Putting the Promise of *Olmstead* into Practice: Minnesota's 2013 Olmstead Plan

Working Draft for Modifications

Plan date: November 1, 2013
Draft modifications: March 17, 2014

Note to readers: This version of the draft incorporates all of the proposed modifications. A version where modifications are displayed with underlined text for new items and strikethroughs for items to be removed is available on the Minnesota Olmstead Plan website.

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October 31, 2013

My Fellow Minnesotans,

On behalf of the Olmstead Subcabinet, I am pleased to present Minnesota's Olmstead Plan. The Subcabinet, and our entire administration, share a strong desire to affirmatively address issues facing individuals with disabilities. We are firmly committed to making Minnesota an inclusive, integrated state. There is much work to be done, but we are confident that, with shared vision and direction, we can make our desire a reality.

Minnesota's Olmstead Plan is the result of many months of effort by staff from multiple state agencies. The Olmstead Subcabinet, in cooperation with these agencies, will continue to oversee implementation of this plan. The Subcabinet will hold public meetings on a periodic basis to listen and respond to issues, concerns, and feedback. It is our commitment to make clear progress on the plan and to continue to refine and shape it with the guidance of people with disabilities.

On behalf of the Olmstead Subcabinet, I would like to extend a personal and public thank you to all of the individuals with disabilities, family members, professionals, providers, advocates, business leaders and others who have been involved in the development of the Olmstead Plan. I also appreciate the personal commitment of Subcabinet members and agency staff who collaborated to develop this plan.

Sincerely,

Solon

Yvonne Prettner Solon

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Information about this document

On January 22, 2014, United States District Judge Donovan Frank provisionally accepted and approved Minnesota's 2013 Olmstead Plan and respectfully directed the Olmstead Subcabinet to modify the plan[1]. This is the first draft of modifications to Minnesota's 2013 Olmstead Plan. The effective date of the full Olmstead Plan is November 1, 2013, but the revisions and additions in this document are not finalized. To develop the 2013 Olmstead Plan, writing teams from Olmstead Subcabinet agencies developed specific actions and timelines related to topic areas such as employment, housing, and transportation. The teams used an iterative writing process, listening to input from individuals with disabilities, family members and guardians, advocacy organizations, service providers, and national experts as they revised the draft plan. To develop the revisions and additions in this draft, teams conferred with stakeholders and agencies (particularly mental health advocates and the Department of Corrections), and reviewed comments from the court monitor overseeing the *Jensen* settlement agreement. Representatives from the Olmstead Implementation Office worked closely with the court monitor and the subcabinet's *ex officio* members to identify necessary changes to the 2013 Olmstead Plan.

Modifying the Olmstead Plan

Minnesota's Olmstead Plan will continue to be refined and updated over the coming years as the state implements the actions described in this plan, and as the subcabinet hears from stakeholders about what is working and what is not working. The subcabinet intends to modify the plan every six months; this schedule will allow the state to address emerging issues and to adjust the plan if legislation, funding, or federal regulations impact the plan. All plan modifications will be shared with the public in advance and will be submitted to the federal district court judge overseeing the *Jensen* settlement agreement for approval until jurisdiction of the court ends.

Feedback on the Olmstead Plan

The State of Minnesota welcomes feedback to refine and implement Minnesota's Olmstead Plan. To provide feedback, use the contact form on the Minnesota Olmstead Plan website (use an internet search on the phrase "Minnesota's Olmstead Plan" or use this shortened web address: http://bit.ly/14fcGSL) or send an email to opc.public@state.mn.us). Please keep in mind that we may not be able to respond to individual comments, but we will consider everyone's comments as we refine and implement the plan. For more information about how individuals will be involved in implementing and monitoring the Olmstead Plan, go to pages 29 and 30 of this document.

[1] For information about the *Jensen* settlement and related court orders, go to page 14 of this document or review documents on the Minnesota Olmstead Plan website.

Executive Summary

Minnesota's 2013 Olmstead Plan is the result of many people working together, across and within state agencies. This executive summary provides an overview of the plan; more information is contained in the specific sections of this document.

Stakeholder input

To develop Minnesota's first Olmstead Plan, the state used an iterative approach, with stakeholder input and feedback at the core of the process.

The Olmstead Subcabinet and agency staff listened to feedback from stakeholders, particularly people with disabilities and their families. Some of the most important ideas included:

- People with disabilities should be leading; the government should be listening.
- People with disabilities know what they want and what will promote inclusion; current systems have to change.
- People with disabilities want control over their own lives; they don't want to wait for the system to decide what service they will receive.
- People with disabilities are individuals and want to be treated as such; there can't be a one-size-fits-all approach to government services.

Minnesota's Olmstead Plan incorporates these ideas. The plan also includes concrete commitments to listen to and engage people with disabilities in refining and implementing the plan. An additional element of Minnesota's Olmstead Plan is an annual assessment of Quality of Life for people receiving services. The purpose of the Quality of Life survey is to ensure the state is continually made aware of whether changes in the system actually improve people's quality of life.

Developing Minnesota's Olmstead Plan

Governor Mark Dayton established an Olmstead Subcabinet in January 2013; this group of state agencies is charged with developing and implementing Minnesota's Olmstead Plan.

An Olmstead Plan is a way for a government entity to document its plans to provide services to individuals with disabilities in the most integrated setting appropriate to the individual. In the landmark civil rights case, *Olmstead v. L. C.*, 527 U.S. 581 (1999), the United States Supreme Court held that it is unlawful for governments to keep people with disabilities in segregated settings when they can be supported in the community. The Court and subsequent United States Department of Justice guidance encourages states to develop plans to increase integration.

Minnesota has made progress in increasing community-based supports and integrated options, but now is the time for Minnesota to develop a comprehensive Olmstead Plan to work towards full inclusion of people with disabilities. Importantly, Minnesota is also required to develop and implement an Olmstead Plan as part of a settlement agreement in a federal court case.

The Olmstead Subcabinet realizes that there are real opportunities for improvement in areas such as employment, transportation, housing, lifelong learning and education, health care and healthy living,

community engagement, and supports and services. These are the areas where Minnesota must make changes in order to achieve integration for people with disabilities.

Excerpt from Governor Mark Dayton's Executive Order 13-01

I, Mark Dayton, Governor of the State of Minnesota, by virtue of the power invested in me by the Constitution and applicable statutes, do hereby issue this Executive Order:

Whereas, the State of Minnesota is committed to ensuring that inclusive, community-based services are available to individuals with disabilities of all ages;

…

Whereas, barriers to affording opportunities within the most integrated setting to persons with disabilities still exist in Minnesota; and

Whereas, the State of Minnesota must continue to move more purposefully and swiftly to implement the standards set forth in the *Olmstead* decision and the mandates of Title II of the ADA through coordinated efforts of designated State agencies so as to help ensure that all Minnesotans have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment, and to participate in community life.

Now, Therefore, I hereby order that:

1. A Sub-Cabinet, appointed by the Governor … shall develop and implement a comprehensive Minnesota Olmstead Plan…

Olmstead Subcabinet Vision Statement

The Olmstead Subcabinet adopted a vision statement at one of its first meetings:

> The Olmstead Subcabinet embraces the *Olmstead* decision as a key component of achieving a Better Minnesota for all Minnesotans, and strives to ensure that Minnesotans with disabilities will have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment and to participate in community life. This includes:
>
> - The opportunity and freedom for meaningful choice, self-determination, and increased quality of life, through: opportunities for economic self-sufficiency and employment options; choices of living location and situation, and having supports needed to allow for these choices;
> - Systemic change supports self-determination, through revised policies and practices across state government and the ongoing identification and development of opportunities beyond the choices available today;
> - Readily available information about rights, options, and risks and benefits of these options, and the ability to revisit choices over time.

Olmstead Plan goals

To move the state forward, towards greater integration and inclusion for people with disabilities, the state has set an overall goal. If Minnesota's Olmstead Plan is successful, Minnesota will be a place where:

> **People with disabilities are living, learning, working, and enjoying life in the most integrated setting.**

To achieve this overall goal, Minnesota's Olmstead Plan addresses goals related to broad topic areas:[2]

- **Employment:** People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.
- **Housing:** People with disabilities will choose where they live, with whom, and in what type of housing.
- **Transportation**: People with disabilities will have access to reliable, cost-effective, and accessible transportation choices that support the essential elements of life such as employment, housing, education, and social connections.
- **Supports and Services:** People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.
- **Lifelong Learning and Education:** People with disabilities will experience an inclusive education system at all levels and lifelong learning opportunities that enable the full development of individual talents, interests, creativity, and mental and physical abilities.
- **Healthcare and Healthy Living:** People with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.
- **Community Engagement:** People with disabilities will have the opportunity to fully engage in their community and connect with others in ways that are meaningful and aligned with their personal choices and desires.

[2] The order of these goals is roughly based on the relative proportion of stakeholder comments.

Key Olmstead Plan actions

The plan's aspirational goals are connected to concrete actions. The chart below summarizes a number of detailed actions described in the plan.

Topic	Action	Responsible Agency(ies)
Overarching/Quality Assurance/Accountability	Begin with the individual in all phases of service (assessment, planning, service delivery, and evaluation)	Subcabinet
	Review all policies, procedures, laws, and funding through the perspective of the *Olmstead* decision; address barriers through administrative alignment and collaboration, legislative action, policy and rule changes, and funding changes and prioritization.	Subcabinet
	Design and implement opportunities for people with disabilities to be involved in leadership capacities in all government programs that affect them.	Subcabinet
	Identify quality of life outcome indicators; contract with an independent entity to conduct annual assessment	Subcabinet
	Establish an Olmstead dispute resolution process	Subcabinet
	Design an implementation and oversight structure, establish an Olmstead implementation office	Subcabinet
	Adopt an Olmstead Quality Improvement Plan	Subcabinet
Employment	Expand integrated employment for students and adults with disabilities	DEED, DHS, MDE
	Align policies and funding to increase integration and expand employment opportunities	DEED, DHS, MDE
	Provide training, technical assistance, public information and outreach	DEED, DHS, MDE, MDHR
Housing	Identify people with disabilities who desire to move to more integrated housing, the barriers involved, and the resources needed to increase the use of effective best practices	DHS
	Increase the amount of affordable housing opportunities created	MHFA, DHS
	Increase housing options that promote choice and access to integrated settings	DHS
	Increase access to information about housing options	MHFA
	Actively promote and encourage providers to implement best-practices and person-centered strategies related to housing	DHS
Transportation	Establish a baseline of services and transit spending across public programs	DHS, MnDOT
	Engage community members to expand flexibility in transportation systems	DHS, MnDOT
	Integrate *Olmstead* principles into transportation plans	MnDOT
	Engage Minnesota Council on Transportation Access in Olmstead work	DHS, MnDOT

Topic	Action	Responsible Agency(ies)
Supports & Services	All individuals with disabilities will be offered supports and services in the most integrated settings	Subcabinet, DHS
	Support people in moving from institutions to community living, in the most integrated setting	DHS
	Build effective systems for use of positive practices, early intervention, crisis reduction and return to stability after a crisis	Subcabinet, DHS
	Provide access to the most integrated setting through the provision of supports and services	DHS
Lifelong Learning & Education	Work to reduce the use of restrictive procedures, develop recommendations to eliminate the use of prone restraints in schools	MDE, DHS
	Build staff capacity at the school level to effectively improve school-wide systems of positive behavior interventions and supports	MDE
	Students will have interagency supports and services to access integrated employment options before exiting high school	MDE, DHS, DEED
	Increase the number of students with disabilities enrolling into postsecondary education and training programs	MDE, DHS, DEED
	Ensure that students with disabilities can return to their resident district or more integrated setting	MDE, DOC
Healthcare & Healthy Living	Integrate primary care, behavioral health and long-term care/supports	MDH, DHS
	Reduce gaps in access and outcomes	MDH, DHS
Community Engagement	Support individuals with disabilities to engage in their community in ways that are meaningful to them	Subcabinet
	Provide access and opportunity for individuals with disabilities to be full community participants	Subcabinet

The colors for the topic areas used in the chart above are used in the specific sections of the plan.

Year One at a Glance: Changes that will make a difference in people's lives

Many of the actions described in this plan will take time and resources to implement, but there are important changes that will happen in the first year of this plan. These changes will make a real difference in the lives of individuals with disabilities:

- Concrete changes to reduce the number of people in segregated service settings:
  - New community based services for people with disabilities as an alternative to Minnesota Specialty Health System—Cambridge.
  - Movement to more integrated settings for individuals in Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) and people under 65 who have been in nursing facilities longer than 90 days.
  - Reduction in discharge times for people in Anoka Metro Regional Treatment Center.
  - Transition supports for people discharged from Minnesota Security Hospital.
  - Identification of individuals in other integrated settings and establishment of targets and timelines for those individuals to access the most integrated settings.
- Expansion of effective transitions from high school to postsecondary education or training programs.
- Expansion of self-advocacy and peer support options.
- Increased individual control over housing.
- Increased individual control over support services, such as personal care assistance.
- Increased integrated employment opportunities.
- Movement towards positive practices and away from use of seclusion, restraints and other restrictive practices.
- New practices to improve health outcomes.

Background information: Minnesota's Olmstead Plan in context

State and federal law

The Minnesota Human Rights Act, the Americans with Disabilities Act (ADA), and other laws prohibit discrimination against people with disabilities. Additionally, under these laws, government entities are required to ensure that people with disabilities can access services and programs. This requirement means more than ensuring *physical* access for people with disabilities: to comply with these laws, government entities may also be required to change the way they provide services or modify how programs are administered so that individuals with disabilities can participate and benefit. Regulations developed under the ADA also specifically require that government entities provide services in the *most integrated* setting appropriate to the needs of qualified individuals with disabilities.[3] The United States Department of Justice (DOJ) explains that the *most integrated* setting is one that "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible…"[4]

Olmstead v. L. C.

In 1999, the United States Supreme Court considered a case involving two women with disabilities who were confined in an institution, even after health professionals determined they were ready to move into a community-based program. In *Olmstead v. L. C.*, 527 U.S. 581 (1999), the Court held that unjustified segregation of people with disabilities violates the ADA. The decision means that states must offer services in the *most integrated setting*. In particular, the Court held that states are required to provide community-based treatment for people with disabilities when:

a) The state's treatment professionals determine that such placement is appropriate;
b) The affected individuals do not oppose community-based treatment; and
c) The community-based placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.[5]

In its opinion, the Court emphasized that it is important for governments to develop and implement a comprehensive, effectively working plan to increase integration.

From one perspective, the *Olmstead* decision is about how services are provided *by* the government *to* people with disabilities (that is, services must be provided in the most integrated setting). From another perspective, the *Olmstead* decision is a landmark civil rights case "heralded as the impetus to finally move individuals with disabilities out of the shadows, and to facilitate their full integration into the mainstream of American life."[6]

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[3] 28 C.F.R. § 35.130(d): http://www.ecfr.gov/cgi-bin/text-idx?SID=8e0a7c758dd371dfdf081d5c2f63a5a5&node=28:1.0.1.1.36&rgn=div5.

[4] 28 C.F.R. Pt. 35, App. A (2010): http://www.ecfr.gov/cgi-bin/text-idx?SID=3878071b2ac0b3880c5944edc741f1f3&node=28:1.0.1.1.36&rgn=div5#28:1.0.1.1.36.7.32.3.11. Also US DOJ, Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L. C., Accessed August 30, 2013, http://www.ada.gov/olmstead/q&a_olmstead.pdf.

[5] A copy of the *Olmstead* decision is available at http://www.law.cornell.edu/supct/html/98-536.ZO.html.

[6] Perez, Thomas. *Assistant Attorney General Thomas E. Perez Testifies Before the U.S. Senate Committee on Health, Education, Labor and Pensions.* Washington, D.C. Thursday, June 21, 2012. Accessed August 30, 2013, http://www.justice.gov/crt/opa/pr/speeches/2012/crt-speech-120621.html.

Because this is a government planning document, much of the detailed content in Minnesota's Olmstead Plan is necessarily focused on the first perspective. The vision of the Olmstead Subcabinet and the goals contained in this plan are firmly grounded in the civil rights perspective.

Federal enforcement and guidance related to the *Olmstead* decision

Presidents Bill Clinton, George W. Bush, and Barack Obama acted to support the *Olmstead* decision through federal agency initiatives. In recent years, the DOJ has applied an expansive understanding of the *Olmstead* decision. As examples, the DOJ has taken action against government entities that had long waiting lists for community-based services, against programs that placed too much emphasis on segregated employment, and against governments that attempted to reduce funding for personal care services (which could force people into institutional settings).[7] The DOJ has also issued guidance for government entities to help them comply with the principles of the ADA and the *Olmstead* decision. Minnesota has consulted this guidance in developing its Olmstead Plan.[8]

Why does Minnesota have an Olmstead Plan?

An Olmstead Plan is a way for a government entity to document its plans to provide services to individuals with disabilities in the most integrated setting appropriate to the individual. Effective Olmstead Plans include analyses of current services, concrete commitments to increase integration (and to prevent unnecessary institutionalization), and specific and reasonable timeframes, among other components.

There are three main reasons why Minnesota has developed an Olmstead Plan:

- Developing a comprehensive and effectively working plan to increase integration will ensure that the State of Minnesota is in compliance with the letter and spirit of the *Olmstead* decision and the ADA.
- As part of a settlement in a recent case (*Jensen et al v. Minnesota Department of Human Services, et al*), the State of Minnesota agreed to develop and implement an Olmstead Plan.[9] The subcabinet has consulted the settlement agreement and subsequent court orders during development of this plan, and will submit the plan to the federal court for review and approval.
- Governor Mark Dayton issued an executive order, forming an Olmstead Subcabinet and directing identified agencies to develop and implement an Olmstead Plan[10].

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[7] For a list of recent DOJ enforcement actions, review US DOJ, "What's New." Accessed August 30, 2013, http://www.ada.gov/olmstead/olmstead_new.htm.

[8] In particular, drafting teams consulted Question and Answer #12, *What is an Olmstead Plan?* in "Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C." Accessed August 30, 2013, http://www.ada.gov/olmstead/q&a_olmstead.pdf

[9] A copy of the settlement agreement can be found at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=opc_jensenv_pdf

[10] A copy of Executive Order 13-01 can be found at http://mn.gov/governor/images/EO-13-01.pdf

People with disabilities in Minnesota: Demographics & implications

In developing Minnesota's Olmstead Plan, state agencies considered demographic realities and trends. Some relevant demographic information includes (Appendix A contains visuals of some of this data)[11]:

- In 2011, 10.1% of Minnesotans were people with disabilities; Minnesota ranks as the 4th lowest state in in the U.S. in terms of rate of disability.[12]
- 12% of all Minnesotans lived in poverty in 2011. By comparison, 22% of Minnesotans with disabilities lived in poverty in 2011.[13]
- The highest rates of disabilities among working-age Minnesotans are American Indians (20%) and U.S.-born African Americans (17%).[14]
- Working age Minnesotans experience different rates of disability—ambulatory (3.4%); cognitive (3.6%); hearing (2.0%); independent living (2.7%); self-care (1.4%); vision (1.0%) and one or more disabilities (8.1%).[15]
- Older Minnesotans (65 years +) experience different rates of disability—ambulatory (18.4%); cognitive (6.4%); hearing (15.0%); independent living (12.7%); self-care (6.8%); vision (4.9%) and one or more disabilities (32.0%). [16]
- There are regional differences in disability rates (which likely result from aging differences). The highest rates of disability are in the northern and western regions of the state (14%) and the lowest rate of disability is in the Twin Cities (8%).[17] Within the Twin Cities metropolitan area, parts of Ramsey County and Hennepin County have higher rates of disability.[18]
- Minnesota's population is aging. The current retirement-to-working age ratio is about 22%, but by 2040, the retirement-to-working age ratio is projected to be almost 40%. [19]
- Recent data shows that 80% of Minnesotans with no disabilities are working, compared to only 43% of Minnesotans with disabilities. Rates of employment differ among different types of disability.[20]
- According to a 2012 study on homelessness in Minnesota, 55% of adults experiencing homelessness reported a serious mental illness, 51% reported a chronic physical health

[11] Different data sources count people with disabilities differently—for example, poverty rate data does not include people living in institutions.
[12] Data from the American Community Survey and Decennial Census and Population Estimates, via Minnesota Compass, http://www.mncompass.org/demographics/.
[13] Ibid.
[14] Ibid.
[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] Data from the Minnesota State Demographic Center, using Public Use Microdata from the American Community Survey 2009-2011.Additional data is in Appendix A, chart 5b, chart 5c, and table 5d.
[19] Data from the American Community Survey and Decennial Census and Population Estimates, via Minnesota Compass, http://www.mncompass.org/demographics/.
[20] Data from the American Community Survey, via the Minnesota State Demographic Center.

condition, 31% reported evidence of a traumatic brain injury, and 22% reported a substance abuse disorder. 70% (3,719 adults) reported at least one of these conditions.[21]

- Recent media attention has focused on one disability that has increased dramatically. According to the Centers for Disease Control, autism has increased from a prevalence of 1 in 1000 in 1970, to 1 in 150 in 2000, to 1 in 88 in 2012.[22]

The implications of these trends for Minnesota's Olmstead Plan include:

- Service planners must recognize that different communities (both cultural and regional) have different needs.
- Employment and poverty continue to be significant issues for people with disabilities.
- The shifting prevalence of different disability types among different age groups will require changes in programs and accommodations in schools, employment, housing, and supports.
- The aging population in Minnesota has two big implications: an increase in the number of people with disabilities who may need services *and* a decrease in the number of potential workers in direct service jobs.
- Changes in population trends will lead to necessary changes in fiscal policy and budgeting because of changes in the tax base.

Accomplishments and challenges in Minnesota

As part of developing the Olmstead Plan, Minnesota has taken stock of our accomplishments and challenges related to integration and inclusion of people with disabilities. In some areas, we know that we're making good progress, but we have opportunities for more positive changes. In other areas, we know that we have much work to do.

Accomplishments, strengths, advantages, and opportunities

- Minnesota has a long history of commitment to people with disabilities.
- Minnesota has invested in services to people with disabilities.
- Minnesota has moved people with disabilities out of large state operated facilities.
- Some people with disabilities live, learn, work and enjoy life in a wide variety of settings (though many other people with disabilities are awaiting these opportunities).
- There are good practices in place in areas like housing, employment, and education, but these practices need to be scaled up to reach all people with disabilities who would like to participate or benefit.
- Compared with other states, Minnesota typically ranks high in quality of life measures (though people with disabilities do not necessarily agree).

[21] Wilder Research, "2012 Minnesota Homeless Study Fact Sheet," 2012, 2–3. Accessed October 3, 2013, http://www.wilder.org/Wilder-Research/Publications/Studies/Homelessness%20in%20Minnesota%202012%20Study/Long-term%20Homelessness,%20Fact%20Sheet.pdf.

[22] CDC, "Autism Spectrum Disorders: Data & Statistics." Accessed August 30, 2013, http://www.cdc.gov/ncbddd/autism/data.html.

- Though Minnesota has a long history of cross-agency collaboration, this is the first time agencies have come together at both leadership and staff levels to find ways to increase integration and inclusion for people with disabilities.
- The Olmstead Subcabinet and Olmstead Plan process have given people the opportunity to work across agency lines in new ways; there is substantial momentum in the subcabinet agencies' work.
- The Olmstead Plan development process has given state agency leaders and staff the opportunity to hear from people with disabilities about what is important to them.
- There are real opportunities for improvement in employment, transportation, housing, lifelong learning and education, health care and healthy living, community engagement, and supports and services.

Challenges, weaknesses, and risks

- People with disabilities are not usually (or routinely) asked about their preferences of where to live, learn, work and enjoy life; or their preferences are ignored or not factored into the supports and services provided.
- Employment opportunities have been limited, especially during the economic downturn.
- On the whole, supports and services are not consumer driven.
- Service growth has been limited, but more so during the past economic downturn.
- Data systems do not track important indicators such as "most integrated setting."
- While Minnesota state agencies are often very good at measuring program performance (such as how many people received a certain benefit, or how quickly a license was issued), agencies are not uniformly measuring whether people's quality of life is improved *because of* a program.
- Cultural and geographic differences result in people with disabilities being unserved and underserved.
- People with disabilities in Minnesota experience significant health disparities compared to the general population because of a lack of integrated services.
- The Olmstead planning process has created strong interagency cooperation and an interest in reform, but that interest could wane. Strong leadership, and the willingness and authority to make decisions must be expanded and maintained.
- If Minnesota does not effectively implement the Olmstead Plan, individuals with disabilities may seek relief through the courts or administrative processes.
- Minnesota does not have complete control over necessary funding—Congressional actions or inactions could result in funding problems.
- There are risks associated with making many changes at the same time.
- Training and education will be necessary to overcome inertia and resistance to change. This training must include everyone—the general public; people with disabilities; employers; the state legislature; the executive branch; and state, county and tribal organizations, service providers/employees, and government staff.
- People with multiple complex needs who move (or may want to move) from segregated settings to most integrated settings cannot access necessary services.

Developing the Olmstead Plan

Minnesota began work to develop the Olmstead Plan in 2012. The plan development process has included state agency staff, with input from individuals with disabilities, their families, other stakeholders and advocates, and nationally regarded experts.

Minnesota's Olmstead Planning Committee formed in 2012. The committee included individuals with disabilities, family members, providers, advocates, and decision-makers from the Minnesota Department of Human Services (DHS). In fall 2012, the committee submitted recommendations to DHS.

In January 2013, Governor Mark Dayton issued an executive order establishing a subcabinet to develop and implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities. The Olmstead Plan Subcabinet, chaired by Lieutenant Governor Yvonne Prettner Solon, includes the commissioner or commissioner's designee from the following state agencies:

- Department of Corrections
- Department of Education
- Department of Employment and Economic Development
- Department of Health
- Department of Human Rights
- Department of Human Services
- Department of Transportation
- Minnesota Housing Finance Agency

Representatives from the Office of the Ombudsman for Mental Health and Developmental Disabilities and the Governor's Council on Developmental Disabilities are *ex officio* members of the Subcabinet.

In the months since the Executive Order, staff from subcabinet agencies worked within their organizations and across departments to develop Minnesota's Olmstead Plan. The subcabinet itself met at least monthly from January 2013 to November 2013 to discuss progress on planning efforts and to respond to drafts and information. Subcabinet agencies committed to a collaborative and iterative process in developing the plan—they incorporated initial feedback from other agencies and stakeholders as they prepared drafts, and they know that the plan must be regularly updated with ongoing input from Minnesotans.

After the 2013 Olmstead Plan was published, the Olmstead Implementation Office and subcabinet agencies reviewed feedback and identified areas of the plan that should be modified. The subcabinet intends to modify the Olmstead Plan every six months (as described on page 6 of this document).

Minnesota's Olmstead Plan is not a replacement for the many existing state and federal plans produced by government agencies—the Olmstead Plan can help guide the implementation of other plans.

Olmstead Subcabinet Vision Statement

The Olmstead Subcabinet embraces the *Olmstead* decision as a key component of achieving a Better Minnesota for all Minnesotans, and strives to ensure that Minnesotans with disabilities will have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment and to participate in community life. This includes:

- The opportunity and freedom for meaningful choice, self-determination, and increased quality of life, through: opportunities for economic self-sufficiency and employment options; choices of living location and situation, and having supports needed to allow for these choices;
- Systemic change supports self-determination, through revised policies and practices across state government and the ongoing identification and development of opportunities beyond the choices available today;
- Readily available information about rights, options, and risks and benefits of these options, and the ability to revisit choices over time.

External consultations

The Olmstead Subcabinet was assisted by a grant from the Substance Abuse & Mental Health Services Administration (SAMHSA) to obtain expert consultation on critical Olmstead Plan topics (education, family supports, housing, health care, employment, measurement, and self-determination) and on writing the Olmstead Plan itself. Agency drafting teams met with experts as they drafted parts of the plan, and national experts provided feedback on drafts. (Appendix B has a list of experts.)

Stakeholder feedback

Several hundred stakeholders have been involved throughout the drafting process, both formally and informally, in the following ways:

- Olmstead Planning Committee (March 2012 – October 2012), and written comments on the committee's recommendations (November 2012 – January 2013).
- Informal, agency-based stakeholder feedback and information gathering for the first draft plan (February 2013 – May 2013).
- Written comments on the first draft of the Olmstead Plan (June 2013 – August 2013). About 100 people and organizations provided written comments on the plan (a few organizations provided comments summarizing the feedback of many individuals).[23] Of all the written comments, almost 40% were family members or guardians of people with disabilities, over 20% were advocacy or other organizations, and over 20% were service providers. About 5% of comments came from people who self-identified as individuals with disabilities (additionally, many of the organizations that provided comments include people with disabilities as leaders or board members). All of this feedback was reviewed, and the comments were summarized and

[23] For example, three different advocacy groups submitted comments representing the views of about 50 people with disabilities.

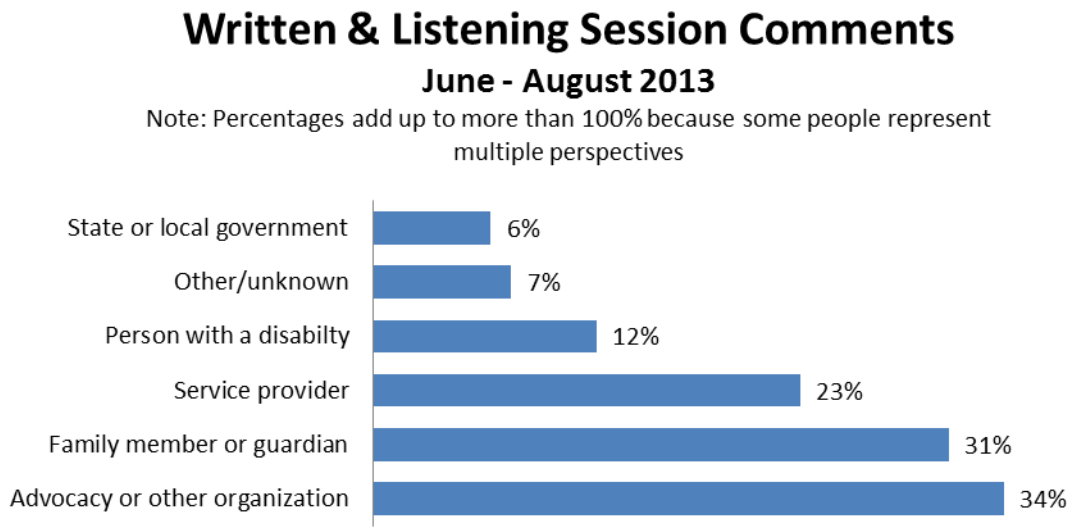
categorized. (Figure 1, below, shows information about written and listening session comments; Figure 2, below, shows information about topics in written comments.) Note that individual comments may reflect more than one perspective.

- Olmstead Subcabinet listening sessions in St. Paul, Moorhead, Duluth, and Rochester (July 2013–August 2013). About 80 people provided input at listening sessions (some people spoke more than once, and some people read comments from others). Of these, almost half were representatives of advocacy or other organizations, about 25% were service providers, and over 20% were family members or guardians. About 20% of people who spoke at listening sessions were people who self-identified as individuals with disabilities. (Figure 1, below, shows information about written and listening session comments.) Note that individual comments may reflect more than one perspective.[24]
- Online and email comments about revised drafts of the plan (August 2013 – October 2013).
- Agency-based outreach to stakeholders about the draft plan (ongoing).
- Focus group results, survey research results, and other analyses (ongoing).

The Subcabinet thanks every person for taking time to provide input and feedback during the drafting process. The input was heartfelt, respectful, represented broad viewpoints, provided insight and identified successes (not just problems).

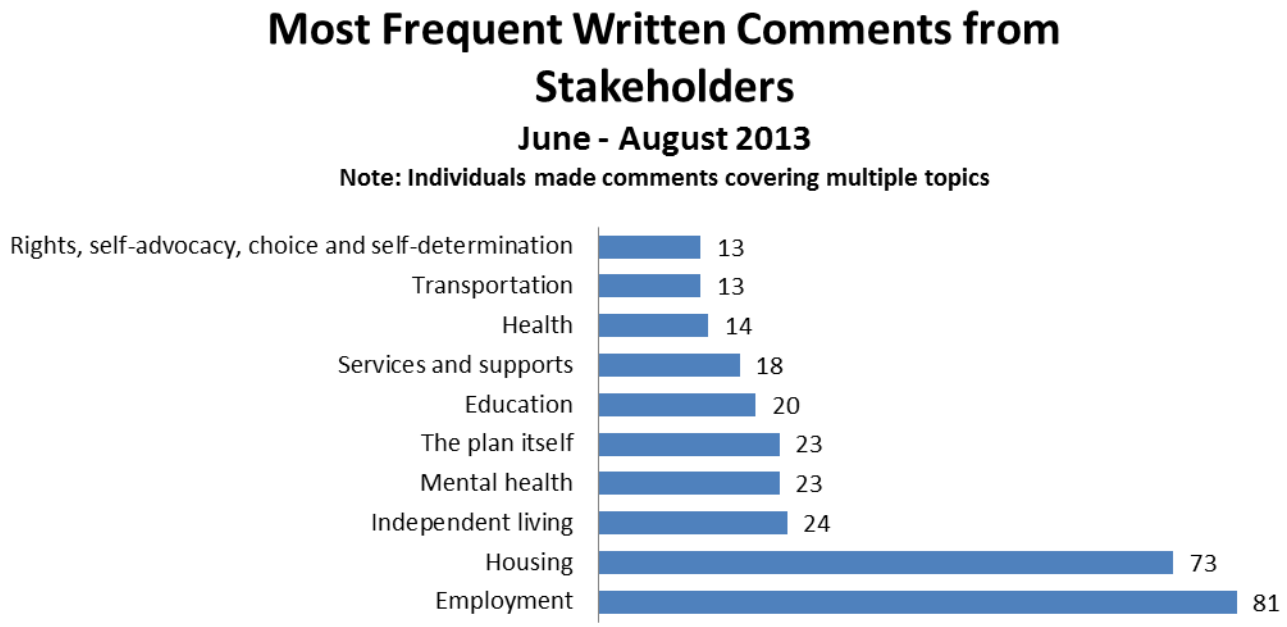
Plan drafting teams have considered all of the input from stakeholders in preparing this plan.

Figure 1: Online and Listening Session Commenters: June – August 2013.



[24] Copies of notes from the listening sessions are available at the Olmstead Plan website.

Figure 2: Most Frequent Written Comments from Stakeholders: June – August 2013.



Themes from stakeholders

Several themes emerged from team discussions about stakeholder comments:[25]

Important issues to be addressed in the Olmstead Plan

- People with disabilities said that they should be treated as individuals—their interest in making choices is the same as everyone's.
- Employment, housing, transportation, education, community engagement, and access to services (including technology) are important across the state. People requested expansion of programs and approaches that provide access to the most integrated setting.
- Perspectives differed inside and outside of the Twin Cities metropolitan area: inside the metro area, people talked about the need for enhancement of existing services; outside the metro area, people noted the need for additional resources for more basic services. In rural areas, people said they have no choices and no options.
- People with disabilities and their families want a range of options in housing, employment, and services—there have to be real choices. People said they don't want to have one decision affect all other possible decisions. People want flexibility in the whole system.
- Employment:
    - People with disabilities want real jobs with real wages.
    - Many family members and service providers are concerned about potential loss of supported employment options.

[25] These themes are based on the plan drafting teams' qualitative review of information from individuals who made comments online or at listening sessions from June 2013 – August 2013. We realize that these opinions may not reflect the opinions of all relevant stakeholders or of Minnesotans in general.

    - Disincentives to employment (like loss of needed benefits) should be removed.
    - Many participants recommend that the state use an Employment First approach.
    - People expressed concerns that the Olmstead Plan would use a one-size-fits-all approach to employment, and some noted that individuals choose not to work.
- Housing:
    - People are dissatisfied with caps and moratoriums regarding housing options.
    - Lack of affordable, accessible housing and homelessness are significant issues for people with disabilities.
    - People with disabilities said that their only choice is to live with roommates they don't know.
    - People said that their choices to leave home and to associate with friends and family are unnecessarily limited.
    - Some people with disabilities and service providers believe that housing with supports is the best option for many people (particularly people recovering from chemical dependency).
    - Concentration of group homes has triggered concerns from some neighbors.
    - People expressed concerns that the Olmstead Plan would use a one-size-fits-all approach to housing.
- Education:
    - People said inclusion and integration efforts must start early (well before the transition from youth to adult), and carry through to adulthood.
    - People said that even educational settings that may be classified as integrated may not be integrated in practice.
    - People expressed concerns about the use of prone restraints in schools.
- Supports and Services:
    - People think that the plan should enhance self-advocacy, self-determination, independent living, peer support services, and certified peer specialists.
    - People say that supports and services are needed before someone is in crisis so that people do not face hospitalization, jail, or homelessness.
    - People expressed concerns about reimbursement rates, budget problems, lack of waivers, and waiting lists.
    - People think that more attention should be given to developing and maintaining a quality direct service workforce—pay, benefits, and professional development are all important. People expressed concerns about shortages, turnover, and reliability of workers.

Expectations of the Olmstead Plan and implementation

- People with disabilities expect to be involved and provide leadership in developing and implementing Minnesota's Olmstead Plan.
- People want the Olmstead Plan to be more than a list of activities—it should include large strategic efforts, as well as goals, measurable results, and timelines.

- The Olmstead Plan should address all people with disabilities of all ages, and planners should realize that different individuals have different needs and preferences.
- People expect state agencies, counties, providers, and other organizations to work together to improve state services and systems.
- The Olmstead Plan must address the known problems from a Department of Justice and *Olmstead* perspective, such as waiting lists, segregated work settings, and people who are institutionalized unnecessarily.
- People know that additional funding will be needed to make significant changes, and people are concerned that there will be reduction in funding for some programs.
- People see the Olmstead Plan as an opportunity for positive changes in Minnesota, but some participants were concerned about possible unintended outcomes of changes.
- People are concerned that the plan won't be implemented or that nothing will change.

The goals, actions, and priorities outlined in this plan are responsive to the feedback we heard from stakeholders, and the State of Minnesota is committed to including stakeholders in further development and implementation of the plan. More information is in the Quality Assurance and Accountability section (beginning on page 27).

Selected stakeholder comments are incorporated in this draft to provide context in the sections of the plan. Appendix C contains more comments from listening sessions.

Stakeholder feedback: November 2013 – June 2014

[Note to readers: This section will include information about stakeholder input provided after the November 2013 Olmstead Plan was published.]

Minnesota's goals: Putting the promise of Olmstead into practice

To move the state forward, towards greater integration and inclusion for people with disabilities, the state has set an overall goal. If Minnesota's Olmstead Plan is successful, Minnesota will be a place where:

> **People with disabilities are living, learning, working, and enjoying life in the most integrated setting.**

To achieve this overall goal, Minnesota's Olmstead Plan addresses goals related to broad topic areas[26]:

- **Employment:** People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.
- **Housing:** People with disabilities will choose where they live, with whom, and in what type of housing.
- **Transportation**: People with disabilities will have access to reliable, cost-effective, and accessible transportation choices that support the essential elements of life such as employment, housing, education, and social connections.
- **Supports and Services:** People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.
- **Lifelong Learning and Education:** People with disabilities will experience an inclusive education system at all levels and lifelong learning opportunities that enable the full development of individual talents, interests, creativity, and mental and physical abilities.
- **Healthcare and Healthy Living:** People with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.
- **Community Engagement:** People with disabilities will have the opportunity to fully engage in their community and connect with others in ways that are meaningful and aligned with their personal choices and desires.

Minnesota's Olmstead goals are aspirational—Minnesota should be a place where people with disabilities are fully included in all aspects of community and civic life. In establishing this Olmstead Plan, Minnesota has identified actions that will help Minnesota meet these goals for all people with disabilities, while focusing on actions that will have the biggest impact on people with disabilities whose choices may be constrained by current systems. Minnesota's Olmstead Plan is just the start of a larger, ongoing conversation about how state government can facilitate real inclusion for all individuals with disabilities.

Minnesota's Olmstead Plan is not a plan to eliminate certain options or close certain facilities—it's a plan to increase integration options for individuals with disabilities, in line with the goals expressed above.

[26] The order of these goals is roughly based on the relative proportion of stakeholder comments.

Overarching strategic actions

Stakeholder Comments	
If people have greatly limited life experiences, it's really not informed choice just to tell people what their options are.	*Mary Kay Kennedy*
Integration is not inclusion. Inclusion is about being welcomed and a sense of belonging into a community.	*Jennifer Lewin*
One of the primary challenges is ensuring that we are not creating one-size-fits-all solutions. People have a full spectrum of needs. We must have a full spectrum of solutions.	*Sandra Gerdes*

Description and purpose of this section

To achieve the vision and goals of Minnesota's Olmstead Plan, and in response to stakeholder feedback regarding the first draft Olmstead Plan, the state has adopted the following overarching strategic actions. These actions are the foundation of the transformation that is needed to increase integration and inclusion of individuals with disabilities. The subcabinet as a whole is responsible for the following actions.

Strategic actions

1) Begin with the individual[27]: listen to individuals to ascertain their preferences for services and their views about quality of life, ensure that their rights are recognized, and incorporate this perspective through all phases (assessment, planning, service delivery, and evaluation).

   Timeline:

   - By December 31, 2014: [OV 1A[28]]
     - Define an individual planning service that is available to people with disabilities to assist them in expressing their needs and preferences about quality of life. (This service may be an expansion of an existing practices or development of new practices.)
     - Make funds available for this purpose.
     - Develop a plan to initiate this service in the first quarter of 2015. [OV 1B]
   - Additional actions and timelines to support this overarching strategy are identified in the topic area sections of this document.

[27] This concept is expressed differently in different programs and contexts. Terms like "person-centered planning" and "person-driven planning" are distinct, but they share the fundamental principle that government and service providers should begin with what's important to the individual. In January 2014, the Centers for Medicare and Medicaid Services issued a rule that applied to home and community based services; this rule provides a description of a person-centered service plan. The full rule, 42 C.F.R. Pt. 430, 431 et al, is available at http://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf (§441.725 contains the description of a person-centered service plan).

[28] References to letters and numbers after descriptions of actions (such as [OV1A]) are included to help the Olmstead Implementation Office and the Olmstead Subcabinet monitor completion of these actions.

2) Review **all** policies, procedures, laws, and funding through the perspective of the *Olmstead* decision (including related case law and guidance), identifying where and how current systems unintentionally create barriers to integration or create disincentives to development and use of integrated settings. Wherever such a barrier or disincentive exists, develop a concrete plan for change, through administrative alignment and collaboration, legislative action, policy and rule changes, and funding changes and prioritization. This action includes other agencies and departments in Minnesota (not only subcabinet agencies).

   Timeline:

   - In other sections of this plan, the state has identified immediate actions that can be taken administratively in 2014; timelines are identified in the other sections of this plan.
   - By February 25, 2014 prepare legislative proposals for the 2014 legislative session. [OV 2A]
   - By December 31, 2014 identify barriers to integration that are linked to federal legislation, regulation, or administrative procedures; identify options to address them. [OV 2B]
   - By January 6, 2015 prepare proposals for legislative and fiscal changes for the 2015 legislative session. [OV 2C]

3) Design and implement opportunities for people with disabilities to be involved in leadership capacities in all government programs that affect them. These opportunities will include both paid and volunteer positions. Provide support, training, and technical assistance to people with disabilities to exercise leadership. This will lead to sustainability of the Olmstead Plan over time.

   Timeline:

   - In other sections of this plan, the state has identified immediate actions that can be taken administratively in 2014; timelines are identified in the other sections of this plan.
   - By December 31, 2014 leadership opportunities will be identified and implemented. [OV 3A]

4) Identify and implement mechanisms to better measure and track quality of life outcomes for people with disabilities and overall performance of the Olmstead Plan. These mechanisms will include consistent definitions across agencies. Greater detail about quality of life measurement is in the Quality Assurance and Accountability section beginning on page 27.

   Timeline:

   - Information is on page 27.

Responsibility: The Olmstead Subcabinet is responsible for these actions.

Quality Assurance and Accountability

Stakeholder Comments	
One person's outcome is not going to be the same as another person's outcome, so you need to take time to really determine what [are] those outcomes that you're looking for, and they need to be based on that individual and their families and [their] value system.	*Dan Zimmer*
Please continue to listen to people who receive services. They know what they need. They know what works best for them.	*Rick Hammergren*

Description and purpose of this section

In developing the plan, state agencies realized that there will be an ongoing need for collaboration on the Olmstead Plan—both in terms of effectively implementing the plan and making sure that the plan is working for individuals. Also, the *Jensen* settlement agreement and subsequent court orders make it clear that the state of Minnesota is expected to demonstrate that the plan is being monitored and is effectively implemented. The state is developing several new processes and structures to make sure this happens.

The purpose of the Quality Assurance and Accountability section of the Olmstead Plan is to establish a statewide quality structure that measures performance, provides transparency, and assures accountability. The state will utilize this structure to monitor performance and initiate necessary changes. The structure will provide people with disabilities, their families, and their advocates the necessary and sufficient information on outcomes to hold the state and other public entities accountable for implementation and—when necessary—recommend modification of the plan.

There are four main strategic actions to ensure quality and accountability:

1. Quality of life measurement
2. Dispute resolution process for individuals with disabilities
3. Oversight and monitoring implementation of the plan
4. Quality improvement

Strategic actions

Action One: *Quality of life measurement*

Minnesota will conduct annual surveys of people with disabilities to determine quality of life, including:

- How well people with disabilities are integrated into and engaged with their community.
- How much autonomy people with disabilities have in day to day decision making.
- Whether people with disabilities are working and living in the most integrated setting that they choose.

The selected survey instrument will be tested, reliable, validated, low cost, systematic, and repeatable, and it will apply to all people with disabilities.

Timeline:

- By March 31, 2014 the state will select a set of quality of life outcome indicators and identify the survey instrument that will establish a baseline and allow ongoing evaluation of quality of life outcome indicators. [QA 1A]
- By July 1, 2014 the state will contract with an independent entity to conduct a 2014 pilot assessment of the quality of life measures listed above in preparation for the 2015 baseline study and subsequent sample studies in 2016-2018. [QA 1B]
- By December 31, 2014 conduct a pilot of the survey. [QA 1C]
- By December 31, 2015 conduct the survey to establish a baseline, mechanisms will be designed and in operation. [QA 1D.1]
- By December 31, 2016 and annually for two years thereafter, surveys will be conducted to determine whether the Olmstead Plan is improving people's lives. [QA 1D.2 – QA 1D.4]

Responsibility: The Olmstead Subcabinet is responsible for these actions.

Action Two: *Dispute resolution process*

Individuals who believe that they have not received services or supports in accordance with the principles set forth in *Olmstead v. L.C.* will have a way to raise their concern and address the problem.

Timeline:

- By June 30, 2014 the state will establish a dispute resolution process that has the following components: [QA 2A]
    - The process will initially operate out of the Olmstead implementation office under the direction of the Olmstead Subcabinet.
    - The Olmstead Implementation Office will designate dispute resolution staff, with understanding of the ADA and the Minnesota Olmstead Plan, to receive complaints, discuss the issues with the individual and work informally with them to resolve the complaint. This staff will establish working relations with agencies for the purpose of finding resolutions to identified complaints.
    - It is expected that the majority of complaints will be resolved through informal efforts.
    - In the event the informal process is not successful, staff will assist the individual to connect with established grievance/dispute resolution processes available through agencies.
    - In the event the individual is unable to resolve the issue using existing grievance/dispute resolution processes staff will assist the individual in accessing an informal hearing process.
    - The Olmstead Implementation Office will track all complaints and outcomes/resolutions and provide a summary report to the subcabinet for the purpose of quality improvement.
    - This process will not be the exclusive remedy available to the aggrieved individual.

Responsibility: The Olmstead Subcabinet is responsible for these actions.

Action Three: *Oversight and monitoring*

The state will design an implementation structure that extends the Olmstead Subcabinet and assigns responsibility to monitor progress, convene regular meetings to update people with disabilities and others on progress, issue annual reports, solicit comments and recommendations for any changes, and initiate necessary legislative initiatives in support of the plan.

Timeline:

- By November 15, 2013 the subcabinet will ensure that appropriate persons are assigned for all actions described in this plan that will occur in 2013. [QA 3A]
- By December 1, 2013 the Olmstead Subcabinet will adopt a structure for: [QA 3B]
    - The periodic system-wide monitoring of the implementation and status of the plan.
    - Ensuring interagency coordination.
    - Scheduling periodic public meetings to (a) hear from the public regarding implementation of the Olmstead Plan and (b) review with the public any proposed changes to plan goals or strategies.
    - Engaging people with disabilities, their families, advocates and others in monitoring implementation, raising concerns or problems, and recommending changes to the plan.
    - Developing an Olmstead Quality Improvement Plan.
    - Issuing an annual report on implementation and quality of life outcomes.
    - Initiating needed changes including proposing legislative action in support of changes in policy and funding.
    - Monitoring legislative proposals to provide analysis and input to Minnesota Management and Budget and the Governor's office about impact on the Minnesota Olmstead Plan.
    - Developing a financial strategy that includes increasing flexibility in funding, reprioritizing funding, and seeking additional funding as necessary to implement the plan.
- By December 1, 2013 the subcabinet will establish an Olmstead implementation office that will report to the Olmstead Subcabinet. The purpose of the office will be to: [QA 3C]
    - Develop communication tools to explain Minnesota's Olmstead Plan, including a fully-accessible overview of the plan itself.
    - Monitor the quality of life and process measures.
    - Convene regular meetings to update the subcabinet on implementation.
    - Draft an annual report to be issued by the subcabinet.
    - Maintain social media and web site presence to keep the public aware of progress on the plan.
    - Monitor audit and performance reports from all public agencies on issues relevant to the Olmstead Plan.
    - Develop and implement the Olmstead Quality Improvement Plan.
    - Collaborate across all relevant departments.

- By January 15, 2014 the subcabinet will ensure that appropriate persons are assigned for all actions described in this plan that will occur in 2014. [QA 3D]
- By August 31, 2014 the subcabinet will issue a report on the staffing, funding, and responsibilities of the Olmstead Implementation Office and on the oversight and monitoring structure described above, including timelines for completion of any outstanding action items.

Responsibility: The Olmstead Subcabinet is responsible for these actions.

Action Four: *Quality Improvement*

The subcabinet will adopt an Olmstead Quality Improvement plan, which will include the following components:

- Methods to engage the Governor's appointed disability councils and advisory committees (Appendix D) in monitoring Minnesota's Olmstead Plan.
- Policies and procedures that establish best practice in the prevention of abuse and/or neglect of persons with disabilities.
- Methods to conduct ongoing quality of life measurement, quality improvement structures, and needs assessment.
- Description of the availability of self-advocates, peer support specialists, or similar peer delivered services that promote self-determination and greater independence in life choices.
- Methods to monitor all legislative proposals that may impact the rights of persons with disabilities in accordance with the *Olmstead* decision and the ADA.
- A description of how people with disabilities and their families are involved in monitoring and reviewing the community services and supports, and how they serve in leadership roles in modifying the services and supports over time.

The Quality Assurance plan will be separate from the accountability components in the plan and will not negate other quality assurance efforts of the affected agencies.

Timeline:

- By September 30, 2014 the subcabinet will adopt an Olmstead Quality Improvement plan to be administered by the Olmstead implementation office.

Responsibility: The Olmstead Subcabinet is responsible for this action.

Introduction to topic-specific plans

The next sections of the Olmstead Plan contain Minnesota's plans to meet our Olmstead goals—each section is based on a particular topic area, but there are many interrelationships among these topics.

Each topic area contains the following information:

- **Where we are:** A description of what the topic means and the current status of this issue in Minnesota.
- **What we want**: A restatement of the Olmstead Plan goal in the topic area. These goals are at the level of the whole population or community—results for all people with disabilities. We've also identified indicators to evaluate whether we're making progress towards meeting the population-level goal we've set. For some indicators, we already track data to measure our progress; for other indicators, we'll have to begin tracking data as part of our implementation of the plan. Beyond our regular program performance measures, indicators in the Olmstead Plan provide an additional level of accountability to show whether we are "turning the curve" in the right direction[29]. Specific numerical targets related to the Olmstead Plan are included in sections that describe strategic actions.
- **What we'll do:** Concrete, strategic actions the state will take to meet the goal. These actions range from things state agencies can do right away by working together, to things that will require significant administrative, legislative, or financial changes. Timelines are set for completion of every action.[30] If the subcabinet determines later that timelines cannot be met (as examples, if necessary legislation does not pass or if the federal government does not approve a proposed change), this plan will be modified. In some topic areas, agencies have determined that baseline information is necessary to determine what actions will work best—after the baselines have been established, the subcabinet will identify specific strategic actions, set timelines, and modify the Olmstead Plan as needed. Similarly, in areas of the plan where it is necessary to adopt a policy or process before taking action, the subcabinet will modify the plan with actions and timelines once the policy or process is adopted.

In this Olmstead Plan, the state is focusing on actions that will have the biggest impact on people with disabilities who experience barriers to integration and inclusion. All of these actions move the state towards the broad goals set in this plan.

[29] The subcabinet used Mark Friedman's (2005) Results Based Accountability framework as a guide in developing the Olmstead Plan. "Turning the curve" is a way of talking about and showing success—how we can do better than the pattern shown by current trends and baselines.

[30] To review timelines chronologically, go to Appendix F. Chronological timetable for implementation.

Employment

Stakeholder Comments	
I want to see Mayo Clinic and Minnesota [have as] our goal, to be a trail-blazer and employ people with disabilities.	*Hiyas Quelle*
Employment is a critical gateway to the core goals of Olmstead and drives many individual choices associated with living and participating in the most integrated community setting. Without a competitive job, many of the goals of *Olmstead* are challenging, if not impossible to achieve.	*Don Lavin*
Provide education to employers about how to improve their human resources practices about the benefits of hiring a diverse and inclusive workforce.	*Guy Finne*

Description: What this topic means

Employment is about:

- Ensuring that people with disabilities have choices for competitive, meaningful, and sustained employment in the most integrated setting.
- Changing the prevailing attitudes, expectations, and beliefs about the integration of persons with disabilities into the competitive workplace.
- Making broad-based and significant system changes to ensure that persons with disabilities will be equitably represented in the competitive labor pool.

Employment Statistics

According to the Cornell University Employment and Disability Institute's *Disability Status Report* (data for 2010, published in 2012):[31]

- The employment rate of working-age people (ages 21 to 64) with disabilities in Minnesota was 44.4%. For the general population it was 81.7%.
- The percentage of working-age people with disabilities who were unemployed and actively looking for work was 12.3%. For persons without a disability who were actively looking for work it was 33.5%.
- The percentage of working-age people with disabilities working full-time/full-year was 22.2% with average annual earnings of $36,300. For working-age people without disabilities, 58.3% were working full-time/full-year with average annual earnings of $45,300.

[31] Erickson, W., Lee, C., & von Schrader, S. *2010 Disability Status Report, Minnesota*, Ithaca, NY: Cornell University Employment and Disability Institute (EDI), 2012.

According to the Minnesota State Rehabilitation Council—General 2012 annual report:[32]

- In 2012, 81% of 2490 vocational rehabilitation placements in Minnesota were in competitive employment without supports, 18% were in competitive employment with supports, and 1% were in self-employment.
- In 2012, the average hourly wage for people placed in competitive employment positions without long term job supports was $11.13 per hour (the average wage for *all* job openings in Minnesota was $13.74 per hour.)

Olmstead Plan goal: What we want

People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- Increase of the employment rate of persons with disabilities so that it is comparable to the employment rate of persons without disabilities.
- Increase of the employment earnings of persons with disabilities so that they are comparable to the earnings of persons without disabilities.

Strategic actions: What we'll do

Action One: *Expand integrated employment*

Expanding integrated competitive[33] employment opportunities begins with the individual with a disability. As discussed in the Overarching Strategic Actions (page 25), the state will begin all individual planning by asking the person what they want. In the employment context, students with disabilities will have the supports to help them transition from school to work, and adults with disabilities who seek competitive employment will have support to access employment and to succeed. Minnesota has identified strategies that work to increase integrated employment, and will build on those strategies.

Expanding opportunities for students with disabilities

Timeline:

- By June 30, 2014 establish consistent baselines for measuring progress on increased employment of transition-age students; establish goals for annual progress. [EM 1A]
- By June 30, 2014 establish a baseline for measuring how many students with disabilities have at least one paid job and who are prepared for post-secondary education before graduation; establish goals for annual progress. [EM 1B]

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[32]Minnesota State Rehabilitation Council — General, "2012 Annual Report." Accessed October 17, 2013, http://www.positivelyminnesota.com/JobSeekers/People_with_Disabilities/PDFs/Annual_Report_2012.pdf.

[33] Competitive employment is full-time or part-time employment, with or without supports, in an integrated setting in the community that pays at least minimum wage, as defined by the Fair Labor Standards Act, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by workers without a disability.

- By June 30, 2015 and each subsequent year, there will be a minimum of 20 additional schools per year adopting evidence-based practices that result in integrated competitive employment outcomes. [EM 1C.1, 1C.2]
- By June 30, 2015, 14-21 year old transition age students on Supplemental Security Income (SSI)/Social Security Disability Insurance (approx. 1000) will receive benefit summary and Disability 101 (DB101) estimator sessions to inform employment planning choices and understand how integrated competitive employment and benefits can work together. [EM 1D]
- Beginning July 1, 2015, expansion of benefit summary and DB101 estimator sessions will occur, to include 14-26 year olds (approximately 2,500) entering transition-age services in public schools, on Home and Community Based Service (HCBS) Disability Waivers, or on Medical Assistance for Employed Persons with Disabilities (MA-EPD). [EM 1E]
- By June 30, 2016 there will be an increase of five local education agencies adopting new and innovative practices to expand integrated competitive employment for transition age youth. [EM 1F.1]
- By June 30, 2017 there will be an increase of five local education agencies adopting new and innovative practices to expand integrated competitive employment for transition age youth. [EM 1F.2]

Expanding opportunities for adults with disabilities

Timeline:

- By June 30, 2014 establish consistent baselines for measuring progress on increased competitive employment of adults with disabilities (including but not limited to people with mental illness and intellectual/developmental disabilities); establish goals for annual progress. [EM 1G]
- By June 30, 2014 establish baseline plan (including identifying process for securing resources) for Extended Employment (EE) program rule change to cap enrollment in non-integrated and subminimum wage subprograms. [EM 1H]
- By September 30, 2014 fully implement local placement partnership model[34] for providing professional employment services to Minnesotans with significant disabilities in the metropolitan area. [EM 1I.1]
- By June 30, 2015 expand Individual Placement and Supports (IPS) employment for Minnesotans with serious mental illness in 17 additional counties, providing integrated employment for an additional 200 individuals. [EM 1J]
- By June 30, 2015 establish plan to expand Individual Placement and Supports (IPS) employment for Minnesotans with serious mental illness statewide. Evaluate current and future sources of funding for Individual Placement and Supports (IPS), including utilizing the 1915(i) Medicaid waiver. [EM 1K]

[34] The local placement partnership model is used by DEED-Vocational Rehabilitation Services. It is a unique collaboration of state, private, and non-profit placement professionals that work together in an agreed-upon service or geographic area to connect the needs of employers and job seekers in a defined partnership. More information is in the Definitions section (page 75).

- By July 1, 2015 promulgated changes to the state rule governing the Extended Employment (EE) program will be effective that cap non-integrated and subminimum wage subprograms and define procedures that shift funding to integrated competitive employment. [EM 1L]
- By September 30, 2015 fully implement local placement partnership model for providing professional employment services to Minnesotans with significant disabilities with one northern area team and one southern area team. [EM 1I.2]
- By February 22, 2016 prepare a legislative proposal for the 2016 session to expand Individual Placement and Supports (IPS) employment for all Minnesotans with serious mental illness statewide.

Responsibility: The Commissioners of the Department of Employment and Economic Development (DEED), Department of Human Services (DHS), and Minnesota Department of Education (MDE) will designate responsible persons.

Action Two: *Align policies and funding*

To achieve the types of system changes needed to meet the state's Olmstead goal in employment, policies and funding (including but not limited to the state's own employment practices) will be aligned to increase integration and expand employment opportunities. Agencies will work together to coordinate systems and ensure consistency. Minnesota will adopt an Employment First policy and use these principles in service design and delivery.

Timeline:

- By March 31, 2014 an Employment Community of Practice[35] will be formed to identify promising and non-traditional practices and approaches and partnerships that lead to successful employment outcomes and to discuss strategies that adopt Employment First principles, informed choice and support of job seekers who choose to work. [EM 2A]
- By July 1, 2014 an Interagency Employment Panel[36] using Employment First principles to align policy and funding will be convened. [EM 2B]
- Beginning September 1, 2014, implementation plans will be developed to provide access to most integrated settings in our service, standards and funding priorities as identified in Interagency Employment Panel in order to increase integrated competitive employment outcomes. [EM 2C]
- By September 30, 2014 the state will adopt an Employment First policy. [EM 2D]
  [Responsibility: The subcabinet is responsible for this action.]

[35] Employment Community of Practice is an intentional but voluntary network of persons engaged in providing employment services and supports that come together to share information, knowledge and practices to advance the progress of individuals with significant disabilities in achieving their goals for employment in the most integrated setting. More information is in the Definitions section (page 75).

[36] The Interagency Employment Panel is the principal interagency leadership group responsible for the alignment of interagency policies and funding needed to meet the state's Olmstead goal in employment. Representatives from DEED, DHS, and MDE would be appointed by the Commissioners of the respective Departments

- Integrated Memorandum of Agreements (MOA/MOUs) across state agencies will be necessary to assure the implementation of Interagency Employment Panel recommendations and to ensure the implementation of policy and practices that support integrated competitive employment and Employment First Principles. By September 30, 2014, key agencies will be convened and will establish a process and timeline to develop MOA/MOUs. The objective is to have all necessary MOA/MOUs in place by July 1, 2015. [EM 2E.1, 2E.2]
- By October 1, 2014 Vocational Rehabilitation (VR) purchased services baseline will be established and policy will be developed to provide all VR purchased services in most integrated setting. [EM 2F.1]
- By January 1, 2015 clarify roles and responsibilities for cross-agency employment service planning and coordination that leverages DEED/VRS, DHS and MDE funding streams to expand competitive employment in the most integrated setting. [EM 2G]
- By July 1, 2015 the Interagency Employment Panel will develop a data sharing agreement between DEED/VRS, DHS and MDE. [EM 2H]
- By October 1, 2015 policy to provide all VR purchased services in the most integrated setting will be implemented. [EM 2F.2]
- By December 31, 2015 in collaboration with members of the Interagency Employment Panel, there will be an alignment of workforce development policies, funding and data systems across state agencies. [EM 2I]
- By December 31, 2015 common definitions for employment and employment-related services will be established to be used across the interagency service system. [EM 2J]
- By December 31, 2015 specific strategies to utilize waiver funding to expand employment in the most integrated setting will be implemented. [EM 2K]

Responsibility: Except as noted, the Commissioners of DEED, DHS, and MDE will designate responsible persons for the above action.

Action Three: *Provide training, technical assistance, public information and outreach on employment in the most integrated setting*

Myths and misunderstandings about employing people with disabilities are significant barriers to expanded integrated employment. Minnesota will provide training, technical assistance, and outreach so that competitive employment in the most integrated setting is understood and expected to be the first and preferred option by and for persons with disabilities. Outreach and education efforts will include specific information to assist employers.

Training

Timeline:

- By March 1, 2015 enhanced Person Centered, Person Driven, and Family Driven, Youth Guided Planning training components will be offered to assure employment-planning strategies and Employment First principles are understood and incorporated into the tools and planning process. [EM 3A]

- By September 30, 2014 Disability Employment Specialists will provide training to employment service providers on single point of contact framework, labor market trends, and localized approaches to demand-driven strategies. [EM 3B]
- By September 30, 2014 Disability Employment Specialists will provide training and technical assistance to federal contractors regarding the 7 % workforce participation benchmark established in the revised regulations implementing Section 503 of the Rehabilitation Act of 1973.[37] [EM 3C]
- By September 30, 2014 establish plan to provide cross-agency training on motivational interviewing. [EM 3D]

Technical Assistance

Timeline:

- By June 1, 2014 establish an Employment Practice Review Panel[38] consisting of state and local agencies, providers and people with disabilities to discuss issues and successes at the individual level in order to identify policy and practice areas to promote or to change, and to facilitate immediate actions to increase individuals living and working in the most integrated settings. [EM 3E]
- By January 1, 2015 provide technical assistance and support to non-integrated/facility-based employment programs to develop and design new business models that lead to competitive employment in the most integrated setting. [EM 3F]
- By June 1, 2015 develop an improvement strategy on the state and local level for educators and families about the economic benefits of integrated competitive employment. [EM 3G]

Public Information

Timeline:

- By June 30, 2014 promote the business case for hiring people with disabilities; align supports and services with business needs so that businesses successfully hire and retain employees with disabilities. [EM 3H]
- By June 30, 2014 provide information about effective employment strategies, such as supported and customized employment that make competitive employment possible for individuals with complex and significant disabilities. [EM 3I]
- By December 31, 2014 publicize statistics, research results and personal stories illustrating the contributions of persons with disabilities in the workplace. [EM 3J]

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[37] US Department of Labor, Office of Federal Contract Compliance Programs (OFCCP) "Final Rule to Improve Job Opportunities for Individuals with Disabilities." Accessed October 17, 2013 http://www.dol.gov/ofccp/503Rule/ .

[38] The Employment Practice Review Panel is a strategically selected representative group from county/local social services agencies, employment programs and non-profit organizations that work with multi-system funding and policy issues on a daily basis in service delivery. More information is in the Definitions section (page 75).

Outreach

Timeline:

- By June 30, 2014 information on employment in the most integrated setting is available for individuals, families, schools, service providers and businesses. [EM 3K]
- Beginning January 1, 2015 and on yearly basis thereafter, distribute findings, policy interpretations and recommendations from Interagency Employment Panel to state and local agencies, providers and stakeholders to ensure policy and practice strategies align with Employment First principles and increase successful competitive employment outcomes [EM 3L.1, 3L.2]
- By July 1, 2014 establish an outreach plan for families illustrating the impact of integrated competitive employment on individual benefits through the use of DB101 and Work Incentives [EM 3M]

Responsibility: The Commissioners of DEED, DHS, and MDE will designate responsible persons, in consultation with the Minnesota Department of Human Rights (MDHR) as needed.

Housing

Stakeholder Comments	
Some of the folks I've been working with that are in nursing homes desperately want to return to the homes they've lived in most of their lives.	*Jan Peterson*
Do not restrict their choices in your effort to provide more independence for others.	*Nancy Cashman*
The Parkwood development where I live was home to seven foster care homes that have now increased to nine. This is a newer subdivision of Duluth which has been overrun by foster home operations.	*Sherri Fedora*
The cages are back but they're gilded now. Providers are investing [in] the lovely high-end homes so residents do have nice bedrooms, but they're spending way too much of their free time in their bedrooms and not in the communities.	*Lee Ann Erickson*
[Use measures like] I have my own lease; a roommate isn't forced on me; I can come and go as I please. That makes sense. That's real.	*Ethan Roberts*

Description: What this topic means

Housing *is about where people live—with their family, on their own, or with other people.*

- Housing Affordability
  - More than 600,000 households in Minnesota are housing cost-burdened, meaning they pay more than 30% of their income for their housing. This represents nearly 30% of all Minnesota households.[39]
  - The median monthly rent in Minnesota is $764, based on the most recent American Communities Survey data.[40]
  - The monthly maximum SSI benefit for an individual is $710;[41] 30% of this amount is $213.
  - As demonstrated in Chart 1 of Appendix A, persons with disabilities are nearly twice as likely to live in poverty as the population as a whole. Persons living in poverty who do not have housing assistance are usually housing cost burdened.
- Rental Assistance programs
  - Waiting lists for most public housing and for Section 8 vouchers are years long and are opened infrequently.

[39] US Census Bureau. "American Community Survey 2012." http://www.census.gov/acs/www/data_documentation/data_main/.
[40] Ibid
[41] Social Security Administration. "SSI Federal Payment Amounts For 2013." http://www.ssa.gov/OACT/COLA/SSI.html.

- Twenty-one percent (21%) of the 30,000 Section 8 project-based assistance units in Minnesota are occupied by households with a member who is non-elderly and has a disability; persons with disabilities are served in the Section 8 program at twice the rate as they appear in the general population overall (10.1%). In addition, 8% of the 21,000 housing tax credit units are occupied by persons with a mobility impairment.[42]
- Minnesota Housing Finance Agency (Minnesota Housing) assists between 70,000 and 73,000 low and moderate income households each year.[43]
- Minnesota Housing utilizes all available resources each year to provide affordable housing for low-and moderate-income Minnesotans and employs numerous strategies to make affordable housing available throughout the state including financing of permanent supportive housing (capital and operating subsidies), state funded rental assistance participation in partnership with the Department of Human Services (DHS) in the Section 811 program and giving funding priority to housing that serves the lowest income households.
- In partnership with Minnesota Housing, DHS provides housing assistance for persons with serious mental illness, utilizing the Bridges and Bridges RTC housing assistance programs, and the Crisis Housing Fund.

- Income supplements[44]
  - The primary ways that DHS funds housing for persons with disabilities are through two income supplement programs: Group Residential Housing (GRH), which pays for room and board in licensed and registered settings, and Minnesota Supplemental Aid (MSA) Housing Assistance, which provides an enhanced income supplement ($200 per month) for SSI recipients living in the community and paying 40% or more of income towards housing.
  - GRH is a 100% state-funded income supplement that pays for room and board for around 20,700 low-income elderly and adults with disabilities living in more than 5,700 licensed or registered settings. Nearly 70% of participants had been diagnosed with a serious mental health condition in the last three years.
  - About half of all GRH participants reside in Adult Corporate Foster Care, 17% of the participants reside in a Board and Lodge with Special Services, and 12% live in Housing With Services establishments.
  - In December 2012, 527 adults were receiving MSA Housing Assistance.

A note about measuring integration and choice in housing:

When it comes to integration and choice, housing for people with disabilities exists within a broad range of options, with more institutional-like settings on the one end and more community-based settings on

[42] Data from Minnesota Housing's analysis of portfolio data.
[43] Minnesota Housing, "2012 Annual Report and Program Assessment." Accessed October 15, 2013, http://www.mnhousing.gov/wcs/Satellite?c=Page&cid=1358904866274&pagename=External%2FPage%2FEXTStandardLayout.
[44] Data in this section is from Department of Human Services databases.

the other, and many combinations in between. Where a particular individual lives depends on many factors. Some of these factors are specific to an individual, such as individual preference, level of need and individual resources (income and support). Other factors, such as the availability of affordable housing options and supports, are the result of systemic influences. The goal of this Olmstead Plan is to reduce the barriers on both an individual and systemic level that prohibit a person from being able to live in the most integrated setting *of their choice*.

There are a number of characteristics that can be used to help gauge the level of integration and choice within a particular setting. These include:

- Person has a lease or own their own home
- Person has their own living, sleeping, bathing and eating areas
- Person has privacy in their living or sleeping area (no unwanted roommates)
- Unit has lockable access and egress
- Person can decorate and furnish unit to their choosing
- Person controls their own schedule and activities
- Person has access to their own food and kitchen
- Person can have visitors at any time
- Person is free to choose their service provider without being at risk of losing housing, and to choose not to receive services
- Unit is not in a building that also provides inpatient treatment, or is adjacent to or on the grounds of a building that does
- Person has opportunities to interact with non-disabled persons who are not paid staff (may be measured by percent of non-disabled persons living in building or area)

It is not necessary for every housing option to meet the above requirements at all times. These characteristics may not be appropriate for all persons in all settings. However, it is important that: 1) Each individual has the option to live in the most integrated setting of their choice; 2) Each housing option strive to attain the highest level of integration possible; and 3) As a state, we provide the broadest range of housing options, responding to each individual's preferences and needs.

Olmstead Plan goal: What we want

Housing: People with disabilities will choose where they live, with whom, and in what type of housing.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- **Primary indicators**:
    - Increase in percentage of persons on public funding who have a lease or own their own home. This indicator is a crucial measure of self-determination.[45]

[45] A lease agreement or purchase agreement is a reflection of the tenant's or purchaser's decisions regarding where to live and the circumstances under which they will live. A lease or purchase agreement is the common manner of securing housing in the community. The lease or purchase agreement sets out rights and

- Increase in individual choice and in the number of persons living in the most integrated settings appropriate to their needs.
- Increase in persons with disabilities living in affordable housing (defined as not cost-burdened, or paying 30% or less of their income towards housing costs).[46]

- **Secondary indicators**:
  - Increase in percent of housing options with high levels of community characteristics
  - Increase in percent of persons with disabilities moving to settings with a higher level of community characteristics.
  - Increase in persons who are not severely housing cost-burdened (paying 50% or less of their income towards housing costs).

Strategic actions: What we'll do

Action One: *Identify people with disabilities who desire to move to more integrated housing, the barriers involved, and the resources needed to increase the use of effective best practices.*

The state's goal is to provide real and meaningful choice for persons with disabilities. If the new housing opportunities created do not meet the needs of the population or the needed services are unavailable in the community, we will have failed to fulfill our vision. Detailed information about persons with disabilities who use public funding is needed to determine the quantity of new affordable housing opportunities needed, the appropriate affordability levels, the appropriate physical features, and the desired locations of the housing as well as the types and levels of services needed for a person with disabilities to successfully remain in the community.

People with disabilities who are leaving corrections facilities face particular challenges. They often have strict limitations in where they can live because of their legal status and responsibilities to specific community supervision. If an individual is not connected with appropriate resources, their release from prison may be delayed, or they may fail the conditions or their supervision and return to prison. Community facilities more frequently deny placement for people with disabilities who have a felony history, particularly if community notification is mandated.

Individual assessments of what is necessary to facilitate movement from a restrictive setting to a more integrated setting will provide key information to refine the housing actions.

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responsibilities. Institutional settings, including homeless shelters, typically do not enter into lease agreements with the residents. An increase in the number of persons with disabilities who rely on public funding for health care, supportive, and or social services who have a lease or purchase agreement is an indication of an increase in the number of persons living in integrated settings and should directly correspond to a decrease in the number of persons living in institutional settings.

[46] Lower-income households with more affordable housing costs are better able to meet other important basic needs such as food, clothing and transportation. A household with affordable housing is more likely to be able to avoid eviction or foreclosure and therefore avoid experiencing homelessness or institutionalization. Data from the American Communities Survey coupled with data from DHS can be used to show progress on this indicator. A comparison of the addresses of persons with disabilities who are using public funds for health care, social and supportive services with addresses of housing financed by Minnesota Housing will be another way to demonstrate progress on this indicator.

Timeline:

- By September 30, 2014 data gathering and detailed analysis of the demographic data on people with disabilities who use public funding will be completed. [HS 1A]
- By January 30, 2015 a timeframe for completing individual assessments and facilitating moves into more integrated settings will be completed. [HS 1B]
- Specific timelines related to DOC corrections facilities:
    - By December 31 2014, the Department of Corrections will develop a process to track the number of inmates with disabilities who have a projected release date and have been unable to secure an appropriate release plan due to lack of available and appropriate community resources and where that projected release date has been extended to allow additional time to develop a release plan.
    - By January 6, 2015, the DOC will propose a legislative initiative to fund the tracking above and will begin implementing the tracking system as soon as funding is available.
    - By January 1, 2017, the DOC will use the data to identify trends and gaps in services and work with other state agencies to address these gaps and modify the Olmstead Plan as needed.

Responsibility: The Commissioners of DHS and DOC will designate responsible persons.

Action Two: *Increase the number of affordable housing opportunities created.*

One of the barriers identified as being the most significant to increased integration is the lack of affordable housing. Persons with disabilities who do not have access to affordable housing in the community are forced into a more restrictive setting. An important action in the Olmstead Plan is to increase the number of affordable housing opportunities. Increase in housing opportunities that are affordable to persons with disabilities who rely on public funding for health care, social and supportive services will open up the prospect for more persons with disabilities living in integrated settings.

Additional affordable housing opportunities will be created through a combination of additions to the affordable housing stock and additional rental assistance. Resources will continue to be devoted to maintaining and preserving the existing affordable housing stock, including privately owned subsidized and unsubsidized housing and public housing. Consistent with Minnesota Housing's past practice, housing opportunities will be created throughout the state. A portion of all newly created affordable rental housing will be fully accessible.

The state will also *pursue additional federal funding* as it becomes available, including Section 811 program funding, Veterans Affairs Supportive Housing (VASH) vouchers and other mainstream Housing and Urban Development (HUD) programs to increase the supply of affordable housing opportunities.

Specific targets will be identified (timeline below), but we anticipate that beginning in fiscal year 2018, and for each fiscal year thereafter, Minnesota will achieve a 10% annual increase in the number of newly created affordable housing opportunities. Minnesota Housing, on average, assists with providing approximately 1,000 new housing opportunities each year; so the anticipated 10% increase will result in

at least another 100 units being created each year. The 2018 timeframe takes into account the state biennial budgeting process, the fact that program redesign will be a gradual process that builds on experience, and the time needed to create additional housing opportunities once additional funding is available. Additional resources will be necessary to achieve this goal, but a 10% annual increase is likely attainable.

The long-term goal will be re-examined as data is gathered and analyzed.

Timeline:

- By December 31, 2014 a baseline will be established and targets for future years determined addressing:
    - The number of new affordable housing opportunities created compared to the previous 5 years' average,
    - The number of people with disabilities accessing affordable housing opportunities in the community,
    - The number of people with disabilities with their own lease, and
    - The number of people with disabilities with their own lease who nonetheless have to move, regardless of choice (this is a measure of housing stability)

[HS 2A]

Responsibility: The Commissioners of Minnesota Housing and DHS will designate a responsible person.

Action Three: *Increase housing options that promote choice and access to integrated settings by reforming programs that provide housing and supports to allow greater flexibility.*

Ensure income supplement programs can be used in the most integrated setting of a person's choice.
Minnesota has two income supplement programs for persons with disabilities, GRH and MSA Housing Assistance. Both programs are part of a Maintenance of Effort agreement with the Social Security Administration. Over the past several years, some pilot and demonstration projects have been implemented to use these income supplements in market rate housing as rental assistance and where the tenant holds their own lease. The results of these pilot and demonstration projects indicate that these income supplements could be changed to work better in non-congregate settings and that enabling people to live in the housing of their choice has been very successful. Thus DHS proposes combining GRH and MSA Housing Assistance into one program and making changes to assure program integrity and simplify the program and administration. Allowing income supplements to be used in a broader range of settings will result in greater levels of choice in housing for persons with disabilities.

Provide access to housing independent of receiving services from a particular provider or receiving services at all.

The structural changes to the income supplements mentioned above will include de-linking housing and services for these programs. DHS will also review all housing and supports programs to determine whether similar structural changes need to be made to other programs.

Implement a Housing Stability Services option to those who need additional support to obtain housing or remain in the community.

Housing Stability Services will provide a flexible set of services to help individuals with accessing and staying in the housing setting of their choice. These services will be individualized through person-centered service plan development. Housing Stabilization Services may be short-term or on-going and vary in intensity depending on the needs of the individual. Housing Stabilization Services will incorporate elements of the Housing First model of supportive services, as recognized by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based best practice to end homelessness. The Housing First model is designed to help people move quickly into housing, regardless of other identified service needs that may need to be addressed longer-term, and remain as necessary to stabilize an individual in housing. The services will not be based solely on where the person lives (as they are today); they will be more responsive to the individual's needs and may change over time or can stay with them if their living situation changes.

Timeline:

- By January 6, 2015 prepare proposals for legislative changes for the 2015 session. [HS 3A]
- By December 31, 2015 program changes authorized by the legislature will be implemented. [HS 3B]
- By December 31, 2015 establish a baseline and targets for future years to measure how many people use financial incentives and/or income supplements for housing, how many people who move from institutions or congregate living settings to having their own lease, and how many people received housing versus how many were referred. [HS 3C]
- By June 30, 2015, evaluate all current and potential methods of funding housing and support services
- By February 22, 2016, prepare proposals as needed for 2016 legislative session

Responsibility: The Commissioner of DHS will designate a responsible person.

Action Four: *Increase access to information about housing options.*

To achieve the goal in housing, the state must: increase access to information about housing options to highest risk populations; expand Housing Link and promote in conjunction with one-stop shops; and simplify, centralize, and streamline information and referral systems.

Minnesota has an affordable housing locator system with HousingLink.[47] This system provides current vacancy information for subsidized and unsubsidized affordable housing including information about accessible features in a building or unit. Knowledge of HousingLink's resources can be invaluable to persons with disabilities who are seeking to move into integrated settings as well as for providers, advocates, case managers and other helping individuals. HousingLink provides information on successful renting, including how to deal with credit and tenant history challenges, rights and responsibilities, fair housing and tenant services organizations. Access to this information can make for a more successful housing search.

A *supportive housing referral system* will be launched in October 2013. The supportive housing referral system will assist case managers in quickly identifying currently available supportive housing options for persons who are homeless and the specific housing features in order to provide an opportunity for

[47] Information about HousingLink is available at http://www.housinglink.org/Home.aspx.

informed choice. HousingLink is also working to expand the vacancy information for housing outside of the Twin Cities metropolitan area. Additional information useful to persons with disabilities will be identified through consultation with persons with disabilities.

Timeline:

- By September 30, 2014 persons with disabilities will be consulted to determine what features should be added to HousingLink's resources to improve its usefulness. [HS 4A]
- By September 30, 2014 a plan to inform and educate people with disabilities, case workers, providers and advocates about HousingLink will be developed. [HS 4B]
- By September 30, 2015 the plan will be implemented. [HS 4C]

Responsibility: The Commissioner of Minnesota Housing will designate a responsible person.

Action Five: *Actively promote and encourage counties, tribes, and other providers to implement best-practices and person-centered strategies related to housing.*

The state will identify practices and strategies that directly result in persons with disabilities having greater choice and control over their housing. The state will then promote these practices by:

- Ensuring that any existing policies in services and housing programs do not create barriers to implementing these strategies.
- Creating additional incentives for counties, tribes and providers to implement these strategies by directly tying funding availability to the successful use of these strategies.
- Providing training, education and technical assistance to providers on how to implement these strategies.

Two major examples include Individualized Housing Options and Supportive Housing as an Evidenced-Based practice for persons with a serious mental illness. These and other best practices that will increase choice and integration will be reviewed on an ongoing basis.

Timeline:

- By March 31, 2014 establish a baseline and set annual goals to increase the number of counties providing Individualized Housing Options[48] (thereby increasing the number of persons in Individualized Housing Options). [HS 5A]

Responsibility: The Commissioner of DHS will designate a responsible person.

[48] Individualized Housing Options is a county-led initiative to help more persons with disabilities live in the community setting of their choice. Services and supports are designed on an individual basis to help persons live as independently as possible. The philosophy is that no matter where an individual lives, help and supports can be matched to their unique needs. It allows a person to stop services or change providers and continue living in their own home. The goals of the Individualized Housing Options initiative are achieved through two main tactics, neither of which currently requires additional resources: using income supplements to help people afford housing in the community and enabling providers to provide services in a more flexible manner.

Transportation

Stakeholder Comments	
The Department of Transportation should consider developing weekly direct transportation routes to some of the smaller rural areas in small towns that will allow individuals with disabilities, seniors, and families with limited or no transportation options access to shopping hubs, medical centers, recreation, social activities and the larger communities.	*Dalaine Remes*
When people are allowed to ride the bus with everybody else, then they're integrated into their community and they have relationships so I would hope that would continue to happen, specifically in rural areas.	*Mary Metzger*

Description: What this topic means

Transportation, in its broadest context, provides safe, convenient, efficient and effective movement of people and goods. Transportation however is also a key aspect in an individual's quality of life and recognizes and respects the importance, significance and context of place—not just as destinations, but also where people live, work, learn, and enjoy life regardless of socio-economic status or individual ability.

Minnesota has an extensive multimodal transportation system that requires substantial annual investment to operate and maintain. This is the shared responsibility of Minnesota Department of Transportation (MnDOT), in partnership and coordination with local, regional, state, tribal, federal, private sector, and other partners. In addition to freight rail systems, waterways, aeronautics, and 145,765 miles of roadway, the state and its transportation partners support a state trail system, passenger rail, and transit systems in the Minneapolis/St. Paul metropolitan area and Greater Minnesota. Program and service-based transit is supported by the state as well: the Department of Human Services (DHS) currently provides a portion of its clients' transit based on program enrollment, primarily for non-emergency medical transport. Some of the services overlap with traditional transit providers and provide critical access to services.

Unlike other states, Minnesota requires all operators of special transportation services to meet vehicle and other standards, and all drivers undergo training on first aid, abuse prevention, defensive driving, and passenger assistance.[49]

The transportation portion of the Olmstead Plan assumes that the availability and accessibility of transportation applies to all modes of travel, but recognizes that much of the transportation need relates to transit services administered by MnDOT, DHS, and Metropolitan Council and is focused accordingly.

[49] MnDOT, "Minnesota Commercial Truck and Passenger Regulations Fact Sheet, Special Transportation Service (STS)." Accessed October 17, 2013, http://www.dot.state.mn.us/cvo/factsheets/sts.pdf.

To integrate *Olmstead* principles in the state's transportation systems, the state will continue to focus on issues such as accessibility and ridership. The state will also ensure that transportation is as integrated as possible and that transportation allows people with disabilities to participate in integrated activities in the community.

Olmstead Plan goal: What we want

People with disabilities will have access to reliable, cost-effective, and accessible transportation choices that support the essential elements of life such as employment, housing, education, and social connections.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- Increase in the number of individuals with disabilities with access to transit options and transportation modes.
- Increase in the ease of coordination of an individual's transportation.
- Decrease in transportation related obstacles that are barriers to competitive employment for individuals with disabilities.

In combination the population level indicators demonstrate that individuals have increasing access to the transportation needed to participate fully in the community.

Strategic actions: What we'll do

Action One: *Establish a baseline of transit expenditures and types of service provided across state agencies to better support people with disabilities.*

Understanding current resources gives policy makers better data and options on how to use transportation funding in different ways to support people with disabilities in their transportation needs. Coordination, cooperation, and consolidation of existing transit services are ways to increase access and capacity and increase the overall number of rides, and these actions lay the groundwork for systems to work across jurisdictional boundaries, including county to county rides.

Transit is provided by several agencies and paid for in numerous ways. Greater Minnesota transit is paid for through state and federal transportation funding administered by MnDOT. Transit in the seven county metropolitan area is paid for through state and federal funds administered by Metropolitan Council. DHS funding for transportation is allocated to specific programs while other transportation funds are embedded in different services. The *funding baseline* will include MnDOT's expenditures on transit in Greater Minnesota, Metropolitan Council, and transportation funded through DHS' services and programs and the number and types of vehicles in the system. The *service baseline* will identify the number of trips and mileage provided by transit services administered by MnDOT, Metropolitan Council, and DHS.

Some of the work necessary to establish these baselines includes potential adjustment of DHS tracking and budgeting mechanisms and developing shared methodology for counting trips.

Establishing a baseline of the resources available to support people with disabilities in transportation will show where resources in programs and services can be used more effectively to increase community participation and engagement in developing service needs and priorities.

Timeline:

- By September 30, 2014 the Department of Human Services, MnDOT and Metropolitan Council will establish a baseline of services and transit spending across public programs they administer. [TR 1A]
- By September 30, 2014 review administrative practices and implement necessary changes to encourage broad cross state agency coordination, including non-emergency protected transportation. [TR 1B]
- By October 31, 2014 using developed baselines from this action and Action Two (below), establish timelines and measures to demonstrate increased access to integrated transportation for people with disabilities. Measures will be implemented to assess transportation options for accessibility, cost effectiveness and reliability. [TR 1C]
- By January 6, 2015 prepare proposals for legislative and fiscal changes for the 2015 legislative session; priority will be given to identifying changes that will increase funding flexibility to support increased access to integrated transportation. [TR 1D]

Responsibility: The Commissioners of DHS and MnDOT, in consultation with the Metropolitan Council, will designate responsible persons.

Action Two: *Engage community members to expand flexibility in transportation systems.*

Improving transportation access and supporting individuals with disabilities to be able to go where they want to go, when they want to, requires creative solutions and strategies. People with disabilities, state agencies, community organizations, faith communities and others will be engaged to determine strategies to support people with disabilities in accessing the community at their choosing. A baseline will be established to determine how people with disabilities are using existing transportation options. This information will inform where transportation options currently work well and where access to transportation can be enhanced.

Timeline:

- By March 31, 2014 community members will be convened by DHS to identify access issues and determine strategies to improve access and flexibility. [TR 2A]
- By March 31, 2014 develop a plan to work with transit providers to improve access and flexibility of transportation to meet the goal. [TR 2B]
- By October 31, 2014 using developed baselines from this action and Action One (above), establish timelines and measures to demonstrate increased access to integrated transportation for people with disabilities. Measures will be implemented to assess transportation options for accessibility, cost effectiveness and reliability. [Same as TR 1C]

Responsibility: The Commissioners of DHS and MnDOT, in consultation with the Metropolitan Council, will designate responsible persons.

Action Three: *Integrate Olmstead principles into existing transportation plans so that Minnesota's transportation policy supports integration and inclusion of people with disabilities*

MnDOT plays a significant role in influencing transportation policy and land-use patterns across the state; the inclusion of *Olmstead* principles in plans will inform transportation decisions through the next half century. In this context, *Olmstead* principles include ensuring that transportation is as integrated as possible and that transportation allows people with disabilities to participate in integrated activities in the community.

MnDOT's Statewide Multimodal Plan is a transportation policy framework for all Minnesota partners and transportation modes for the next 20 years that focuses on multimodal solutions that ensure a high return-on-investment while considering the context of place, and how land use and transportation systems should be better integrated. In addition to the statewide plan MnDOT also develops modal investment plans and supporting plans to inform specific program directions. The plans afford citizens and key transportation partners, like the Metropolitan Council, the opportunity to participate in developing investment priorities and guidance that is used to implement individual projects. Many of MnDOT's activities, current and planned, that contribute directly to integration of Olmstead principles are the Greater Minnesota Transit Investment Plan and MnDOT's ADA Transition Plan[50], which are scheduled for update in 2016 and 2014 respectively. Below is a list of plans that will be addressed as part of this strategy and an estimated completion of the revision. The time horizon to update all of the referenced plans and reports is 10 years.

Timeline:

- By August 31, 2014 complete MnDOT ADA Transition Plan. [TR 3A]
- By December 31, 2016 complete Greater Minnesota Transit Investment Plan. [TR 3B]
- By December 31, 2019 complete MnDOT Multimodal Plan. [TR 3C]
- By December 31, 2023 complete MnDOT 50 Year Vision. [TR 3D]

Responsibility: The Commissioner of MnDOT will designate responsible persons.

Action Four: *Minnesota Council on Transportation Access (MCOTA) Engagement*

To better coordinate public transit and human services transportation activities, Minnesota has created a state-level coordinating council, the Minnesota Council on Transportation Access (MCOTA). Established by the Minnesota Legislature in 2010 (Minnesota Statutes 2010 §174.285). MCOTA is to "study, evaluate, oversee, and make recommendations to improve the coordination, availability,

[50] MnDOT's current ADA transition plan is available here: http://www.dot.state.mn.us/ada/pdf/mndotadatransitionplan.pdf. It contains information about MnDOT's actions to remove barriers and improve transportation access, such as improving intersections and sidewalks.

accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public." MCOTA is established as an advisory body and has no ability to enforce its recommendations.

The membership of MCOTA consists of 11 state agencies, the Metropolitan Council, and the Minnesota Public Transit Association; these entities have been identified as partners and key stakeholders in the delivery of transit in Minnesota. MCOTA and its membership are strategically well positioned to address many of the elements needed to create integrated transit in Minnesota. By utilizing and supporting existing multi-agency committees, planning processes, and coordination, agencies can provide significant focus to the continual improvement on the outcomes and impacts for Minnesotans accessing transportation. Some examples of these outcomes are: increase capacity to serve unmet needs, improve quality of service, improve understanding and access to services for Minnesotans, and achieve more cost-effective service delivery.

The legislation establishing MCOTA identified 20 duties related to five key issue areas:

- Vehicle and client sharing
- Cost sharing and purchasing
- Communication and coordinated planning
- Reporting and evaluation
- Research and demonstration projects

MCOTA's current workplan includes activities such as developing an inventory of funding programs, developing consistent approaches to transportation costs, creating maps of human services transportation providers, and collecting and analyzing data about vehicle sharing.

Timeline:

- By March 31, 2014 initiate discussions with MCOTA on how the MCOTA workplan can help achieve the Olmstead transportation goal. [TR 4A]
- By June 30, 2014 report to the Olmstead Subcabinet on MCOTA's alignment with the Olmstead Plan actions and timelines, and include recommendations for any necessary changes. [TR 4B]

Responsibility: The Commissioner of MnDOT and DHS will designate responsible persons. (MnDOT and the DHS are legislatively required to staff MCOTA, and the entire membership is responsible for the outcomes of the committee.)

Supports and Services

Stakeholder Comments	
We have a system that [forces] poverty on people with disabilities ... just to get the service they need…that's not freedom and that's not independence and that's not integration.	*Galen Smith*
I've lived in institutions, in group homes, crisis shelters, homeless shelters where I was told I was a drain on society, and I worked at shelters where I was told I was unfit for higher education and training and employment opportunities at anything more than subminimum wages. But I have navigated the system and I've achieved greater independence by advocating for my own person centered planning.	*Bridget Riversmith*
Time and again we have seen services developed from the perspective of serving people with developmental disabilities and physical disabilities fail to adequately meet the needs of people with mental illness.	*Matt Burdick*

Description: What this topic means

Supports and services enable people with disabilities to live, learn, work and engage as fully participating members of the community. Supports and services include things like assisting a person to get dressed or do chores, assisting a person with paid work, explaining medical or other information, assisting a person understand choices before making a decision, teaching family members how to assist a person with a disability, providing respite for a parent or caregiver, or assisting a person to participate in community activities.

In order for people to exercise their right of self-determination, to live in the most-integrated settings and to be able to freely participate in their communities, the state needs to better align the design and provision of supports and services with these outcomes. This will mean creating and expanding tools for understanding the available options, supporting individual planning and allowing people to have greater control over their resources.

It also requires a more holistic view of supporting people; moving from a "service" lens to an approach of working with all of the components of one's life, over time. For example, supporting a person to be successfully employed is not simply about employment services. It involves other factors, including: expectations and aspirations that develop early in life; skills a person acquires over many years; personal supports; the location of one's home; and, transportation options. All of the work described in this section requires collaboration among divisions within agencies, across state agencies, and with partners, including providers, businesses, and community organizations. It also means working directly with people with disabilities and their families to ensure that the voices of the people at the heart of the service system are heard.

Finally, to achieve all of these objectives, the state's resources need to be effectively and efficiently utilized. Increasing service flexibility and early access, and using approaches that deliver results, while

reducing unnecessary use of more expensive and less integrated service are key strategies to creating equal opportunities for people who rely upon supports and services.

Olmstead Plan goal: What we want

People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- Increase in the number of people living in most integrated settings.
- Decrease in people living unnecessarily in segregated settings.
- Increase in the quality of life as reported by people with disabilities, using indicators described in the Quality Assurance section of the plan.
- People will have timely transitions back to their community from hospital care or short-term institutional care.

Strategic actions:

Action One: *All individuals with disabilities will be offered supports and services in the most integrated settings.*

These principles will be incorporated into any individual planning processes that lead to supports and services administered across state agencies:

1) Each person, the person's family and/or legal representative, and any others chosen by the person shall be permitted to be involved in any evaluation, decision-making and planning processes, to the greatest extent practicable, using whatever communication method the person prefers.
2) To foster each person's self-determination and independence, the state shall ensure the use of person-centered planning principles, such as person driven or family driven and youth guided, at each stage of the process to facilitate the identification of the resident's specific interests, goals, likes and dislikes, and abilities and strengths, as well as support needs.
3) Each person shall be given the opportunity to express a choice regarding preferred activities that contribute to a quality of life.
4) The state shall undertake best efforts to provide each person with reasonable alternatives for living, working, and education.
5) It is the state's goal that all persons be served in integrated community settings of their informed choice with adequate supports, protections, and other necessary resources which are identified as available by service coordination.

Timeline:

- By June 30, 2015, 600 people will be trained in 'person-centered thinking' principles, such as person driven and family driven and youth guided, and 100 of those will also receive training in person-centered planning principles. An additional 1,600 people with receive 'person-centered awareness' training via interactive television (iTV). Twenty people will be prepared to be trainers. Those trained will include staff from state agencies, providers, counties, health plans, tribes, and advocacy organizations. [SS 1A]
  Responsibility: The Commissioner of the Minnesota Department of Human Services (DHS) will designate responsible persons.
- By January 1, 2015 the state will establish characteristics and criteria that define best practices in person-centered planning principles and the *Olmstead* requirements, to be used by state agencies to evaluate their current assessment and plan content and practices, and revise those practices accordingly. [SS 1B]
  Responsibility: The Olmstead Subcabinet will designate responsible persons.
- By June 1, 2015 the state will establish funding mechanisms to support person centered planning principles [SS 1C]
  Responsibility: The Olmstead Subcabinet will designate responsible persons.
- By July 1, 2017 the state will establish standards and outcomes for person-centered planning principles that can be accessed independently of a required assessment and support planning process. These will be reported to the Olmstead Subcabinet. [SS 1D]
  Responsibility: The Olmstead Subcabinet will designate responsible persons.

Action Two: *Support people in moving from institutions to community living, in the most integrated setting*

Over their lifetimes, people living with a disability will pass through a number of transition points, which shift the way supports and services are provided. These are critical junctures during which understanding options and assuring good coordination between all involved are necessary to avoid disconnects which could possibly put people at higher risk for going into more segregated and regimented settings. Leaving a hospital, nursing home, institution for mental disease (IMD) or intermediate care facility for people with developmental disability (ICF/DD) are examples of transitions from segregated settings. Another transition is leaving the correctional system and going to community living. Desirable outcomes of effective transitions include: good planning to understand what is important *to* people as well as *for* people, and the future they would like; timely transitions; support to live in the most integrated and inclusive setting; and, the right services at the right time to support people in successfully implementing their plans.

There are challenges in assuring the availability of timely and appropriate community services at the time people are ready to leave prison; these challenges can include lack of housing, need for specialized provider resources and capacity, and neighborhood resistance. The DOC will identify individuals who are ready to leave prison and work with DHS and counties to develop appropriate transition plans as people are ready to move into the community. Another challenge for this population is the difficulty of sharing health information across systems to support continuity of care. All health care systems either

have shifted or are shifting to electronic health records systems, and the Department of Corrections has completed initial preparation for adoption of electronic health records to better support integration for people with disabilities leaving corrections facilities.

Timeline:

- Develop and implement protocols and processes to support individuals moving to the most integrated setting from Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD), people under 65 in nursing homes for more than 90 days, Anoka Metro Regional Treatment Center, Minnesota Security Hospital and Minnesota Specialty Health System (MSHS)-Cambridge:
    - By January 31, 2014 the state will create a team of state agency and community members to develop protocols and processes to facilitate successful transitions, problem-solve and reduce barriers that limit individuals' ability to live in the most integrated setting. These protocols and processes will include the five principles outlined on page 53. . [SS 2A]
    - By June 30, 2014, the state will begin implementation of the protocols and processes.
    - By January 1, 2015 the protocols and processes developed above will be fully implemented across the five settings.
    - By January 31, 2015 the state will determine a method to measure and track whether individuals transitioning from segregated settings were able to access the most integrated settings and have achieved stability in those settings.
- By March 31, 2014 new community based services will be available for people with disabilities as an alternative to MSHS-Cambridge. [SS 2B]
- For individuals in Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD) and people under 65 who have been in nursing facilities longer than 90 days:
    - By December 31, 2014, 90 people will have transitioned to community services. [SS 2C]
- For individuals in Anoka Metro Regional Treatment Center (AMRTC):
  Current daily average baseline of persons at AMRTC who do not require hospital level of care and are awaiting discharge to the most integrated setting is 40%.
    - By December 31, 2014 the number of individuals who do not require hospital level of care and are awaiting discharge to the most integrated setting will be reduced to 30%. [SS 2D.1]
    - By December 31, 2015 the number will be reduced to 25%. [SS 2D.2]
    - By December 31, 2016 the number will be reduced to 20%. [SS 2D.3]
    - By December 31, 2017 the number will be reduced to 15%. [SS 2D.4]
    - By December 31, 2018 the number will be reduced to 10%. [SS 2D.5]
- For individuals in Minnesota Security Hospital:
    - By December 31, 2013 the Department of Human Services (DHS) will assess individuals at the Minnesota Security Hospital to determine the number of individuals who have been recommended for discharge and who do not oppose being discharged. [SS 2E]

- By January 31, 2014 DHS will establish a timeline for transition to the most integrated setting for all individuals who have been recommended for discharge and who do not oppose being discharged. [SS 2F]
- Beginning April 22, 2014 Minnesota Security Hospital will measure and report to the Subcabinet every two months regarding progress on increase in discharges, timeliness of discharge processes and readmissions within six months of discharge[51].
- Minnesota Security Hospital will increase the average monthly discharge rates according to the following timeline:
  - By December 31, 2014, increase average monthly discharge rates from 8 individuals per month, to 9 individuals per month (2.4% of average monthly total census).
  - By December 31, 2015, Increase average monthly discharge rates from 9 individuals per month, to 10 individuals per month (2.6% of average monthly total census).
  - By December 31, 2016, increase average monthly discharge rates from 10 individuals per month, to 11 individuals per month (2.9% of average monthly total census).
  - By December 31, 2017, increase average of monthly discharge rates from 11 individuals per month, to 12 individuals per month (3% of average monthly total census).

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[51] MSH has defined timeliness of discharge processes at 90 – 180 days. MSH will measure timeliness of discharge processes as delineated below:

1) Judicial Hold; Civil Commitment as Mentally Ill, Developmentally Disabled (with Level 3 Predatory Offender Status), and or Initial Commitment as Mentally Ill and Dangerous:
   - Number of days between date when "treatment team/person decides readiness for discharge" and "discharge".
   - Number and percent of people discharged at:
     - Less than 90 days,
     - 90-180 days, or
     - More than 180 days.
2) Civil Commitment as Mentally Ill and Rule 20.01:
   - Number of days between date when "treatment team/person decide readiness for discharge" and "discharge".
   - Number and percent of people discharged at:
     - Less than 90 days,
     - 90-180 days, or
     - More than 180 days.
3) Final Commitment as Mentally Ill and Dangerous:
   - Number of days between date when "treatment team/person decide readiness for discharge" and "Commissioner's decision and Order".
   - Number of days between "Commissioner's decision and Order" and "discharge".
   - Number of days between "SCAP decision and Order" and "discharge".
   - Number of days between date when "treatment team/person decide readiness for discharge" and "discharge".
   - Number and percent of people discharged at:
     - Less than 90 days,
     - 90-180 days, or
     - More than 180 days.

- For individuals in other segregated settings:
    - By September 30, 2014 DHS will identify a list of other segregated settings, how many people are served in those settings, and how many people can be supported in more integrated settings. Based upon these numbers, and reviewing other states[52]' plans for developing most integrated settings for where people work and live, DHS will establish targets and timelines for moving those individuals to the most integrated settings. [SS 2G]
    - By January 31, 2015 DHS will make a legislative request in support of the movement of the individuals in other segregated settings within the established timelines. [SS 2H]
    - By September 30, 2015 DHS will initiate the movement of individuals in other segregated settings to the most integrated setting in accordance within the established timelines. Additionally the movement of individuals will be in accordance with the protocols and processes that developed using the five principles described on page 53. [SS 2I]
- For individuals being released from a state correctional facility:
    - By January 1 2016, the DOC will develop a process to refer to and work with county social services on residential options for releasing inmates with disabilities starting three to six months prior to release.
    - By January 6 2015, the DOC will develop a legislative initiative to fund an electronic health record system.

  Responsibility: The Commissioner of DOC will designate responsible persons.

Responsibility: Except as noted, the Commissioner of the DHS will designate responsible persons.

Action Three: *Build effective systems for use of positive practices, early intervention, crisis reduction and return to stability after a crisis.*

An essential component of quality of life is being treated with dignity and respect. Minnesota is committed to supporting people through the use of positive practices, and prohibitions on use of aversive and restrictive procedures. There is no evidence that using restraint or seclusion is effective in reducing the occurrence of the problem behaviors that frequently precipitate the use of such techniques. There is strong evidence that positive approaches and planning that builds on the strengths and interests of the person are effective. Implementation of this vision will require a culture change throughout the service system, reinforcing positive skills and practices and replacing practices which may cause physical, emotional, or psychological pain or distress. This new culture and standards to evaluate it will include:

- Person-centered planning principles that includes a balance of what is important *for* the person with what is important *to* the person;
- Individual plans for services that reflect principles of the most integrated setting, consistent with Minnesota's Olmstead Plan;
- Types and use of positive and social behavioral supports;
- Prohibitions on use of restraints and seclusion; and,

[52] In particular, DHS will review plans from Massachusetts, Oregon, and Rhode Island.

- Requirement that care is appropriately informed by a recognition and understanding of past trauma experienced by an individual.

People will be able to move to and remain in integrated settings when plans and supports are in place to avoid crises and timely and appropriate crisis intervention is available. The term 'crisis' covers a range of situations, such as behaviors that present potential harm, the loss of a caregiver, or a significant change in a medical or health condition that compromises the ability of a person to manage their symptoms.

Timeline:

- By January 1, 2014 the state will implement the new Minnesota Statute §245D standards,[SS 3A] and by July 1, 2015 a Rule with operational details that replaces Minnesota Rules, parts 9525.2700 to 9525.2810 (also known as Rule 40) will be promulgated. [SS 3B]
  Responsibility: The Commissioner of the Department of Human Services (DHS) will designate a responsible person.
- By July 1, 2014 the state will create an inventory and analysis of policies and best practices across state agencies related to positive practices and use of restraint, seclusion or other practices which may cause physical, emotional, or psychological pain or distress. [SS 3C]
  By July 1, 2014 a report outlining recommendations for a statewide plan to increase positive practices and eliminate use of restraint or seclusion will be delivered to the Olmstead Subcabinet or their designee by an assigned team of representatives from Olmstead Subcabinet agencies. [SS 3D]
  Responsibility: The Olmstead Subcabinet will designate a responsible person.
- By August 1, 2014 the state will develop, across state agencies, a common definition of incidents, including emergency use of manual restraint, that are to be reported, and create common data collection and incident reporting processes. [SS 3E] By July 1, 2015, statewide implementation of common incident reporting will begin. [SS 3F] Beginning October 1, 2015, quarterly summaries of incidents of emergency use of manual restraint or other types of restraint, seclusion or other practices that may cause physical emotional, or psychological pain or distress will be reported to an assigned team of representatives from each state agency for review and to inform recommendations to reduce the incidents. [SS 3G.1 – 3G.4] By July 1, 2015 and annually thereafter, the team will provide recommendations to the Olmstead Subcabinet to reduce emergency use of restraints, or other practices that may cause physical, emotional, or psychological pain or distress, and to increase positive practices. [SS 3H.1, 3H.2]
  Responsibility: The Olmstead Subcabinet will designate a responsible person.
- By August 1, 2014 a coordinated triage and "hand-off" process for crisis intervention will be developed and implemented across mental health services and home and community-based long-term supports and services with the goal of increasing timely access to the right service to stabilize the situation. Report will be delivered to the Olmstead Subcabinet. [SS 3I]
  Responsibility: The Commissioner of DHS will designate a responsible person.
- By December 1, 2014 an assigned team of representatives from state agencies, community organizations, community corrections and people with disabilities who have used the crisis system will: identify best practices, including use of technology; set service standards; and

develop and deliver training and technical assistance in order to respond to a request for assistance with least intrusive service/actions (e.g. person-centered planning, positive practices, available resources). Progress toward goal will be reported to the Olmstead Subcabinet or their designee. [SS 3J]

Responsibility: The Olmstead Subcabinet will designate a responsible person.

- By July 1, 2015 crisis services, including diversion and early intervention services, will be made available to any person in need of these supports and at risk of experiencing a crisis situation[SS 3K]

  Responsibility: The Commissioner of DHS will designate a responsible person.
- By July 1, 2015 develop measurements to better understand and track crisis episodes across service systems; create a data collection plan and mechanisms; establish baseline data and set targets (e.g., number of crisis calls made, reason for the call, response given, follow-up information.) Baseline data and targets will be delivered to the Olmstead Subcabinet or their designee. [SS 3L]

  Responsibility: The Commissioner of DHS will designate a responsible person.

Action Four: *Provide access to the most integrated setting through the provision of supports and services*

While the goal is to support individuals in the most integrated community setting, the system provides an entitlement to institutional care. There are often competing priorities for home and community-based supports and services and other services or supports that place limits on access. Supporting children at home with their families, addressing situations where people are at risk of homelessness, supporting people so they can leave a segregated setting when they wish to live in the community, and providing access to on-going support for competitive community employment are examples of where there are pressures on supports and services that provide alternatives to institutional care.

Sometimes, when the service that would best fit an individual's need is not available, that person will access an alternative service. This can then create pressure on the alternative service, making it difficult for people who need *that* service to get it. By understanding people's needs better, and distributing the resources effectively, more people should be able to be served, and served well. If service gaps are understood, effort can be made to address them. Encouraging innovations, such as the use of assistive technology, can contribute to increased outcomes and quality of life, and effectively use available resources.

Flexibility in services allows individuals and families with children with disabilities to best obtain their desired outcomes. By increasing flexibility in state medical assistance plan services, such as the conversion of the PCA program to a more flexible Community First Service and Supports, development of an autism early intervention benefit, and state wide availability of mental health services, there will be less pressure on services that have growth limits, such as home and community-based waiver supports and services.

Access to supports and services is often based on an individual's primary disability which means people with complex and/or co-occurring conditions often do not get connected with the appropriate supports

and services. The state will continue to seek ways to assure that service access is based on an assessment process that reflects functional need rather than diagnosis or disability type.

Transition into the community from prison is difficult, much more so if the inmate has a disability. A Forensic Assertive Community Treatment (FACT) team would work collaboratively with DOC Behavioral Health Release Planners and assist with a smooth transition into the community. These individuals will have the necessary knowledge base to work with complex behaviors, including criminogenic behaviors. The FACT team will develop necessary relationships to work with community resources, and assist with the transition of people from prison to community. They will have the capacity to familiarize themselves with appropriate resources, and assist community staff on complex behaviors when necessary.

Timeline:

- Implement Community First Services and Supports:
    - On January 1, 2014 the state submitted a state plan to CMS to replace the personal care assistance (PCA) program with a more flexible personal support service, with an emphasis on self-direction, called Community First Services and Supports (CFSS). [SS 4A]
    - Within thirty days of federal approval, the state will establish an implementation plan including specific actions and timelines.
    - By January 6 2015, DHS will develop a plan to evaluate how current services meet the needs of people who use them and will make funding proposals to the legislature if necessary to conduct the evaluation and develop the plan. The plan should leverage existing evaluations and data, take into account all services, and result in recommendations for service changes.

  Responsibility: The Commissioner of the Department of Human Services (DHS) will designate a responsible person.
- By September 30, 2014 DHS will report to the Olmstead Subcabinet, or its designee, recommendations on how to improve processes related to the home and community-based supports and services waiting list. The process will include the prioritization based on urgency and needs and describe how adopting these practices will result in the wait list moving at a reasonable pace. [SS 4B]

  Responsibility: The Commissioner of DHS will designate a responsible person.
- By December 31, 2014, develop a plan to expand the use of assistive technology in Minnesota to increase access to integrated settings. The plan will specifically include an evaluation of Medicaid funding possibilities, a plan for agency collaboration regarding assistive technology, and a plan for coordinated refurbishment/reuse of assistive technology.

  Responsibility: The subcabinet will designate responsible persons.
- Develop FACT team (described above):
    - By December 31, 2014, the DOC will develop a plan to establish a FACT team, which is equipped to navigate community resources and has the knowledge base to address

inmate criminogenic needs. This plan will include identifying composition of the team, location, and funding options.

- By January 6, 2015, the DOC will develop a legislative initiative to fund the FACT teams.

Responsibility: The Commissioner of DOC will designate a responsible person.

Lifelong Learning and Education

Stakeholder Comments	
Andrew was [in] regular education classrooms his whole 12 years of education because that's where he wanted to be and that's where he learned best.	*Karen Larson*
There should be more emphasis on reducing segregated school placements at an earlier age. These segregated placements at an earlier age sometimes funnel kids into segregated or center-based facility-placed employment situations later on.	*Dan Stewart*
Person centered planning could be a formative process implemented in transition planning services for students with any disability so that they may become active participants in determining their future in employment, housing, and community engagement. Teachers and service providers should have training to facilitate this process.	*Donna Atherton*

Description: What this topic means

Minnesota strives to ensure students with disabilities receive an equal opportunity to a high quality education in the most integrated setting that prepares them to participate in the community, including employment and postsecondary education.

The world is changing—as are the expectations for what students with disabilities need to be able to know and do to be successful in college, careers and life. 21st Century graduates need content knowledge and skills to succeed in an increasingly diverse and interdependent world. Minnesota's education and workforce systems are the cornerstone of our continued economic growth. For the purpose of the Minnesota Olmstead Plan, this section will focus specifically on Lifelong Learning and Education for students with disabilities.

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities receive special education services in the least restrictive environment, appropriate to meet their needs. This means that removal from regular education classes occurs only when a student cannot be successfully educated in regular classes, even with supplemental aids and services. When a student is removed from the regular educational environment for part of the day, the student must still be educated with non-disabled peers as much as possible.

The learning needs of the student and the services to be provided must be designated in an individualized education program (IEP). Under state law, all students with disabilities are provided the special instruction and services which are appropriate to their needs, and their individualized education program must address the student's needs for transition from secondary services to postsecondary education and training, employment, community participation, recreation, and leisure and home living.

In order to promote integration and provide students with disabilities educational services with their nondisabled peers, preventative approaches, such as Positive Behavioral Interventions and Supports

(PBIS) can be implemented at the school and district level.[53] Any and all prevention or intervention policies, programs, or procedures must be designed to enable a student to benefit from an appropriate IEP as well as develop skills to enable them to function as independently as possible in their communities.[54] Minnesota strives to ensure students with disabilities receive equal access to high quality education in the most integrated setting.

Olmstead Plan goal: What we want

People with disabilities will experience an inclusive education system at all levels and lifelong learning opportunities that enable the full development of individual talents, interests, creativity, and mental and physical abilities.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- Increase in the number of students with disabilities who are educated in the most integrated educational setting preschool through grade twelve.
- Increase in the number of students with disabilities who transition to the most integrated employment setting.
- Increase in the number of students with disabilities who transition to the most integrated postsecondary setting.

Strategic actions: What we'll do

Action One: *Reduce the use of restrictive practices*

Work with districts and other stakeholders to reduce the use of restrictive procedures and also provide further recommendations on how to further reduce these procedures and eliminate the use of prone restraints in schools. Minnesota Statutes §125A.0942 subdivision 3 (8), requires that school districts end the use of prone restraints with children ages five or older by August 1, 2015.

Timeline:

- By June 30, 2014 and each subsequent year, districts will report summary data on their use of restrictive procedures to the department, in a form and manner determined by the Commissioner of the Minnesota Department of Education (MDE) [ED 1A.1 - 1A.3]
  Responsibility: The director of MDE's Division of Compliance and Assistance is responsible.
- By June 30, 2014 Develop and maintain a list of training programs and identify and maintain a list of experts to help individualized education program teams reduce the use of restrictive procedures. [ED 1B]
  Responsibility: The directors of MDE's Divisions of Compliance and Assistance and Special Education, in collaboration with staff designated by the Commissioner of the Department of Human Services (DHS), are responsible.

[53] Minnesota Rules, part 3525.0850. Available at https://www.revisor.mn.gov/rules/?id=3525.0850.
[54] Ibid.

- By June 30, 2014 establish a process for school districts to ensure that students with disabilities can readily access crisis services. [ED 1C]
  Responsibility: The Commissioners of MDE and DHS will designate responsible persons.

Action Two: *Build staff capacity for positive behavior interventions and supports*

Build staff capacity at the school level to effectively improve school-wide systems of positive behavior interventions and supports.

Timeline:

- By June 30, 2015 and each subsequent year, there will be a minimum of forty additional schools per year using the evidence-based practice of Positive Behavioral Interventions and Supports (PBIS) so that students are supported in the most integrated setting. (423 schools have participated in this training, so this represents a 10% increase in the first year.) [ED 2A.1, 2A.2]

Responsibility: The director of MDE's Division of Special Education will designate responsible persons.

Action Three: *Support integrated employment options*

Students will have interagency supports and services to access integrated employment options before exiting high school.

Timeline:

- By June 30, 2015 and each subsequent year, there will be a minimum of 20 additional schools per year adopting evidence-based practices that result in integrated competitive employment outcomes. (i.e., Customized Employment, Project SEARCH, etc.). [Same as EM 1C.1, 1C.2]
  Responsibility: The directors of MDE's Divisions of Special Education and College and Career Success, the Commissioner of DEED, and the Commissioner of DHS will designate responsible persons.
- By June 30, 2016 DEED, DHS and MDE will collaborate to review existing integrated competitive employment data and develop needed technical assistance materials that promote integrated competitive employment as the preferred outcome. [ED 3B]
  Responsibility: The directors of MDE's Divisions of Special Education and College and Career Success, the Commissioner of DEED, and the Commissioner of DHS will designate responsible persons.
- By the June 30, 2016 a memorandum of understanding will be developed with DEED, DHS and MDE for the purpose of developing a Return on Investment (ROI) matrix which demonstrates that by using evidence-based employment practices such Customized Employment, Project SEARCH, etc., there will be an increase in integrated competitive employment outcomes for students with disabilities. [ED 3C]
  Responsibility: The directors of MDE's Divisions of Special Education and College and Career Success, the Commissioner of DEED, and the Commissioner of DHS will designate responsible persons.

Action Four: *Increase number of students enrolling in postsecondary education and training*

Using baseline data from the *Minnesota Post School Outcome Survey*[55] there will be an increase in the number of students with disabilities enrolling into postsecondary education and training programs. Resources will be developed and provided to parents, schools, and students with disabilities to facilitate and support enrollment in postsecondary settings.

Timeline:

- Based on the Minnesota Post School Outcome Survey data, beginning September 1, 2014 and each subsequent year, there will be an increase of a minimum of 50 students with disabilities per year entering integrated postsecondary education and training programs within one year of exiting secondary education. [ED 4A.1 – 4A.3]

Responsibility: The directors of MDE's Divisions of Special Education and College and Career Success, the Commissioner of DEED, and the Commissioner of DHS will designate responsible persons.

Action Five: *Return students to resident district or more integrated setting*

Ensure that students with disabilities who are placed out of state by an agency or parent or who are in juvenile corrections are able to return to their resident district or more integrated setting when their noneducation program is completed and the IEP team determines that this transition is appropriate.

Timeline:

- By June 30, 2014 review current data on this student population and develop prototype reintegration plans to transition students to more integrated settings. [ED 5A]
- By June 30, 2015 implement reintegration plan protocol statewide. [ED 5B]
- By June 30, 2016 and annually thereafter, report on the number of students who are placed out of state or in juvenile corrections. [ED 5C.1, 5C.2]

Responsibility: The Commissioners of MDE and Department of Corrections (DOC) will designate responsible persons.

[55] The most recent Post School Outcomes Survey is published in MDE's "2010-2011 Minnesota Annual Report on Special Education Performance." Accessed October 15, 2013, http://education.state.mn.us/mdeprod/idcplg?IdcService=GET_FILE&dDocName=005463&RevisionSelectionMethod=latestReleased&Rendition=primary

Healthcare and Healthy Living

Stakeholder Comment

A coordinated system of health care and long term support services can more effectively identify high risk individuals, connect those individuals with needed services and provide follow-up improvement and overall quality.

Don Samuelson

Description: What this topic means

Healthcare is "the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions."[56]
Healthy living is making choices which are intended to improve a person's health. For example, healthy living includes having support to be active every day, to eat healthy foods, and to use medicine safely and as prescribed.

Health disparities are defined as significant differences in "the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates."[57] Health disparities for people with disabilities present barriers to full integration. Some problems with access to healthcare that exist for many Minnesotans have a significant impact on people with disabilities. For example, some people with disabilities may not be able to schedule dental appointments on a regular basis because there are not enough dentists and dental hygienists able to provide care. This is due to location (in parts of Greater Minnesota, there are not enough dental practitioners to serve all people); to affordability (not everyone has insurance coverage that includes dental care); and to some providers not knowing how to serve people with disabilities. Many individuals with disabilities develop other diseases (hypertension, heart disease, diabetes, stroke, cancer) at a higher frequency than persons without disabilities. Some people with disabilities die at a much younger age than persons without disabilities[58].

Minnesota is engaged in significant healthcare reform, including expanding coordinated care, engaging in statewide health improvement initiatives, and encouraging use of electronic healthcare records; an important aspect of the Olmstead Plan is to ensure that integration and inclusion of people with disabilities will be incorporated in these efforts.

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[56] American Heritage Medical Dictionary, "Healthcare." Boston: Houghton Mifflin Harcourt Publishing, 2008, 236
[57] Minority Health and Health Disparities Research and Education Act of 2000, United States Public Law 106-525, available at http://www.gpo.gov/fdsys/pkg/PLAW-106publ525/pdf/PLAW-106publ525.pdf
[58] As examples of studies showing health disparities for people with disabilities, review CDC "Disability and Secondary Conditions" in Healthy People 2010, http://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_focus_area_06.pdf and Goodell, Druss, and Walker. *Mental disorders and medical comorbidity*, Policy Brief No. 21, February 2011, Robert Wood Johnson Foundation. Accessed October 17, 2013, http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/02/mental-disorders-and-medical-comorbidity.html.

Olmstead Plan goal: What we want

People with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- Increasing health of people with disabilities so that the rates of secondary conditions (heart disease, diabetes, obesity, cancer and other health problems) are comparable to people without disabilities.
- Increasing longevity of people with disabilities so that death rates are comparable to people without disabilities.

Strategic actions: What we'll do

Action One: *Integrate primary care, behavioral health and long-term care/supports*

To successfully reduce secondary conditions and premature mortality for people with disabilities, we must integrate healthcare services including mental health and substance use treatment services. We must also integrate healthcare services with social services and public health. Integration occurs on a continuum, from improving integration capacity in a primary care setting to improving the medical care of individuals with serious mental health problems and substance abuse in behavioral health settings. Each is fundamental in creating greater access to a coordinated system of health care. Furthermore, achieving desired integration capacity occurs in the context of the healthy tension between independence and responsibility.

Increase the number of people served by an integrated primary care model; increase the number of providers who can participate in an integrated primary care model.

Minnesota is using the *health care home* model to achieve integrated primary care. By equipping primary care teams with the skills and resources necessary to provide person-centered, coordinated primary care, then there will be strong partnerships among communities, other providers, patients and families.

Timeline:

- By December 31, 2015 develop definitions, establish training framework, and modify data collection mechanisms to allow collection of information on persons with disabilities receiving care in certified health care homes.
- By December 31, 2016 establish baseline information about primary care teams across Minnesota that are able to provide integrated, person-centered primary care for persons with disabilities; establish timelines to increase the number. [HC 1A]
- By January 1, 2016 increase the number of clinics that are certified as *health care homes* from the current level of 35% of Minnesota clinics to 67%. (This will include rural and safety net clinics.) [HC 1B]

Responsibility: The Commissioner and Assistant Commissioner of the Department of Health and the Commissioner of Human Services and Assistant Commissioner of the Health Care Administration will designate responsible persons.

Develop a framework to provide services in a person-centered system of care that facilitates access to and coordination of the full array of primary, acute and behavioral health care.

For people with serious mental illness who are Medicaid recipients and have complex, high-acuity chronic health conditions, there is a need for a framework that allows varying provider types to be at the center of providing care management.

Timeline:

- By December 31, 2014 engage consumers of services to inform the design of the first framework to serve adults and children with serious mental illness; design the model; obtain approval to implement the framework and develop contingency plan for moving work forward if approval is not obtained; and, determine the fiscal effects of statewide implementation in near-term. [HC 1C]
- By January 1, 2015 the framework will be implemented. [HC 1D]
- By January 1, 2016, 15% of eligible individuals with serious mental illness will choose to access care through this model.
- By January 1, 2017, 20% of eligible individuals with serious mental illness, including children with serious emotional disturbance, will choose to access care through this model.
- By January 1, 2018, 25% of eligible individuals with serious mental illness, including children with serious emotional disturbance, will choose to access care through this model.
- By December 31, 2014 the state will develop the reporting mechanism necessary to require designated providers to report on all federally mandated quality measures and align these with the Olmstead Plan. [HC 1E]
- By December 31, 2015 the state will establish baseline data for federally mandated quality measures for beneficiaries enrolled in this model. [HC 1F]
- By December 31, 2015 establish measures to assess access and use of routine and preventive primary health care and dental care. [HC 1G]
- By January 1, 2018 develop a sustainable funding source for the framework; develop system for collecting data on quality measures for which there are currently no reporting mechanisms in place; utilize findings from implementation to determine populations to serve under subsequent models; and, develop coordinated planning across partners (i.e., long-term services and supports and chemical and mental health) in developing additional models. [HC 1H]

Responsibility: The Commissioner of MDH, and the Commissioner of the Department of Human Services, the Assistant Commissioner of the Health Care Administration and the Assistant Commissioner of the Chemical and Mental Health Services Administration will designate responsible persons.

Action Two: *Reduce gaps in access and outcomes*

Health messaging will specifically include people with disabilities

The state will develop targeted health promotion and disease prevention messaging for people with disabilities focusing on the prevention of fall injuries, sexual violence, assault and maltreatment, lead poisoning and stroke; on smoking cessation and reducing alcohol consumption and obesity; on the control of diabetes, high blood pressure and weight; and on the promotion of exercise /physical activity, full immunization (especially influenza and pneumonia), and excellent nutrition.

Timeline:

- By May 31, 2014 develop a plan to ensure that health messaging is targeted to people with all types of disabilities; adopt timelines and measures to ensure ongoing progress. [HC 2A]
- By December 31, 2015 analyze impact / effectiveness of these efforts, using the impact measures developed for use in the whole population; provide a report to the subcabinet. [HC 2B]

Responsibility: The MDH Commissioner, Assistant Commissioner, Director of the Office of Statewide Health Improvement Initiatives and Health Promotion & Chronic Disease Division Director will designate responsible persons.

People with disabilities will have access to dental services.

Access to dental services has been a challenge for many people in Minnesota. Several changes have been implemented to encourage dental providers to treat recipients of the Minnesota Health Care Programs (MHCP), many of whom are persons living with disabilities. There have been changes to the dental services covered for adults, and changes to the rates paid to dentists. Many of these services are provided to recipients with disabilities, for whom dental visits and procedures are stressful or where their disability may make oral hygiene particularly challenging for them and their caregivers. These changes are expected to mitigate some of the challenges for people with disabilities in receiving quality dental care.

DHS will complete a legislatively mandated study of the Minnesota Health Care Program's dental program to improve access and ensure cost-effective delivery of services. The study reviews the program structure, including payment policies that compensate dental providers who serve underserved patients, and treatment and workforce innovations that may improve access to dental care for recipients of MHCP.

Timeline:

- By June 30, 2014 using information from this study, develop a plan for implementation including timelines and measurable goals. [HC 2C]

Responsibility: The Commissioner of DHS will designate a responsible person.

Establish data collection systems to measure health outcomes for people with disabilities

As the specific efforts above are implemented, it is necessary to track their impact on health outcomes for people with disabilities. Additional coordination among agencies and integration of data sources will be necessary to measure health outcomes for people with disabilities. These efforts will promote transparency and full accountability in the analysis and reporting of data and will help to assure the data are used for program and policy change/improvement for additional programs and services offered by state agencies serving people with disabilities.

Timeline:

- By September 30, 2014 identify data sources; establish data sharing agreements between state agencies, local agencies and service organizations, and the academic community; identify any necessary legislative changes. [HC 2D]
- By September 30, 2016 in partnership with the Centers for Disease Control and Prevention, disability advocates, and the academic community, develop, test, revise and implement the expanded "disability module" to better assess overall health status of people with disabilities in Minnesota. [HC 2E]
- By September 30, 2016 and annually thereafter, complete health status reports regarding health care outcomes and track policy and organizational practice changes at the community and state levels. [HC 2F.1, 2F.2]
- Specific timelines related to DOC corrections facilities:
    - By December 31, 2014, the DOC will develop a plan to determine the baseline of all inmates with disabilities.
    - By January 6, 2015, the DOC will propose a legislative initiative to fund the development of a baseline and will begin developing the baseline as soon as funding is available.
    - By January 1, 2017, DOC will conduct an analysis to evaluate program needs and resource allocations and identify gaps. Based upon the analysis, the DOC will identify action steps and modify the Olmstead Plan as needed.

Responsibility: The Commissioners of DOC, MDH and DHS will designate responsible persons.

The state will conduct a needs assessment to determine where adults and children with disabilities do not have access to dentists, chiropractors, mental health professionals, certified peer specialists (CPS) or specialty providers, with a focus on access to providers needed to assure evidence-based mental health care.

Some people with disabilities cannot readily access a dentist, chiropractor, mental health professional, certified peer specialist (CPS) or specialty providers who can treat them. To make necessary changes, the state will conduct a needs assessment and develop concrete plans to improve healthcare access.

Timeline:

- By December 31, 2014 establish baseline utilization data for current care (medical, dental, chiropractic and mental health) of people with disability. Focus will be on Medicaid enrollees, including individuals residing in institutional settings. [HC 2G]
- By August 1, 2014 develop an implementation plan to further develop assessment approaches to evaluate access to services for people with disabilities and barriers to access.
- By January 6, 2015, prepare legislative request for resources necessary to implement assessment approaches to evaluate access to services.
- By June 1, 2016, establish baseline access data for current care.
- By August 1, 2016, evaluate whether focus on access to Medicaid-funded care provides sufficient analysis to identify barriers to access to care for people with disabilities.
- By August 1, 2016 and biannually thereafter, measure how health care access and service are changing over time. Analyze the data to identify policy, practice and program changes that need to be made so that improvement happens more quickly; establish plans to make these changes. The focus will be on improving outcomes for people with disabilities. [HC 2H]

Responsibility: The Commissioners of MDH and DHS will designate responsible persons.

Youth with special health care needs will receive the services necessary to make transitions to adult health care.

As children with disabilities become young adults with disabilities, Minnesota must do a better system-wide job of helping youth with special health care needs receive the services necessary to make transitions to adult health care. With good transitions from youth to adult services, people receive ongoing access to coordinate care that can prevent institutionalization. According to the 2010 National Survey of Children with Special Health Care Needs nationally only 40% of youth with special health care needs receive the services necessary to make transitions to adult health care. In Minnesota in 2010, 47.1% of youth made this transition[59].

Timelines

- By September 30, 2014 complete a system analysis describing barriers that need resolution; develop a plan for addressing these barriers. [HC 2I]
- By December 31, 2014 50% of Minnesota's transition age youth with disabilities will receive the services necessary to make transitions to adult health care. Biannually thereafter, there will be a 5% increase in the proportion of transition age youth with disabilities who receive the services necessary to make transitions to adult health care [HC 2J.1, 2J.2]

Responsibility: The Commissioners of MDH and DHS and corresponding Assistant Commissioners will designate responsible persons.

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[59] Data from National Survey of Children with Special Health Care Needs, Outcome #6: CSHCN youth receive services needed for transition to adulthood. 2009/2010. Accessed October 17, 2013, http://www.childhealthdata.org/browse/survey/results?q=2048&r=1&r2=25

Community Engagement

Stakeholder Comments	
Give people a chance to show that we can do it, yes, we can. Everybody deserves a chance and everybody learns differently. Everyone has a dream where they want to live, work and be happy.	*Patricia Ann Wallace*
By including self-advocacy, peer-to peer support, and leadership training into the Olmstead Plan, self-advocates would have an increased ability to create change within the system that impacts their lives on a daily basis.	*Laura Birnbaum*
The right to association is the one most often abused. Their in-home provider would not allow former staff to visit their home.	*Lee Ann Erickson*
The possibility of physical harm, neglect and increasingly financial exploitation are issues that we need to have the capacity to address through adult protection.	*Mark Nelson*

Description: What this topic means

In the *Olmstead* decision, the United States Supreme Court ruled that states must eliminate unnecessary segregation of persons with disabilities and ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs.

Community engagement is one way to measure the level of integration. All Americans have a right to engage in activities of their choosing that help them connect with other people and give them greater control over their lives, such as building friendships and relationships with people they choose, joining a faith community, volunteering or taking on a leadership role with a neighborhood organization, attending cultural events, or participating in community decision-making (for example, voting).

The setting in which a person lives has a tremendous impact upon that person's ability to freely exercise his or her right to community participation. For over 40 years, Minnesota has continually moved away from providing long-term services and supports in segregated settings to home and community-based settings. Still, more work needs to be done to eliminate the unnecessary use of segregated settings and settings and policies that restrict individual choice and freedom, and to continue to create access to supports and services in the most integrated settings.

But setting by itself is not the only determinant of community engagement. The most powerful determinants of a person's integration in the community are discussed in other sections of this plan: access to affordable housing, transportation, supports and services, education, healthcare and employment. This section addresses support for community integration that not covered in other sections of the plan.

Olmstead Plan goal: What we want

People with disabilities will have the opportunity to fully engage in their community and connect with others in ways that are meaningful and aligned with their personal choices and desires.

We will know we are making progress towards meeting the goal when we see progress in these population-level indicators:

- Increase in the number of individuals with disabilities who report that they spend time with people they care about, doing things that are important to them. They report that they lead meaningful lives and they are members of a community. A discussion of the state's plans to measure quality of life, which will include these types of measures, can be found in the Quality Assurance section of this plan.

Strategic actions: What we'll do

Action One: *Support individuals to engage in their community in ways that are meaningful to them*

Using methods and models that are appropriate to individuals, Minnesota will support people with disabilities to exercise their rights and to participate in their communities.

Being fully engaged in one's life and community begins with setting one's goals, developing plans, choosing services, deciding how to spend one's time, choosing who to spend time with, and the like.

Community engagement often means assisting others in your community to have a better quality of life. One of the activities which people commonly identify as giving their life meaning is helping others. Engagement also means exercising leadership by contributing to group decisions that affect one's life, such as setting household rules, deciding vacation plans, picking the restaurant for a night out with friends, voting, participating on an advisory committee, or planning a neighborhood event.

Increasing the capacity of individuals to exercise their right to participate in their community addresses one part of the equation. There is also a need for communities to be accessible. Accessibility is central to the American with Disabilities Act and needs to be incorporated into all infrastructure built using public funds.

As discussed Overarching Strategic Action Four (page 26), the state will identify and adopt a systematic way to measure Quality of Life for individuals with disabilities. One of these quality of life areas is the measurement of community engagement by people with disabilities.

As referenced in Overarching Strategy Three (page 26) the state will develop opportunities for people with disabilities to serve in leadership roles in state policy development. This includes training in leadership and support for people with disabilities and family members to be successful in these leadership opportunities.

Timeline:

- By December 31, 2014 the state will develop a plan to increase opportunities for people with disabilities to meaningfully participate in policy development and provide the plan to the Olmstead Subcabinet. [CE 1A]
  Responsibility: The Olmstead Subcabinet will designate a responsible person.
- By December 31, 2014 in consultation with people with disabilities, family members, and diverse community groups, the state will assess the size and scope of peer support and self-advocacy programs. Based on this information the state will set annual goals for progress. Recommendations, including funding and any necessary legislative changes, will be made to the subcabinet. [CE 1B]
  Responsibility: The Olmstead Subcabinet will designate a responsible person.
- The state will provide extensive training in person-centered planning principles statewide and establish protocols and processes for integrating person-centered practices for individuals desiring to move to the most integrated setting, as referenced in Overarching Strategy One (page 25) and further expanded on in Action One in the Supports and Services section (page 54).

Action Two: *Provide access and opportunity for individuals to be full community participants*

Timeline:

- By December 31, 2014 the state will evaluate, revise as necessary, and disseminate guidelines and criteria when public dollars are used for ensuring that people with disabilities are incorporated in public planning processes, and that plans for public facilities and events are informed by attention to inclusion of people with disabilities. The guidelines and plans for incorporating them in public processes will be reported to the Olmstead Subcabinet or their designee. [CE 2A]

Responsibility: The Olmstead Subcabinet will designate a responsible person.

Financing Minnesota's Olmstead Plan

Subcabinet agency staff have considered financial impacts when developing the actions and timelines contained in this plan. (Appendix E has an example of this kind of analysis.)

Some of the actions described in this plan can be accomplished within existing resources, but many will require changes in how resources are allocated and will likely require additional resources. As discussed in Overarching Strategy Two (page 26), the Olmstead Subcabinet will identify fiscal changes that are necessary to accomplish the work outlined in the plan. In keeping with *Olmstead* principles, the subcabinet will identify and request resources, and will continue to apply reasonable modifications to programs where necessary (without fundamentally altering the nature of the program or service).

The subcabinet will work with other agencies and with legislators to identify funding solutions. The subcabinet will review strategies such as seeking expansion or amendment of Medicaid waivers, funding through federal grants and initiatives, legislation to allow flexibility in funding use, and legislative appropriation. If requested resources are not granted, the subcabinet will modify the Olmstead Plan.

Partners needed to implement the Olmstead Plan

Because we know the goals we've set can't be accomplished by one government agency or program (or even state government as a whole), the subcabinet has identified partners that we need to work with to meet the goals. This list is not exhaustive—it's just the start of the state's work to engage partners in implementing the plan.

First and foremost, the subcabinet plans to engage people with disabilities and their families in implementing and refining the Olmstead Plan.

Other important partners include:

- Disability rights advocates
- Disability policy experts and researchers
- Businesses
- Courts
- Employers
- Faith communities
- Federal government
- Higher education
- Health insurers
- Housing developers
- Law enforcement
- Legislature
- Local communities
- Local government
- Providers
- Regional development commissions and planning groups
- School districts
- Self-advocacy organizations
- State agencies, boards, councils, and ombudsman offices
- Technical assistance/accommodation experts
- Tribal government

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These are the sources identified in the plan, along with resources for learning more about the *Olmstead* decision and Olmstead Plans.

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Definitions of key terms

§245D Standards: Many services for people with disabilities that are provided in people's home and/or in community settings and that are funded through Medicaid waivers are regulated under Minnesota Statutes §245D. (While Medicaid pays for the services covered by §245D, some people may receive these same services through other funding sources. The §245D standards apply to these services regardless of payment source.) The Minnesota Legislature created §245D in 2012 to establish standards for services that had previously been unlicensed. Additional services and standards were added to the statute in the 2013 session, including guidelines for the emergency use of manual restraint and requirements for positive support transition plans. The §245D standards will be implemented by January 1, 2014.

Adult foster care: An adult corporate foster care home licensed by DHS that does not meet the definition of Family Adult Foster Care because the license holder does not live in the home and is not the primary caregiver. Instead, trained and hired staff generally provides services.

Behavioral health: The term "behavioral health" is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illness, and/or mental disorders. Behavioral health includes the identification, treatment of, and recovery from mental health and substance use disorders. It also increasingly refers to lifestyle changes and actions which improve physical and emotional health, as well as the reduction or elimination of behaviors which create health risks.

Benefit summary: A benefit summary is a personalized benefits report of an individual's current public benefits and potential eligibility.

Board and Lodge with Services: These facilities provide supportive or health supervision services such as assisting with preparation and administration of certain medications and assisting with dressing, grooming and bathing. They serve five or more people who need special services. These may include people who are frail elderly, mentally ill, developmentally disabled or chemically dependent.

Bridges: [definition will be included]

Bridges RTC: [definition will be included]

Competitive Employment: Competitive employment is full-time or part-time employment, with or without supports, in an integrated setting in the community that pays at least minimum wage, as defined by the Fair Labor Standards Act, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by workers without a disability.

Crisis Housing Fund: [definition will be included]

Customized Employment: Customized employment is a flexible process designed to personalize the employment relationship between a job candidate and an employer in a way that meets the needs of

both. It is based on an individualized match between the strengths, conditions, and interests of a job candidate and the identified business needs of an employer. Customized Employment utilizes an individualized approach to employment planning and job development—one person at a time ... one employer at a time. [*Source*: US Department of Labor, Office of Disability Employment Policy http://www.dol.gov/odep/categories/workforce/CustomizedEmployment/what/]

DB101: Disability Benefits 101 or DB101 is a web-based interactive computer software program with Live Chat and support provided by the Disability Linkage Line that provides tools and information on employment, health coverage and benefits so that an individual can plan ahead and learn how employment and benefits can go together. [Information is available at: http://www.mn.db101.org/]

Disability Employment Specialists: Department of Employment and Economic Development (DEED) employees that are experts in disability employment within the statewide service system who provide resources and strategic alliances to business and streamline the process of finding, recruiting and hiring workers with disabilities.

Employment First: A set of core values for persons with disabilities, including: a) employment is the first and preferred outcome for all working-age individuals with disabilities, including those with complex and significant disabilities, for whom working in the past has been limited or has not traditionally occurred; b) use typical or customized employment techniques to secure membership in the workforce, where employees with disabilities are included on the payroll of a competitive business or industry or are self-employed business owners; c) assigned work task offer at least minimum or prevailing wages and benefits; and d) typical opportunities exist for integration and interactions with co-workers without disabilities, with customers, and the public.

Employment community of practice: Employment Community of Practice is an intentional but voluntary network of persons engaged in providing employment services and supports that come together to share information, knowledge and practices to advance the progress of individuals with significant disabilities in achieving their goals for employment in the most integrated setting. Participants in the Employment Community of practice will include a diverse range of individuals from state/local social services agencies, community non-profit organizations, and research/training institutions engaged in practice and policy to support successful career and employment outcomes of people with disabilities.

Employment practice review panel: The Employment Practice Review Panel is a strategically selected representative group from county/local social services agencies, employment programs and non-profit organizations that work with multi-system funding and policy issues on a daily basis in service delivery. The panel will discuss and identify promising practices as well as cross agency barriers through individual case consultation. The panel will identify strategies and actions that promote competitive employment and address unintended consequences in the fiscal and service policies of DEED, DHS, and MDE in order to fully align the efforts and resources of the state in support of individuals with disabilities in competitive employment.

Extended Employment: The Extended Employment (EE) Program is a performance-based state funded program administered by DEED that annually provides ongoing employment support services for nearly 5000 workers with the most significant disabilities. Services are provided through performance-based contracts with a statewide network of non-profit Commission on Accreditation of Rehabilitation Facilities (CARF) accredited Extended Employment Providers. Service payments are based on reported work hours and reimbursed at differing rates for supported, community and center-based employment. [Reference: Minnesota Statutes §268A.15 and Minnesota Rules parts 3300.2005 – 3300.2055]

Extended Employment (EE) Program Rule: Minnesota Rules parts 3300.2005-3300.2055 defines the certification, programmatic, service and funding requirements of the extended employment program under Minnesota Statutes §268A.15 and sets forth standards for the non-profit community rehabilitation programs that provide extended employment (EE) services in Minnesota.

Family driven planning: [definition will be included]

Group Residential Housing: Group Residential Housing (GRH) is a state funded program that pays for room and board costs for low-income elderly and adults with disabilities living in some licensed or registered community-based settings. The program aims to reduce and prevent institutional residence or homelessness.

Health care home: A "health care home," also called a "medical home," is an approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities.

Home and Community-Based Services: Home and community-based services (HCBS) are services and supports that are provided to people living in their communities who otherwise require the level of care provided in an institution, such as a nursing facility or a hospital.

HousingLink: A website that provides affordable housing resources and information for renters, landlords, researchers and policy makers. It also includes an affordable apartment search engine for Minnesota.

Housing with services: An establishment providing sleeping accommodations to one or more adult residents, at least 80% of which are 55 years of age or older, and offering or providing, for a fee, one or more regularly scheduled health-related services or two or more regularly scheduled supportive services.

Individual Placement and Supports (IPS): IPS is an evidence based approach to supported employment (SE) that helps people living with serious mental illnesses to identify, acquire and maintain competitive employment in their local community. IPS is different from a traditional brokered model of vocational rehabilitation. IPS emphasizes integration of employment within mental health treatment and utilizes rapid engagement in job search, individualized placement services, systematic job development and ongoing employment support services.

Individualized Education Program (IEP): An IEP is a formal written agreement and plan for provision of special education, including related services, to a child with a disability. It is developed, reviewed and revised through a team process in accordance with IDEA regulations. The required elements of an IEP are detailed in IDEA regulations and Minnesota Statutes §125A.08.

Informed choice: Informed choice includes: (a) informing individuals through appropriate modes of communication, about the opportunities to exercise informed choice, including the availability of support services for individuals who require assistance in exercising informed choice; (b) assisting individuals in exercising informed choice in making decisions; (c) providing or assisting individuals in acquiring information that enables them to exercise informed choice in the development of their individualized plans with respect to the selection of outcomes, supports and services, service providers, the most integrated settings in which the supports and services will be provided, and methods for procuring services; (d) developing and implementing flexible policies and methods that facilitate the provision of supports and services and afford individuals meaningful choices; and (e) ensuring that the availability and scope of informed choice is consistent with the obligations of the respective agencies. [*Source*: Based on 1998 Amendments to the Rehabilitation Act]

Interagency Employment Panel : The Interagency Employment Panel is the principal interagency leadership group responsible for the alignment of interagency policies and funding needed to meet the state's Olmstead goal in employment. Representatives from DEED, DHS, and MDE would be appointed by the Commissioners of the respective Departments.

Local education agencies: Local Education Agency (e.g., charter LEA, school district) is a public school district in the United States.

Local placement partnership model: The local placement partnership model is used by DEED-Vocational Rehabilitation Services. It is a unique collaboration of state, private and non-profit placement professionals that work together in an agreed-upon service or geographic area to connect the needs of employers and job seekers in a defined partnership that shares job leads to maximize possibilities for job seekers while creating an expanding and diverse talent pool for employers. This collaborative network of partners is team-based and uses a 'single point of contact' to bring together the needs of both job seekers and prospective employers in a business context.

Medical Assistance for Employed Persons with Disabilities (MA-EPD): MA-EPD is a work incentive that promotes competitive employment and the economic self-sufficiency of people with disabilities by assuring continued access to Medical Assistance for necessary health care services. MA-EPD allows working people with disabilities to qualify for MA under higher income and asset limits than standard MA. The goal of the program is to encourage people with disabilities to work and enjoy the benefits of being employed.

Minnesota Supplemental Aid (MSA) Housing Assistance: An income supplement for people who are eligible for Minnesota Supplemental Aid (MSA) and have high housing costs. MSA Housing Assistance provides $200 per month in 2013 for MSA participants who are age 18 – 64 and are relocating from an institution, or eligible for self-directed PCA services, or are receiving home and community based waiver

services and have monthly housing costs of more than 40% of their income and have applied for rental assistance, if eligible.

Most integrated setting: The "most integrated setting" is defined as "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible." [*Source:* US Department of Justice, Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C., Retrieved from http://www.ada.gov/olmstead/q&a_olmstead.pdf]

Motivational interviewing: Motivational interviewing is an evidence-based practice that has been shown to be effective in helping people work through the difficulties in achieving changes in their lives. It is a collaborative, goal oriented, person-centered style of communication to strengthen personal motivation and commitment to a specific goal.

Non-emergency protected transport: [definition will be included].

Peer support: Peer support includes peer specialists and recovery coaches who play essential roles in a wide range of service environments. Their approach entails a fresh, more participatory role for people in recovery as well as the opportunity to advocate for and support their peers. This approach utilizes the unique contributions that those who have lived experience of mental health problems and addictions can make to another person's recovery process.

Person-centered awareness: Person-centered awareness is an understanding of the core concepts and principles behind a process-oriented approach to assist a person in defining the life that person wants to lead, rooted in values, goals and outcomes important to that person and developing meaningful life goals based on the person's strengths and talents, utilizing individual, natural and creative supports and services. A person-centered approach puts the person in charge of defining the direction of their lives and leads to greater inclusion as a valued member of both community and society.

Person-centered planning: Person-centered planning, based upon a set of core concepts and principles, is an on-going process of assisting someone to plan their life and supports. There is no one clearly defined process of person-centered planning, but many processes that share the same general philosophical background. (See "Person-centered awareness")

Person-centered thinking: Person-centered thinking is incorporating the core concepts and principles of person-centeredness into one's approach in working with people with disabilities. It is the foundation of person-centered planning. (See "Person-centered awareness")

Person driven planning: [definition will be included]

Persons/people with disabilities: An individual with a disability is a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Positive Behavior Interventions and Supports (PBIS): PBIS is a state-initiated project that provides districts and individual schools throughout Minnesota with the necessary training and technical support to promote improvement in student behavior across the entire school, especially for students with challenging social behaviors. It establishes clearly defined outcomes that relate to students' academic and social behavior, systems that support staff efforts, practices that support student success, and data to guide decision-making.

Positive practices: Positive practices are supports that treat people who receive services with respect and dignity, increase quality of life, build skills and decrease interfering behaviors. Programs and services licensed or certified by the Minnesota Department of Human Services must be positive with a focus on quality of life, including building skills people need to achieve their articulated desired life, self-management and self-efficacy, not just alleviating target symptoms. Positive support strategies incorporate person-centered planning, needs assessment, direct correspondence between the person's assessment and the person' positive supports, trauma-informed care, consultative and technical support for providers, and data, reporting and monitoring to ensure accountability.

Project SEARCH: Project SEARCH is an evidence-based internationally recognized employer-driven model that was developed at Cincinnati Children's Hospital Medical Center (CCHMC). The Project SEARCH High School Transition Program model is for students with developmental disabilities in their last year of high school eligibility.

Prone restraint: Prone restraint is a type of physical holding that places a person in a face down position.

Restrictive procedures: Restrictive procedure is a term used to describe physical holding or seclusion of children with disabilities in Minnesota schools. Minnesota Statutes §125A.0941 and §125A.0942 govern the use of restrictive procedures.

Return on Investment matrix: Return on investment (ROI) is a measure for evaluating the financial consequences of individual investments and actions. It measures the amount of money an investment will make relative to the initial cost of the investment.

Section 8: Also known as Housing Choice Vouchers. The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and people with disabilities to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.

Section 811: This program allows persons with disabilities who are low income to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services. The newly reformed Section 811 program is authorized to operate in two ways: (1) the traditional way, by providing interest-free capital advances and operating subsidies to nonprofit developers of affordable housing for persons with disabilities; and (2) providing project rental assistance to state housing agencies.

Segregated settings: Segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities. [*Source*: "Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C." http://www.ada.gov/olmstead/q&a_olmstead.htm]

Self-advocacy: Self-advocacy is a movement of individual and organizations working to empower people with intellectual and developmental disabilities to speak for themselves, make their own decisions and stand up for their own rights.

Self-Determination: Self-determination means the person makes decisions independently, plans for the person's own future, determines how money is spent for the person's supports, and takes responsibility for making these decisions. If a person has a legal representative, the legal representative's decision-making authority is limited to the scope of authority granted by the court or allowed in the document authorizing the legal representative to act.

Subminimum wage: A wage less than the established federal minimum wage that may be permitted under an exemption in the Fair Labor Standards Act (FLSA) that provides for the employment of certain individuals at wage rates below the minimum wage, including individuals whose earning or productive capacity is impaired by a physical or mental disability. In order to pay a subminimum wage to an individual with a disability, the employer must obtain a certificate from the U.S. Department of Labor and conduct periodic time and productivity studies to establish the rate of payment based on performance norms. [Information is available at http://www.dol.gov/compliance/topics/wages-subminimum-wage.htm]

Supportive Housing: Permanent rental housing affordable to the population served where support services are available to residents. Permanent supportive housing is available to individuals and families with multiple barriers to obtaining and maintaining housing, including those who are formally homeless or at risk of homelessness and those with mental illness, substance abuse disorders, and/or HIV/AIDS.

Transition age youth/students: Transition age youth refers to students with disabilities in grades nine through twelve as well as students with disabilities age eighteen to twenty-one receiving secondary transition services.

Youth guided planning: [definition will be included].

Common Acronyms

ADA – Americans with Disabilities Act

AMRTC – Anoka Metro Regional Treatment Center

CFSS – Community First Services and Supports

DB101 – Disability Benefits 101

DEED – Minnesota Department of Employment and Economic Development

DHS – Minnesota Department of Human Services

DOC – Minnesota Department of Corrections

DOJ – United States Department of Justice

EE – Extended Employment

GRH – Group Residential Housing

HCBS – Home and Community-Based Services

HUD – Housing and Urban Development

ICF/DD – Intermediate Care Facility/Facilities for Persons with Developmental Disabilities

IDEA – Individuals with Disabilities Education Act

IEP – Individualized Education Program

IMD – Institution for Mental Disease

IPS – Individual Placement and Supports

iTV – Interactive television

MA-EPD – Medical Assistance for Employed Persons with Disabilities

MCOTA – Minnesota Council on Transportation Access

MDE – Minnesota Department of Education

MDH – Minnesota Department of Health

MDHR – Minnesota Department of Human Rights

MHCP – Minnesota Health Care Programs

MHFA – Minnesota Housing Finance Agency

MnDOT – Minnesota Department of Transportation

MOA/MOU – Memorandum of Agreement/Understanding

MSA – Minnesota Supplemental Aid

MSHS – Minnesota Specialty Health System

PBIS – Positive Behavioral Interventions and Supports

PCA – Personal care assistance

ROI – Return on Investment

SAMHSA – Substance Abuse & Mental Health Services Administration

SHIP – Statewide Health Improvement Program

SSI – Supplemental Security Income

VASH – Veteran Affairs Supportive Housing

VR – Vocational Rehabilitation

VRS—Vocational Rehabilitation Services

Appendix A. Demographics

The charts, tables, and maps in this appendix illustrate the demographics discussed on page 15.

Chart 1: 12% of all Minnesotans lived in poverty in 2011. By comparison, 22% of Minnesotans with disabilities lived in poverty in 2011. Poverty status in general has increased since 2008. *Source:* Minnesota Compass (image captured from website).

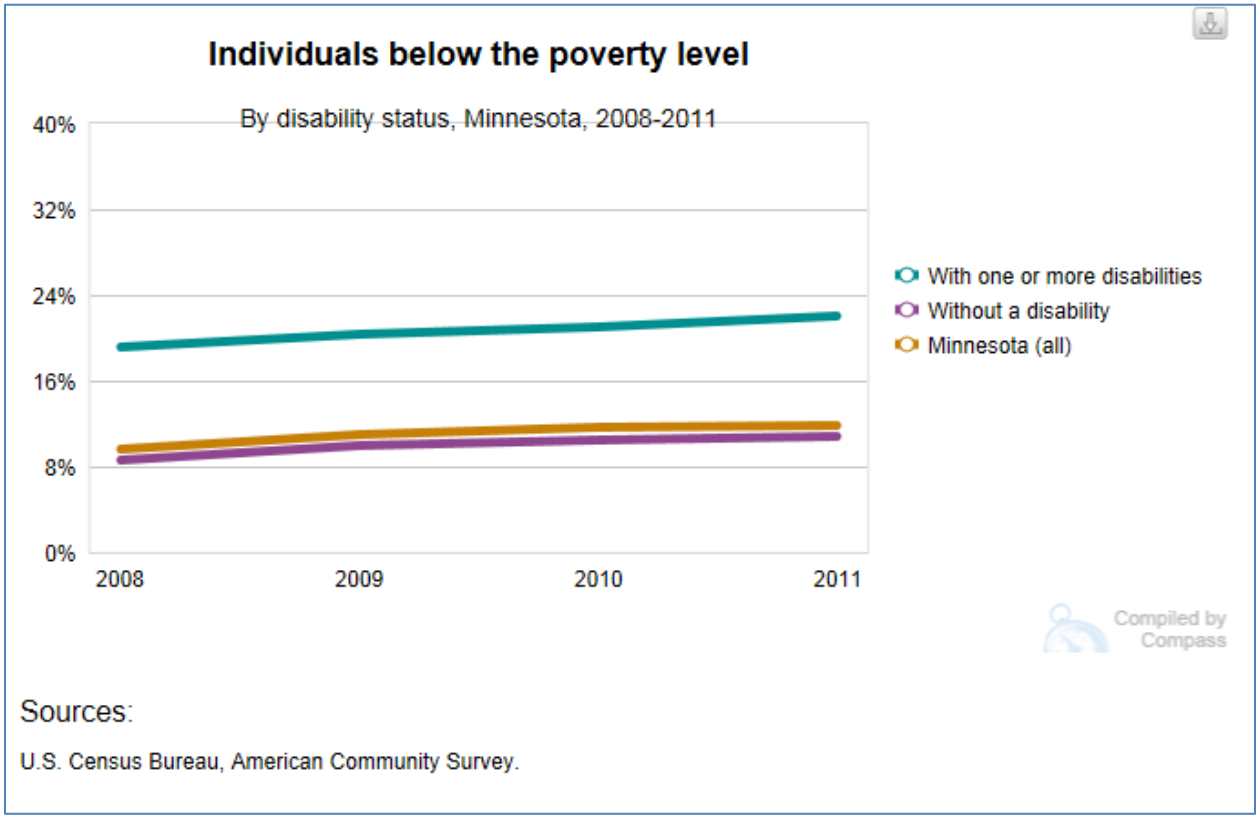
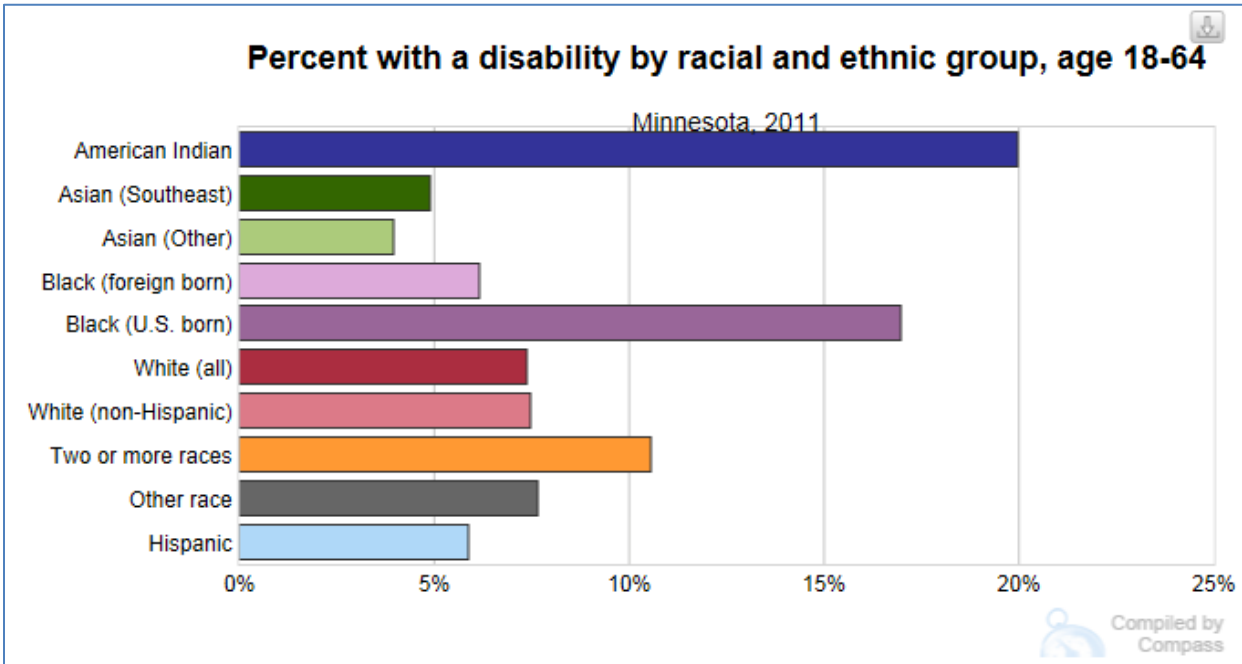


Chart 2: The highest rates of disabilities among working-age Minnesotans are American Indians (20%) and U.S.-born African Americans (17%). By comparison, the rates of disability among other populations are: about 5% of Southeast Asian people, about 4% of other Asian people, about 6% of foreign-born black people, about 7% of white (non-Hispanic) people; about 6% of Hispanic people, about 7% of people who identify as some other race or ethnicity, and about 10% of people who identify as two or more races. *Source:* Minnesota Compass (image captured from website).



Notes:

For a detailed explanation of disability types, please see "Data & notes" under the "View" menu option.

Sources:

Integrated Public Use Microdata Series from the U.S. Census Bureau, American Community Survey.

Chart 3: Working age Minnesotans experience different rates of disabilities—ambulatory (3.4%); cognitive (3.6%); hearing (2.0%); independent living (2.7%); self-care (1.4%); vision (1.0%) and one or more disabilities (8.1%). *Source:* Minnesota Compass (image captured from website).

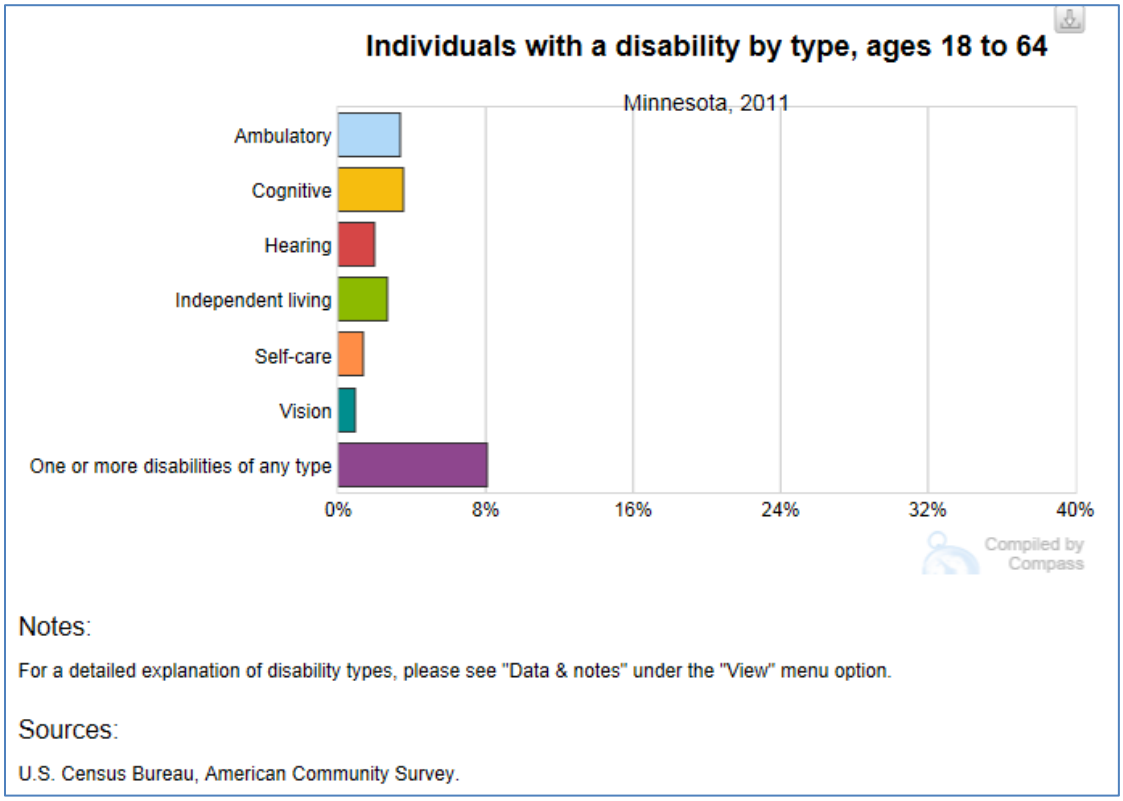


Chart 4a: Older Minnesotans (65 years +) experience different rates of disability–ambulatory (18.4%); cognitive (6.4%); hearing (15.0%); independent living (12.7%); self-care (6.8%); vision (4.9%) and one or more disabilities (32.0%). *Source:* Minnesota Compass (image captured from website).

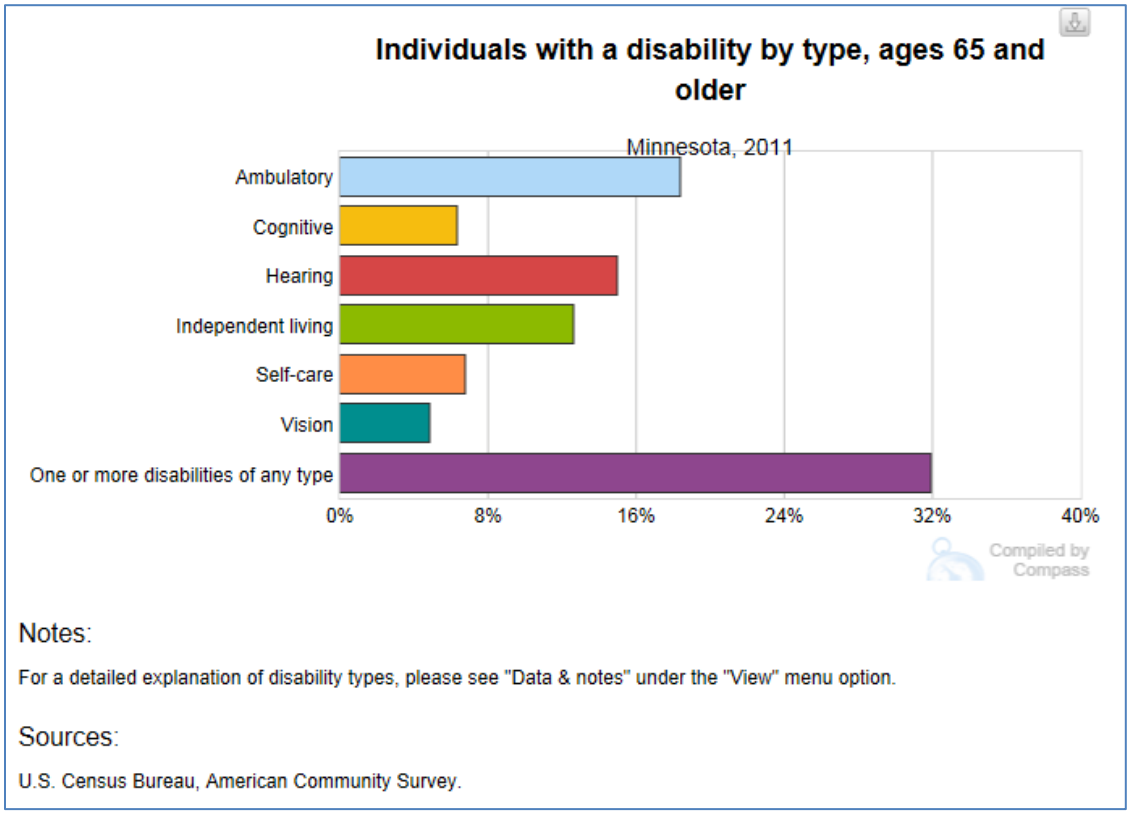


Chart 4b: Disability types vary among different age groups. *Source:* Chart created using data from Minnesota Compass

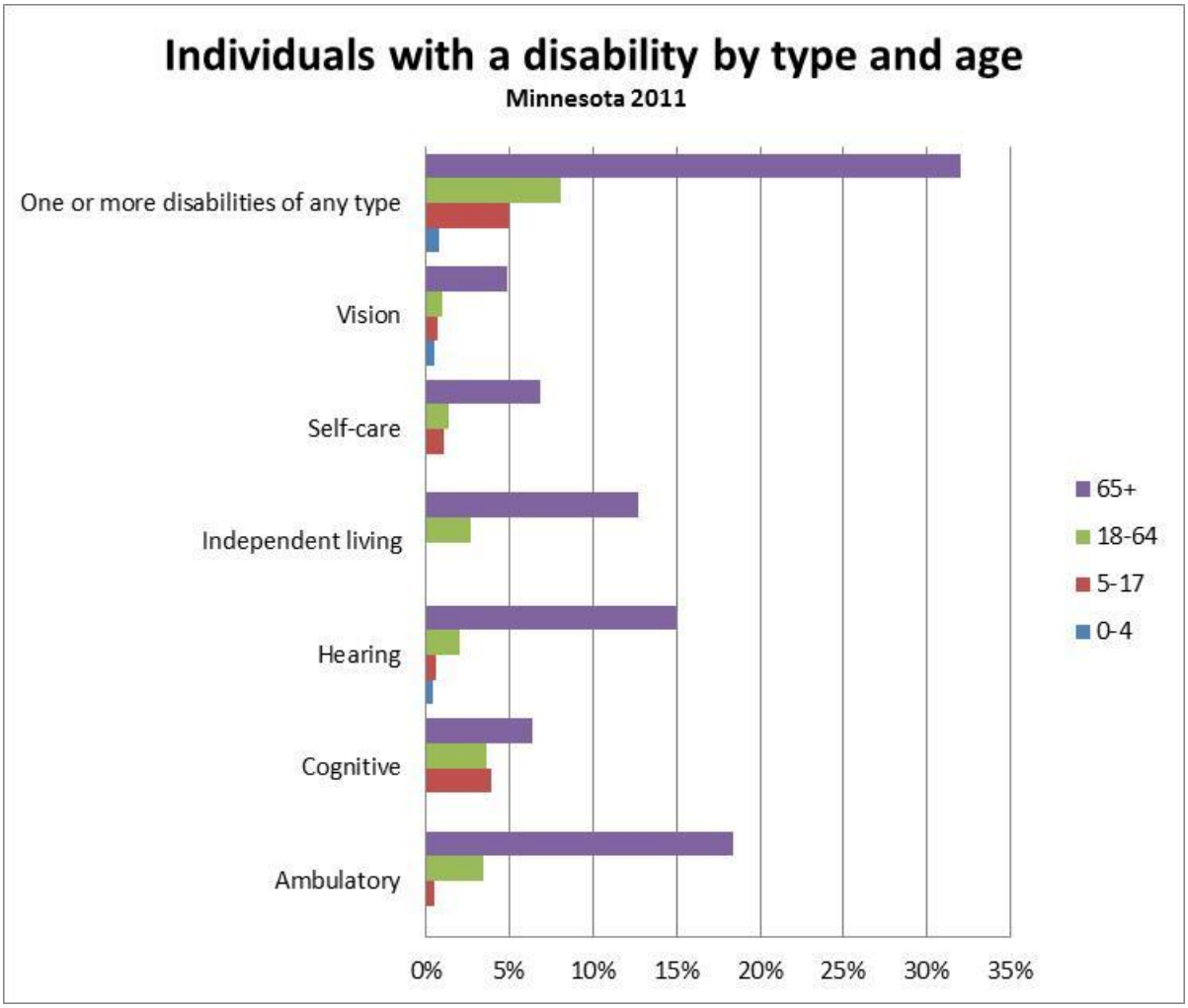
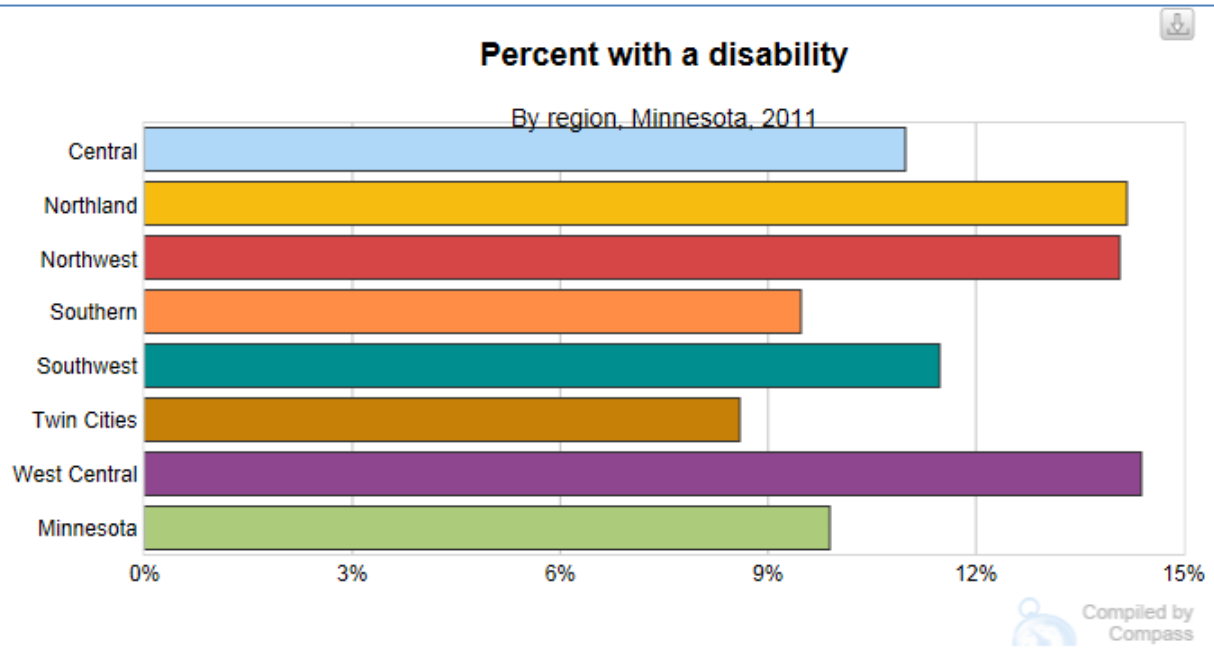


Chart 5a: There are regional differences in disability rates (which likely result from aging differences). The highest rates of disability are in the northern and western regions of the state (14%) and the lowest rate of disability is in the Twin Cities (8%). The rates of disability in the central and southwest parts of the state are about 11%, and the rate in the southern part of the state is about 9%. *Source:* Minnesota Compass (image captured from website).



Notes:

The regions shown here approximate the Minnesota Initiative Foundation regions. For a list of counties contained in each region and a detailed explanation of disability types, please see "Data & notes" under the "View" menu option.

Sources:

Integrated Public Use Microdata Series from the U.S. Census Bureau, American Community Survey.

Chart 5b: Percent of the population with one or more disabilities – Minnesota. *Source:* Minnesota State Demographic Center, using Public Use Microdata from the American Community Survey 2009-2011. *Note:* Public Use Microdata Area (PUMA) is a statistical geographic area used by the United States Census.

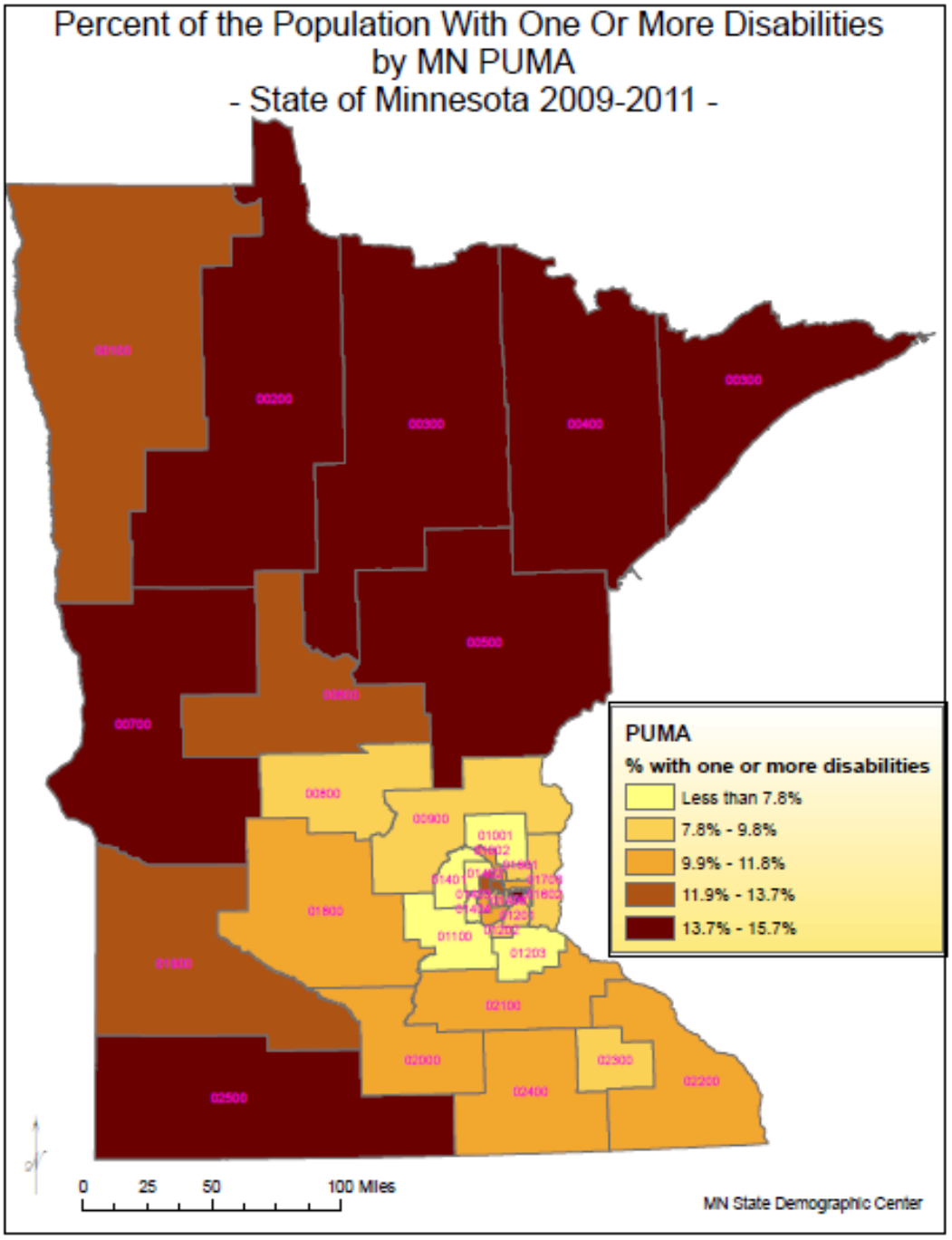


Chart 5c: Percent of the population with one or more disabilities—Twin Cities. *Source:* Minnesota State Demographic Center, using Public Use Microdata from the American Community Survey 2009-2011. *Note:* Public Use Microdata Area (PUMA) is a statistical geographic area used by the United States Census.

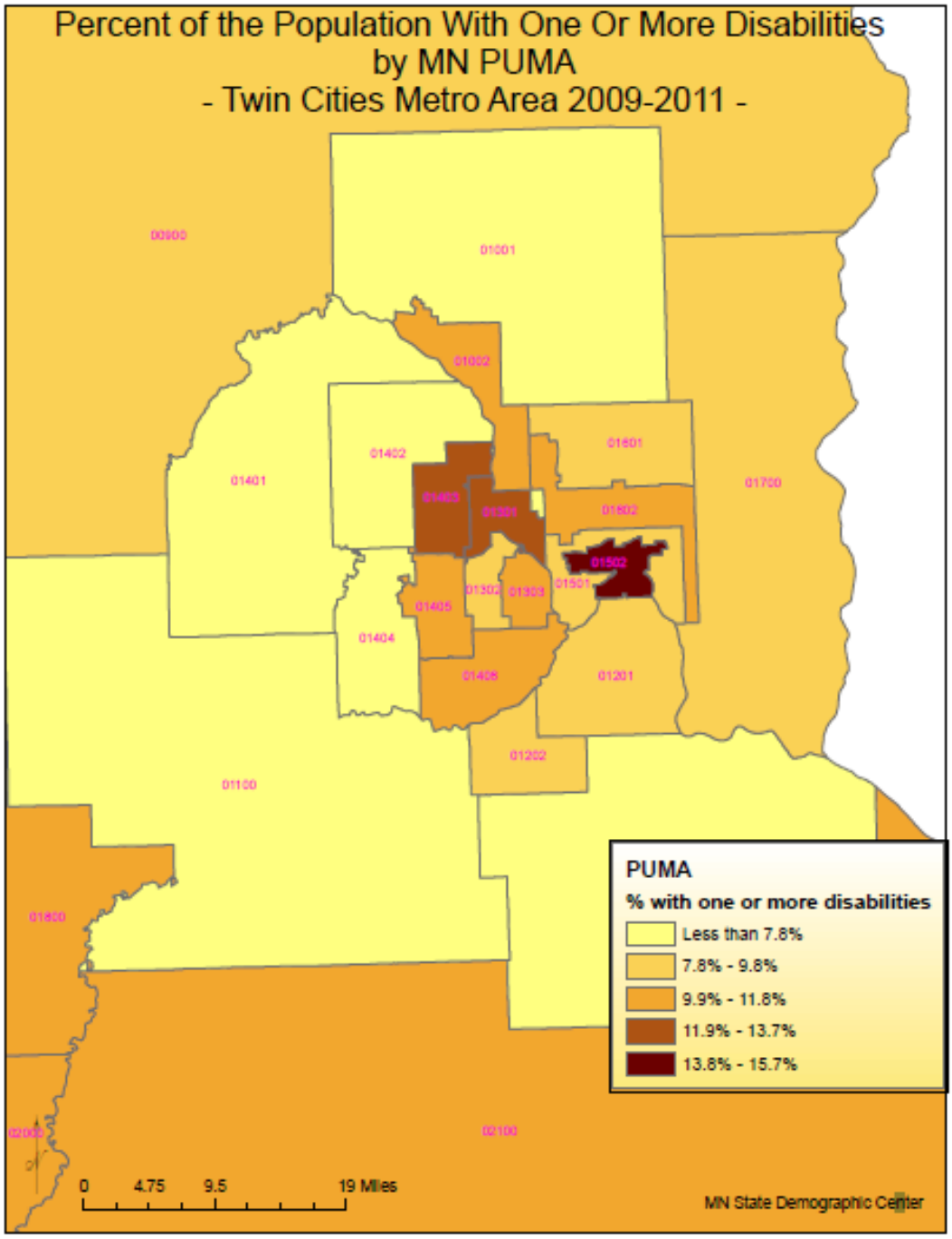


Table 5d: Data for Charts 5b & 5c. *Source:* Minnesota State Demographic Center, see other notes below table. *Note:* Public Use Microdata Area (PUMA) is a statistical geographic area used by the United States Census.

Geography number ("PUMA")	Counties and/or cities represented within this geography	% with one or more reported disabilities
100	Clay, Kittson, Marshall, Norman, Pennington, Polk, Red Lake, Roseau	12.7%
200	Becker, Beltrami, Clearwater, Hubbard, Lake of the Woods, Mahnomen	14.9%
300	Cass, Cook, Lake, Itasca and Koochiching	15.2%
400	St. Louis	14.2%
500	Aitkin, Carlton, Crow Wing, Kanabec, Mille Lacs, Pine	15.1%
600	Douglas, Morrison, Todd, Wadena	13.6%
700	Big Stone, Grant, Otter Tail, Pope, Stevens, Swift, Traverse, Wilkin	15.5%
800	Benton and Stearns	9.6%
900	Chisago, Isanti, Sherburne, Wright	8.6%
1001	Anoka	7.4%
1002	Anoka	11.0%
1100	Carver, Scott	6.3%
1201	Dakota	9.2%
1202	Dakota	9.3%
1203	Dakota	5.9%
1301	Hennepin: Minneapolis	12.0%
1302	Hennepin: Minneapolis	9.6%
1303	Hennepin: Minneapolis	11.4%
1401	Hennepin	7.8%
1402	Hennepin	7.3%
1403	Hennepin	12.4%
1404	Hennepin	7.8%
1405	Hennepin	9.9%
1406	Hennepin	10.9%
1501	Ramsey: St. Paul	9.3%
1502	Ramsey: St. Paul	15.7%
1601	Ramsey	8.2%
1602	Ramsey	11.0%
1700	Washington	8.4%
1800	Kandiyohi, McLeod, Meeker, Renville, Sibley	11.4%
1900	Brown, Chippewa, Lac Qui Parle, Lincoln, Lyon, Redwood, Yellow Medicine	12.7%
2000	Blue Earth, Nicollet, Waseca	9.9%
2100	Le Sueur, Rice, Goodhue	10.3%

Geography number ("PUMA")	Counties and/or cities represented within this geography	% with one or more reported disabilities
2200	Fillmore, Houston, Wasbasha, Winona	11.8%
2300	Olmsted	8.1%
2400	Dodge, Freeborn, Mower and Steele	11.4%
2500	Cottonwood, Faribault, Jackson, Martin, Murray, Nobles, Pipestone, Rock, Watonwan	14.1%

Notes from the Minnesota State Demographic Center:

Source: IPUMS version of the 2009-2011 American Community Survey, U.S. Census Bureau. Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010. www.ipums.org .Tabulations by the MN State Demographic Center.

Notes: Error margins due to sampling error exist around data points but are not shown. Relates only to the civilian, non-institutionalized population with a serious difficulty in one or more of the following areas of functioning: hearing, vision, cognitive, ambulatory, or self-care, or independent living. Populations that were not asked about a particular type of disability where excluded from totals when calculating percentages.

Additional notes about types of disability asked about in this survey:

-Hearing limitations: Respondents were asked if they were “deaf or… [had] serious difficulty hearing." This question was asked of respondents of all ages.

-Vision limitations: Respondents were asked if they were “blind or… [had] serious difficulty seeing even when wearing glasses." This question was asked of respondents of all ages.

-Limitations in cognitive functioning: Respondents were asked if due to physical, mental, or emotional condition, they had “serious difficulty concentrating, remembering, or making decisions.” This question was asked of respondents 5 years and older.

-Ambulatory limitations: Respondents were asked if they had “serious difficulty walking or climbing stairs.” This question was asked of respondents 5 years and older.

-Self-care limitations: Respondents were asked if they had “difficulty dressing or bathing.” This question was asked of respondents 5 years and older.

-Independent living limitations: Respondents were if due to a physical, mental, or emotional condition, they had difficulty “doing errands alone such as visiting a doctor’s office or shopping.” This question was asked of respondents 15 years and older.

Chart 6: Minnesota's population is aging. The current retirement-to-working age ratio is about 22%, but by 2040, the retirement-to-working age ratio is projected to be almost 40%. *Source:* Minnesota Compass (image captured from website).

Chart 7: Recent data shows that 80% of Minnesotans with no disabilities are working, compared to only 43% of Minnesotans with disabilities. Rates of employment differ among different types of disability: about 60% of people with a hearing disability are working; about 45% of people with a vision disability are working; over 30% of people with a cognitive disability are working; about 30% of people with an ambulatory disability are working; about 25% of people with a self-care disability are working; and, about 30% of people with an independent living disability are working. *Source:* Minnesota State Demographic Center (image captured from PowerPoint presentation slide).

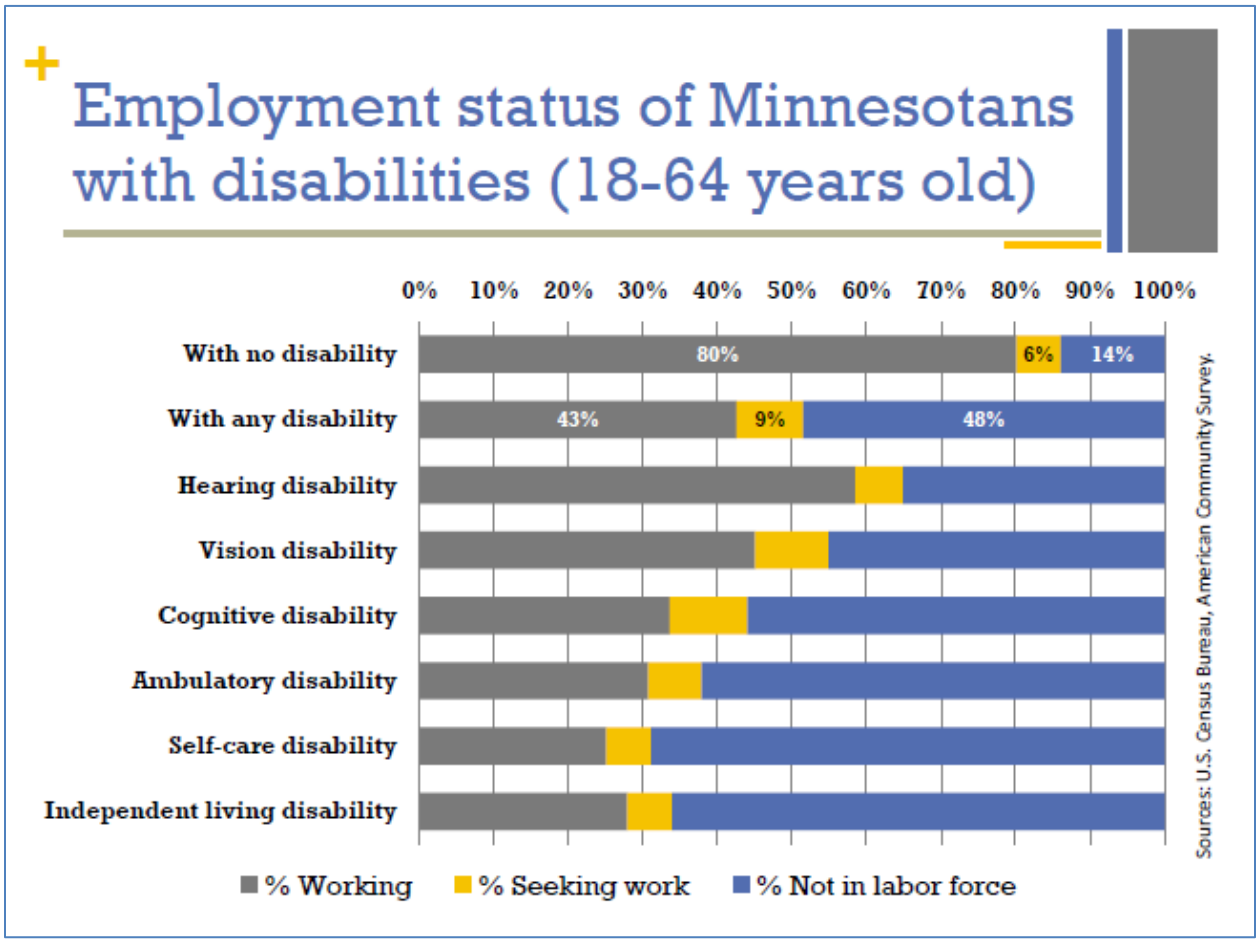
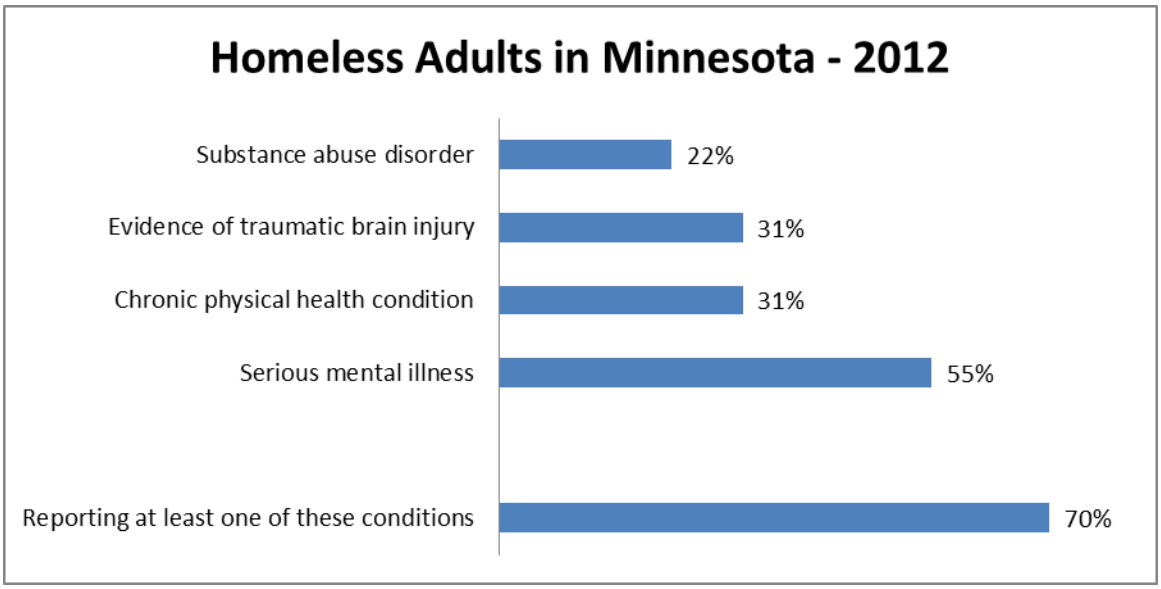


Chart 8: According to a 2012 study on homelessness in Minnesota, 55% of adults experiencing homelessness reported a serious mental illness, 51% reported a chronic physical health condition, 31% reported evidence of a traumatic brain injury, and 22% reported a substance abuse disorder. 70% (3,719 adults) reported at least one of these conditions. *Source:* Chart created with data from Wilder Research.



Appendix B. Subject matter experts

State agency staff consulted with several experts in developing the Olmstead Plan:

Employment
Karen Flippo
Program Director, Institute for Community Inclusion
University of Massachusetts/Boston

Employment/Customized Employment
Linda Rolfe
Independent Consultant

Education
Patrick Schwarz
Diversity in Learning and Teaching Department
National-Louis University

Family Supports and Health Care
Allan I. Bergman
CEO, HIGH IMPACT Mission-Based Consulting/Training

Housing
Ann O'Hara
Co-Founder, Director of TAC Housing Group
Technical Assistance Collaborative

Measurement/Data
James Conroy
Center for Outcome Analysis

Plan Development
Tony Records
Independent Consultant

Self-Determination
Michael Head
Independent Consultant

Appendix C. Selected stakeholder comments from listening sessions

Listening sessions were informally transcribed using Communication Access Real Time (CART) services. The comments below are taken from these transcripts, and may not be exact. Notes in parentheses show the topic area(s) that are connected to a particular comment.

St. Paul Listening Session – July 9, 2013

Steve Larson

"A concept to consider is for all of us to view the public dollars as an investment rather than an entitlement. Most investors expect a return, and the return expected is that individuals with disabilities will be able to build a life, a life which is fully integrated into the community, a life [in] which they attain services they choose at the right time in the right place in the right amount." (funding, supports and services)

Joe Cuoco

"Group Residential Housing covers many different types of programs within Minnesota [including] board and lodging programs for individuals in recovery from drugs and alcohol. I believe board and lodging programs do not meet the definition of an institution. This is not permanent housing. The average stay is three to six months. Congregate group residential housing settings play an important role in the continuum of care for the person coming off the street, out of detox, out of residential treatment programs as a place to continue recovery in the early stages and leading to stability and improved health outcomes." (housing, supports and services, health care)

Richard Hooks Wayman

"We are in full support of the goal that people with disabilities should choose where they live, with whom they live, and what type of housing. How do we know we're achieving that goal? What are the public data elements that we are collecting through the various agencies? And how is the information given to the public so that we can measure success moving forward?" (housing)

"Supportive housing is an evidence based practice and allows for integration. I think we have to have a balance between site-based supportive housing and scattered site supportive housing." (housing)

Jennifer Lewin

"I wanted to commend the Committee in looking at a continuum of choice but just wanted to make sure that it is a true choice, not a designated choice."

"Preserving that choice is also not limited by an arbitrary cap or denial to support services by choosing any one of those options, including a single-site setting." (housing)

"Integration is not inclusion. Integration is truly about demographic integration. Inclusion is about being welcomed and a sense of belonging into a community (housing, community engagement)

Ethan Roberts

"When you talk about future measures, to increase the percent of people with disabilities living within an integrated setting of their choice, that's tangible, that's real, it's thoughtful. I have my own lease. A roommate isn't forced on me; I can come and go as I please. That makes sense. That's real." (housing)

Al Hester

"Public housing isn't the problem and it's not the solution. Public housing is serving, providing good housing for a great many people with disabilities, but its capacity is very limited." (housing)

Matt Burdick

"Time and again we have seen services developed from the perspective of serving people with developmental disabilities and physical disabilities fail to adequately meet the needs of people with mental illness." (supports and services)

"We were really pleased to see that one of the goals under employment is increasing evidence based supported employment." (employment)

"We want to see a system that gives people comprehensive services when they first start experiencing mental illness so that it doesn't disrupt their life significantly down the line." (supports and services)

Don Lavin

"Employment is a critical gateway to the core goals of Olmstead and drives many individual choices associated with living and participating in the most integrated community setting. Without a competitive job, many of the goals of Olmstead are challenging, if not impossible to achieve." (employment, community engagement)

"We need a shared and uniform public policy statement that expects, encourages, provides and rewards integrated employment in a competitive workforce as the first and preferred option." (employment)

Linda Orrben

"A lot of individuals leaving high school don't have a whole lot of choices other than going to transition schools or day programs or work programs. If students are given the opportunity to learn these skills (social, vocational, independent living and academic), they may need less supports later on in life." (education, employment community engagement)

Mary Kay Kennedy

"The Olmstead decision creates some powerful opportunities to create change and the decision itself really has given self-advocates license to press for creation of new community accommodations." (community engagement)

"The plan has the potential to radically change the way people are included in their communities." (community engagement)

"If people have greatly limited life experiences, it's really not informed choice just to tell people what their options are."

Dan Stewart

"Ensure transition age students have opportunities to be fully integrated members in their community, especially in higher education and in competitive employment. A key to this, of course, is to ensure informed choice, having appropriate assessments and having access to a variety of different options and opportunities." (education, employment)

"There should be more emphasis on reducing segregated school placements at an earlier age. These segregated placements at an earlier age sometimes funnel kids into segregated or center- based facility-placed employment situations later on. " (education, employment)

Pamela Hoopes

"We strongly urge Minnesota to formally adopt an Employment First policy. Minnesota really must commit to collecting data about the number of individuals and hours that people are working in center-based or facility-based settings, enclave or work crew settings and integrated community or supportive employment settings." (employment)

"Minnesota really must commit to coordinating efforts across state and county agencies that provide funding for persons with disabilities in employment, and those agencies include Voc Rehab, State Services for the Blind, DHS Disability Services Division, Minnesota State Operated Services and also Children and Community Services Act county funding." (employment, funding)

The state must set goals and timelines for increasing opportunities for persons with disabilities to secure integrated competitive employment in the community." (employment)

Galen Smith

"As long as there's an institutional bias in Medicaid, there's not a real choice." (housing, community engagement)

"We have a system that [forces] poverty on people with disabilities... just to get the services they need and that's not freedom and that's not independence and that's not integration." (supports and services)

Dan Cain

"I believe Olmstead is about choice. And it's about a level playing field, and people being able to take control of their lives and make decisions that they believe are best for them.

"To borrow from the medical profession, [the] first rule should be to do no harm."

"It's very important that we not develop rules and guidelines that inhibit the good services that are being provided." (supports and services)

Moorhead Listening Session – August 2, 2013

Sue Humphers-Ginter

"A strong system of providing long-term options counseling to older adults and their family members is critical to helping older adults with disabilities and their caregivers make informed decisions about meeting long term service and support needs and remain in the community." (supports and services, housing)

"By supporting family caregivers, we enable them to sustain their care giving role for a longer period of time and reduce their reliance on more costly forms of care." (supports and services)

"We must ensure that older adults have access to proven interventions that will help them manage their chronic conditions." (health care, support and services)

"Successful transitions from nursing homes to home help to change the mindset that nursing homes are the best long term residence for older adults with disabilities and also respect people's preferences for living in care give arrangements." (housing, supports and services)

Donna Atherton

"Person centered planning could be a formative process implemented in transition planning services for students with any disability so that they may become active participants in determining their future in employment, housing, and community engagement. Teachers and service providers should have training to facilitate this process" (education, employment, housing, community engagement)

"It's so easy for people to get stuck working in an enclave or sheltered workshop and receiving subminimum wage. Vocational agencies are so entrenched with this model and people don't realize that they have choices to step outside and expand their horizons." (employment)

"I wholeheartedly embrace the concept of Employment First principles to make integrated employment the first employment option for people with disabilities." (employment)

My daughter, Nicole, is a strong advocate for herself and for others. She's competitively employed with two jobs in the community, volunteers, and is making plans to live independently." (employment, community engagement)

"Where people live is another area that needs examination." (housing)

Rebecca Melang

"To realize our full cost savings, we must stop people from entering institutions. We're not going to be able to realize that until we work with the people that are living in our shelters and our jails." (housing, supports and services)

"If we don't have a dedicated funding stream for housing and for housing vouchers, we will be basically taking away from other vulnerable populations that work to house people coming out of institutions." (housing, funding)

Jan Peterson

"Some of the folks I've been working with that are in nursing homes desperately want to return to the homes they've lived in most of their lives. One woman got a letter from the county saying that she had to put her house on the market. She had been in the nursing home for too long. She was transferred to an assisted living place and her house is for sale. A 62 year old Vietnam vet was placed in a nursing home last spring. He was told there were no other options for him. He sits in the nursing home room listening to his music every day, looking out the window." (housing, supports and services)

Nate Algaard

"In small town Minnesota, there are still a lot of physical barriers. Even when people renovate or build new, there are sometimes barriers. So what are our building inspectors doing to make sure that things are constructed accessible?" (housing)

Tom Holtgrewe

"My focus with my daughter is job searching and it's a challenge. We're just looking for other opportunities and we have got to create some of our own by going out and working with the agencies and the employers." (employment)

Sharon Grugel

"Two young men with disabilities have graduated for high school, are working in supported employment [jobs] in Roseau but the family would like them to be able to move into their own home setting. And there are absolutely no homes available. So the county, of course, wants to send them out, away from home, away from their support system, away from their friends, away from the community that has helped them grow up and accepts them. And I just think that's so unfair." (housing, supports and services)

Shannon Henrickson

"How do you keep those services available in those small communities when you can't even get people (direct care workers) to apply?"

Carolyn Strnad

"There doesn't seem to be a consistent way of determining who receives vocational rehabilitation services." (employment, supports and services)

Duluth Listening Session – August 13, 2013

Laurie Berner

"I think it's very, very important that people have those choices. I think people gain choices and learn how to make informed choices through being educated, hav[ing] experiences, real, personal experiences and opportunities so that they can explore and grow and be able to make decisions." (supports and services, community engagement)

“The UDAC (day training program) finally got a supported employment license. It took me months and months and months to get that so we would offer that opportunity to people we serve and people who will be coming in the future. It shouldn’t be that hard.” (employment)

Len Rothlisberger

“The state of Minnesota should encourage further development of the affirmative business enterprise model of employment services for people with disabilities.” (employment)

Richard Wescott

“I’m here today to tell you how important having a good job [is and] has made a difference in my life. I have had a job in the past. However, the wages and hours were not what I need to pay my bills or to save for any extras.” (employment)

Jon Nelson

“Unless you do something about a good, qualified workforce to support people in the community, everything else is going to be doomed for failure.” (employment)

“We operate in eight counties and we experience what it’s like to put technology in a variety of rural settings and it’s very challenging. I can tell you right now that there are people who could live in the community with technology [but] who can’t because we don’t have the broadband capacity in those areas. (supports and services)

Roberta Cich

”You’re really looking at the barriers that people with disabilities are facing and you’re trying to address that at many levels.” (supports and services, community engagement)

“The Olmstead decision, like the ADA, is a civil rights decision.”

Bridget Riversmith

“I’ve lived in institutions, in group homes, crisis shelters, homeless shelters where I was told I was a drain on society, and I worked at shelters like Goodwill where I was told I was unfit for higher education and training and employment opportunities at anything more than subminimum wages. But I have navigated the system and I’ve achieved greater independence by advocating for my own person centered planning.” (education, employment, community engagement)

“You’re really focused on integration and I think that’s great because I’ve gotten the message that, unless I can measure up to being normal, I can’t be included.”

“I notice that you focus on jobs, on employment first, and there’s no mention of entrepreneurship or higher education, mentoring, apprenticeships, professions, business ownership, partnerships.” (employment)

Laura Birnbaum

"By including self-advocacy, peer-to peer-support, and leadership training into the Olmstead Plan, self-advocates would have an increased ability to create change within the system that impacts their lives on a daily basis."

Employment opportunities are at the top of the list, often with the phrase, we want real work for real pay. We fully support the Olmstead Plan goal that people with disabilities will have choices for competitive, meaningful and sustained employment in the most integrated setting, but we advocate that these choices be informed, including increased opportunities for work experiences beyond the traditional custodial and food prep skill building experience for transition aged youth with disabilities." (employment)

Julie Jeatran

"I was reading the Olmstead Plan over and I read a lot of it but I had to skim some of it, seemed like this big kind of tin man, like an ironman kind of thing with a big heart and kind of bulky and all the agencies that are caring but like working from the top down versus the foundation up. I think it would just be great to build a foundation and maybe help the heart of this beast of the agencies to be effective."

Don Samuelson

"You captured many of the things that are important to people with disabilit[ies] of all ages in order for people to live in the way they want to live. This draft provides a solid foundation on which to build. Many older adults experience disabilities for the first time in the later years of their lives, often due to the progression of chronic illnesses. Thus the experience of older adults requires consideration in this plan" (supports and services)

"We must ensure that older adults who are experiencing disabilities have access to in-home supports regardless of their pay sources." (supports and services)

"In order for older adults to be able to live where they choose, including their own home and community, it is critical that these supports are available statewide." (supports and services)

"We need to ensure a strong transportation system statewide. Our transportation system must include a range of transportation options and must have a high degree of coordination in order to [make the] most efficient use of our resources." (transportation)

"We must support older adults who choose to age in place in order for people to continue living in their homes as their disability increase[s]. They must be able to have access to [a] cohesive system of home modifications." (housing, supports and services)

"We must continue our work to integrate health and long term services and supports." (health care, supports and services)

"A coordinated system of health care and long term support services can more effectively identify high risk individuals, connect those individuals with needed services and provide followup improvement and overall quality." (health care, supports and services)

Linda Sjoberg

"I believe we have felt all along that where people with disabilit[ies], and particularly people with mental illness, need to live and deserve to live is in the residence of their own choice." (housing)

"One thing that we are very much lagging behind on is the involvement of consumers and the development of peer supports." (supports and services)

"In order for people to have the opportunity to have stable lives in the community they need to be able to access a full continuum of services as they move through their treatment process." (supports and services)

"Beginning with inpatient hospitalization, we struggle sometimes to get people moved out because there is not the appropriate next level of care." (health care, supports and services)

Commissioner Chris Dahlberg

"Individuals with disabilit[ies] should live, work, and receive services in the greater community like individuals without disabilities. And so integration into the neighborhoods is key and we're seeing that." (housing, community engagement)

"Parkwood [is] a neighborhood with about a hundred homes, but in a hundred homes, there's six group homes and I think they're moving into eight. Olmstead talks about wanting to have integration so they're moving into communities with people without disabilities so what you're starting to do is have a concentration of homes and you're losing the effect." (housing)

Charlie Fedora

"I would implore you to consider how you concentrate these group homes and, if your focus is group homes, you're not integrating them, you're going right back to kind of an institutional atmosphere." (housing)

Mary Metzger

"As we're working for employment for people with disabilit[ies] across a broad spectrum, I would hope that you would have conversations with the Minnesota Chamber of Commerce. Oftentimes in smaller communities, it's very difficult to get into employment opportunities for people." (employment)

"When people are allowed to ride the bus with everybody else, then they're integrated into their community and they have relationships so I would hope that would continue to happen, specifically in rural areas." (transportation)

"I would ask that you would consider training for law enforcement across the state of Minnesota, not just for people with developmental disabilities but people with mental health issues."

"As a provider of services, I would hope that people, whether they're people with a disability or people who accompany them through life, actually have real pay for the real jobs that they do." (employment, supports and services)

Sherri Fedora

"The Parkwood development where I live was home to seven foster care homes that have now increased to nine. This is a newer subdivision of Duluth which has been overrun by foster home operations. Licenses and high density foster care areas should be rescinded. A fair ratio of one foster care home per 150 houses should be adopted. No new licenses should be approved in St. Louis County due to the saturation we are currently experiencing." (housing)

Mike Ryan

"When you start looking at employment, please remember that we also need transportation." (employment, transportation)

Rick Hammergren

"As we move into another generation of this huge systems change and as we look at the current evolution, we need to recognize that many people are served well where they are, sometimes we don't need to reinvent everything in order to improve it. Maybe we need additional options but we don't heed to abandon those models that are serving people well now." (supports and services)

"What we need is a diverse menu of openings for employment and training and community based supports to find jobs for people that work and endure, that aren't just a simple solution to go find a job [and] a placement but actually one that provides a solution for the long term (employment)

"Please let people who have disabilities and their families and their guardians make real choices about what the best model and design is to meet their needs. Please continue to listen to people who receive services. They know what they need. They know what works best for them." (supports and services)

Patricia Ann Wallace

"I work in recycling and sorting and shredding and we are paid by how many bags we sort and fill, we work at subminimum wage. I would like to get paid by the hour like you get paid by [the] hour." (employment)

"I think that everyone has rights to choose where they live and be happy. All kinds of people live in my community." (housing)

"Give people a chance to show that we can do it, yes, we can. Everybody deserves a chance and everybody learns differently. People just need to be shown how to do things. It can take a while but they can do it. Everyone has a dream where they want to live, work and be happy." (community engagement)

Nancy Cashman

"All of the people who live in our supportive housing programs are homeless upon entry into the housing and most have mental and /or chemical health issues and many have dual diagnosis. In our experience, homelessness is really not a good support plan or treatment plan for folks with disabilities." (housing, supports and services)

"It's really important that you understand how supportive housing works and, while we use some of the same funding tools as some of the other programs like group residential and foster homes, we really bring something different to the table." (housing)

"We're concerned about the 25% rule. If you build a new facility or only 25% of the units can be for [people with] disabilities, that completely collides with all of the capital funds that are out there. I don't know how we'll continue to get people off the streets if these policies and rules and laws really start to crash into each other." (housing, funding)

"Most of our supportive housing funds come from HUD and HUD requires that you be homeless upon entry and that you have a disability." (housing, supports and services)

"It's not cost effective to build a facility that only has four or ten units because then you end up scattering services all over and the model that we have found to be very successful has been congregate living with people having their own individual apartment but having high intense services and providing services in a philosophy that understands the barriers people have and helping them to maintain housing." (housing, supports and services)

Mark Nelson

"The adult protection system needs to be strengthened relative to the child protection system. Adult protection services are really funded on a fractional level and yet, the need is very substantial, especially as we seek to integrate people into the community." (supports and services)

"The possibility of physical harm, neglect and increasingly financial exploitation are issues that we need to have the capacity to address through adult protection." (supports and services, community engagement)

"There is a concentration of services in particular counties and so people really don't have a lot of choice in many, many counties." (supports and services)

"Housing is about where people live with their own family, on their own or with other people, and the goal is that people will choose where they live, with whom, and in what type of housing and, all too frequently, we have seen people who are either living in a home being introduced to people moving in, they don't have any say about that so there is a dignity piece there; nor do people often have a say about where they're going to be going, this is the only option." (housing, supports and services)

"Resident mix is a very important factor to consider over the potential for managing challenging behaviors and informing individual abuse prevention plans that each resident in foster care needs to

have. So keeping that option there for people to choose where they live and who they live with and how we put that together is going to be important for [the] dignity of people as well as safety for them and others." (housing, supports and services)

"It happens that people just will be placed at times and as much as licensing requires pre-placement, that doesn't always happen." (housing, supports and services)

"In developing individual abuse prevention plans, [we] need to know something about other people in the home in order for a case manager to say, yes, that individual abuse prevention plan will work for my client." (housing, supports and services)

John Hanson

"The use of waivers opened up many options for many consumers and, in particular, those with disabilities. (supports and services)

"A concern is how you would define 'community level settings.' There are indications that some factions feel some congregate settings including those with housing establishments are not personal homes. I would strongly disagree with that." (housing)

"People [who] can live in their own house with services brought in, that would be wonderful, that's what we should all shoot for but there are a broad range of people who need 24-hour care or monitoring or supervision. In this day of budget cuts and constraints, assisted living homes and housing with service establishments are one of the most cost effective options out there." (housing, supports and services, funding)

Rochester Listening Session – August 16, 2013

Hiyas Quelle

"If you have good education and training, then you will have better opportunities with your employment." (employment)

"I want to see Mayo Clinic and Minnesota [have as] our goal, to be a trail-blazer and employ people with disabilities. "(employment)

"I see programs especially the high schools where they help students while they're in high school, they're being trained to work in the health care field but I haven't see that as a parent, I haven't seen a program training students with disabilities so that they can be qualified to work in the health care industry." (employment)

Lee Ann Erickson

"The cages are back but they're gilded now. Providers are investing [in] the lovely high-end homes so residents do have nice bedrooms but they're spending way too much of their free time in their bedrooms and not in the communities." (housing, community engagement)

“The right to association is the one most often abused. My two sons with disabilities own their own home. I’m their guardian. Their in-home provider would not allow former staff to visit their home.” (community engagement)

“Staff at licensing made it clear they were not interested in [the] rights of individuals.”

“When you are living in a home of your own, staff becomes more supportive and much less controlling. Many of the barriers created by corporate adult foster care liability issues are eliminated.” (housing, supports/services)

“Quality of life improves when you’re in a home of your own.”

Tena Greene

“I know that the goal of the plan is that people [with] disabilities are living, learning, working, and enjoying life in the most integrated setting. I believe in order for this to happen, all children need to be [in an] inclusive setting for education.” (education)

Children are born to be accepting of everyone and when we put individuals in self-contained classrooms, we’re not only doing them an injustice but also all other individuals an injustice.” (education)

“Everyone benefits through interacting with different people. Entering students with disabilities into the classroom may force teachers to leave their comfort zones and learn new techniques and become better instructors.” (education)

“Diversity proves important in creating an open-minded society.” (community engagement)

“If we do not start this early, it gets more and more distant and the chances are that our children will be included diminishes greatly.” (education, community engagement)

“The struggles and challenges for inclusion [are} not a disability issue, it is a human issue.” (community engagement)

Guy Finne

“We think it’s very important to enhance interagency partnerships at the state and local levels.” (employment)

“There are lots and lots of resources, lots of agencies and you can kind of get lost in that shuffle. The more connected we can make that, the better.” (employment)

“Provide education to employers about how to improve their human resources practices about the benefits of hiring a diverse and inclusive workforce.” (employment)

Martha Cashman

“One of the things we had to do from an employment standpoint was actually take a look at personal care attendants and bring that into the health benefits, that this was not something that was frivolous or

extra that this was a matter of life and death, and that it should be covered under the health care benefits." (employment, health care)

Bill Harreld

"Most organizations need help with establishing strategic plans, with specific strategic direction and measurable results."

Carrie Varner

"Because of self-advocacy, I didn't die in a group home. I'm not a ward of the state and I actually can be in [the] most integrated setting possible without fear of retribution or retaliation." (housing, community engagement)

"Because of providers and the fear they project toward their clients, they are unable to speak for fear of speaking due to retribution, retaliation and in some cases, even severe punishment, and that's not right for anyone. That's why self-advocacy is such a vitally important thing in everyone's life, not just those with disabilities but everyone's."

Betsy Spethman

"One size doesn't fit all. Developmental disability is different from physical disabilities. DHS has already combined licensing standards for Minnesotans with physical disabilities, developmental disabilities, and the elderly. This does all individuals a disservice because each population has strikingly different needs" (support and services)

"The issue is choice for each individual and appropriate levels of care." (supports and services)

"Do not restrict their choices in your effort to provide more independence for others." (funding, supports and services)

"Maintain funding for congregate care settings to serve the highest need individuals. Lift the moratorium on group homes. Give parents the tools to help you create capacity." (funding, housing, supports and services)

Karen Larson

"When Andrew was 5, his dream was to go to kindergarten with his peers at the same school as his big sister. That was a lot of work, a lot of planning and two lawyers and we made it happen." (education)

"Andrew was [in] regular education classrooms his whole 12 years of education because that's where he wanted to be and that's where he learned best." (education)

"Today, there are kids with disabilities who want to be in education, regular education classrooms, full time. They have been told because they [have a developmental disability] there isn't enough room or time for them to be in the regular education classroom. It's still happening today. I thought we resolved this long ago. When my son graduated, I thought I paved the nice road for kids to follow." (education)

“The purpose of education is to prepare, educate every student for the real world based on what that person needs and to make it happen.” (education)

“After two years at working at the DT&H doing shredding, I asked when Andrew could start a community job. The staff said [that] Andrew would never be able to work in the community because [his disability was too severe]. Everyone should be able to work where they’re happiest. Happy people make a happy Minnesota.” (employment)

“Andrew’s dream would be to have all blondes working with him and they should all be paid a million dollars an hour because that’s what they’re worth to him.” (services and supports)

“Everyone should be able to work where they’re happy.” (employment)

“All direct care staff [should be] paid a salary that’s worth the work that they do.” (services and supports, funding)

“Base quality on what the person says quality is.”

Derek Melby

My daughters’ needs and wishes could not and would not ever be met by an institution, but their needs and wishes may be best service by group housing in Northfield. Don’t let a bias towards provider group housing become a bias against provider group” (housing)

Robert Bonner

“The state’s responsibility is to ensure that families and individuals have real choice.” (supports and services)

“DHS promises at the same time to initiate a plan on a policy of restricting individual and family choice. They have laid out a campaign against what they call institutional-like settings. In Minnesota, that appears to mean defunding intermediate care facilities.” (housing)

“The ICF in his parents’ judgment is the most integrated alternative in which we think Tim could thrive.” (housing)

Dalaine Remes

“The Olmstead Plan was to identify transportation as a barrier and develop solutions to group transportation to ensure that all people with disabilities, including our senior populations in small, rural areas, have equal access to rural communities on a regular basis.” (transportation)

“The Department of Transportation should consider developing weekly direct transportation routes to some of the smaller rural areas in small towns that will allow individuals with disabilities, seniors, and families with limited or no transportation options access to shopping hubs, medical centers, recreation, social activities and the larger communities.” (transportation)

“People with disabilities, even in the house right next door, continue to live in a very segregated, controlling environment.” (housing, supports and services)

”Some people in southwest Minnesota are not allowed to form meaningful relationships with individuals who are outside their staff or outside that circle of people with disabilities that they live with, work with, and recreate with.” (community engagement)

“As we think about what’s meaningful in our own lives, it really is relationships that we build and we need those connections with people to give them true access to relationships and integration to community things that are of interest to the individual.” (community engagement)

“I see on a consistent basis, people with higher abilities living in facilities where they do not need to have that level of care and, at the same time, individuals who have children at home who need more care, a residential setting but those setting are not available for them so [it] seems like there’s barriers on both those levels. If you can remove those, live more independently and provide more options and maximize those options, it would increase the abilities for everyone.”(supports and services)

<u>Sandra Gerdes</u>

“Families think it’s normal for people to move out on their own. Finding way to provide gradual transitions, such as regular out-of-home respite with trusted providers is something that families want.” (services and supports)

“It Isn’t always more cost effective for people to live in the community. Sometimes it costs less and helps more to serve people with disabilities in congregate settings.” (housing, supports and services)

“People need to have access to resources that give them the appropriate level of support and services for their needs and desires.” (supports and services)

“One of the primary challenges is ensuring that we are not creating one-size-fits-all solutions. People have a full spectrum of needs. We must have a full spectrum of solutions.” (supports and services)

<u>Dan Zimmer</u>

“The most important aspect is getting feedback from the individuals and their families as to what’s important to them and what are their expectations of services. Who’s better to say, are they giving good service, than the person actually receiving those services.”

“One person’s outcome is not going to be the same as another person’s outcome, so you need to take time to really determine what [are] those outcomes that you’re looking for and they need to be based on that individual and their families and [their] value system.” (supports and services)

“If you don’t continue to improve on the quality of a person’s life, quality can be really affected and you might find that you’re not meeting their needs.” (supports and services)

“What goes on at work does affect home. What goes on at home does affect work and they need to be working together and being a true team, not just working in silos.” (supports and services)

"We need to make certain that we're giving people real choices, real choices of where to live, how they're going to live, where they're going to work , and that's not always an easy thing." (housing, employment, supports and services)

Larry Lubbers

"I live in foster care where it's kind of hard for me to live in foster care because my rights were being taken away, and I'm kind of scared of it now and, plus, I can't even take a city bus anymore." (housing, transportation)(lives in an area not serviced well by public transit)

Rick Cardenas

"The expert is the individual with the disability and we just have to find a way for them to express that and make sure that other persons with developmental disabilities can also become a part of this society to the greatest extent possible."

Mary Ellen Mayo

"Folks who do in-home PCA services in Rochester get about $11 an hour. That comes to less than $25,000 a year and if you think about that, how can a person live." (supports and services, funding)

"Please think about workforce development because we need not only folks to do direct care in the home but if we think of the future for James, in a group home or in whatever setting he and we choose for him. We want people to give him good, direct care so we want not only caring people, we want people with skill, we want people who are accountable for their work, and we want more professionals." (supports and services)

Appendix D. List of relevant Governor-appointed groups

The following list includes Councils, Committees, Commissions, and Boards that address aging or disability (Minnesota Secretary of State). These groups will receive copies of Olmstead implementation reports. More information is in the Quality Assurance and Accountability section (page 27).

- Board of the Minnesota State Academies
- Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans
- Governor's Interagency Coordinating Council on Early Childhood Intervention
- Governor's Task Force on the Prevention of School Bullying
- Governor's Workforce Development Council
- Maternal and Child Health Advisory Task Force
- Metropolitan Council (Metro Mobility and regular route)
- Minnesota Assistive Technology Advisory Council
- Minnesota Autism Spectrum Disorder Task Force
- Minnesota Board on Aging
- Minnesota Governor's Council on Developmental Disabilities
- Minnesota Resource Center Advisory Committee: Blind/Visually impaired
- Minnesota Resource Center Advisory Committee: Deaf/Hard of Hearing
- Minnesota State Council on Disability
- Ombudsman Committee for Mental Health and Developmental Disabilities
- Special Education Advisory Panel
- State Advisory Council on Mental Health
- State Quality Assurance Council
- State Rehabilitation Council
- State Rehabilitation Council for the Blind
- Statewide Independent Living Council
- Subcommittee on Children's Mental Health
- Traumatic Brain Injury Advisory Committee

Appendix E. Example of fiscal considerations

The Housing topic area drafting team considered a number of financial factors when developing the plan. The information below is provided as an example only—specific financial proposals will be developed by the subcabinet.

Fiscal impact – Affordable Housing Expansion:

Most of the new housing opportunities add units to the housing stock; a small portion is a result of turn-over in rental assistance participants. Capital cost subsidies range from $18,000 per unit to $50,000 per unit; annual rental assistance ranges from $5,400 to $6,700 annually per participant.

A number of factors influence the total cost of increasing the number of assisted affordable housing opportunities. These factors include the portion of housing opportunities provided through capital expenditures versus rental assistance, the incomes of the populations to be served and the location of the housing which influences the cost of developing the housing. Assuming that one-half of the opportunities are provided by adding new housing units, the state assistance costs for 50 additional units would range from $900,000 to $2.5 million. The availability of federal housing tax credits is one of the primary driver of levels of state assistance needed. Rental assistance costs for an additional 50 rental assistance vouchers would range from $270,000 to $335,000 annually. Depending on the incomes of the residents, rental assistance may be necessary for residents living in units that have benefited from a capital cost subsidy. The rental assistance costs are assumed to be ongoing costs. These costs are in addition to the amounts currently spent on the provision of affordable housing.

Long-term goals in housing can only be achieved with additional funding. Other potential funding sources include additional Section 811 program funding, VASH (Veterans Affairs Supportive Housing) vouchers and other mainstream HUD programs to increase the supply of affordable housing opportunities.

The availability of additional (new) resources is a barrier to achieving the goal. Minnesota Housing currently expends all available resources on affordable housing. A funding priority is given to proposals for housing that serves the lowest income households. Federal resources for affordable housing have been stagnant at best in recent years, with a few program exceptions. Sequestration will further reduce the availability of federal resources. While state appropriations to Minnesota Housing were increased for the current biennium, they have not rebounded to previous higher levels.

Appendix F. Chronological timetable for implementation, 2013-2016

[Note to readers: The timetable was temporarily removed to minimize the number of changes needed during the plan modification drafting process. The modified timetable will be finalized in June 2014. You can review the original timetable in the November 2013 Olmstead Plan, which is available on the Minnesota Olmstead Plan website.]