Analytics staff at MDE and other agencies</p>	<p>Complete 1/2016</p>
D.2	<p>Report the findings of that exploration to the Subcabinet</p>		<p>D.2: Report findings to subcabinet by <b>February 1, 2016</b></p>		<p>Complete 3/2016</p>

3	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners	Status (OIO)
E	<p>MDE will provide public engagement opportunities related to all strategies in lifelong learning and education topic area.</p> <p>Review status of engagement: special education meetings with local stakeholders, including administrators, teachers, interagency partners, parents and advocacy groups; Special Education Directors' Forums, etc.</p>		<p>E. Provide status of public engagement by <b>June 30, 2016</b></p> <p>(Ongoing)</p>	MDE	<p>Complete 7/2016</p> <p>Adjusted 1/2016</p>

**Strategy 4:** Improve reintegration strategies for students returning back to resident schools

4	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners	Status (OIO)
A	<p>Continue collaboration between MDE and DOC at the Minnesota Correctional Facility in Red Wing (MCF-Red Wing).</p> <p>Use the Reintegration Protocol with all students with an active Individualized Education Program (IEP) exiting MCF-Red Wing.</p>	<p>The State has made it a priority for students with disabilities exiting MCF-Red Wing to return to their resident school district. A reintegration protocol has been adopted to plan their return. Use of the protocols will improve reintegration of students with disabilities to their resident district or to a more integrated setting. Education reintegration plans will be reflective of student and parent priorities, concerns, and considerations. Sharing information and promoting the use of the reintegration protocols will increase the utilization of the protocols in county, private and out-of-state facilities.</p>	<p>A: Use reintegration protocols with all students with IEP's leaving MCF-Red Wing beginning <b>July 1, 2016</b></p> <p>(February 1, 2016)</p>	<p>MDE, DOC</p> <p>Advocacy agencies</p>	<p>Complete 7/2016</p> <p>Exception 3/2016</p> <p>Adjusted 4B.2 – 4E</p>

4	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners	Status (OIO)
B	DOC will collaborate with advocacy agencies and MDE to develop parent and student surveys regarding educational reintegration priorities, concerns and considerations.				
B.1	<ul style="list-style-type: none"> <li>• Develop survey</li> </ul>		B.1: Develop survey by <b>March 1, 2016</b>		Complete 4/2016



## **Olmstead Plan Workplan – Waiting List**

### **June 1, 2016 Plan Goals (page 64)**

**GOAL ONE:**

By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated.

**GOAL TWO:**

By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace.

**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).

**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.

**GOAL FIVE:**

By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need.

**STRATEGIES:**

1. Reform waiting list protocols to incorporate urgency of need
2. Implement initiatives to speed up movement from waiting lists
3. Reform management of waiting list management systems

**13 completed activities**

**Strategy 1:** Reform waiting list protocols to incorporate urgency of need

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Implement new system to categorize waiver requests by urgency of need	New urgency of need system will enable individuals to move off the waiting list at a reasonable pace, according to their level of need.	Implement system by <b>December 1, 2015</b>	DHS Lead agencies	Complete 1/2016
B.1	Provide online assessment training to lead agencies on urgency of need system.	DHS will provide training on modified assessment requirements that include lead agencies determining the urgency of need for each person on a waiver waiting list.	B.1: Provide training to lead agencies by <b>November 1, 2015</b>	DHS Lead agencies	Complete 12/2015
B.2	Begin collecting data about urgency of need		B.2: Begin collecting data by <b>December 1, 2015</b>		Complete 1/2016
C	Review appeal process and make adjustments as needed to ensure people with disabilities know they may appeal their urgency categorization.	Eligible people who are placed in a waiting list category may appeal their urgency categorization. DHS will train lead agencies about this right to appeal.	On-line appeals training available to lead agencies by <b>November 1, 2015</b>	DHS Lead agencies	Complete 12/2015

**Strategy 2:** Implement initiatives to speed up movement from waiting lists

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Provide direction to lead agencies to authorize funding for individuals on the Community Access for Disability Inclusion (CADI) waiver waiting list.	The CADI waiting list will be eliminated.	A.1: Provide direction to lead agencies to authorize CADI funding by <b>July 1, 2015</b>	DHS Lead agencies	Complete 12/2015

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
B	Direct and provide technical assistance to lead agencies to help them expedite required assessments and authorization of funding so people can begin services and come off the waiting list.	This strategy will lead to faster funding approvals. Faster funding approvals will expedite the process of moving people off waiting lists.	Provide technical assistance to lead agencies by <b>November 1, 2015</b>	DHS Lead agencies	Complete 12/2015
C.1	Develop and provide waiting list targets to lead agencies.	DHS will be able to measure progress of lead agencies moving individuals off the waiting list.	C.1: Provide targets to Lead agencies by <b>January 1, 2016</b>	DHS Lead agencies	Complete 2/2016
D.1	DHS will provide waiting list data to lead agencies to encourage moving people off the lists while other reforms are being implemented.  Data will include: <ul style="list-style-type: none"> <li>number of people on waiting list</li> <li>individual's length of time on waiting list</li> </ul>	This waiting list data will assist lead agencies in monitoring movement off the waiting list, identifying barriers and increasing the number of people moving off the waiting list. The data will identify, in addition to urgency of need, how long individuals have been waiting, so that priority can be given to those waiting the longest.	D.1: Provide first data set to lead agencies by <b>July 1, 2015</b>	DHS Lead agencies	Complete 12/2015
D.2	Provide second data set to lead agencies		D.2: Provide second data set to lead agencies by <b>October 1, 2015</b>		Complete 12/2015
D.3			D.3: Provide data routinely until it becomes available to lead agencies through the waiver management system beginning <b>December 1, 2015</b>		Complete 1/2016

**Strategy 3:** Reform management of waiting list management systems

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status
A	Convert Medicaid Management Information System (MMIS) coding to gather urgency of need data.	Assessment data entry will be adapted to allow lead agencies to enter urgency categories into the MMIS system.	Convert coding and make available and required in MMIS by October 1, 2015	DHS	Complete 12/2015
B	Adapt Waiver Management System (WMS) to display urgency of need data.	The WMS collects data and displays it for lead agency use. Adapting this system will allow agencies to see who is on a waiting list, how much funding is available to serve them, how long they have been on the waiting list, and aggregate, agency-level analytics on Olmstead waiting list compliance.	Adapt WMS to display urgency of need data by November 1, 2015	DHS	Complete 12/2015
C	Train lead agencies on data system changes and provide technical assistance when necessary.	Lead agencies will effectively use the new data system.	Provide training by December 1, 2015	DHS Lead agencies	Complete 1/2016

## **Olmstead Plan Workplan – Transportation**

### **June 1, 2016 Plan Goals (page 70)**

**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.

**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).

**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.

**GOAL FOUR:**

By 2020, transit systems' on time performance will be 90% or greater statewide.

**STRATEGIES:**

1. Increase the number of accessibility improvements made as part of construction projects
2. Increase involvement in transportation planning by people with disabilities
3. Improve the ability to assess transit ridership by people with disabilities
4. Improve transit services for people with disabilities

**11 completed activities**

**Strategy 1:** Increase the number of accessibility improvements made as part of construction projects

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.2	Internal DOT working group will work to include sidewalk improvements in alteration projects whenever possible and identify opportunities to improve sidewalks with standalone projects where the improvement is not connected to the geometry of the roadway.		A.2: Determine sidewalk improvements by <b>January 31, 2016</b>		Complete 2/2016

**Strategy 2:** Increase involvement in transportation planning by people with disabilities

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.2	Seek input from the public including people with disabilities in the planning process		A.2: Seek input from public during <b>October 2015 – April 2016</b>		Complete 5/2016
B.2	Seek input from the public including people with disabilities in the planning process		B.2: Seek input from public during <b>October 2015 – April 2016</b>		Complete 5/2016

**Strategy 3:** Improve the ability to assess transit ridership by people with disabilities

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	MnDOT in conjunction with DHS will explore the data and data privacy issues surrounding identifying the ridership of a specific user group	Currently ridership on public transportation is not measured for people with disabilities. By establishing an effective measurement process, it will be possible to determine ridership numbers of people with disabilities.		MnDOT, DHS  Metropolitan Council Staff	
A.1	Examine the ridership data gathered by transit providers on fixed route public transit versus demand response public transit.		A.1: Examine data by <b>March 1, 2016</b> (December 1, 2015)		Complete 3/2016 Exception 1/2016

<b>3</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>	<b>Status (OIO)</b>
A.2	Review title VI and environmental justice implications of gathering the transportation data by the transit providers		A.2: Review implications by <b>February 1, 2016</b>		Complete 3/2016
A.3	Review the federal (HIPPA) and state data privacy issues for transportation providers gathering ridership data.		A.3: Review data privacy issues for providers by <b>February 1, 2016</b>		Complete 3/2016
A.4	Review the federal and state data privacy issues for client sponsors to gather transportation data		A.4: Review data privacy issues for sponsors by <b>February 1, 2016</b>		Complete 3/2016
A.5	Identify barriers and disincentives for gathering and reporting this data and make recommendations to address the barriers.		A.5: Identify barriers by <b>May 30, 2016</b>		Complete 6/2016

**Strategy 4: Improve transit services for people with disabilities**

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Use Olmstead measurable goals to advocate with transit provider decision makers for improved transit access and reliability of transit services. Clearly define all of the Olmstead Plan transportation goals.	<p>Measurable goals allow the decision makers to clearly see if progress has been made. By having goals for access and reliability it increases the emphasis on improvements to these two key areas for transit.</p> <p>Two documents: A Technical Brief and the Annual Transit Report</p> <p>Increased transit service availability in underserved communities.</p> <p>Improved on time performance of transit services.</p> <p>Coordination between transportation providers and service agencies to fill transportation gaps, provide more service with the same or fewer resources, streamline access to transportation and provide customers more options of where and when to travel.</p>	A.1: Finalize definitions by <b>November 1, 2015</b>	MnDOT	Complete 12/2015
A.2	Inform and educate the transit providers on the Olmstead Plan transportation goals.		A.2: Educate transit providers completed by <b>December 1, 2015</b>		Complete 1/2016
A.4	Develop the Regional Coordinating Councils concept.		A.4: Develop Coordination Council Concept by <b>January 31, 2017</b>		Complete 7/2016

**Olmstead Plan Workplan – Healthcare and Healthy Living**  
**June 1, 2016 Plan Goals (page 76)**

**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.

**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.

**STRATEGIES:**

1. Improve dental care for people with disabilities
2. Expand the use of health care homes and behavioral health homes
3. Improve access to health care for people with disabilities
4. Develop and implement measures for health outcomes

**13 completed activities**

**Strategy 1:** Improve dental care for people with disabilities

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	<p>Implement the recommendations from the “Recommendations for Improving Oral Health Services Delivery System” Report and the follow up report, “Delivery System for Oral Health.”</p> <p>Implement increase in dental payment rates for Medical Assistance in January 2016.</p> <ul style="list-style-type: none"> <li>• Increase fee for service rates</li> </ul>	<p>Increased reimbursement to dental providers will increase provider willingness to serve Medical Assistance enrollees.</p> <p>Increased rates will result in an increase in the number of providers and the level of access of people with disabilities to providers.</p>	<p>A.1: Implement fee for service rate increases by <b>July 1, 2015</b></p>	DHS	Complete 12/2015
A.2	<ul style="list-style-type: none"> <li>• Increase capitation rates to managed care companies</li> </ul> <p>Implement additional items when authorized by the legislature.</p>		<p>A.2: Implement rate increases for managed care companies by <b>January 1, 2016</b></p>		Complete 2/2016
B.1	<p>Implement “Minnesota Oral Health Plan.”</p> <p>MDH and DHS will collaborate on mid-course state plan review.</p>	<p>Increasing the rates of individuals with disabilities accessing preventative dental services will improve overall oral health.</p>	<p>B.1: Complete mid-course state plan review by <b>June 30, 2016</b></p>	MDH, DHS	Complete 7/2016

**Strategy 2:** Expand the use of health care homes and behavioral health homes

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	<p>Implement behavioral health homes. Expand upon the patient centered medical home model (in Minnesota referred to as Health Care Homes) to serve the whole person across the primary care, long-term supports and services, and mental health and substance use disorder treatment components of the health care delivery system.</p> <p>Develop a framework that will require a standard of integrated care which encompasses mental, behavioral, physical health conditions and considers the influences of multiple conditions, social factors, social function, and individual preferences to personalize assessment, treatment and goals of care. This framework will be built upon input from people with mental illness across the state.</p>	<p>Behavioral health homes models have demonstrated improved overall health for people with severe mental illness.</p> <p>Number of individuals with serious mental illness projected to utilize the services on a monthly basis:</p> <ul style="list-style-type: none"> <li>• SFY 17: 6,160</li> <li>• SFY 18: 10,266</li> <li>• SFY 19: 14,373</li> </ul> <p>Number of certified providers eligible to provide services will increase over time:</p> <ul style="list-style-type: none"> <li>• SFY 15: 0</li> <li>• SFY 16: 30</li> <li>• SFY 17: 40</li> <li>• SFY 18: 50</li> <li>• SFY 19: 60</li> </ul>	A.1: Implement behavioral health home services beginning <b>July 1, 2016</b>	MDH, DHS	Complete 8/2016
A.2	Launch on-line provider application for certification		A.2: Begin application for certification by <b>November 1, 2015</b>		Complete 12/2015
A.3	Begin on-site provider certification visits		A.3: Begin on-site visits by <b>January 1, 2016</b>		Complete 2/2016
A.4	Add behavioral health home services to DHS's Health Care Provider Manual and develop companion policy guide		A.4: Update Health Care Provider Manual by <b>June 1, 2016</b> (3/1/2016)		Complete 6/2016 Exception 4/2016
A.5	Complete consumer materials including consent, rights and responsibilities, and service overview		A.5: Complete consumer materials by <b>June 1, 2016</b> (4/1/2016)		Complete 7/2016 Adjusted 4/2016

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.6	Release behavioral health home services training modules		A.6: Release training by <b>July 1, 2016</b> (5/1/2016)		Complete 8/2016 Adjusted 4/2016
A.7	Complete all systems changes		A.7: Complete systems changes by <b>July 1, 2016</b> (6/1/2016)		Complete 8/2016 Adjusted 4/2016
A.8	Begin behavioral health home services		A.8: Begin behavioral health home services by <b>July 1, 2016</b>		*Complete 8/2016
A.9	During the expansion of behavioral health home services, efforts will be made to recruit and develop more racially and ethnically diverse service providers. <ul style="list-style-type: none"> <li>Provide status update on efforts to recruit diverse providers.</li> </ul>		A.9: Provide status update by <b>May 1, 2016</b>  (Ongoing)		Complete 6/2016  Adjusted 1/2016

**Strategy 3:** Improve access to health care for people with disabilities

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.2	MDH will conduct a messaging campaign promoting cervical cancer screening.		A.2 Complete campaigns focused on cervical cancer screening by <b>November 30, 2015</b>		Complete 12/2015

## Olmstead Plan Workplan – Positive Supports

June 1, 2016 Plan Goals (page 80)

### 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.

### 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.

### 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  $\leq 93$  reports and  $\leq 7$  individuals.

### 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.

### GOAL FIVE:

By June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251.

### STRATEGIES:

1. Improve and increase the effective use of positive supports in working with people with disabilities
2. Reduce the use of restrictive procedures in working with people with disabilities
3. Reduce the use of seclusion in educational settings

## 12 completed activities

**Strategy 1:** Improve and increase the effective use of positive supports in working with people with disabilities

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	<p>Implement the Positive Supports Rule (Minnesota Rules Chapter 9544) which became effective August 31, 2015</p> <p>Provide training and technical assistance to providers, counties</p>	<p>Under the training and competency requirements of the new rule, providers and their staff will be better equipped to implement positive support strategies and reduce/avoid the use of restrictive interventions.</p> <p>Through prohibition on the use of restrictive procedures, except in emergencies, and the expansion of these prohibitions across more providers, the number of uses will decrease.</p>	<p>A.1: Provide training and technical assistance beginning <b>August 1, 2015 and ongoing</b></p>	DHS	Complete 12/2015
A.2	<p>Develop and maintain a public website with resources to assist implementation of the rule and positive practices</p>		<p>A.2: Launch public website by <b>April 1, 2016</b> (October 31, 2015 and January 31, 2016)</p>		<p>Complete 5/2016</p> <p>Exception 12/2015 and 2/2016</p>

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C	Implement Minnesota's Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports	<p>The <i>Statewide Plan</i> is a collaboration between DHS and MDE to build system capacity by engaging schools, providers, counties, tribes, people with disabilities, families, advocates, and community members.</p> <p>It provides the framework for communication and technical assistance to coordinate efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies.</p> <p>These actions will increase use of positive practices and supports across all settings, statewide. There will be a reduction in the use of restrictive procedures.</p>		DHS, MDE, MDH, DOC	
C.1	<p>Expand and maintain an inventory of policies related to restrictive practices and positive supports</p> <p>An expanded inventory that includes DOC, MDH and DEED will be completed. The inventory is reviewed by the Statewide Positive Supports Plan Work Group on Policies and Definitions.</p>		<p>C.1: Expand inventory by <b>September 2, 2016</b></p> <p>(Ongoing and May 31, 2016)</p>		<p>Complete 9/2016</p> <p>Adjusted 1/2016 Exception 6/2016</p>
C.2	Establish a technical assistance infrastructure for lead agencies and providers across agencies		C.2: Establish technical assistance infrastructure by <b>June 30, 2016</b>		Complete 7/2016
C.3	Design and implement strategies for data-based decision making and evaluation of technical assistance efforts related to decreasing use of restrictive procedures		C.3: Implement strategies and evaluate technical assistance efforts by <b>June 30, 2016</b>		Complete 7/2016

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C.4	Create and implement an outreach and education plan to increase awareness of positive supports across the state. Target population includes lead agencies, providers and people with disabilities and family members		C.4: Implement outreach plan by <b>June 30, 2016</b>		Complete 7/2016

**Strategy 2:** Reduce the use of restrictive procedures in working with people with disabilities

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
F.1	Implement MDE's statewide plan to reduce the use of restrictive procedures  Restrictive procedures workgroup will meet four times during 2015-16 school year	The expected outcome is that as we implement the MDE restrictive procedures Statewide Plan, the emergency use of restrictive procedures in the school setting will decline.	F.1: Convene four workgroup meetings during <b>2015-16 school year by June 30, 2016</b>	MDE  Restrictive Procedures Stakeholders	Complete 7/2016
G.1	Disseminate three cross-expertise training models on evidence-based positive behavior strategies for statewide use on MDE's website  Training modules will be posted on the MDE website	Increased knowledge and use of evidence based positive behavior strategies will reduce the emergency use of restrictive procedures in school settings.	G.1: Post modules on website by <b>September 1, 2015</b>	MDE	Complete 12/2015
G.2	The process for obtaining teacher Continuing Education Units (CEU) for completing the online modules will be posted on the MDE website		G.2: Post teacher CEUs process on website by <b>September 30, 2015</b>		Complete 12/2015

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
G.3a	Continue to provide training and technical assistance to districts on the topic of restrictive procedures. This includes training held at a specific district with their staff <ul style="list-style-type: none"> <li>• Provide training at Special Education Director's Forum</li> </ul>		G.3a: Provide training at Special Education Director's Forum by <b>September 11, 2015</b>		Complete 12/2015
G.3b	<ul style="list-style-type: none"> <li>• Provide three trainings</li> </ul>		G.3b: Provide three trainings by <b>June 30, 2016</b>		Complete 7/2016

**Strategy 3:** Reduce the use of seclusion in educational settings

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Seek support from the Restrictive Procedures Stakeholders Workgroup (RPSW) to add reporting requirements by school districts to include seclusion. (With the RPSW support, seek legislative change to the reporting requirements.)	Legislative change is needed in order for MDE to require districts to submit individual seclusion incident data. The sharing of that data will assist the Restrictive Procedures workgroup in making recommendations to MDE on strategies for eliminating the use of seclusion.  The outcome we hope to achieve is that the Restrictive Procedures work group will reach consensus and make recommendations which will result in legislation to change the reporting requirements for seclusion incidents in the school setting. That data will then inform the work of the Restrictive Procedures workgroup and result in recommendations for a revised statewide plan to reduce restrictive procedures, specifically the elimination of seclusion.	A.1: Completed by <b>June 30, 2016</b>	MDE  Restrictive Procedures Stakeholders Workgroup	Complete 7/2016



## **Olmstead Plan Workplan – Crisis Services**

### **June 1, 2016 Plan Goals (page 88)**

**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.

**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 settings) will increase to 89% or more.

**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.)

**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, within 5 months after leaving the hospital, and they will have a stable, permanent home.

**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.

**STRATEGIES:**

1. Evaluate and establish a baseline and measurements for the effectiveness of crisis services
2. Implement additional crisis services
3. Develop a set of proactive measures to improve the effectiveness of crisis services

**22 completed activities**

**Strategy 1:** Evaluate and establish a baseline and measurements for the effectiveness of crisis services

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
	Implement data system to measure the use of and effectiveness of the crisis service system including elements such as these: <ul style="list-style-type: none"> <li>• the number of people who use crisis services</li> <li>• the number of individuals demitted from where they live/work after a crisis episode</li> <li>• single point of access</li> <li>• effectiveness of current crisis services for people with complex co-occurring conditions</li> <li>• timeliness of crisis interventions</li> <li>• length of time crisis services are used,</li> <li>• barriers to permanent, stable services, and housing.</li> </ul>	The data system will create a framework for annual reporting to monitor functioning and effectiveness of the crisis services system.		DHS, MDE, DOC	
B.1	Data available on timeliness of crisis interventions by <b>January 31, 2016</b>		Data available on timeliness of crisis interventions by <b>January 31, 2016</b>		Complete 2/2016
B.2	Remainder of data available by <b>July 31, 2016</b>		Remainder of data available by <b>July 31, 2016</b>		Complete 8/2016

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C	Establish baseline data to determine length of time it takes to access crisis services and establish annual goals	<p>Timely access to crisis services will increase the likelihood of the crisis episode being resolved without the individual needing to leave their home or if they do leave they would experience a timely return.</p> <p>By establishing a baseline it will be possible to measure the length of time it takes to access crisis services and the amount of time it takes to return to the community/stability.</p>	<p>Establish baseline and annual goals by <b>April 1, 2016</b></p> <p>(January 31, 2016)</p>	MDE, DHS	Complete 5/2016 Exception 2/2016
D.1	<p>Examine the utilization of crisis services to measure progress</p> <p>Report on crisis service system outcomes to the subcabinet (as specified above in strategy 1A)</p>	<p>The data system will create a framework for annual reporting to monitor functioning and effectiveness of the crisis services system.</p> <ul style="list-style-type: none"> <li>• Reduce number of individuals who do not return to work/housing after crisis</li> <li>• Decrease length of time to access crisis services</li> <li>• Decrease average duration of crisis service placements</li> <li>• Increase availability of appropriate crisis placements</li> <li>• Ensure appropriate crisis placements are available where they are needed statewide</li> <li>• Increase availability of crisis technical assistance in the community</li> <li>• Ensure crisis technical assistance services are available where they are needed statewide</li> <li>• Increase number of individuals who return to the community after crisis services</li> </ul>	D.1: Analyze data by <b>July 1, 2016</b>	MDE, DHS, DOC	Complete 8/2016

**Strategy 2:** Implement additional crisis services

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
	Implement a pilot project to increase access to children's mental health crisis services in schools	Increased access to children's mental health crisis services in schools will improve the likelihood that the crisis will be resolved in school and if it is necessary for them to leave, they will experience a timely return. Pilot project will be implemented and a plan will be developed to expand it statewide.		DHS, MDE	
A.1	Collect baseline data during 2015-2016 school year with three intermediate school districts.		A.1: Establish baseline by <b>July 31, 2016</b>		Complete 8/2016
B.1	Provide training to mental health crisis response teams on providing services to people with complex needs (i.e., co-existing mental health and intellectual/developmental disabilities). Provide training on cultural and ethnic differences in the provision of mental health crisis services.	Upon completion of the training, mental health professionals will have increased competencies in responding to the needs of people with complex needs (i.e., co-existing mental health and intellectual/developmental disabilities)	B.1: Begin training by <b>March 30, 2016</b>	DHS	Complete 4/2016
B.2	Award two year training funding for mental health crisis response teams		B.2: Award two-year funding from <b>January 1, 2016 through December 31, 2018</b>		Complete 2/2016
C.1	Train ACT teams on provision of ACT services		C.1: Train on ACT services by <b>November 30, 2015</b>		Complete 12/2015

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
	Expand the Housing with Supports program within legislatively authorized limits	<p>Persons with serious mental illness who are homeless, long term homeless, or exiting institutions have complex needs and face high barriers to obtaining and maintaining housing. Housing with Supports will help to establish persons in stable housing and provide a foundation for accessing healthcare and other needed resources. Housing with Supports will increase the number of persons with disabilities living in housing that meets the standards of the permanent supportive housing evidence-based practice.</p> <p>Once RFPs are issued, grantees will be selected, and grants awarded. The grantees will be trained in best practices of supportive housing and data will be collected and reported annually.</p>		<p>MHFA</p> <p>Lead agencies</p> <p>Adult Mental Health Initiatives</p>	
D.1	Expand Housing with Supports grants by issuing a request for proposals (RFP), select grantees and award funding. Selected grantees will include racially and ethnically diverse service providers.		D.1: Issue RFPs and select grantees by <b>May 31, 2016</b> (January 31, 2016)		Complete 6/2016 Exception 2/2016
D.2	Provide training to Housing with Supports grantees and stakeholders on the evidence-based practice of permanent supportive housing		D.2: Schedule quarterly trainings by <b>January 31, 2016</b>		Complete 2/2016

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
E.1	<p>Expand mobile crisis teams statewide to 24 hours a day, seven days a week</p> <p>All counties will have a plan for transition to 24/7 services</p>	<p>Currently, a gap exists in the crisis response system for coverage after business hours, weekends, and holidays, leaving the emergency room as the main, and most expensive, option.</p> <p>By increasing mental health crisis response services/providers to 24-hours, seven days a week, a reliable, sustainable safety-net will be in place for people statewide.</p>	E.1: Complete county plans by <b>January 31, 2016</b>	DHS Counties	Complete 2/2016
H.1	<p>Utilize the Community-Based Services Steering Committee to develop recommendations to close gaps in state operated safety net and crisis capacity. Recommendations will be submitted to DHS leadership.</p>	<p>The Community-Based Services Steering Committee includes counties, providers and advocates. Recommendations are developed and implementation begins.</p>	H.1: Submit recommendations to DHS leadership by <b>December 31, 2015</b>	DHS	Complete 1/2016
I.1	<p>DHS will work with the counties and long-term supports and services providers to plan an increase in availability of respite care services. This will include recruitment and development of racially and ethnically diverse service providers.</p>	<p>Increase in home respite services.</p>	I.1: Develop plan with counties by <b>December 31, 2015</b>	DHS	Complete 1/2016

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
J.1	Add access to crisis respite services to Community Access for Disability Inclusion (CADI) waiver	<p>Increase people's ability to use crisis respite services both by adding coverage through the CADI, CAC and Brain Injury waivers, and by increasing the capacity to provide the service. Crisis respite services are already covered by the DD waiver.</p> <p>Crisis respite services allow an individual a safe place to go during a crisis with appropriate services to support a timely return to their home.</p>	<p>J.1: Add to CADI waiver by <b>March 4, 2016</b></p> <p>(June 30, 2015)</p>	DHS	Complete 5/2016 Exception 4/2016
L.1	<p>Increase capacity to serve people with challenging behaviors. This will include recruitment and development of racially and ethnically diverse service providers.</p> <p>Identify organizations that work successfully with people who have a history of challenging behaviors</p>	<p>There is not enough capacity in the system currently to provide people with challenging behaviors with crisis services. This can result in people experiencing a delay in receiving services and/or people going into more segregated settings or inappropriate settings.</p> <p>Organizations that serve individuals with challenging behaviors will be identified, selected and trained.</p>	L.1: Identify organizations by <b>March 31, 2016</b>	MDE	Complete 4/2016
L.2	Provide incentives to selected providers to increase their capacity in providing this service		L.2: Provide incentives beginning <b>May 31, 2016 and ongoing</b>		Complete 6/2016
L.3	Provide training to providers on positive behavior supports		L.3: Provide training beginning <b>July 31, 2016 and ongoing</b>		Complete 8/2016

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
M.1	Implement a coordinated triage and referral system within DHS to respond to crises involving people with intellectual or developmental disability at risk of losing their current residence.	Establishing a triage process with a single point of ACCESS will improve timely access to crisis services. Timely access to crisis services improves the likelihood of people remaining in their home after a crisis and avoiding inappropriate and more segregated settings.  Triage system will be designed, single point of access will be identified and expanded statewide.	M.1: Design referral system by <b>September 1, 2015</b>	DHS	Complete 12/2015

**Strategy 3:** Develop a set of proactive measures to improve the effectiveness of crisis services

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Train school personnel, providers, and childcare centers on positive practices with children As part of the Parent Awareness Professional Development System, develop training modules for children's mental health consultants	Increased use of positive practices with children has proven to decrease crisis and the use of restrictive procedures. Mental health consultations will be developed. Training sessions will be delivered and consultations will begin with Head Start, childcare centers, and family childcare providers.	A.1: Develop training by <b>April 30, 2016</b>	MDE, DHS  Child Development Services	Complete 5/2016
A.2	Deliver training sessions to contracted early childhood mental health consultants		A.2: Train consultants beginning <b>June 30, 2016</b>		Complete 7/2016

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
	Implement the Forensic Assertive Community Treatment (FACT) Team model	<p>The Forensic Assertive Community Treatment (FACT) team model is determined to be best practice for delivering mental health services to individuals exiting correctional facilities.</p> <p>The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.</p>		DOC, DHS	
B.1	Initiate Request for Proposal (RFP) provider selection process. This will include recruitment of racially and ethnically diverse service providers.		B.1: Initiate RFP process by <b>February 28, 2016</b>		Complete 3/2016
B.2	Begin enrollment of individuals with disabilities on release from DOC in FACT team services		B.2: Begin enrollment by <b>September 30, 2016</b> (July 31, 2016)		Complete 9/2016 *Exception 8/2016



## **Olmstead Plan Workplan – Community Engagement**

**June 1, 2016 Plan Goals (page 94)**

### **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. (This includes increases in the numbers of: self-advocates; individuals involved in publicly funded projects; and Certified Peer Support Specialists.)

### **STRATEGIES:**

1. Increase the number of leadership opportunities for people with disabilities
2. Increase the use of self-advocates in implementing the Olmstead plan
3. Increase the use of peer support specialists in implementing the Olmstead plan
4. Increase participation of people with disabilities in providing input on public projects

### **11 completed activities**

**Strategy 1:** Increase the number of leadership opportunities for people with disabilities

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Coordinate with Governor appointed councils, groups, etc. to align Olmstead goals with goals of the council, group, etc.	Work with Governor appointed councils, groups, etc. to create a plan that coordinates one or more of their goals with an Olmstead goal.	Align goals by <b>June 30, 2016</b>  (December 31, 2015)	OIO, Governor appointed councils, groups, boards, etc.	Exception 1/2016 Adjusted 5/2016 Activity replaced by A.1 – A.3
A.1	Report to the Subcabinet on the number of Councils receiving initial overview		A.1: Report to Subcabinet by <b>June 30, 2016</b>		Complete 6/2016
B.1	Survey Governor appointed councils, groups, boards, etc. to determine how many of their members are persons with disabilities and what types of roles they serve in, etc.	The subcabinet will understand the participation levels of persons with disabilities on Governor's appointed councils, boards, groups, etc. and the roles they serve in, etc.	B.1: Complete survey by <b>December 31, 2015</b>	OIO, MN.IT	Complete 1/2016
B.2	Analyze results of survey and report results and recommendations to the subcabinet		B.2: Analyze results by <b>March 1, 2016</b>		Complete 4/2016

**Strategy 2:** Increase the use of self-advocates in implementing the Olmstead plan

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Identify existing leadership and other self-advocacy training programs that empower self-advocates.	It is important to identify existing leadership and self-advocacy training programs and complete a gap analysis including recommendations for any additional opportunities that may be needed to assist individuals in becoming more involved as self-advocates.  Inventory of leadership and training programs will be utilized by the Olmstead Implementation Office and other agencies to direct interested individuals to programs that will help them to achieve their individual goals as self-advocates.	A.1: Identify training programs by <b>June 30, 2016</b>	OIO  Advocacy groups	Complete 7/2016

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.2	Create inventory Self-Advocacy training and leadership programs		A.2: Create inventory by <b>June 30, 2016</b>		Complete 7/2016
B	Train six self-advocate trainers	Utilize self-advocates as trainers for the Olmstead Community Engagement Plan and as surveyors/auditors throughout implementation of Olmstead Plan and Quality of Life survey.	Provide training by <b>February 28, 2016</b>  (November 30, 2015)	OIO  Self-Advocacy groups	Complete 3/2016  Exception 12/2015

**Strategy 3:** Increase the use of peer support specialists in implementing the Olmstead plan

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
C.1	Conduct survey to determine incentives, barriers and disincentives. For the use of Certified Peer Support Specialists in human services.	In collaboration with DHS, the OIO will make recommendations to the subcabinet based on the 2015 Peer Specialist Study being conducted by DHS for the legislature.	C.1: Conduct survey by <b>March 30, 2016</b>	OIO, DHS, MN.IT	Complete 4/2016
D	Utilize 3 Certified Peer Support Specialists as trainers for the Olmstead Community Engagement Plan and as surveyors/auditors throughout implementation of Olmstead Plan and Quality of Life survey.	Peer support specialists are utilized in implementation of the Olmstead community engagement plan and the quality of life survey. Providing an opportunity for peer support specialists being trainers, surveyors and auditors capitalizes on the collective strengths of our various stakeholders and allows them to share their expertise with the government and other programs that affect them. Surveyors will be funded through the Quality of Life Survey. Other positions may be volunteer or funded through grants or other resources.	Completed by <b>February 28, 2016</b>  (November 30, 2015)	OIO	Complete 3/2016  Exception 12/2015

**Strategy 4:** Increase participation of people with disabilities in providing input on public projects

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Design training program for people with disabilities that want to participate in a variety of publicly funded projects	The number and types of publicly funded projects are many. Minnesota's Olmstead Plan is based on a person centered approach making it the individual's choice which types of projects they wish to participate in and at what level. A generalized training program will empower people with disabilities to participate in a variety of publicly funded projects. This training program will provide tools to empower individuals to participate in the project and at the level of their choice.	A.1: Complete by <b>February 23, 2016</b>  (December 31, 2015)	OIO  Self-advocates  Olmstead Implementation Office Advisory group	Complete 3/2016  Exception 1/2016
A.2	Implement pilot training with Olmstead Implementation Office advisory group.	75% of those that complete the training will participate in at least one publicly funded project of their choice within one year of training.	A.2: Quarterly beginning <b>June 30, 2016</b> (January 31, 2016)		Exception 2/2016  Adjusted 5/2016 Replaced by A.3
B.1	Design training program that is led by people with disabilities for project staff, advocacy groups and others that are managing publicly funded projects.	Training with project staff, advocacy groups and others managing publicly funded projects will include the Olmstead Community Engagement guidelines. Participation of people with disabilities in publicly funded projects will be measured using metrics outlined in the Olmstead Community Engagement Plan.	B.1: Completed by <b>February 23, 2016</b>  (December 31, 2015)	OIO  Self-advocates	Complete 3/2016  Exception 1/2016
B.2	Provide training and other support to project staff, advocacy groups and others managing publicly funded projects.		B.2: Beginning <b>March 25, 2016</b> (January 31, 2016)		Complete 4/2016  Exception 2/2016

## **Olmstead Plan Workplan – Preventing Abuse and Neglect**

### **June 1, 2016 Plan Goals (page 98)**

**Executive Sponsor:** Olmstead Implementation Office is convening a workgroup to develop the comprehensive abuse and neglect prevention plan. The Olmstead Subcabinet will name an Executive Sponsor upon approval of the comprehensive plan.

#### **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:

- A comprehensive information and training program on the use of the Minnesota Adult Abuse Reporting Center (MAARC).
- Recommendations regarding the feasibility and estimated cost of a major “Stop Abuse” campaign, including an element for teaching people with disabilities their rights and how to identify if they are being abused.
- Recommendations regarding the feasibility and cost of creating a system for reporting abuse of children which is similar to MAARC.
- Utilizing existing data collected by MDE, DHS, and MDH on maltreatment, complete an analysis by type, type of disability and other demographic factors such as age and gender on at least an annual basis. Based upon this analysis, agencies will develop informational materials for public awareness campaigns and mitigation strategies targeting prevention activities.
- A timetable for the implementation of each element of the abuse prevention plan.
- Recommendations for the development of common definitions and metrics related to maltreatment across state agencies and other mandated reporters.

Annual goals will be established based on the timetable set forth in the abuse prevention plan.

#### **STRATEGIES:**

1. Develop educational campaign for mandated reporters and professional caregivers
2. Develop public awareness campaign

### **5 completed activities**

**Goal 1- Strategy 1:** Develop educational campaign for mandated reporters and professional caregivers

<b>G1-S1</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>	<b>Status</b>
A	Launch MN Adult Abuse Reporting Center (MAARC) public awareness campaign. Begin dissemination of postcard, first kiosk card and magnet (print material is targeted to the public, not mandated reporters).	Raise awareness of public and mandated reporters regarding how to report suspected maltreatment of a vulnerable adult.	Launch campaign by <b>June 15, 2016</b>	DHS	Complete 9/2016
B	Conduct statewide videoconference for health care and human services professionals, including mandated reporters, regarding the MAARC and the public awareness campaign. Disseminate information via professional licensing board listservs.	Increase understanding by service professionals, including mandated reporters, of the new process to report and how to help raise public awareness.	Conduct videoconference by <b>June 25, 2016</b>	DHS	Complete 9/2016
C	Review current and planned components of DHS public awareness campaign to promote reporting to the MN Adult Abuse Reporting Center.	Increased understanding of workgroup regarding existing resources and efforts related to public awareness campaign.	Review campaign by <b>August 15, 2016</b>	DHS, MDH, MDE, OMHDD	Complete 9/2016
D	Review DHS workplan activities in the Person Centered Planning Goal related to developing materials for people with disabilities, and a guide for case manager and assessors to use with people when they see them to help them understand their rights and ask questions to learn more if there are indicators of potential abuse/maltreatment.	Increased understanding of workgroup regarding current commitments related to public outreach and education.	Review workplan activities <b>August 15, 2016</b>	DHS, MDH, MDE, OMHDD	Complete 9/2016
F	Release additional components of the MAARC public awareness campaign at the State Fair and statewide through other venues. Additional materials include: radio spots, social media posts and brochure.	Raise awareness of people with disabilities, families, advocates, the general public, and mandated reporters regarding how to report suspected maltreatment of a vulnerable adult.	Release additional components by <b>August 31, 2016</b>	DHS	Complete 9/2016

## **Olmstead Plan Workplan – Quality of Life Survey**

### **June 1, 2016 Plan Goals (page 112)**

#### **GOAL ONE:**

By June 30, 2016 the initial Quality of Life Survey will be completed to establish a sample baseline. The survey will be conducted annually for the next three years.

#### **STRATEGIES:**

1. Execute contract with Dr. Conroy
2. Issue Request for Proposal (RFP) and select vendor for survey implementation
3. Implement survey
4. Analyze and report on survey results
5. Workplan for 2017

#### **11 completed activities**

**Strategy 1:** Execute contract with Dr. Conroy

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Draft and execute contract	Scope to include: 1) amend survey questions; 2) consult as needed throughout survey implementation to have more tailored tool and effective survey administration; and 3) work directly with selected vendor on survey implementation	Execute contract by <b>August 7, 2015</b>	OIO, MHFA	Complete 12/2015
B	Amend survey tool	Revised list of questions to reflect recommendations from the Pilot Test	Revised tool available by <b>September 30, 2015</b>	OIO, DHS, MDH QOL Workgroup	Complete 12/2015

**Strategy 2:** Issue Request for Proposal (RFP) and select vendor for survey implementation

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Submit the RFP, Certification form and State Register Notice to Department Admin for Approval	Required submission protocol RFP, Certification form and State Register Notice to Department of Administration for approval	Approve by <b>September 18, 2015</b>	OIO, MHFA	Complete 12/2015
B	Evaluate proposals and select vendor	To select the best vendor to complete the survey work on time in the manner needed to achieve Plan goals	Evaluate and select vendors by <b>December 31, 2015</b> (November 2, 2015 )	OIO, MHFA	Complete 1/2016 Exception 12/2015
C	Execute contract with selected vendor.  Submit prior approved forms (RFP, Cert) along with signed contract to Department of Administration for approval.	Send the documents to Department and signed contracts to Department of Administration	Submit by <b>March 1, 2016</b>  (January 8, 2016) (November 18, 2015)	OIO, MHFA	Complete 4/2016  Exception 12/2015, 2/2016

**Strategy 3: Implement survey**

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A.1	Design survey implementation and analysis work plan for review by QOL workgroup and Subcabinet which includes: <ul style="list-style-type: none"> <li>lessons from the 2014 pilot study</li> <li>abuse reporting plan</li> </ul>	Detailed plan with action steps, roles and timelines so work is delivered as needed and on time	A.1: Review workplan by <b>May 1, 2016</b>  (January 15, 2016)	OIO, MHFA  QOL Workgroup  Subcabinet	Complete 6/2016  Exception 2/2016
B	Expand the existing Quality of Life (QOL) Workgroup to include persons with disabilities to monitor and provide input throughout the survey process.  Expanded members to include State agencies, DOC and external people with disabilities with survey experience.	Review the survey progress to date and advise the OIO staff and vendor on how best to complete the work.	Convene first QOL workgroup meeting by <b>December 15, 2015</b>	OIO, MHFA, DOC	Complete 1/2016
C	Recruit and train people with disabilities to help administer survey. This will include recruitment and development of racially and ethnically diverse individuals.	People with disabilities have a unique perspective that will enhance the survey process.	Select and train people with disabilities to complete the survey; Execute agreements by <b>May 16, 2016</b> (February 15, 2016)	OIO, MHFA	Complete 6/2016 Included in Survey Admin Plan  Exception 3/2016
D	Identify 12,000 individuals/names for potential sample group from participating state Agencies	Need a robust set of names and contact information from each participating department so that we ensure good coverage across geography, setting, disability group and achieve the overall desired sample size	Identify names for potential sample group by <b>May 16, 2016</b>  (February 1, 2016)	OIO, DHS, MDE, DEED  QOL Workgroup	Complete 6/2016 Included in Survey Admin Plan Exception 3/2016

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
E.1	Identify and secure survey locations, logistics, and respondent accommodations	Achieve the desired sample size of 3,000 with good representation across geography, setting, disability group and other factors	E.1: Start surveying people in <b>May 16, 2016</b> (February 28, 2016 )	OIO  QOL Workgroup	Complete 6/2016 Included in Survey Admin Plan Exception 3/2016

**Strategy 5: Develop workplan for 2017**

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners	Status (OIO)
A	Develop work plan for 2017	Detailed plan with action steps, roles and timelines so work is delivered as needed and on time.  The surveyed samples from initial survey will be re-surveyed to measure changes in quality of life for individuals moving from segregated to integrated settings.	Submit workplan to subcabinet for approval by <b>June 30, 2016</b>	OIO  QOL Workgroup	Complete 7/2016