UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents, Guardians and next friends of Bradley J. Jensen, et al.,

Civil No. 09-1775 (DWF/FLN)

Plaintiffs,

v.

Minnesota Department of Human Services, an agency of the State of Minnesota, et al.,

Defendants.

Minnesota Olmstead Subcabinet Report to the Court

STATUS UPDATE
May 1, 2014 – June 30, 2014

Report Number 3

August 18, 2014

Olmstead Subcabinet

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I. PURPOSE

On January 22, 2014 the Court provided the following direction for updating the status of the Olmstead Plan implementation:

"The State of Minnesota shall file its first update, including any amendment to the Olmstead Plan and a factual progress report that shall not exceed 20 pages, within 90 days of the date of this Order. The Court expects the parties to address the progress toward moving individuals from segregated to integrated settings, the number of people who have moved from waiting lists, and the results of any and all quality of life assessments. The Court needs to be in a better position to evaluate whether the Settlement Agreement is indeed improving the lives of individuals with disabilities, as promised and contemplated by the Settlement Agreement itself.

As the Court ordered on August 28, 2013, updates to the Olmstead Implementation Plan shall include activities undertaken pursuant to the Plan, documentation of such activities, and any requests for modification of the Plan's deadlines or other elements.

The State of Minnesota shall file a revised Olmstead Plan on or before July 15, 2014, after first providing a draft to the Court Monitor on or before July 5, 2014.

This Court respectfully directs that the Olmstead Subcabinet use all of its combined resources and talents to implement the Olmstead Plan. Further, the Court respectfully directs that the Olmstead Subcabinet cooperate, communicate, and work with the Court Monitor. The Court expects the Olmstead Subcabinet to discuss ongoing implementation with the Court Monitor, as well as the Executive Director of the Governor's Council on Developmental Disabilities and the Ombudsman for Mental health and Development Disabilities, on a 60-day report system, with feedback and communication between all parties, so that true progress can be realized in the lives of the individuals with disabilities intended to benefit from the Settlement Agreement and so their lives can truly be significantly improved."

The Olmstead Implementation Office has adopted this schedule to report to the subcabinet, Court Monitor, Court and the public on the status of work being done by state agencies to implement the Plan. Each bi-monthly report will cover action items that were to be completed for a two month period as noted on the cover page of each report. Additionally, a preview of activities associated with action items for the following four months is included to inform on progress and potential issues. This report provides status updates on Olmstead Plan action items with deadlines in May and June 2014. Additional information is provided on action items with deadlines through October 31, 2014.

Proposed Modifications to the Olmstead Plan

In accordance with the August 28, 2013 and January 22, 2014 orders from the Court, proposed modifications were submitted to the Court Monitor for review and approval. Approved modifications and six modifications pending approval were reviewed by the Subcabinet on June 9, 2014. The Subcabinet adopted the approved modifications and provisionally adopted the six modifications pending

approval of the Monitor. The Plan with approved modifications was submitted to the Court Monitor on June 30, 2014 and to the Court on July 10, 2014. On August 6, 2014, the Court Monitor issued a report to the Court recommending that the Court approve the Plan. The Monitor further recommends that concerns raised in the report be addressed during the implementation process. The Plan is being implemented awaiting further direction from the Court.

II. OLMSTEAD PLAN IMPACT ON LIVES OF INDIVIDUALS

The data in this section is provided in answer to the Court's direction to report progress in terms of number of people who moved to more integrated settings and any quality of life assessments.

On January 22, 2014 the Court directed the following: "*The Court expects the parties to address the progress toward moving individuals from segregated to integrated settings, the number of people who have moved from waiting lists, and the results of any and all quality of life assessments* "

Much of the Olmstead Plan talks about processes and the way services are delivered and are necessarily monitored to insure progress. But to truly determine actual progress it is important to look at the impact of these changes to people's lives. Qualitative and quantitative data will be available once the quality of life assessments begin. These action items and timelines are on page 34 of the Olmstead Plan.

Individuals Moving from Segregated to Integrated Settings

For the five segregated settings below, the numbers reflect movement of individuals to the community. On page 63 of the Plan, action item SS 2A.1 requires the adoption of protocols and processes to facilitate successful transitions to the most integrated setting. These are to be fully implemented across these settings by January 1, 2015. Additionally, by January 31, 2015, the State will develop a method to measure and track whether individuals were able to access the most integrated setting and achieve stability in those settings.

The number of individuals moving from segregated to integrated settings is included in **Exhibit 3-1**. Below is summary information for May and June 2014 (unless otherwise noted):

- 3 individuals from MSHS-Cambridge
- 74 individuals under age 65 with stays longer than 90 days from nursing facilities (April-May)
- 16 individuals from Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) (April-May)
- 54 individuals from the Anoka Metro Regional Treatment Center (AMRTC)
    - Admissions = 61; Deaths = 0; Average daily census = 106
- 25 individuals from the Minnesota Security Hospital (MSH)
    - Admissions = 27; Deaths = 1; Average daily census = 369

Wait List Information

Wait list information is included in **Exhibit 3-1**. Below is summary information for May and June:

Number of individuals on the Disability waivers[1] wait list (June)

- 3,527 for the DD waiver
- 1,403 for the CADI, CAC, and BI (CCB) waivers

Number of persons beginning waiver services (May and June)

- 18 started under the DD waiver
- 89 started under the CADI, CAC, and BI (CCB) waivers

Number of persons moving from wait lists (May and June)

- 205 from DD waiver wait list
- 213 from CADI, CAC, and BI (CCB) waivers wait list

Individualized Housing Service Options

Information about individuals receiving Individualized Housing Options will be reported bimonthly and is included in **Exhibit 3-1**. Below is summary information for July 2014:

- Number of people receiving specialized Individualized Housing Options services = 354

Quality of Life Assessments

Quantitative Measure

The survey instrument for the Quality of Life measurement required in the Plan was approved by the subcabinet on April 21st. The contract was initiated on May 20th. The pilot study is to be conducted by December 31, 2014. The pilot study will test the feasibility of statewide sampling of individuals in a range of settings.

Qualitative Measure

As referenced in the April 22, 2014 report, a modification request requiring a qualitative measurement process was submitted to the Court Monitor. This request was approved and incorporated into the draft modification to the Plan submitted to the Court Monitor and Court in July. Action item QA 1E status is being reported in **Appendix 3-A**.

[1] DD = Developmental Disabilities, CCB = Community Alternatives for Disabled Individuals, Community Alternative Care and Brain Injury

III. OLMSTEAD PLAN ACTION ITEMS STATUS UPDATE

The purpose of this section is to report the status of action items under each topic area that are due during this reporting period. Additional information includes follow up to items due in previous months and a preview of items due in the next four months.

ITEMS DUE IN MAY AND JUNE 2014

QUALITY ASSURANCE AND ACCOUNTABILITY

- **QA 2A** – By June 30, 2014 the state will establish a dispute resolution process that has the following components:
  - 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.

    Status: The June 30, 2014 deadline was not met. A modification request is being drafted to submit to the Court Monitor.

EMPLOYMENT

- **EM 1A** – By June 30, 2014 establish consistent baselines for measuring progress on increased employment of transition-age students, establish goals for annual progress.

  Status: The Minnesota Department of Education (MDE) provided baseline data using the Minnesota Post School Outcome Survey results for 2012-13 provided on page 110 – 120 of the 2012 Part B Annual Performance Report (APR) found at www.education.state.mn.us/MDE/SchSup/SpecEdComp/index.html.

  - Of the 783 completed Post School Outcome surveys, 33% were competitively employed. Benchmarks for competitive employment include: minimum wage or above, employed a minimum of 20 hours per week, and working in an integrated employment setting.

- The following goals were established and will be included in a proposed modification of the Plan:
  - 2014-2015 increase the number competitively employed to 33.6% or 5 individuals
  - 2015-2016 increase the number competitively employed to 34.1% or 9 individuals

Exhibit 3-2 is a sample of the 2014 Minnesota Post School Outcome Survey.

- **EM 1B** – By June 30, 2014 establish a baseline for measuring how many students with disabilities have at least one paid job before graduation, establish goals for annual progress.

  Status: The June 30, 2014 deadline was not met. MDE, DEED, and DHS began meeting to examine and inventory data from each agency. During this process it was determined that the current databases were insufficient to establish a baseline for measuring how many students have at least one paid job before graduation. DEED will merge records from their programs to establish the baseline and measurable goals for annual progress. This will be completed by October 22, 2014.

- **EM 1G** – By June 30, 2014 identify consistent baseline measures to assess progress on increased competitive employment of adults with disabilities (including but not limited to people with mental illness and intellectual/developmental disabilities).

  Status: The employment data workgroup identified the following baseline measures are needed to assess progress on increased competitive employment:
  - Employment type/work setting (DTH, crew, competitive employment, self-employed)
  - Employer of record (Provider or employer)
  - Hourly wage
  - Number hours worked per week
  - Number of people currently in segregated settings who do not oppose moving to competitive employment
  - Cohort information to track outcomes over time

  These measures will be used to establish the baseline, goals and timelines in completion of action items EM 1G.1 and EM 1G.2. **Exhibit 3-3** includes workgroup meeting minutes.

- **EM 1H** – 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.

  Status: A request for comments on possible amendment to rules governing Extended Employment services authorized on MN Statute 268A.15 was published on page 1660 of the June 16, 2014 Minnesota State Register. A work plan for the Extended Employment rulemaking was also developed. **Exhibit 3-4** includes the work plan.

- **EM 3E** – By June 1, 2014 establish an Employment Practice Review Panel 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.

  Status: The Employment Practice Review Panel was established by June 1st. The Panel continues to meet to work through the prioritized tasks. The group will listen to people with disabilities and those who support them to:
  - learn about barriers to employment, and cause of the barriers, to document barriers that must be addressed, including state policies, to support competitive employment,;
  - bring those learnings to the leadership of the three state agencies (MDE, DEED and DHS) to inform policy development and implementation;
  - identify what is working in helping people with disabilities move into competitive employment;
  - disseminate successful practices and encourage 'best practices' among practitioners.

  The work of the Panel will inform other Olmstead Plan activities related to employment, in particular: EM 2B: Convene Interagency Employment Panel using Employment First principles to align policy and funding; EM 2C: Using priorities identified in Interagency Employment Panel, develop implementation plans to provide access to most integrated settings in order to increase integrated competitive employment outcomes; and EM 3L.1: Distribute findings, policy interpretations and recommendations from Interagency Employment Panel (annual) **Exhibit 3-5** includes Employment Practice Review Panel meeting minutes.

- **EM 3H** – 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.

  Status: Vocational Rehabilitation Services (VRS) has created a SharePoint site to collect, catalog and archive promotional materials produced by VRS and its partner organizations. Four additional informational publications have been added to their SharePoint site. These materials are distributed manually as printed materials or as presentations to targeted businesses and organizations. A public access portal is being developed to share broadly with the public. **Exhibit 3-6** includes the four new publications.

- **EM 3I** – 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.

  Status: A workgroup met in May and June to work on this task. A decision was made to begin by providing information on common strategies that produce employment outcomes for people with disabilities. These characteristics or components should be present in any job search process, whether done informally by family or through a formal provider. The document is

posted on the DB101 Website (www.mn.db101.org). Other related information found on the website includes Finding the Right Job for You: The Basics.

The next step is to plan in person training for lead agencies, educators and VR counselors, families, people with disabilities, etc. on effective ways to use this document as part of their planning process. **Exhibit 3-7** includes workgroup meeting minutes.

- **EM 3K** – By June 30, 2014 information on employment in the most integrated setting is available for individuals, families, schools, service providers and businesses.

  Status: A new suite of informational materials were created for transition age students, families and counselors. In addition, VRS is collaborating with the Autism Society of Minnesota to produce an informational booklet on autism and employment for parents and families of individuals with autism spectrum disorders. This will supplement and augment two other similar booklets: one for employers and one for individuals with autism spectrum disorders. **Exhibit 3-6** and **Exhibit 3-8** include the new informational materials.

HOUSING

- **HS 5B** – By June 30, 2014, begin to measure the number of counties participating and the number of individuals receiving Individualized Housing Options services and report to the subcabinet every two months regarding progress on increasing the number of individuals receiving these services.

  Status: Reporting on the number of counties participating in Individualized Housing Options and individuals receiving Individualized Housing Options began in March 2014. As of July 2014, there are fourteen counties participating and 354 individuals receiving Individualized Housing Options. More detailed information is included in **Exhibit 3-1.**

TRANSPORTATION

- **TR 4B** – 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.

  Status: The June 30, 2014 deadline was not met. The Department of Transportation (DOT) submitted a report to the Subcabinet at the August 11, 2014 meeting. **Exhibit 3-9** includes the report. After multiple discussions with the Minnesota Council on Transportation Access (MCOTA), it was determined that because their role is advisory in nature MCOTA is not in the best position to fully implement action four under the transportation topic area. A modification request will be submitted to the Court Monitor to propose an alternative strategy to complete this action item.

Supports and Services

- **SS 2A.1** – By June 30, 2014, the state will begin implementation of the protocols and processes (to facilitate successful transitions, problem-solve and reduce barriers that limit individuals' ability to live in the most integrated setting).

  Status: The protocols and processes to facilitate successful transitions are being implemented at MSHS-Cambridge (Minnesota Life Bridge). Similar protocols and processes to facilitate successful transitions are being designed for use in Anoka Metro Regional Treatment Center (AMRTC), Minnesota Security Hospital (MSH)-St Peter, Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) and people under 65 in nursing homes for more than 90 days for people leaving these programs. **Exhibit 3-10** includes the transition summary and planning tool being used at MSHS-Cambridge.

Lifelong Learning and Education

- **ED 1A.1** – 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).

  Status: On February 28, 2014, MDE submitted "A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" to the Legislature. Changes to §125A.0942 have been submitted and are awaiting legislative action. MDE will continue to convene the stakeholder group to review data and discus the use of restrictive procedures in schools.

  School districts that use restrictive procedures during school year 2013/2014 submitted their data to MDE by June 30, 2014. MDE staff members will review and analyze the data during summer and fall 2014. In addition, By September 1, 2014, MDE will post on its website the quarterly summary of the use of prone restraint for the time period ending June 30, 2014. The restrictive procedures workgroup meeting will be scheduled for October 2014 to review 2013/2014 data and work plan progress in the 2014 legislative report.

- **ED 1B** – 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.

  Status: The list of Crisis Prevention and Intervention Training Programs that help individualized education program teams reduce the use of restrictive procedures is available on the Minnesota Department of Education website. The list has been revised to include information on the two additional training requirements related to district policies and procedures for timely reporting and documenting each incident involving use of a restricted procedure and also school wide programs on positive behavior strategies. The Reducing Restrictive Procedures Expert List is also available on the website. **Exhibit 3-11** includes the list of training programs and experts.

- **ED 1C** – By June 30, 2014 establish a process for school districts to ensure that students with complex disabilities can access crisis services.

  Status: The June 30, 2014 deadline was not met. A stakeholder group met to work on this action item. The group worked together to develop the following:
  - a list of services currently available and services that can be built on
  - school district current internal protocols for crisis response services
  - Elements in behavior plan requirements vs crisis plan
  - Expectations for consistency and uniformity
  - Draft process and recommendations

  Exhibit 3-12 includes the report, draft process and recommendations. The recommendations are being provided to the DHS Olmstead Steering Committee to determine the next steps.

- **ED 5A** – By June 30, 2014 review current data on this student population and develop prototype reintegration plans to transition students to more integrated settings. Establish measurable goals and timelines for actions to be taken to benefit students

  Status: The June 30, 2014 deadline was not met. DOC, DHS, MDE met to review current data and determined a baseline with the information currently available. The agencies adopted the "2008-2009 Reintegration Framework: *Systems Planning Toolkit*" as the transition prototype, which is included as **Exhibit 3-13**. Measurable goals and timelines were established using the current data available. The agencies will be working to refine the data system to improve accuracy and to include all students placed out of their home school districts.

  The agencies agreed to begin implementation with the DOC–Red Wing and DOC–Togo facilities. Of the 256 students at those facilities, 180 or 70% have an Individualized Education Program (IEP).

  Based on the data available, the following goals were established and will be included in a proposed modification of the Plan:

  - By June 30, 2015 track all individuals leaving DOC facilities at Red Wing and Togo to determine the number of students returning to their resident school district.
  - By June 30, 2015 establish measurable goals to increase the number of students returning to their resident school district.
  - No later than July 1, 2015, begin using the prototype reintegration plan with students at DOC facilities in Red Wing and Togo.

  This action item will be reviewed by the subcabinet at the September meeting.

HEALTHCARE AND HEALTHY LIVING

- **HC 2A** – 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.

  Status: The project plan deadline was extended to and completed by May 31, 2014. The Plan was included in the June 20, 2014 bimonthly subcabinet Report to the Court as Exhibit 2-7.

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

  Status: The February 2014 Legislative Report "Recommendations for Improving Oral Health Services Delivery System" was completed and a work plan was established. Both documents were provided to the Court Monitor in July. Legislation passed this year (Minn. Laws 2014, Chapter 312, article 24, section 47) requires additional stakeholder input before the proposal can be finalized. Arrangements are being made for gathering stakeholder feedback and preparing legislation for January 2015. **Exhibit 3-14** includes the dental services plan.

COMMUNITY ENGAGEMENT

There were no action items due for this topic area during this reporting period.

FOLLOW UP TO ITEMS DUE IN PREVIOUS MONTHS

This section includes status updates and follow up to action items that were due in previous months.

- There were no follow up items for this report.

PREVIEW OF ITEMS DUE IN NEXT FOUR MONTHS

A preview of Olmstead Plan action items that are due from July 1, 2014 through October 31, 2014 are included in **Appendix 3-A**.

IV. ACTIONS TAKEN BY SUBCABINET

1. The subcabinet approved the report for action item TR 4B for inclusion in the bimonthly report.
2. The subcabinet provisionally approved the bimonthly Status Update – Report 3 including the edits that do not alter the content.
3. The subcabinet approved adding a September 29, 2014 Olmstead Subcabinet meeting to review the Employment First Policy for adoption.

V. INDEX OF APPENDICES AND EXHIBITS

Appendix 3-A	Preview of July – October 2014 Action Items
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Exhibit 3-2	EM 1A – Minnesota Post School Outcome Survey (2014)
Exhibit 3-3	EM 1G – Employment Data Workgroup Meeting Minutes
Exhibit 3-4	EM 1H – Extended Employment Rule Change Work Plan
Exhibit 3-5	EM 3E – Employment Practice Review Panel Meeting Minutes
Exhibit 3-6	EM 3H – Vocational Rehabilitation Services Informational Publications
Exhibit 3-7	EM 3I – Effective Employment Strategies Workgroup Meeting Minutes
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Exhibit 3-11	ED 1B – Training Programs and Experts to Reduce Restrictive Procedures
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Exhibit 3-13	ED 5A – Prototype Reintegration Plan to Transition Students
Exhibit 3-14	HC 2C – Dental Services Plan

APPENDIX 3-A: PREVIEW OF JULY–OCTOBER ACTION ITEMS

Key to abbreviations used in Grid:

TOPIC AREAS

CE = Community Engagement

ED = Lifelong Learning and Education

EM = Employment

HC = Healthcare and Healthy Living

HS = Housing

OV = Overarching Strategic Actions

QA = Quality Assurance and Accountability

SS = Supports and Services

TR = Transportation

RESPONSIBLE AGENCY

DEED = Department of Employment and Economic Development

DHS = Department of Human Services

DOC = Department of Corrections

MDE = Minnesota Department of Education

MDH = Minnesota Department of Health

MDHR = Minnesota Department of Human Rights

MHFA = Minnesota Housing Finance Agency

MnDOT = Minnesota Department of Transportation

OIO = Olmstead Implementation Office

SC = Subcabinet

Appendix 3-A - Preview of Action items for July – October 2014

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
EM	2B	July 1, 2014	Convene Interagency Employment Panel using Employment First principles to align policy and funding	42	DHS, DEED, MDE	Panel members convened and met in May and June. Identified three priorities for establishing implementation plans: Provide training and technical assistance, Design a clear package of services, Develop a statewide data collection system. Monthly meetings continue.
EM	3M	July 1, 2014	Establish an outreach plan for families regarding competitive employment and individual benefits	45	DHS, DEED, MDE, MDHR	Workgroup met on May 19th to draft plan. Met again on May 27th and June 24th to discuss feedback and finalize outreach plan. Outreach plan finalized on July 1st.
QA	1B	July 1, 2014	Identify the survey instrument that will establish a baseline and allow ongoing evaluation of quality of life outcome indicators.	34	SC	The survey instrument was approved by the subcabinet on April 21st. The contract was initiated on May 20th. Pilot study is to be conducted by December 31, 2014.
SS	3C	July 1, 2014	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	66	DHS, DEED, MDE	The July 1st deadline was not met. DHS, DEED and MDE will assess each agency's progress on the 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, psychological pain or distress. The agencies will determine the timeline for completion of this action item.
SS	3D	July 1, 2014	Report outlining recommendations for a statewide plan to increase positive practices and eliminate use of restraint or seclusion	66	DHS, MDE	The July 1st deadline was not met. DHS and MDE will develop recommendations for a statewide plan to increase positive practices and eliminate use of restraint or seclusion. The agencies will determine the timeline for completion of this action item.
SS	3E	August 1, 2014	Statewide, develop a common definition of incidents (including emergency use of manual restraint), create common data collection and incident reporting process.	66	DHS, MDE	The August 1st deadline was not met. DHS and MDE will develop a common definition of incidents (including emergency use of manual restraint), create common data collection and incident reporting process. The agencies will determine the timeline for completion of this action item.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
SS	3I	August 1, 2014	Develop and implement a coordinated triage and "hand-off" process across mental health services and home and community-based long-term supports and services	66	DHS	The report is being submitted to DHS Olmstead Steering Committee for review prior to submission to the subcabinet.
EM	3A	August 31, 2014	Offer enhanced training on person-centered planning to ensure Employment First and employment planning strategies are incorporated	43	DHS, DEED, MDE, MDHR	Contractor is working on Employment First curriculum which will be an add-on component to the person-centered trainings that are currently offered. The training incorporates elements that have been developed for other trainings. An outline for the training is complete and is under review. Pilot in-person training will begin August 31st.
QA	1E	August 31, 2014	Using established research methods, begin collecting and including individual stories in reports to show improved quality of life connected to the Olmstead Plan	34	SC	Smithsonian qualitative interviewing best practices will be reviewed for use in this context by July 30th. The first three individuals to provide stories will be identified by August 15th. An established framework for collecting stories will be developed by August 31st and reported in subsequent bimonthly reports.
QA	3E	August 31, 2014	Report on the staffing, funding and responsibilities of the Olmstead Implementation Office and on oversight and monitoring structures	36	SC	Meetings are underway regarding a permanent structure for OIO going forward. Under consideration at present is a structure similar to Environmental Quality Board (EQB) with provisions to ensure that OIO has appropriate authorities to fulfill its mission and to maintain the present governance structure with the subcabinet. OIO is currently working with multiple sponsors in identifying strategic actions for FY15 legislative session. FY2015, OIO will be housed at the MFHA and the funding oversight will be provided by DEED. Compliance support continues to be sustained by DHS; however a transition plan is in process. Staffing continues to be a challenge but is getting closer to being finalized.
TR	3A	August 31, 2014	Complete MnDOT ADA Transition Plan, including Olmstead principles	58	MnDOT	The Transition Plan was posted for public comment on July 21st and is available for comment until August 21st. www.dot.state.mn.us/ada/transitionplan.html

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
ED	4A.1	September 1, 2014	Increase in number of students with disabilities (+50) entering integrated postsecondary education and training programs within one year of exiting secondary education.	73	DHS, DEED, MDE	The Minnesota Post School Outcome Survey for students with disabilities is being completed by school districts. Once completed the data will be analyzed and reported.
EM	2C	September 1, 2014	Using priorities identified in Interagency Employment Panel, develop implementation plans to provide access to most integrated settings in order to increase integrated competitive employment outcomes	42	DHS, DEED, MDE	The Interagency Employment Panel met on May 23rd and identified priorities for establishing implementation plans: Provide training and technical assistance, Design a clear package of services, Develop a statewide data collection system. Staff met on June 30th to discuss process, workflow and draft work plans. Next meetings: July 15th and August 4th.
EM	1G.1	September 30, 2014	Baseline and goals set to demonstrate progress in increasing competitive employment for adults with disabilities.	41	DHS, DEED, MDE	Baseline measures to assess progress on increased competitive employment were identified. See Exhibit 3-3.
EM	1G.2	September 30, 2014	Regarding competitive employment, set annual deadlines for demonstrating benefits for a defined significant portion of the affected population.	41	DHS, DEED, MDE	Baseline measures to assess progress on increased competitive employment were identified. See Exhibit 3-3
EM	1I.1	September 30, 2014	Implement local placement partnership model for providing professional employment services (metropolitan area).	41	DHS, DEED, MDE	The North Metro Placement Partnership (NMPP) was created and is fully operational. NMPP provides a single point of contact for employers and a collaborative structure involving area employment providers and VRS employment specialists. Contacts with employers are coordinated and job leads are shared among all partnership participants. NMPP meets every two weeks.
EM	2D	September 30, 2014	State will adopt an Employment First Policy	43	SC	An interagency team continues to meet. The second draft policy is currently being circulated for comment.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
EM	2E.1	September 30, 2014	Establish process and timeline for integrated Memorandum of Agreements (MOA/MOUs) across state agencies to assure the implementation of integrated competitive employment & Employment First principles	43	DHS, DEED, MDE	Workgroup members identified and initial meeting held on June 12th. Group reviewed existing MOU's, established priorities and identified a process to develop MOUs. Reviewing MOUs from other states and summarizing key components. Workgroup to meet again on August 15th to review summaries, finalize process and assign work to be done.
EM	3B	September 30, 2014	Provide training to employment service providers on single point of contact framework, labor market trends, and localized approaches to demand-driven strategies.	44	DHS, DEED, MDE, MDHR	Monthly meetings being held with VRS Placement Specialists that support Single Point of Contact and provide consultation to local Placement Partnerships. By September 5th convene department partners to review Single Point of Contact framework, Labor Market and Demand Driven strategies and provide information to help them access expertise, assistance. By September 30th review trainings that have already been provided and establish a structure for Placement Partnerships training calendar for 2015.
EM	3C	September 30, 2014	Provide training and technical assistance to federal contractors on federal employment goal for people with disabilities	44	DHS, DEED, MDE, MDHR	Final draft of training curriculum done by August 15th. Department partners to review/provide input on training by September 5th. Integrate input by September 10th. Define outreach and marketing strategy, implementation by September 18th. Launch pilot training of federal contracts at Minneapolis Placement Partnership meeting by September 26th.
EM	3D	September 30, 2014	Establish plan to provide cross-agency training on motivational interviewing.	44	DHS, DEED, MDE, MDHR	Agency staff began meeting in April and continuing to meet monthly to clarify scope and target audience in planning motivational interview training.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
HC	2D	September 30, 2014	Identify data needed to measure health outcomes, establish data sharing agreements	79	DHS, MDH	Interagency data team met April 21st. Meetings with stakeholders began May 1st to continue through summer of 2014. Complete analysis plan by July 31st. Test, review and revise variables; test the analysis plan; complete data sharing agreements by August 8th; Submit drafts to stakeholders and disability partners for review and revision by August 22nd. Submit drafts to MDH leadership for review and revision by September 8th. Submit results to OIO by September 30, 2014.
HC	2I	September 30, 2014	Complete a system analysis and develop a plan to address barriers in healthcare transitions from youth to adult	80	DHS, MDH	Meetings have begun with interagency staff, clinics, and school districts to identify barriers and work on developing the plan is underway.
HS	1A	September 30, 2014	Complete data gathering & analysis on demographic data (related to housing) on people with disabilities who use public funding	50	DHS	This item is related to item SS 2G. See update for that item.
HS	4A	September 30, 2014	Consult with persons with disabilities to improve HousingLink	53	MHFA	HousingLink is continuing to identify key stakeholders to consult with about enhancements to the housing search tool. Four meetings with stakeholder groups were held by July 8th. Conducted online "Accessibility Survey" with 279 responses as of July 15th. Respondents include 58 members of families that include a person with a disability and 109 persons with a disability. Survey can be found at: www.surveymonkey.com/s/ZMT25WQ At least 10 other broad community meetings scheduled for remainder of July and August.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
HS	4B	September 30, 2014	Develop a plan to inform and educate people with disabilities, case workers, providers and advocates about HousingLink	53	MHFA	Ten meetings are scheduled for mid-July through the end of August with Continuum of Care groups that include staff from multiple organizations that serve persons with disabilities to better understand how the search for housing in the community can be improved. The meetings scheduled to date are in every region of the state except Northeast Minnesota. Additional meetings will be scheduled and held by August 31st. Additionally, 135 professionals who serve persons with disabilities have participated in the "Accessibility Survey". The survey can be found at: www.surveymonkey.com/s/ZMT25WQ
QA	4A	September 30, 2014	Adopt an overall Olmstead Quality Improvement Plan	37	SC	The OIO will convene a workgroup with members recruited from Governor's appointed group to draft the Olmstead Quality Improvement plan. The plan will be submitted to the subcabinet in September.
SS	2G	September 30, 2014	Identify a list of other segregated settings; establish baselines, targets, and timelines for moving individuals who can be supported in more integrated settings.	64	DHS	Twenty two settings have been identified to be included in subsequent analysis. Preliminary data on the number of total sites and persons served statewide has been established for some of the 22 settings. Working with the group developing a common transition protocol to use for people moving. Next steps include the process to identify persons who want to transition to more integrated settings, establish targets and timelines for each setting.
SS	2G.1	September 30, 2014	Review data on other segregated settings and other states' plans for developing most integrated settings for where people work and live. Set goals and timelines for moving individuals in these settings to most integrated settings	64	DHS	Plans from Rhode Island, Oregon and Massachusetts were reviewed by the Employment Learning Community. Concepts from these plans will inform work related to action items SS 2G, SS 2H, and SS 2I.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
SS	4B	September 30, 2014	Report and recommendations on how to improve processes related to the home and community-based supports and services waiting list.	68	DHS	By July 31st meet with stakeholders to: Evaluate current waiting list criteria; Develop recommendations for revising wait list criteria; Develop data elements to use in tracking and reporting waiting list information and processes, including elements to track the number of people who come onto waivered services and leave a segregated setting; and develop process to manage waiting list to assure that people move off the list at a reasonable pace.
SS	4D	September 30, 2014	Analyze the need for assertive community treatment team for individuals with disabilities who are transitioning from prison to community, establish measurable goals for actual services to benefit individuals	68	DHS, DOC	Identify key stakeholders to analyze and assess needs by August 1st. Review data of individuals incarcerated in MN state correctional facilities with ACT diagnostic eligibility by September 1st. Finalize a model and establish measurable goals by September 15th.
TR	1A	September 30, 2014	Establish a baseline of services and transit spending across public programs	57	DHS, MnDOT	The Center for Transportation Studies (CTS) has been working with DOT and DHS to obtain data on transportation expenditures of both agencies. A schematic of funding and a detailed table of funding sources have been developed.
TR	1B	September 30, 2014	Review administrative practices and implement necessary changes to encourage broad cross state agency coordination in transportation, including non- emergency protected transportation.	57	DHS, MnDOT	MnDOT and DHS are meeting to determine each agency's scope and responsibility and identify resources necessary for completion.
EM	2F.1	October 1, 2014	Baseline established, policy developed to provide all vocational rehabilitation purchased services in most integrated setting	43	DHS, DEED, MDE	A tool is being developed to assess whether service settings are integrated. Policy changes have been completed directing agency staff to provide all VR purchased services in most integrated setting; the "Scope of Services" policy chapter in the VRS policy manual have been updated and published on the VRS SharePoint site.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
TR	1C & 2C	October 31, 2014	Using established baselines, establish timelines and measures to demonstrate increased access to integrated transportation for people with disabilities	57	DHS, MnDOT	MnDOT is exploring the use of measures from Enhanced Mobility of Seniors and Individuals with Disabilities program (Formerly Section 5310). 1. Gaps in Service Filled. Provision of transportation options that would not otherwise be available for older adults and individuals with disabilities measured in numbers of older adults and individuals with disabilities afforded mobility they would not have without program support. 2. Ridership. Actual or estimated number of riders (as measured by one-way trips) provided annually for individuals with disabilities and older adults on Section 5310-supported vehicles and services.

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EXHIBIT 3-1: OLMSTEAD PLAN IMPACT ON LIVES OF INDIVIDUALS

NUMBER OF INDIVIDUALS MOVING FROM SEGREGATED TO INTEGRATED SETTINGS

Action item	Setting		Number of individuals for each category		
			Nov 13 – Feb 14	**March - April 14**	**May - June 14**
SS 2B	MSHS – Cambridge		3	0	3
SS 2C	Nursing Facilities under age 65 - stay longer than 90 days		125 on MA Revised in May[1]	26 on MA (March only)	74 on MA (April – May)
SS 2C	ICF/DDs[2]		28 Revised in May	11 (March only)	16 (April – May)
SS 2D	Anoka Metro Regional Treatment Center (AMRTC)	Discharges	51	39	54
		% await d/c[3]	34%	33%	32.3%
		Admissions	--	62	61
		Deaths	--	0	0
		Avg. census	--	108	106
SS 2F	Minnesota Security Hospital (MSH)	Discharges	33	14	25
		D/c in progress	41	60	56
		In stage of d/c for <180 days	76 %	77%	79%
		In stage of d/c for >180 days	24%	23%	21%
		Readmitted w/in 6 months	0	0	0
		Deaths	---	0	1
		Admissions	---	26	27
		Avg. daily census	----	365	369

[1] Medical Assistance billing databases are being used to track these items. Variations from month to month may be due to billing and accounting practices.
[2] Intermediate Care Facilities for Persons with Developmental Disabilities
[3] Percentage of those who do not meet hospital level of care and await discharge

WAIT LIST INFORMATION (SS 4B)

The information below is taken from the data that is currently available. The Olmstead Plan requires that by September 30, 2014, DHS will report to the Olmstead Subcabinet, recommendations on how to improve processes related to home and community-based supports and services waiting list. The proposal to submit to the subcabinet will include recommendations for collection, analysis of data necessary to measure progress in the wait list moving at a reasonable pace.

Disability Waiver[4]	**March 2014**	**April 2014**		
	# of recipients on waivers			
DD	15,279	14,206[5]		
CCB	18,930	17,668		
	March 2014	**April 2014**	**May 2014**	**June 2014**
	Number of persons on wait lists per month			
DD	3,563	3,561	3,541	3,527
CCB	1,355	1359	1,385	1,403
	Number of persons beginning waiver services			
DD	39	30	16	2
CCB	215	98	82	7
	Number of persons moving from wait list[6]			
DD		48	119	86
CCB		17	112	101

[4] DD = Developmental Disabilities, CCB = Community Alternatives for Disabled Individuals, Community Alternative Care and Brain Injury

[5] Medical Assistance billing databases are being used to track these items. Variations from month to month may be due to billing and accounting practices.

[6] It is important to note that a person with urgent need does not go on a waiting list but goes directly to receiving waiver services.

NUMBER OF INDIVIDUALS RECEIVING INDIVIDUALIZED HOUSING OPTION SERVICES (HS 5B)

Baseline information from March 2014

- Counties participating in Individualized Housing Options = 14
- Counties who have issued RFP/RFI related to Individualized Housing Options = 6
- People receiving specialized Individualized Housing Options services as a direct result of one of the RFPs/RFIs = 162

People receiving specialized Individualized Housing Options services as a direct result of RFP/RFI

County	March 2014	July 2014	Total
Anoka	-	50	**50**
Dakota	-	10	**10**
Hennepin	82	53	**135**
Olmsted	40	5	**45**
Ramsey	-	62	**62**
Stearns	-	6	**6**
Washington	40	6	**46**
	162	**192**	**354**

EXHIBIT 3-2: EM 1A – MINNESOTA POST SCHOOL OUTCOME SURVEY (2014)

Minnesota Post School Outcome Survey (2014)

1. First, I'd like to ask whether you are currently attending in any of the following programs.
   - Enrolled in another high school
   - Enrolled in a charter school
   - Enrolled in an alternative school
   - Enrolled in a 18 - 21 transition program
   - None of the Above

If the respondent is enrolled in any program listed above, thank the respondent and STOP THE INTERVIEW and proceed to questions 9 - 13.

Now I'd like to ask you some questions regarding your education or training since leaving high school. Thinking about the 12 months since you left high school, which of the following best describes your participation in further education or training?

2. Describe the kind of school or training program you attended. (CHECK ONE OPTION)
   - High school completion program (Adult Basic Education, GED)
   - Short-term education or employment training program (Job Corp, short term job training, or apprenticeship program)
   - Vocational/Technical School - less than a 2-year program
   - A two year community or technical college
   - A four year college or university
   - No further education or training after high school

3. Did you complete an entire term (i.e., semester, quarter)?
   - Yes
   - No

Thinking about the 12 months since you left high school, please answer the following questions.

4. In the 12 months after leaving high school have you ever worked?
   - Yes -> Continue with Questions 5, 6, 7 & 8.
   - NO -> Skip to Question 9.

5. Since leaving high school, have you worked at any time for a total of 3 months (about 90 days)?
   - Yes
   - No

6. Did you work on average 20 or more hours per week?
   - Yes
   - No

7. How much money per hour did you make?
   - Less than $7.25 per hour
   - $7.25 per hour
   - More than $7.25 per hour

Minnesota Post School Outcome Survey (2014)

8. Where is your job? (Read all choices)
   - In a company, or business where there are employees with and without disabilities
   - In a supported employment site (paid work, with people with disabilities, with services such
   - as a job coach or specialized job training to assist with your job)
   - In a work site for employees only with disabilities
   - In your family's business
   - In the military
   - Work release program in prison
   - Self-employed

Additional information to complete the survey

9. Status of telephone interview:
   - Completed
   - Not Completed

10. Reason the interview was not completed:
    - Phone disconnected
    - Moved/no forwarding info
    - Incarcerated
    - Deceased
    - Not able to contact
    - Interview refused

11. Person interviewed:
    - Student
    - Family Member
    - Other

12. Number of attempts to contact:
    - 1 - 3
    - 4 - 6
    - No Contact Information

13. Interviewer:
    - Teacher
    - Administrator
    - Related Service Provider

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EXHIBIT 3-3: EM 1G – EMPLOYMENT DATA WORKGROUP MEETING MINUTES

April 8, 2014
Employment Data for Adult with Disabilities
DHS Internal Workgroup Meeting
Minutes

Present: Heidi Hamilton, Dean Ritzman, Maureen Wagner, Charles Young, Andrea Zuber

1. **Welcome, overview, definitions:**

   Olmstead Action Item: "*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.*" (MN Olmstead Plan, Pg. 34).

   Definitions:

   - **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.

   - **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.

   We need to establish, in conjunction with DEED and MDE, baseline data on the number of adults with disabilities (all disability types: DSD, Mental Health, CD, Blind, DHH, etc.) currently in competitive employment. This means knowing wage data, to be in line with the definition of Competitive Employment.

2. **Existing Data**

   - Data from DHS Waiver Review: For people on Home & Community Based Services Waivers (DD, CADI, BI), the Waiver Review Team collects data on earnings (if they make $250.00 per month or more, or less) and who the Vocational Services Provider is. The review team doesn't track their hourly wage or type of employment (center, crew, competitive/individual).

- Data from Ramsey & Hennepin Counties: Hennepin & Ramsey Counties track employment data on people receiving Vocational Services (DTH, SES, Pre-voc). This data includes Employment Type, average wage per hour & average hours worked per week by each employment type, and Employer of Record. The counties results are very similar to each other.

- Other data available:

  MAEPD – Andrea will follow up with Brian Jorgenson
  MAXIS Wage Data Base – Andrea will follow up with Beth Bell
  SSIS – Andrea will follow up with Ashley
  Adult Mental Health - Andrea will follow up with Melinda Shamp
  Chemical Health – Andrea will find out who to follow up with
  Needs Determination Report and Gaps Analysis – Heidi will send Andrea to review

3. **Stakeholder feedback / Wish list:** Metro County Employment Workgroup wants to see:

   - Employment Type/Work Setting (DTH, Crew, Competitive Employment, Self-employed)
   - Payer (Provider or employer)
   - Wage per hour
   - Number hours worked per week

4. **DHS Internal Workgroup Recommendation:**

   - We do not currently have a way to pull the kind of information we need to set the baseline required by the MN Olmstead Plan (# adults in competitive employment, including hourly wage).

     - Group recommends to start with the data available in the MAXIS Data Base, as it's the most comprehensive across disability types.

     - The average wage that people in Hennepin & Ramsey County make in individual employment could be used as a proxy to set the earnings bar we will look at and consider "competitive employment".

       1. In RC, this is $8.69/hour x 16.1 hours/week = 139.91/week or $629.00/month.

       2. In HC, this is $8.44/hour x 15.36 hours/week = 129.64/week or $583.37/month.

       - Develop a new way to pull the data we need – who's in competitive employment (including hourly wage).

5. **Next Steps:** Andrea will bring this info to the Employment Learning Community on Friday and present workgroup recommendation.

May 12, 2014
Employment Data for Adult with Disabilities
DHS Internal Workgroup Meeting
Minutes

Present: Maheshwar Gorregattu, Mary Alice Mowry, Bekah Satre, Christi Severson, Maureen Wagner, Andrea Zuber

1. **Welcome, overview, definitions:**
   a. Key to this action item is the ability to measure our progress on increasing Competitive Employment for adults with disabilities.

      Olmstead Action Item: "*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.*" (MN Olmstead Plan, Pg. 34).

      We need to establish, in conjunction with DEED and MDE, baseline data on the number of adults with disabilities (all disability types: DSD, Mental Health, CD, Blind, DHH, etc.) currently in competitive employment. This means knowing wage data, to be in line with the definition of Competitive Employment.

   b. Definitions:
      - **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.

      - **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.

2. **Existing Data**
   - Data from DHS Waiver Review: For people on Home & Community Based Services Waivers (DD, CADI, BI), the Waiver Review Team collects data on earnings (if they make $250.00 per month or more, or less) and who the Vocational Services Provider is. The review team

doesn't track their hourly wage or type of employment (center, crew, competitive/individual).

- Maureen also pulled out a subset of that data to look at people with Waivers ages 15-21. We currently have information percentage in that age range with income; we can't tell if it's Competitive Employment.
    - She'll work on expanding it to ages 14-26 and collecting the data in July so we can see if there's a difference when school is not in session.
    - Also, separate out ages 15-21 and ages 22-26 so we can get a picture of transition age students while in school, as well as post-school outcomes.
    - She will also see if we can get the employer of record included, so that we can see the percentage of people who are working for a provider, the school or an employer (by pulling the 'Type of Business' code).

- Christi pulls SSN for people accessing DEMI, MAPED, 1619 A&B, Waiver and Home Care Services. She sends it to DEED and they send info back on people from that list who are in WIA (DEED) programs. It's about 30% overlap. Currently this data is not being analyzed, but the goal is to hit this information against the UI Wage Data Base to get earnings.

- Data from Ramsey & Hennepin Counties: Hennepin & Ramsey Counties track employment data on people receiving Vocational Services (DTH, SES, Pre-voc). This data includes Employment Type, average wage per hour & average hours worked per week by each employment type, and Employer of Record. The counties results are very similar to each other.

- Other ideas:
    - The Metro County Employment Work Group is planning to develop a common data collection system; idea to require all counties to collect this data.
    - Dean has also developed a DRAFT template that could be required to be used by anyone supporting someone – Case Managers, VR Staff, Educators, and Providers.
    - Use the UI Wage Data Base and hit it against people in our programs; it includes info on employment settings, employer of record, earnings and # hours worked. Mahesh will get a list of what we collect for this group to review (tables & fields).

3. **Stakeholder feedback / Wish list:** Metro County Employment Workgroup wants to see:

    - Employment Type/Work Setting (DTH, Crew, Competitive Employment, Self-employed)
    - Payer (Provider or employer)
    - Wage per hour
    - Number hours worked per week

4. **Next Steps:**

- Andrea will pull this group back together to review info from Mahesh and the Pathways to Employment Research Brief from 8/10 (MAM will send) and discuss our Logic: who (what groups of people) do we need to include in the initial and subsequent baselines?

- Dean set up a meeting with DEED Staff to review UI Wage Data Base: Andrea ensure that data people are there (either Beth, Christi, Maureen)

- Andrea will Look to see who holds a data sharing agreement between DEED and DHS and send it to the group for review

- Maureen and Christi will discuss hitting our Waiver Data against Hennepin and Ramsey County's data

June 3, 2014
Interagency Workgroup
Employment Data for Adult with Disabilities
Minutes

I. **Welcome & Overview**

a. **Present:** Maureen Wagner, Andrea Zuber, Bekah Satre, Mary Alice Mowry – DHS, Jayne Spain – MDE, John Sherman, James Leibert, Alyssa Klein, David Sherwood-Gabrielson – DEED, Jon Benson – SSB

b. **Purpose:** To identify consistent baseline measures to demonstrate progress on creased CE of adults with disabilities.

c. **Definitions in the Olmstead Plan**:

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.

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.

II. New language/deadlines

Current Olmstead Action Item *"By June 30, 2014 establish consistent baselines for measuring progress on increased competitive employment for adults with disabilities (including but not limited to people with mental illness and intellectual/developmental disabilities).*

Proposed Language for Action Item:

- *By June 30, 2014 identify consistent baseline measures to demonstrate progress on increased competitive employment of adults with disabilities (including but not limited to people with mental illness and intellectual/developmental disabilities).*

- *By September 30, 2014 establish a baseline for the measures and establish a measureable goal, to be met by December 31, 2015, for a defined significant portion of adults with disabilities to demonstrate progress on increasing competitive employment outcomes and how the outcome has benefitted those individuals.*

III. Existing Measures for September Baseline

a. DHS: Collects earnings; can use the county proxy of $640.00 month means someone has competitive employment; verify by comparing counties individual data to earnings listed in MAXIS
b. DEED: Collects hourly wages, integrated setting
c. MDE: Collects hourly wages, integrated setting and whether someone works 20 hours week/or more
d. SSB: Collects hourly wage, integrated setting

*Data Workgroup recommends to the Interagency Employment Panel that for "integrated setting", we mean one person, one job. Not work crew in the community. Andrea will bring the recommendation to the panel for approval.

* Data workgroup recommends we use aggregate data to set baseline

*Data workgroup wants more information on what the court monitor means by:

1. "How the outcomes has benefitted those individuals". This will require cohort information to track if someone moves from a segregated setting to an integrated setting (CE).
2. What is meant by "significant percentage"?
3. Who should be included? Data Workgroup recommends that it's only people in government programs.

Andrea will follow up and get more information.

*Long term we need to consider how to code it if someone works in multiple settings

IV. **Measures for future state-wide data collection system**

- Employment Type/Work Setting (DTH, Crew, Competitive Employment, Self-employed)
- Employer of Record (Provider or employer)
- Hourly Wage
- Number hours worked per week
- Benefits offered by the employer

V. **Wrap Up/Next Steps**

1. Mary Alice will contact the state Revenue Department
2. Andrea will follow up with interagency employment panel regarding definition of integrated setting
3. Andrea will follow up to get more information on quality indicator
4. Andrea will draw up established measures to meet June 30 deadline

Data call with Rob Cimera
June 26
Agenda

1. **Introductions:**
   Present: Rob Cimera – APSE Consultant/Kent State University, John Sherman & Alyssa Klein - DEED, Mary Alice Mowry, Dean Ritzman, Bekah Satre, Andrea Zuber - DHS/DSD, Jayne Spain - MDE

2. **What we're doing in MN – the common baseline development per the Olmstead Plan**
   - Establish a baseline for CE and set goals to measure progress
   - CE defined as minimum wage or above, benefits, integrated setting (decision is one person/one job; not work crew in the community)
   - Mary Alice shared handout "*Service grid of employment supports funded at DEED & DHS/criteria for eligibility".*
   - Rob shared study "*Reducing the Cost of Providing Supported Emplioyment Services: A preliminary Study".*

3. **Rob's background**
   a. Is a researcher; was a job coach/provider – looked at cost effectiveness
   b. States give him a stack of data to see what can you make of this
   c. Data is collected inappropriately, inconsistently, use different definitions,
   d. He can Help with data states have
   e. Or help with a data collection system state wide
   f. Ohio: needed a baseline to meet governor's proclamation to increase employment by 10%. All data didn't communicate with each other, coalesce, hard to tell how many people were being served
      i. First step is determining what questions the stakeholders have – all stakeholders … a list of questions they need to know not just to collect data, but to make their programs better, more efficient, better jobs, practitioners can do their job better

4. **Ohio data collection system**
   a. If enters into adult system, info is entered on everyone in one data base.
   b. Created a web-based system that can talk to all other systems.
   c. State agencies enter into their own systems, but that populates the system they built.
   d. Then enter what services they're receiving, when they get a job & job type, wages, hours work. Also enter data in when leave a job. Why leaving? Where going? Model follows the person:
      i. When enter program: anyone receiving adult services (post high school); track data from service providers
      ii. When get new job

iii. When leaves job
iv. Or at least every year
v. Die or retire

e. Can look at services providers; see who's doing remarkable work and try to figure out why. What makes them different? Is it a pilot project? Can look at it by region, provider. Powerful tool for many reasons.
f. Collecting info from schools – still working on it.
g. Need data collection / sharing agreements.

5. Tips:

a. needs to be easy use so providers don't have to spend too much time on it so they can focus on providing services
b. Regarding looking at What other states do; a pre-packaged program isn't good – should tailor it to MN (not once size fits all) ex: are people getting out of poverty? Getting raises? Leaving one job for a better job? (Need longitudinal data for those things)
c. Need leadership from the top
d. Need data sharing agreements in place
e. Q: How do you verify info received from providers? Rob: we don't yet.
f. In MN, we Compare info that's entered to UI wage data base so we can see outliers/percentage of deviation and we can determine why there's a discrepancy. Q: Rob, did you consider the UI Wage data base? No; now looking at doing a more in depth cost analysis bc providers didn't want to answer exact wage info so went with ranges (ex: less than a dollar, 1-2 dollars, etc.) and ohio does want more info. DEED said in EE they collect the data and hit it against wages earned. Point is that there are different data systems across state systems. Also definitions are different.
g. Q: CDCS: outside of service industry –what if there's not a traditional provider who's helping? How do you collect that data? And are those outcomes better, so we do want to collect data on that. In ohio data is only collected on formal service providers. Separate study found that those Not affiliated with agencies had better outcomes, kept jobs longer, in the community more often and at a lower cost. Agencies were far more likely to have people return to sheltered workshops. And if lose jobs, CDCS go back to community, not back to sheltered workshop. (Conflict of interest?).

6. Process:

a. Get the questions answered – started with 100 questions: quality of life, did they own a car, did they get around the community; cost effectiveness
b. then pair down into what really matters – core things want answered.
c. operationalize those questions into research questions in order to define terms – what is employment, what if someone does both? What is the N (what groups of people are we talking about)
d. Then look at what data we need to collect
e. Then look at what we already collect
f. Focus on the data we need that isn't being collected – this is where the data collection system kicks in
g. Get all IT people from every state agency into one room. Can we collect this? Ex: All needs to be coded the same

h. Whose responsibility is it to enter info? Figure out process and do MOU / data collection sharing agreement
i. Web=based system: beta test it, pilot test it with service providers actually entering information
j. Then roll out state wide.

7. What does Rob need from us to get started?

- Start with the list of questions: what do we want to know?
- He can help us define the questions / the things we want to know and sort through the list. Things need to be measurable. He can help us look at this. What's most important to focus on. Ex: Cost

8. Next Steps for us:
   a. Develop a list of questions: Get clear on why we're collecting the data & What we're going to do with the data once we collect it. How can we help providers do as good of a job as they can possibly do? (Do your job even better?) can e-mail rob lists of questions – things we want to know. And we can process through them on our next call with him.
   b. Map out what all agencies are currently collecting (do a grid)
   c. Draft data sharing agreement (first have to start with questions though so know what data we want and then ask for an agreement to collect that)
   d. Reach out to "minute" people
   e. Andrea set up next meeting – 3 weeks from today (July 21).

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EXHIBIT 3-4: EM 1H – EXTENDED EMPLOYMENT RULE CHANGE WORK PLAN

Extended Employment Rulemaking Simple Process Work Plan

Vocational Rehabilitation Services, Dept. of Employment & Economic Development
John.Sherman@state.mn.us (651) 259-7349

Request for Comments - published
Start: 6/16/14 ID: 1
Finish: 6/16/14 Dur: 1 day

Extended Employment Advisory Committee
Start: 6/18/14 ID: 2
Finish: 11/3/15 Dur: 360 days

Collecting comments from interested parties
Start: 6/17/14 ID: 3
Finish: 12/1/14 Dur: 120 days

Draft Rules and Sonar
Start: 9/9/14 ID: 4
Finish: 2/23/15 Dur: 120 days

Submit Rules to Revisor
Start: 2/24/15 ID: 5
Finish: 3/16/15 Dur: 3 wks

Give Notice of Hearing/Notice of Intent to Adopt Rules
Start: 3/17/15 ID: 6
Finish: 4/14/15 Dur: 21 days

Hearings and comment and rebuttal period
Start: 4/15/15 ID: 7
Finish: 7/7/15 Dur: 60 days

Administrative law Judge's (ALJ) and Adoption of Rule
Start: 7/8/15 ID: 8
Finish: 8/18/15 Dur: 30 days

Notice of Adoption Published
Start: 8/19/15 ID: 9
Finish: 9/8/15 Dur: 15 days

Earliest Effective Date of Rules
Start: 9/9/15 ID: 10
Finish: 9/17/15 Dur: 7 days

Implementation of Rule
Start: 9/18/15 ID: 11
Finish: 7/1/16 Dur: 206 days
John Sherman Wed 7/2/14

EXHIBIT 3-5: EM 3E – EMPLOYMENT PRACTICE REVIEW PANEL MEETING MINUTES

Employment Practice Review Panel
Minutes
April 29, 2014
MN Department of Human Services
Room 2370

1. Introductions

Present: Rick Amado DHS, Dawn Bramel DHS, Christala Culhane DHS, Rita Chamberlin DHS, Lori Dablow DHS, Jason Flint DHS, Tony Gatenbein DHS, Heidi Hamilton DHS, Taylor Kearns DHS , Leslie Kerkhoff DHS , Alyssa Klein DEED, Jenny Lewis DHS, Stacey Myhre DHS, MaryAlice Mowry, DHS, Bekah Satre DHS, Christina Shaffer MDHR, Andrea Zuber DHS

Absent: Beth Grube, Theresa Mustonen, Bob Niemiec , Dean Ritzman, Denise Romero-Zasada, Melinda Shamp, Jayne Spain, Jeanie Wilson

2. Background

The Employment Practice Review Panel is a workgroup being organized as part of the Minnesota Olmstead Plan. Specifically, the action item is:

"Establish an Employment Practice Review Panel 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 actions to increase individuals working in the most integrated settings."

The Employment Practice Review Panel is "a venue (or series of venues) for state agency staff to hear from a strategically selected representative groups 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."

DHS, DEED and MDE staff who form the panel will be "listeners" and will be involved in working to implement identified strategies and actions that promote employment and align efforts and resources. Not everyone will be at every listening session in person but this is the core group of experts to listen and aid improvement.

- Representatives will bring forward individual success stories, where integrated employment was a successful outcome for them and listeners will identify policy and practice areas to promote or to change and facilitate actions that that will facilitate more of those successful outcomes.

- Representatives will also bring forward individual issues or barriers to integrated employment outcomes and listeners will then identify policy and practice areas to promote or change and facilitate actions that will help to incent employment outcomes, remove barriers, address issues, and increase individuals working in integrated settings.

Definitions – working definitions for this group (from MN Olmstead Plan):

- **Competitive Employment:** Competitive employment is full-time or part-time employment, with or without supports, in the most integrated setting in the general workforce, on the payroll of a competitive business or industry (not an employment services provider) earning 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. Competitive employment includes self-employed business owners.

- **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.

3. Priorities – Brainstorm topics for sessions; sessions will be organic and based on what attendees want to bring forward; this list is a brain storm of topics state agency listeners would like to hear more about from attendee:

- What do people with disabilities consider top priorities?
- Perspective of those who have a disability who have competitive employment but don't use the system
- Transition Planning for new CMS Rule on Definition of Segregated Settings
- What works for businesses as the employer?
- Supporting people to move from work crews in the community to individualized, competitive employment – what works?
- Conversion from Sheltered workshops to community based services – what works?
- Youth and transition; successful programs – what works?
- Leading edge and promising practices; innovation; not necessarily evidence-based yet
- Person Centered Planning as it relates to competitive employment
- Consumer Directed Services; unbundling services to individualize supports; employment as an outcome; separating habilitative services from employment services
- Families: How do people move from choosing segregated services to choosing employment?
- How can people move from the first job to the second and onto a career pathway?
- Benefit planning: How do people use benefits planning to move off of benefits?
- Non-waiver funding to support employment
- Addressing myths, ex: not trying employment because afraid of losing segregated placement

4. Representative Groups – Brain storm on who do we want to get feedback from:

- People with disabilities
- Families

- People who have competitive employment without using the system
- Employers
- Independent Living/VR collaboration project
- Organizations that work with specific populations within the disability community (ex. Refugee populations)
- People who are using consumer directed or informal/natural supports.
- Providers using models to successfully get people competitively employed at higher rates.
- Peer networks, Ex) Consumer survivor network
- Advocacy & non-profit organizations supporting people who have or are seeking competitive employment
- Look at parts of the system we would like to investigate. Invite people who have experience in that part of the system, ask what is working not working

5. **Structure for feedback/listening sessions**

- Pull together a group of people with disabilities and hear from them first to get their thoughts on structure – what would work best for them?
- Host listening sessions with affinity groups, ex) a provider session, a county session, etc.
- How do we ensure that we hear from the most people possible?
- How do we want to collect information?
- Collect common themes
- Collect stories
- Get clearer about what our deliverables will be: Ex: How many stories do we want/need? Do we know that one story is representative of "peoples'" stories?
- Sometimes people don't understand the rules and this group can instantly clarify those issues.
- Other things will really be a systems problem that needs to get elevated to higher level.
- Create Key questions to ask all groups/people who come to speak
- Hard to get people during the workday so find an alternative time to meet with people with disabilities and speak with them about their employment experience.

6. **Process for promoting strategies and recommending changes to policy, etc. –** tabled to next meeting due to time

7. **Wrap up/Next Steps**

    1. DHS staff will make recommendations on representative groups and structure based on brainstorm sessions from today's meeting – panel will discuss at next meeting.
    2. Andrea will get the group information on employment first and informed choice.
    3. Next meeting:
        a. Flushing out deliverables
        b. Feedback structure
        c. Process for capturing Information
        d. Plan initial session to get information from people with disabilities
        e. other

Employment Practice Review Panel
Core Workgroup Meeting
May 30, 2014
Minnesota Department of Education
Conference Center A, Rooms CC 1-2
Minutes

I. Welcome & Overview

Present: Mary Alice Mowry, Bekah Satre, Christina Schaffer, Jayne Spain, Andrea Zuber

II. Review Minutes from April 29, 2014 Large Group Meeting

Mary Alice clarified intent of this group. It's to come together across state agencies to listen to and respond to individual situations around employment – both challenging and exciting – in particular the ones where individuals touch all 3 state agencies (or some combination of them). We want to document the barriers and issues and take them to policy people who can make necessary changes. Also, if something worked really well and resulted in employment, we want to document and promote that. Issues that require further learning can be brought to the Employment Learning Community and issues that require higher-level decision making can be brought to the Interagency Employment Panel.

III. EPRP Structure

Based on recommendations from the brainstorming session at our large group meeting on April 29, the core workgroup for the Employment Practice Review Panel is proposing the following structure for the implementation of the Panel and Individual Consultation Sessions:

1. Individual Consultation Sessions will occur monthly, consisting of the core workgroup, as well as rotating members (providers, people with disabilities and others), in order to get a wide variety of information and hear from people with different situations, as well as capture both metro and outstate perspectives.

2. Each month, through the Individual Consultation Sessions, we will hear one experience from a transition age student and one from an adult with a disability. The person sharing their experience will invite their "team", who will make up the rotating members for that month. Teams may include case manager, VR counselor, educator, family, provider, informal supports, etc.

3. The Individual Consultation Session members will be asked structured questions around their employment experience to get at what worked, what didn't, what disconnects there are among state agencies, etc. Brainstorming & solutions will be offered during the sessions. There will be a process for getting additional information and/or decisions to the individual and their team after the consultation. Information will be recorded for review by the larger Review Panel.

4. On a quarterly basis, the core workgroup will present summary information from the Individual Consultation Sessions to the larger Review Panel, which would be an expansion of the large

group who met on April 29th and will also include 2 lead agency staff, 2 VR and 2 education staff. Based on the summary information presented, the large group will make recommendations for action steps to promote practices or change policy, procedure, etc. The large group will also have a role in implementation of the recommendations.

The larger Review Panel will meet quarterly to review the information from the monthly Individual Consultation Sessions, as well as do intermittent and ongoing work needed to implement recommended policy changes or clarifications. They will also be asked to provide feedback as needed. The larger group will likely meet again in the fall, as we plan to start the monthly sessions this summer.

IV. Next Steps

1. Email large group; describe proposed structure and ask for feedback (Andrea).

2. Cancel next large group meeting; reconvene in the fall when there is info to review from consultation sessions (Andrea).

3. Draft short description of EPRP to recruit 2 educators, 2 VR staff and 2 lead agency Reps (Andrea). Each state agency will recruit their respective reps.

4. Draft a recruitment flyer for rotating members (individual consultation sessions) (Bekah).

5. Ask Jenny Lewis to be part of the core workgroup (Mary Alice).

6. Draft structured interviewed questions; what worked, what didn't where are there disconnects between state agencies/hand-offs, etc. (Bekah).

7. Set Individual Consultation Session Schedule (All @ next meeting)

8. Recruit Members for Individual Consultation Sessions (begin with 12 school districts from the Educator Summit and one adult rep each month – start with people we know so we can start this summer) (All – plan @ next meeting)

9. Develop structure for how we feed the large group information (All @ next meeting)

Employment Practice Review Panel
Core Workgroup Meeting
June 27, 2014
Minnesota Department of Education
Conference Center A, Rooms CC 1-2
Minutes

I. Welcome & Overview

II. Reviewed Minutes from May 30, 2014 Core Work Group Meeting.

- **a.** Plan to add a person with a disability to the panel, who can also participate in the core workgroup on a regular basis. Alyssa & Jane will recruit through DEED and MDE and get Andrea name to invite to next meeting.
- **b.** Other people with disabilities, family members, providers and community non-profit representatives will serve as rotating members, on a monthly basis, through participation in the individual consultation sessions.
- **c.** Local agency representatives will include Chris McVey, Heather Farmer, John Sherman and 2 MACSS Reps (MACSSA is appointing reps on 7/11/14).

III. Recruitment Flyer

- **a.** Reviewed DRAFT and Recommended edits
- **b.** Andrea will incorporate edits and add a "why" and "where" section and send to the group for review

IV. Structured Interview Questions

- **a.** Reviewed DRAFT and recommended edits
- **b.** Andrea will bullet out recommendations and send to group

V. Individual Consultation Schedule

- **a.** Recommendations: send a profile worksheet to the person first so time at the session isn't spent getting demographic info. Ask structured interview questions, have back up questions (from large panel meeting brainstorm) available.
- **b.** Jayne will book the meeting rooms for the monthly individual consultation sessions and get the schedule to Andrea – we will block the room for the day and allow flexibility for individual IDT schedules.

VI. Structure for compiling information to share with Large Work Group

- **a.** Tabled to next meeting

VII. Next Meeting: August 1st, 2014, 2:00-3:30, location TBD

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EXHIBIT 3-6: EM 3H – VOCATIONAL REHABILITATION SERVICES INFORMATIONAL PUBLICATIONS

EM3H

Contact a Vocational Rehabilitation Services Employment Specialist

Our goal is to connect your business with qualified job seekers, saving you time and money. Vocational Rehabilitation Services (VRS) offers a wealth of expertise and experience to assist businesses with creative strategies to recruit and retain skilled workers with disabilities. Our talent pool ranges from entry-level to experienced professional. And, we charge no fees . . . ever.

FEATURED SERVICES AND BENEFITS

Recruitment
Prescreened and qualified talent pool; candidate matching based on your business needs; tap into a skilled, dependable and diverse workforce; our talent pool ranges from entry-level to experienced professionals.

Financial Incentives
Access to individualized On-the-Job Training & Job Tryout funds — cost reimbursements to your business for providing employment opportunities to new employees. Resources for Work Opportunity Tax Credit; Disability Access Credit; and Barrier Removal Tax Deduction.

Education and Training
Customized training for your business regarding employment and disability-related topics; creative strategies for effective recruitment and retention of a diverse workforce; ADA and Section 503 information.

Consultation
Professional staff available to provide technical assistance with your employment and disability-related questions.

Job Coaching
Individualized training to maximize initial skill development and enhance successful employment provided to employees recruited through a VRS Employment Specialist.

Accessibility
Assistance to identify job accommodations, job restructuring, worksite modifications or current barriers to the employment and advancement of qualified persons with disabilities.

Follow-Up
Interactive communication between the VRS Employment Specialist and your business to ensure long-term success after hiring a new employee.

CONTACT A VRS EMPLOYMENT SPECIALIST

TWIN CITIES METRO AREA

Marci Jasper
763.279.4364
marci.jasper@state.mn.us

Steve Kuntz
612.302.7063
steve.kuntz@state.mn.us

Maureen McAvoy
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CENTRAL MINNESOTA

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NORTHERN MINNESOTA

Ken Greshowak
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Fern Johnson
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SOUTHERN MINNESOTA

Mike Wagner
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mike.wagner@state.mn.us

Evie Wold
507.332.5479
evie.wold@state.mn.us

STATEWIDE DEAF AND HARD OF HEARING

Ron Adams
651.642.0657
ron.adams@state.mn.us

Roberta Johnson
507.389.2470
roberta.k.johnson@state.mn.us

Upon request, this document can be made available in alternative formats for people with disabilities.
DEED is an equal opportunity employer and service provider.

6/14 250 DEED-70697

Minnesota
Department of Employment and Economic Development

1st National Bank Building ■ 332 Minnesota Street, Suite E200 ■ Saint Paul, MN 55101-1351
651.259.7366 ■ 800.328.9095 ■ TTY: 651.296.3900 ■ 800.657.3973
www.mn.gov/deed/VRSTalent

RECRUITMENT, EDUCATION, TRAINING & CONSULTATION

Contact a Vocational Rehabilitation Services Employment Specialist

Our goal is to connect your business with qualified job seekers, saving you time and money. Vocational Rehabilitation Services (VRS) offers a wealth of expertise and experience to assist businesses with creative strategies to recruit and retain skilled workers with disabilities. Our talent pool ranges from entry-level to experienced professional. And, we charge no fees . . . ever.

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Prescreened and qualified talent pool; candidate matching based on your business needs; tap into a skilled, dependable and diverse workforce; our talent pool ranges from entry-level to experienced professionals.

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Access to individualized On-the-Job Training & Job Tryout funds — cost reimbursements to your business for providing employment opportunities to new employees. Resources for Work Opportunity Tax Credit; Disability Access Credit; and Barrier Removal Tax Deduction.

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Customized training for your business regarding employment and disability-related topics; creative strategies for effective recruitment and retention of a diverse workforce; ADA and Section 503 information.

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Professional staff available to provide technical assistance with your employment and disability-related questions.

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Individualized training to maximize initial skill development and enhance successful employment provided to employees recruited through a VRS Employment Specialist.

Accessibility
Assistance to identify job accommodations, job restructuring, worksite modifications or current barriers to the employment and advancement of qualified persons with disabilities.

Follow-Up
Interactive communication between the VRS Employment Specialist and your business to ensure long-term success after hiring a new employee.

CONTACT YOUR LOCAL VRS EMPLOYMENT SPECIALIST

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DEED is an equal opportunity employer and service provider.

6/14 250 DEED-70698

Minnesota
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1st National Bank Building ■ 332 Minnesota Street, Suite E200 ■ Saint Paul, MN 55101-1351
651.259.7366 ■ 800.328.9095 ■ TTY: 651.296.3900 ■ 800.657.3973
www.mn.gov/deed/VRSTalent

BENEFITS OF USING THE JOB TRYOUT

- Enhance your hiring decisions by "trying out" a new candidate
- Prescreened candidates
- Reduce turnover rates
- Minimal paperwork
- No fee
- Increase workforce diversity
- Consultation and technical assistance from a VRS Employment Specialist on disability-related issues, including reasonable accommodations

Create a positive impact on your workforce and bottom line at the same time!

Minnesota
Department of Employment and Economic Development

www.mn.gov/deed/VRSTalent

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DEED is an equal opportunity employer and service provider.

6/14 500 DEED-70700

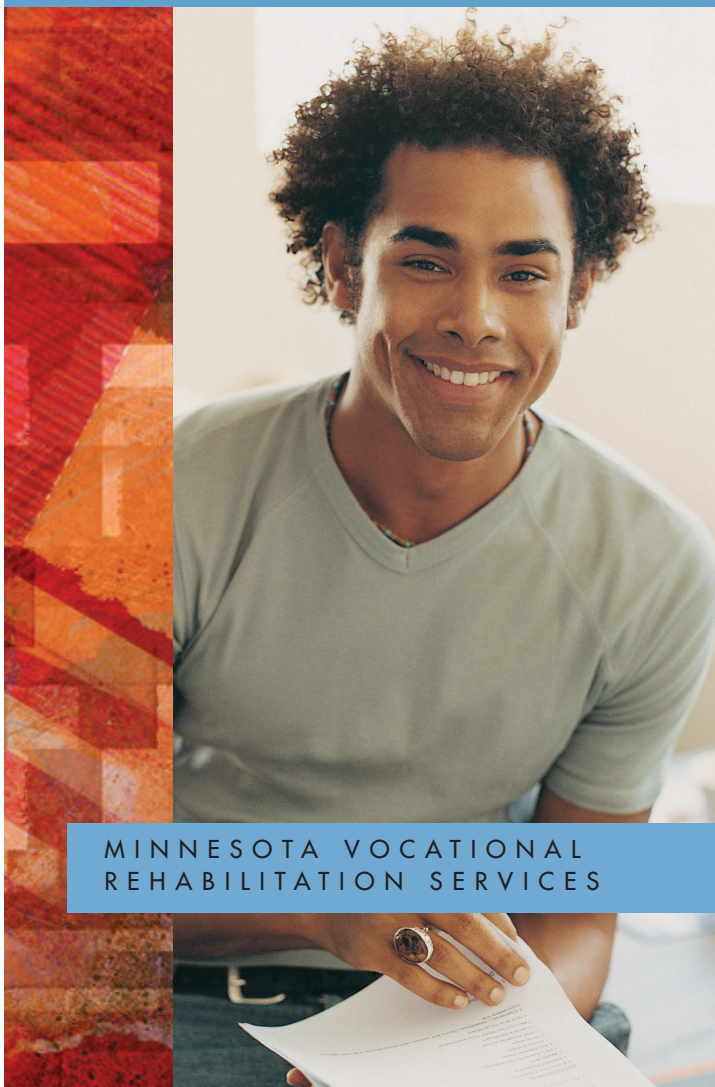
WHAT IS VOCATIONAL REHABILITATION SERVICES?

Our goal is to connect your business with qualified job seekers, saving you time and money. Vocational Rehabilitation Services (VRS) offers a wealth of expertise and experience to assist businesses with creative strategies to recruit and retain skilled workers with disabilities. Our talent pool ranges from entry-level to experienced professional. And, we charge no fees . . . ever.

TO LEARN MORE, CONTACT:

JOB TRYOUT

Recruitment that makes good business sense



MINNESOTA VOCATIONAL REHABILITATION SERVICES

Making informed hiring decisions saves you time and money.

Making informed hiring decisions saves you time and money. Vocational Rehabilitation Services (VRS) offers the opportunity to enhance your hiring decisions by "trying out" a candidate — at no cost to you.

For more than 30 years Vocational Rehabilitation Services has provided cost reimbursement to hundreds of businesses for Job Tryouts. Your business has a unique opportunity to tap into great workers at no cost.

Frequently Asked Questions

WHAT IS A JOB TRYOUT AND HOW DOES IT WORK?

A Job Tryout is a short-term work experience which allows your business the opportunity to "try out" a candidate to determine if it is a good job match prior to extending a job offer.

Businesses may elect to put the candidate on their payroll and receive cost reimbursement or VRS can contract with a third-party vendor for payroll and insurance costs during the Job Tryout.

The Job Tryout Agreement does not guarantee a permanent job at the end of the Job Tryout, although that is often the result. The process is easy:

- Interview the candidate.
- Work with a VRS Employment Specialist to develop a brief Job Tryout Agreement.
- Provide the Job Tryout candidate with standard new training and job duties.
- Submit an invoice to receive cost reimbursement for the amount of the agreement.

IS A JOB TRYOUT COMPLICATED TO IMPLEMENT?

Absolutely not. The Job Tryout Agreement is a brief summary that outlines the content of the work, your expectations, duration of the tryout, cost reimbursement and a schedule for progress review.

WHAT IS THE CATCH?

No catch. Our goal is to benefit Minnesota businesses by helping them hire and train great employees.

WHAT IF THE JOB TRYOUT DOESN'T WORK OUT?

The VRS Employment Specialist will maintain frequent communication with you and the candidate. If the candidate is not a good match for the job, your business can choose to end the Job Tryout at any time.

Are You a Federal Contractor or Subcontractor?

Let Vocational Rehabilitation Services assist you with your recruitment of qualified individuals with disabilities:

- Source for qualified and skilled workers
- Listen to and understand your business needs
- Prescreen candidates to match your job requirements
- Develop creative strategies for recruitment
- Information on Section 503
- Access to financial incentives
- Expertise in employment and disability-related topics

Contact your local VRS Employment Specialist

Business Card

6/14 250 DEED-70699

What is Vocational Rehabilitation Services?

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EXHIBIT 3-7: EM 3I – EFFECTIVE EMPLOYMENT STRATEGIES WORKGROUP MEETING MINUTES

May 19, 2014
3:00-4:30
Minnesota Department of Education
MN Olmstead Plan - Competitive Employment Strategies Information Sharing
Minutes

Present: Andrea Zuber DHS, Abbie Herzog DEED, Melinda Shamp DHS, Bekah Satre DHS, Alyssa Klein DEED, Christina Schaffer MDHR, Jayne Spain, MDE

Objective: identify all of the appropriate parts prior to building the information sharing plan; Olmstead Action 3M: "*By June 30, 2014 provide (the public) information about effective employment strategies, such as supported and customized employment, that make competitive employment possible for people with complex and significant disabilities.*"

---

1. STEP ONE - GOALS

Goals *What are the big-picture goal(s) to be achieved?*	• Change the big picture … present images of strengths and talents. Show possibility, potential, hope. • Present a shift in a different direction – educate about a different way to support people and a vision that people with disabilities are employable/more people being employed • Show a continuum – there are lots of ways people can achieve employment outcomes • Give people information so they know what they want … what to ask for …. What I want to have available to support me. • ID all strategies – make it clear/not elusive

2. STEP TWO – AUDIENCE

Audience *Who are the primary audience(s) to be reached?*	**Messages** *What messages does each audience need to get?*	**Actions** *What action(s) do you want each audience to take?*
• The general public • Employers • Elected officials • Local government • State agency staff • People with disabilities • Families • Advocacy/non-profit orgs • Schools • Physicians • Providers	1. That people with disabilities can work 2. That we need to raise expectations and expect that people with disabilities will work 3. That work matters 4. That people have skills and talents 5. That work skills can be learned 6. That we don't need to use a readiness model; we have better ways of doing things now 7. That employment is part of recovery – not something that someone does after recovery 8. That segregated work settings are not necessary 9. The current system is not sustainable 10. Federal rules have changed and no longer support funding going towards segregated work settings 11. You don't need to be scared 12. We need to replace an aging workforce 13. What works and is available to support people in gaining employment 14. What Evidence-based practices and best and promising practices are available	• Expect people with disabilities to work • Hire people with disabilities • Policies, procedures and funding are changed to promote, support and incent employment outcomes • Providers request to receive training on best practice models like IPS, ACRE, Discovering Personal Genius and Customized Employment • Take action to improve the current situation of sub-minimum wage and segregation • People with disabilities request Customized Employment supports – demand we create the infrastructure • Informal circles of support take lead role in helping someone to achieve employment • Young people have a variety of part-time jobs throughout adolescence just like most youth do • Students have jobs before they graduate from school

3. STEP THREE – CHANNELS

Channels *What are the best ways to reach them? Where and how do they best receive information?*	• Create a play or reality show • Videos/Utube – similar to 3 Faces/3 Lives: show 3 Minnesotans who are working • Advocacy groups who have a national and state presence: APSE, NAMI, Arc, etc. • Twitter/Facebook • MDHR Website (and other state and lead agency websites) • media blitz – for example "the wounded warrior" • Human Development Center • News/press • Elected officials • Share personal stories • Develop something like "parallels in time" for employment

4. STEP FOUR – STRATEGIES – table for next meeting

STRATEGY *What are the strategies to reach the audiences with the messages/call-to-action?*	**STRATEGY OBJECTIVE** *What is the desired outcome of each strategy?*	**MEASUREMENT** *What are the milestones and measurements for each strategy to know it is moving toward a positive outcome?*
• Trainer the trainer • Ride the tide of families shifting desires, ex: ASD families wanting different outcomes for their kids		

5. EXISTING BEST AND PROMISING PRACTICES THAT SUPPORT COMPETETIVE EMPLOYMENT OUTCOMES:

1. IPS

2. Discovering Personal Genius
3. DB101 (work and benefit planning)
4. DLL – work specialists / follow up with people
5. When students have their own job before they graduate
6. High expectations
7. Project Search
8. Supported Education (post-secondary degrees)
9. Social Security Work Incentives: Ticket to Work, PASS Plans, ERWAYS

6. PARKING LOT:

1. Concerns that the infrastructure is not very well developed yet; very few practitioners are using evidence based or best & promising practices.
2. Invest DTH dollars differently
3. Focus on a work/life balance

7. NEXT STEPS:

1. Watch Simon Sinek Golden Circle TED Talk
2. Look at what channels we have under our immediate control (ex: state agency websites, IPS website, MN APSE Website, Web directory of certified providers (ACRE & IPS)
3. Who else should we invite? Bob N or Tony G (Bekah will follow up), Children's Mental Health (Melinda will follow up), MDHR Communications director (Christina will follow up)
4. Come up with a plan/schedule to continue blasting information – not just "once and done"
5. Find commonalities in the different approaches and highlight common principles in general

After completing the above in a planning session, an Information Sharing plan can be written including agency "owner", refined measurements, and timeframes.

Provide Information about Effective Employment Strategies

Olmstead Action Item EM 3I

Workgroup Meeting

June 4, 2014

Minutes

I. Welcome & Overview

Present: Tony Gantenbein, Alyssa Klein, Mary Alice Mowry, Dean Ritzman, Bekah Satre, Christina Schaffer, Jayne Spain, Andrea Zuber

II. Review Minutes

At the 5/19/14 workgroup meeting, we identified a place to start as providing general information on common themes of employment supports that produce successful employment outcomes. Begin with modes of communication we have access to (state agency websites, etc.)

III. Implementation Planning

1. Begin with the common themes; strategies that people can do both formally and informally to achieve employment outcomes.

2. Develop messages: DRAFT Info Sheet "Strategies that Support Employment", with common themes (Tony & Bekah will draft and send to group for review)

3. Work with Lesli to have contracted staff design Info sheet & have the info sheet posted on the DB 101 Website ("In the News" section) (Mary Alice & Andrea) by June 30, 2014,

4. Link to MDHR, DEED and MDE and send out information via list serves so that all state agencies make people aware of the Info Sheet

IV. Future Phases of Providing Information

1. Work with other organizations to on getting the word out; ex) Ramsey County Graduation Party, Metro County Employment Workgroup

2. Partner with organizations to do a video; ex) MN APSE & AUSM

3. Develop a process for Case Managers, Educators and VR Staff to give this information to people and their families.

4. Develop an Olmstead Employment Facebook Page (Andrea follow up with MN APSE and the EFC regarding hosting this)

V. Next Steps

1. Tony & Bekah will draft Info Sheet and send to group to review

2. Andrea & Mary Alice will talk with Lesli regarding the Info Sheet Design & DB 101 Website

3. Group will meet again before June 30th to finalize info sheet

Provide Information about Effective Employment Strategies

Olmstead Action Item EM 3I

Workgroup Meeting

June 19, 2014

Minutes

I. Welcome & Overview

Present: Andrea Zuber, Bekah Satre & Tony Gantenbein (DSD), Christina Schaffer MDHR, Jayne Spain (MDE), Alyssa Klein and Abbie Wels Herzog (DEED)

II. Review Minutes from June 4 Meeting

Decision from June 4 that all agencies would link to what DHS posts, or post the document on their websites as well.

III. Review Draft Info Sheet

Justify why these items are listed; Tony working on a reference page

Put small bullets under each item to describe what's meant/the intent (Tony will add)

Bekah & Tony will make suggested changes/additions, simplify language and send to the group for e-mail review

Group will review & Andrea will send to Lesli & her team to format & post

IV. Review Plan for dissemination

Document will be posted on "what's new" section of the DB 101 Website

V. Future Phases of Providing Information

Tabled to next meeting

Next Steps & Wrap Up

Next steps: plan training sessions to explain to people & families what to do with this information (this could be done via county case management, VR counselors & educators too).

Success in Employment

Research and common model components

Expectation of integrated, competitive employment

- High expectations and a belief that a person can work is one of the greatest factors in whether a person does work, regardless of disability.
- The expectation is that everyone can work if conditions and supports are right.

Interest, strength and skills based job search

- The job search is based on individual choice, interests, skills and strengths.
- A person is successful in finding and keeping a job if it matches their interests in and what they are good at doing.

Service eligibility is based on desire to work

- Getting a job is more likely if access to work support is based on a desire to work and starts right away.
- Looking for employment is open to everyone who wants to work.

Employment services are coordinated with other services

- Success at finding and keeping a job is more likely when a person's employment supports work in coordination with other supports, including but not limited to: family support, housing support, daily living support, medical support.

Personal, family and professional networks are utilized

- Most people find jobs through personal contacts and networking, regardless of disability. There is a plan about how to connect social capital to find a job.

Job supports are not time limited

- There is no time limit for how long a person gets support to keep a job.

Benefits and Work Incentive Planning

- People are more likely to make work part of their plan when they understand how employment will impact their money and benefits and utilize work incentives.

YOUR RESOURCE. YOUR WAY.

Disability Linkage Line®
1-866-333-2466

db101.org
Disability Benefits 101
WORK • BENEFITS • YOU

DB101 MN is a service of the Disability Linkage Line® – Minnesota's free, statewide information and assistance system for people with disabilities.
DB101 site was developed by the World Institute on Disability.

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EXHIBIT 3-8: EM 3K – VOCATIONAL REHABILITATION SERVICES INFORMATIONAL MATERIALS

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WHAT ARE THE BENEFITS?

- Opportunity to train a new employee on the job and receive cost reimbursement for your trainer
- Prescreened candidates
- Reduce turnover rates
- Minimal paperwork
- Increase workforce diversity
- No fee
- Consultation and technical assistance from a VRS Employment Specialist on disability-related issues, including reasonable accommodations

Create a positive impact on your workforce and bottom line at the same time!

Minnesota
Department of Employment and Economic Development

www.mn.gov/deed/VRSTalent

Upon request, this document can be made available in alternative formats for people with disabilities.
DEED is an equal opportunity employer and service provider.

6/14 500 DEED-70701

WHAT IS VOCATIONAL REHABILITATION SERVICES?

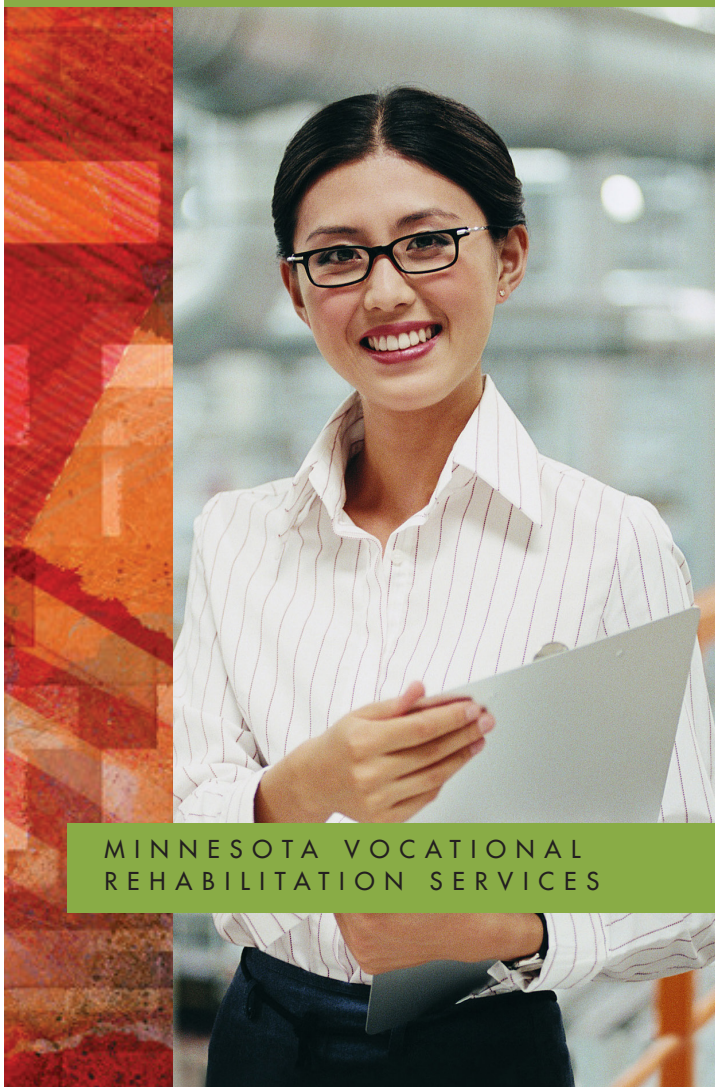
Our goal is to connect your business with qualified job seekers, saving you time and money. Vocational Rehabilitation Services (VRS) offers a wealth of expertise and experience to assist businesses with creative strategies to recruit and retain skilled workers with disabilities. Our talent pool ranges from entry-level to experienced professional. And, we charge no fees . . . ever.

TO LEARN MORE, CONTACT:

EM 3K

ON-THE-JOB TRAINING

Hiring and training that make sense



MINNESOTA VOCATIONAL REHABILITATION SERVICES

More than ever businesses need qualified, trained workers.

More than ever businesses need qualified, trained workers. Vocational Rehabilitation Services (VRS) works to meet that need at no cost to you.

Vocational Rehabilitation Services has provided cost reimbursement to hundreds of businesses for On-the-Job Training (OJT). Your business has a unique opportunity to tap into great workers and provide them training that meets your business needs.

Frequently Asked Questions

WHAT IS ON-THE-JOB TRAINING AND HOW DOES IT WORK?

OJT is cost reimbursement to your business for providing training above and beyond what all new employees receive. After you extend a job offer and provide training to the candidate, your business is reimbursed for the additional On-the-Job Training costs. The process is easy:

- When you hire a new employee a VRS Employment Specialist will complete a brief OJT Agreement with you and the employee.
- Provide your customary orientation to the new employee.
- Provide the employee with the On-the-Job Training as outlined in the OJT Agreement.
- Submit an invoice to receive cost reimbursement for the amount of the OJT Agreement.

IS AN OJT COMPLICATED TO IMPLEMENT?

Absolutely not. The OJT Agreement is a brief form that outlines the content of the work, your expectations, duration of the OJT, cost reimbursement, and a schedule for progress review.

WHAT IS THE CATCH?

No catch. Our goal is to benefit Minnesota businesses by helping them hire and train great employees.

The VRS Employment Specialist will maintain frequent communication with you and the employee to help ensure a successful OJT.

The employment consultants in the Minneapolis Placement Partnership represent well-established and highly effective organizations in both the public sector and the private sector. Collectively, they bring decades of experience and success in bringing together talented candidates for employment and the businesses that seek to employ them.

MPP can help your business diversify your workforce by providing access to skilled and qualified candidates.

You save time — because we help find the candidates you need.

And you save money — because there's never a charge for partnering with MPP.

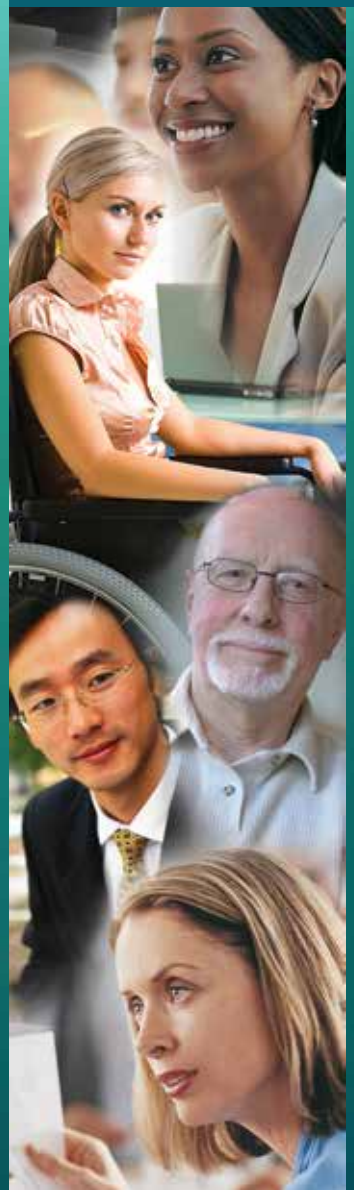
ONE CALL. THAT'S ALL IT TAKES.

Minneapolis Placement Partnership Network

- AccessAbility, Inc.
- Autism Works
- Courage Kenny Rehabilitation Institute
- Goodwill/Easter Seals, MN
- Hennepin County Vocational Services Program
- Jewish Family & Children's Service
- Lifetrack
- LJ&A Employment Counseling and Placement Services
- Midwest Special Services
- MN Career Solutions
- Opportunity Partners
- Resource Inc, (MRC)
- Rise, Inc.
- State of Minnesota Vocational Rehabilitation Services
- VA Employment Programs

1,000/08/2013

Minneapolis Placement Partnership



Recruiting & Hiring Solutions for Minneapolis Businesses

MPP
Minneapolis Placement Partnership

About Minneapolis Placement Partnership

MPP provides expert, professional employment services to help businesses find skilled and qualified job candidates.

MPP is a broad network of public sector and private sector agencies with decades of success in recruiting, hiring, supporting, and retaining diverse candidates for employment.

Talent in Every Field

MPP can offer access to more than 500 pre-screened, skilled and qualified candidates to meet your needs. Select from candidates who offer skills in all career fields and have educational attainments ranging from GED to Ph.D.

MPP recruits from a deep pool of talented candidates who reflect the rich diversity of the Minneapolis workforce.

MPP talent-matching services are first-rate. We know our candidates. We know their skills, strengths, aptitudes and interests. Our role is to introduce you to a job candidate who fits your unique needs, and to assist in any way we can during the recruitment and hiring process.

AND WE CHARGE NO FEES... EVER.

Recruitment, Hiring & Retention

MPP Listens

With the Minneapolis Placement Partnership you make just one call to your employment consultant. We'll listen and learn about your business needs and what skills and qualities you're seeking in a job candidate.

MPP Works

Once we know what you're looking for, we'll tap into our network to find candidates who fit your needs. You'll conduct the interviews and make the hiring decision.

MPP Follows Through

If you make a job offer, your employment consultant can provide retention supports if they're needed to ensure success.

MPP Services

Besides offering recruitment and hiring assistance, MPP employment consultants can provide other human resource services — or refer you to providers on topics such as these:

- Americans with Disabilities Act (ADA) and Accommodations
- Ergonomics
- Hiring Incentives
- Disability Awareness
- Education and Resources on Disability and Diversity

no fees...ever

One Call Gets You Started

One call puts you in touch with top Minneapolis vocational consultants — partnering, collaborating and networking to help you locate skilled and qualified candidates.

South Minneapolis

SUSAN DIAZ RYDSTRAND
Employment Consultant ■ 612-821-4426
susan.diaz.rydstrand@state.mn.us
777 East Lake Street, Minneapolis, MN 55407

North Minneapolis

AMANDA LE
Employment Consultant ■ 612-302-7010
amanda.le@state.mn.us
1200 Plymouth Avenue North, Minneapolis, MN 55411

Vocational Rehabilitation Services

WHAT HIGH SCHOOL TRANSITION STAFF NEED TO KNOW

WHAT IS VOCATIONAL REHABILITATION SERVICES?

It's a program for persons with disabilities, including students and young adults who are moving from school to what comes next. Many students we serve have an IEP or 504 Plan. But other students with physical or mental conditions might also be eligible. In Minnesota every high school has an assigned VR counselor who can help students explore careers, complete post-secondary training, find a job and start a career, and live as independently as possible.

HOW DO WE CONNECT WITH VR IN OUR SCHOOL?

Each fall a VR counselor will contact your school to establish a meeting calendar and work out a plan for communicating with staff and students.

If you know a student with a physical or mental condition that creates barriers to work and who might need employment related supports during and after high school, you should contact the VR counselor assigned to your school. Students are eligible if they have a documented disability and demonstrate that they need and could benefit from VR services to help them prepare for work, find and keep a job.

Any high school student with a disability should learn about these services, usually about two years before graduation and typically near the beginning of the junior year. For anyone who plans to leave school before graduating it makes sense to see a VR counselor right away. Don't worry if you don't know whether a student is eligible for VR; that's the purpose of a referral.

It's usually possible to document a disability from school assessments, a psychological report or medical provider records. If a student is not able to provide this documentation, they may give permission for a VR counselor to obtain it for them.

WHAT IF WE SUSPECT A DISABILITY, BUT CAN'T DOCUMENT IT?

You may want to refer a student who does not have an IEP or 504 Plan, or has not been diagnosed with a qualifying condition. In such cases, with permission, we may explore diagnostic services to determine eligibility.

WHAT ARE SOME COMMON VR SERVICES?

Our services are designed to help students set their own employment goals and figure out how to achieve them. We might assess their interests and abilities or arrange for informational interviewing and career exploration. We can help them develop a plan for on-the-job-training or post-secondary education or training. We provide the assistance students need to prepare for work and to find and keep a job.

ARE THERE COSTS FOR VR SERVICES?

There is no charge for determining a student's eligibility, for counseling, job placement and most other VR services. For certain things (such as college or technical school or other specialized services) we may apply a sliding fee schedule based on the family's income.

CAN VR PAY FOR TRANSITION SERVICES WHILE A STUDENT IS STILL IN HIGH SCHOOL?

Because Minnesota's secondary schools often provide transition programming while the student remains in school, VR does not typically fund services until the student graduates. But the student's needs and the terms of the IEP and VR employment plan should drive service decisions, and in some cases it may be appropriate to fund or co-fund employment-related services before graduation.

WHAT CAN I DO TO COLLABORATE EFFECTIVELY WITH THE VR COUNSELOR?

The best way is to invite a VR counselor to participate in all IEP meetings with eligible students. It's important for school staff and VR counselors to communicate regularly.

DO STUDENTS HAVE CHOICES?

The whole idea is for students to choose their own job goals and decide how to achieve them. Students can decide to develop plans on their own, or with someone else's assistance. If they wish to receive services from Vocational Rehabilitation Services we'll need to agree to the plan.

How Do I Find Out More? You can call 1.800.328.9095 or 651.296.5616.

You can also go to www.mn.gov/deed/vrs and click on the link "For Youth and Young Adults".

2-2014 10,000 DEED-70613-03

Vocational Rehabilitation Services

WHAT STUDENTS AND FAMILIES NEED TO KNOW

WHAT IS VOCATIONAL REHABILITATION SERVICES?

It's an employment services program for students and young adults who are moving from school to what comes next. In Minnesota every high school has an assigned Vocational Rehabilitation (VR) counselor who can help students who have an identified disability (that means those with an IEP or 504 Plan or with other physical, mental health or learning concerns) to gain skills, find a job and start a career. The VR counselor can help you to take control of your future and live as independently as possible.

WHO SHOULD APPLY?

Any high school student with a disability should learn about these services, usually about two years before graduation and typically near the beginning of the junior year. For anyone who plans to leave school before graduating it makes sense to see a VR counselor right away.

WHO IS ELIGIBLE?

You're eligible if you have a physical or mental condition that might make it hard for you to work, and if you demonstrate that you need and could benefit from VR services to help you prepare for, find or keep a job.

HOW DO I PROVE THAT I HAVE A DISABILITY?

It's usually possible to document a disability from your school assessment, a psychological report or a medical provider's records. If you are not able to provide this documentation, you may give your permission for a VR counselor to obtain it for you.

WHAT DOES VR ACTUALLY DO FOR ME?

We offer many different services, all of them designed to help you set your own employment goals and figure out how to achieve them. It's all about meeting your particular needs. We might help you understand your interests and abilities or arrange for informational interviewing and career exploration. Your plan might call for on-the-job-training or a degree program at a two-year or four-year college. Depending on your particular needs and job requirements, we can help you explore your options. Bottom line: we provide the assistance you need to prepare for work and to find and keep a job.

HOW MUCH DOES IT COST?

There is no charge for counseling, job placement, and most other services. But for certain things (such as tuition for college or technical school or other specialized services) we may apply a sliding fee schedule based on your family's income.

DO I HAVE CHOICES?

We'll provide assistance, but the whole idea is for you to choose your own job goals and decide how to achieve them. You can decide to develop plans on your own, or with someone else's assistance. If you wish to receive services from Vocational Rehabilitation Services we'll need to agree with your plan.

How Do I Find Out More? You can call 1.800.328.9095 or 651.296.5616.

You can also go to www.mn.gov/deed/vrs and click on the link "For Youth and Young Adults".

2-2014 10,000 DEED-70609-03

WHERE TO GO
FOR EMPLOYMENT-RELATED SERVICES

A Southeast Minnesota Regional Network for Students with Disabilities

- Southeastern Minnesota Center for Independent Living (SEMCIL)
- Vocational Rehabilitation Services (VRS)
- Workforce Development, Inc. (WDI)
- Southeast Minnesota WorkForce Centers

Get information about all programs and services at any of the following southeast Minnesota WorkForce Centers:

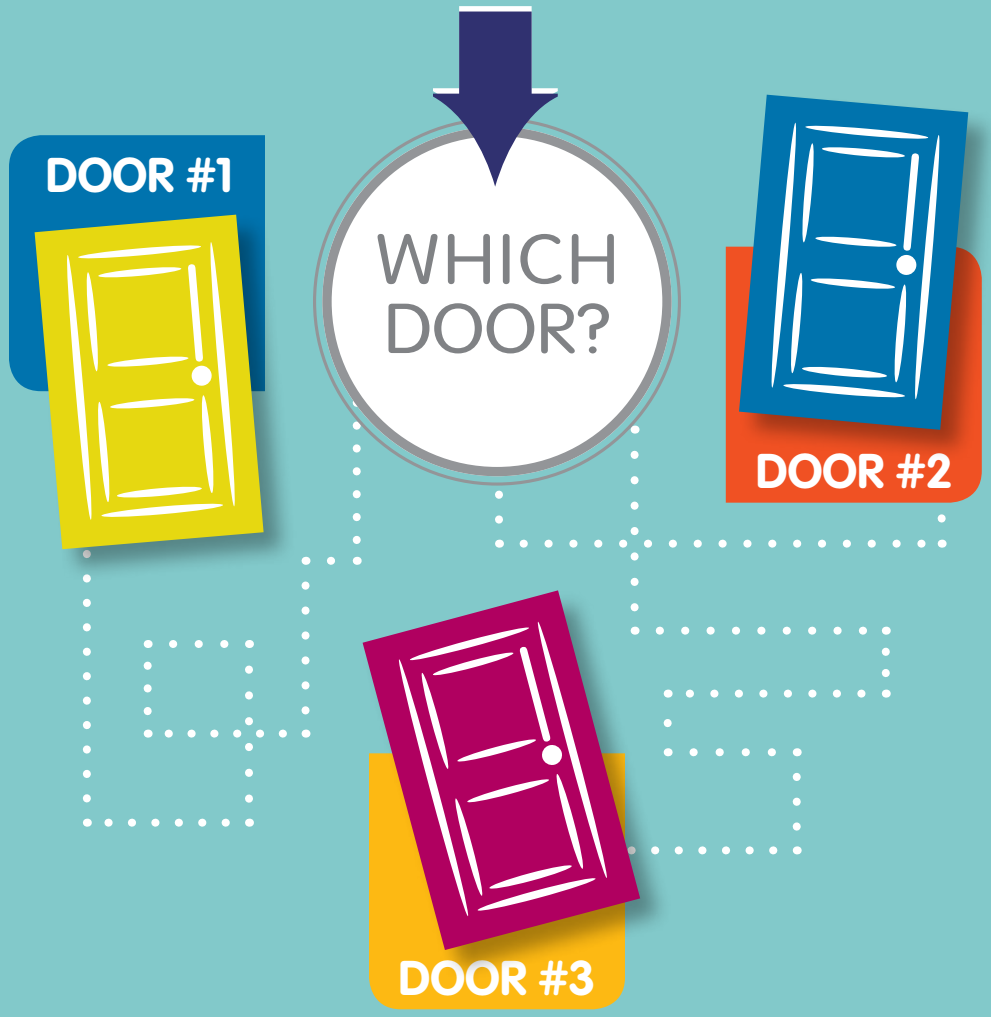
Albert Lea .. 507-369-1488
Austin 507-433-0555
Faribault 507-333-2047
Rochester ... 507-285-7315
Owatonna ... 507-446-1470
Red Wing ... 651-385-6480

Upon request, this information can be made available in alternative formats for individuals with disabilities.

DEED Q500 3/2014

WHERE TO GO?
EMPLOYMENT SERVICES IN SOUTHEAST MINNESOTA

For Youth with Disabilities



PICK ANY DOOR!

Door #1, #2 or #3

Young people with disabilities—as well as their families, teachers, counselors and advisors—can choose from a lot of employment related services offered by many different programs. So many options. So many resources. So many choices.

Picking and choosing the right program, the right service, the right resource: it's like the old television show "Let's Make a Deal," where you choose what's behind Door #1, Door #2, or Door #3—without knowing what's behind those doors.

Here's the secret: there's no wrong door!

Which program should you contact when you need assistance? Don't worry. Any of us can help you. Walk through any door. We'll introduce you to a whole network of regional service providers that specialize in assisting students with disabilities to meet their needs in post-secondary education, employment and independent living.

Here's the Secret:
There's no wrong door!

PARTNERS in Southeast Minnesota

We are a network of Southeast Minnesota service providers who **work together, with you**, to support students with disabilities. Together we can:

- Help you and your student fulfill IEP goals for post-secondary education, employment and independent living
- Spend one-on-one time with your student on future planning
- Assist in engaging parents and other family members
- Consult with you to help resolve student-related concerns
- Identify community resources that might be useful
- Coordinate planning with county social services, corrections systems, and other organizations
- Explore careers and set up work experiences with your students
- Assess your student's independent living skills and provide training and supports
- Provide assistance with assistive technology
- Help your students and families with benefits planning
- Ensure your students continue on with their goals successfully after leaving the school system

CHECK IT OUT:

Vocational Rehabilitation Services is Minnesota's individualized employment service for persons with disabilities. We have transition counselors assigned to every high school in Minnesota to help students and young adults to achieve their goals for employment, independent living and community integration.

Find us on the Web @
www.PositivelyMinnesota.com/VRS
then click **"For Youth and Young Adults"**

Learn more about
Vocational Rehabilitation Services
651-259-7366 • 800-328-9095
VRS.CustomerService@state.mn.us

Upon request, this information can be made available in alternative formats.

WHAT COMES NEXT?

What am I going to do after high school?

GOOD QUESTION!
Your friends are asking the same thing.

Now is the TIME

Now is the time to begin planning your journey from school to what comes next.

Take the next step. Your school can show you how to make an appointment with a Vocational Rehabilitation Services counselor who can help you start your journey to a great career.

Mapping it OUT

Mapping it out is all about you taking control of your future. It's about looking forward, not back. It's about opening up a world of possibilities.

You don't have to do it alone. A VRS transition counselor can work with you on the important stuff. They'll help you make decisions about the transition from school to what comes next, and they'll help you discover:

- Your strengths and interests
- Your goals, needs, and wants
- How to get where you want to go
- Who's responsible for what
- What you'll need to make it happen

Make the transition from school to what comes next.
It's an exciting journey...and we can help you chart the course.

EXHIBIT 3-9: TR 4B – REPORT ON MCOTA'S ALIGNMENT WITH OLMSTEAD PLAN

MCOTA AND THE RELATIONSHIP TO OLMSTEAD

Overview

In January of 2013, under Executive Order 13-01, the Minnesota Department of Transportation began its participation in the development and implementation of the state of Minnesota's Olmstead Plan "Putting the Promise of Olmstead into Practice". MnDOT identified four strategic actions in the plan to gather baseline information around current transit capacity and need, integrate Olmstead Principals into existing plans and to engage MCOTA in the implementation process of the Olmstead Plan. Below is a review of the progress with MCOTA to date and recommendations for next steps.

Background and Current Status

The Minnesota Council on Transportation Access (MCOTA) was established by the Minnesota Legislature in 2010 (Minn. Statute 2010 174.285) to "study, evaluate, oversee, and make recommendations to improve the coordination, availability, accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public." The Council succeeds the Interagency Committee on Transit Coordination (ICTC), which was established in 2005 by Minnesota Governor Tim Pawlenty.

Due to the cross agency nature of providing transportation for the Olmstead population MnDOT looked to MCOTA as potential to begin the cross agency conversation that will be needed to identify needs and expand overall awareness of Olmstead obligations. Since June of 2013 MnDOT's agency lead has been providing updates to MCOTA's members on the progress on Minnesota's Olmstead Plan. The relationship has proved to be useful for primarily exchanging information, and the strategic actions focused on gathering baseline information have benefited from already planned MCOTA research. However, the connection to a more concrete strategic direction to directly contribute to Olmstead's population based outcomes is not apparent.

While, many strides have been made in creating greater awareness on Olmstead needs among a broader group of transportation stakeholders MnDOT, in conjunction with the MCOTA membership, has determined that inclusion of MCOTA in the Olmstead Plan will be discontinued. The primary reason is that MCOTA's charge is advisory and the Olmstead Plan is seeking direct measurable impact to furthering Minnesota's Olmstead Plan which MCOTA is outside of MCOTA's purview. MnDOT does see value in the maintaining a connection and MnDOT's Olmstead agency lead will continue to provide updates on Olmstead progress to MCOTA and recommend Olmstead based research for consideration in MCOTA's work plan. A copy of MCOTA's current work plan is provided for reference.

Next Steps

MnDOT is in the process of developing alternatives to replace MCOTA in the transportation section of Minnesota's Olmstead Plan. Three recommendations of potential replacements are below.

Inclusive Transit Planning

Provide technical assistance to transit systems on best models for increasing the participation of people with disabilities in the design and implementation of responsive, coordinated transportation systems.

Enhancing Communications

Provide technical assistance on improving persons with disabilities access to transit through improved communication techniques. These techniques may include: travel training, driver sensitivity training and improved signage.

Development of Performance Measures

Identification of key measures for determining increased access by persons with disabilities. These measures may include: overall disabled ridership, customer satisfaction responses, and level of investment.

Appendix A

Amendment to 2014-2015 MCOTA Biennial Work Plan			
	Cost	Objectives	MCOTA Duties Addressed:
MCOTA2015-3 Minnesota mobility management case studies	($30,000)	The purpose of this project is to conduct an analysis of mobility management efforts at the state, regional, and provider levels and to ***develop a plan for creating and sustainably funding a comprehensive statewide mobility management system*** that recognizes the importance of multimodal mobility coordination and meets the vision and goals of state, regional/local decision makers, public transportation providers and leads to improved transportation and mobility for residents in Minnesota.	(2) identify best practices and strategies that have been successful in Minnesota and in other states for coordination of local, regional, state, and federal funding and services; (9) facilitate the creation and operation of transportation brokerages to match riders to the appropriate service, promote shared dispatching, compile and disseminate information on transportation options, and promote regional communication; (16) encourage the design and development of training programs for coordinated transportation
MCOTA2015-3 Minnesota Council On Transportation Access Action Plan (Proposed)	($30,000)	The purpose of this project is to conduct stakeholder engagement and strategic planning in order to develop a strategic action plan for MCOTA's role and recommendations for statewide transportation coordination.	(3) Recommend statewide objectives for providing public transportation services for the transit public; (5) Recommend policies and procedures for coordinating local, regional, state and federal funding and services for the transit public; (6) Identify stakeholders in providing services for the transit public, and seek input from them concerning barriers and appropriate strategies; (7) Recommend guidelines for developing transportation coordination plans throughout the state; (11) Recommend minimum performance standards for delivery of services. (20) Advocate aggressively for eliminating barriers to coordination, implementing coordination strategies, enacting necessary legislation and appropriating resources to achieve the council's objectives.

EXHIBIT 3-10: SS 2A.1– TRANSITION SUMMARY AND PLAN

TRANSITION SUMMARY AND PLAN FOR
NAME

Meeting Date(s): _____ **Meeting Facilitator:** _____

Transition Summary and Plan Completion Date(s): _____

Writer *(must be a Designated Coordinator)* **of this Transition Summary and Plan:** _____

Writer's Signature(s): _____

Contributor(s) to this Transition Summary and Plan: _____

Attendance at Transition Planning Meeting(s):

Date: See attached Attendance Sheet.

Date: See attached Attendance Sheet.

Type of Transition:

Length of Provisional Transition (if applicable):
[Submit requests for extension of provisional transition to Clinical Director]

Assessments, treatment plans, reports, and other documents accompanying this plan:

IDENTIFYING INFORMATION

MA / PMI:	**Admission Date:**	**Guardianship Status:**
County of Financial Responsibility:		
Contact Person: **Address:**	**Phone:**	**Fax:** **Email Address:**
Services to be Provided:		

Community Residential Provider: **Address:** **Contact Person:** **Phone:**	**Fax:**	**County of Residence:** Funding Source: Date of County Notification:
Community Vocational Provider: **Address:** **Contact Person:** **Phone:**	**Fax:**	**County Day Program:** Funding Source: Date of County Notification:
Physician/Medical Clinic: **Address:**		**Phone:** **1st Appointment Date:**
Psychiatrist/Clinic: **Address:**		**Phone:** **1st Appointment Date:**
Psychologist/Therapist & Clinic: **Address:**		**Phone:** **1st Appointment Date:**
Behavior Analyst responsible for Functional Behavior Assessment: **Address:**		
Guardian **Name:** **Address**: **Phone:**	**Family Members Information** **Name:** **Relationship:** **Address:** **Phone:**	**Family Members Information** **Name:** **Relationship:** **Address:** **Phone:**

_____'s Forwarding Address and Telephone Number

Address:

Phone:

LEGAL STATUS INFORMATION

Commitment Date:	**Type:**	**Expiration Date:**	**County:**
Court Report Due:	**Type:**	**Due Date:**	**Responsible Person:**
Rule 20: ☐ **Yes** ☐ **No** **Competency Report Due:**		**If yes, Date Plan Approved by Responsible Court:** **Responsible Person:**	

NOTIFICATION(S)

A background check conducted upon admission indicated this person is a Registered Offender.	☐ Yes	☐ No
If yes, are there minor children in the proposed transition setting?	☐ Yes	☐ No
If yes, the proposed transition provider was notified of this person's status.	☐ Yes	☐ No

OTHER CONTACT PERSONS

Name/Relationship	*Address:*	*Phone, Fax, Email*

DIAGNOSES

SUMMARY OF PERSON-CENTERED DESCRIPTION AND HOW TO SUPPORT THE PERSON IN THEIR RELOCATION SO THEIR DESCRIPTION CAN BE REALIZED

	Summary of the Information ***(note source of information – person, family, guardian, etc)***	**How can this information be used to arrange supports and activities so the person's description can be realized?**
What support strategies have worked well in treatment and should stay the same?		
What support strategies have not worked well in treatment and need to change?		
What are the characteristics of people who support person best?		
What is currently important to person?		
What is currently important for person?		
What family members does person communicate with regularly?		
What friends and community contacts does person communicate with regularly?		
What community activities does person engage with and how frequently?		

What constitutes a good day for person?		
What constitutes a bad day for person?		
What does person, and those who know person well, identify as great aspects of their personality, character, and skill set?		

SUMMARY OF RESIDENTIAL MATCHING ASSESSMENT AND RELATED EXPLORATION/DISCOVERY, AND HOW TO ARRANGE COMMUNITY PLACEMENT SO THE PERSON'S ASPIRATIONS CAN BE REALIZED

	Summary of the Information (note source of information – person, family, guardian, etc)	**How can this information be used develop a community placement so the person's aspirations can be realized?**
Describe the preferred location, type of setting, neighborhood, transportation needs, etc.		
What natural/community supports has the person used in the past/desire to use in the future?		
How important is the person's culture to where they live, and in what ways?		
What community supports have been effective in the past and what have not?		
Describe the preferred housemate, and characteristics that are not preferred.		

Describe the preferred environment, and characteristics that are not preferred.		
Describe recreation resources/access that would be preferred.		
What considerations are important re: the organization, their history, staff, practices, etc?		
Describe considerations for staffing.		
Describe behavioral support needs.		
Describe medical and dietary support needs.		
Describe transition/continuum of support needs and wishes – what will make the transition smooth and successful?		

HYPOTHESIS STATEMENTS REGARDING THE OPERANT FUNCTION OF CHALLENGING BEHAVIOR (I.E., THE RELATIONSHIP BETWEEN CONTEXT, ANTECEDENTS, BEHAVIORS, AND THE OUTCOMES THE BEHAVIORS GENERATE)

RECEIVING PROVIDERS: GUIDANCE FOR DEVELOPING POST-TRANSITION SUPPORTS

The following are considerations for how 'client s support network (including at a minimum client, his/her legal representative, county case manager, Community Support Services, and the MSHS-Cambridge Team) could best assist client to establish a successful and safe life of his/her choosing that after transition to a new home, job, and community. In lieu of recommending specific goals and objectives that would appear in a formal program or plan, the receiving organization should use this information to develop supports that will integrate what is important to client as he/she works on what is important for him/her. Dates and responsible persons should be agreed upon during transition planning meetings. At time of transition, the ownership of this document should be fully shared by the support network.

WHAT IS IMPORTANT TO THE PERSON IN THIS AREA?	WHAT IS IMPORTANT FOR THE PERSON IN THIS AREA?	HOW COULD SUPPORT BE ARRANGED SO 'IMPORTANT TO' IS CONTEXT FOR THE PERSON WORKING ON THE 'IMPORTANT FOR'?	PERSON(S) RESPONSIBLE	TARGET DATE FOR COMPLETION
1. MENTAL, CHEMICAL, AND BEHAVIORAL HEALTH *(consider psychiatry, CD treatment, psychology treatment)*				
2. HEALTH AND SAFETY *(consider physical development, physical health, medical conditions, allergies, nutrition and dietary needs)*				

WHAT IS IMPORTANT TO THE PERSON IN THIS AREA?	WHAT IS IMPORTANT FOR THE PERSON IN THIS AREA?	HOW COULD SUPPORT BE ARRANGED SO 'IMPORTANT TO' IS CONTEXT FOR THE PERSON WORKING ON THE 'IMPORTANT FOR'?	PERSON(S) RESPONSIBLE	TARGET DATE FOR COMPLETION
3. **SOCIAL COMPETENCY** ***(consider social development, establishing and maintaining relationships, self-management/control, handling conflict, leisure and recreation)***				
4. **SELF-CARE** ***(adaptive skills related to personal care – consider grooming, personal hygiene, maintenance of materials, cooking)***				

WHAT IS IMPORTANT TO THE PERSON IN THIS AREA?	WHAT IS IMPORTANT FOR THE PERSON IN THIS AREA?	HOW COULD SUPPORT BE ARRANGED SO 'IMPORTANT TO' IS CONTEXT FOR THE PERSON WORKING ON THE 'IMPORTANT FOR'?	PERSON(S) RESPONSIBLE	TARGET DATE FOR COMPLETION
5. **COMMUNICATION** ***(consider receptive skills, expressive skills, functional communication skills re: needs and wants)***				
6. **EMPLOYMENT AND EDUCATION** ***(consider job skills, history, and preferences; post-secondary education)***				
7. SELF-DETERMINATION ***(consider self-advocacy, legal representation, money management, self-preservation)***				

WHAT IS IMPORTANT TO THE PERSON IN THIS AREA?	WHAT IS IMPORTANT FOR THE PERSON IN THIS AREA?	HOW COULD SUPPORT BE ARRANGED SO 'IMPORTANT TO' IS CONTEXT FOR THE PERSON WORKING ON THE 'IMPORTANT FOR'?	PERSON(S) RESPONSIBLE	TARGET DATE FOR COMPLETION
8. COMMUNITY PARTICIPATION *(consider access/transportation, involvement in organizations, involvement with typical peers and those with disabilities)*				
WHAT CONSIDERATIONS ARE THERE FOR THE PHYSICAL ENVIRONMENT, AT HOME, IN COMMUNITY, AND IN THE WORKPLACE, TO ENSURE SAFE AND EFFECTIVE SUPPORT?				

Training Plan				
Date of visit/training	**Location of visit/training**	**Nature of the training**	**Who will be doing the training?**	**Who will be receiving the training?**

CONTACT PERSONS

	NAME	PHONE	DATES & TIMES
HOME & CORE TEAM STAFF	**Designated Coordinator and other Staff to assist in training:**		
RECEIVING PROVIDER	**Provider Staff lead in training:**		
CSS STAFF			**Support/visit schedule**: **On-going schedule through P.D. date:**

	NAME	PHONE	DATES & TIMES
CONTACT LIST	**Mental Health Professional:** **Designated Coordinator:** **Community Residential Supervisor:** ***If Applicable to Aftercare*** **BA III:** **BA I:** **Social Worker:** **Home Supervisor:** **Home Staff Phone:** **Nurse:**		
ADDITIONAL RESOURCES	**Arc MN** **Ombudsman for Mental Health and Developmental Disabilities**	Office: 651-523-0823 Toll-Free: 1-800-582-5256 mail@arcmn.org Office: 651-757-1800 Toll-Free: 1-800-657-3506 www.ombudmhdd.state.mn.us	

SIGNATURE PAGE

We have participated in this transition plan and understand it. We feel that it respects person's dignity and honors person's civil and legal rights. We have co-authored this plan in an effort to improve person's inclusion and participation in his/her home community of choice; promote self-determination and self-sufficiency; help foster and grow relationships to members of his/her chosen support network; provide opportunities for the development of skills in decision making, personal advocacy, and communication of wants and needs; and allow for a balance between opportunities important to person and measures important for managing his/her safety in the most inclusive manner and environment. We the undersigned agree with the transition plan that has been developed to meet person's individual needs.

Person: _____ Date/Time: _____

*County Case Manager: _____ Date/Time: _____

*Legal Representative: _____ Date/Time: _____

Designated Coordinator: _____ Date/Time: _____

Family: _____ Date/Time: _____

Others: _____ Date/Time: _____

_____ Date/Time: _____

_____ Date/Time: _____

This Plan is: ☐ Approved ☐ Not Approved

_____ _____

*****Head of Treatment Facility Date/Time

MSHS – Cambridge Clinical Director or Mental Health Professional Designee

**** Required signature***

Note: If the Transition Plan is not approved by the Head of the Treatment Facility, it indicates that the plan is not considered to adequately address the person's needs for a successful community placement. If the person is not under Rule 20, the county case manager may proceed with the transition without approval, but is doing so against the advice of MSHS-Cambridge. The Head of the Treatment Facility may file an appeal with DHS if in his or her opinion the transition will endanger the health or safety of the person or the community at large. The Head of the Treatment Facility must approve all Provisional Transitions and persons committed under Rule 20.

cc:	*County Case Manager*	*Vocational Provider*	*Residential Provider*
	MSHS Program Team	*CSS*	*Legal Representative*

EXHIBIT 3-11: ED 1B – TRAINING PROGRAMS AND EXPERTS TO REDUCE RESTRICTIVE PROCEDURES

Minnesota Department of Education

Note: this is NOT a comprehensive list; as programs are identified and information provided to the Minnesota Department of Education, it will be revised accordingly. "No Evidence" does not indicate the required element is not included in the program; it indicates no available documentation was provided and/or restrictive procedures are not part of the training program. The list will be revised at regular intervals as additional documentation becomes available. The purpose of the list is to assist users to identify existing programs that may inform the development of a more comprehensive Restrictive Procedures Plan outlined in Minnesota Statutes section 125A.0942, Subd. 1. No individual program can address implementation with fidelity, and the creation of a supporting infrastructure to ensure the plan is executed as intended. Contact has been initiated with the Minnesota Department of Human Services as per Minnesota Statutes section 125A.0942, Subd. 5. (b).

Crisis Prevention/Intervention Training Programs

Training Requirements Training Programs

Training Requirements	*Crisis Consultant Group, LLC*	*Handle with Care*	*Managing Aggressive Behavior*	*Mandt System*
Positive behavioral interventions	No Evidence	No Evidence	No Evidence	Resources
Communicative intent of behaviors	No Evidence	Information	No Evidence	Information
Relationship building	Training	Information	Resources	Resources
Alternatives to restrictive procedures	Information	Training	Training	Training
De-escalation methods	Training	Training	Training	Training
Standards for using restrictive procedures	Training	Training	Resources	Resources
Obtaining emergency medical assistance	Information	No Evidence	No Evidence	Information
Physiological and psychological impact of physical holding and seclusion	Information	No Evidence	Resources	Resources
Monitoring and responding to a child's physical signs of distress	Training	Resources	No Evidence	Information
Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding used	Training	Resources	No Evidence	Resources
District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure	No Evidence	No Evidence	No Evidence	No Evidence
School-wide programs on positive behavior strategies	No Evidence	No Evidence	No Evidence	No Evidence

Minnesota Department of Education

Note: this is NOT a comprehensive list; as programs are identified and information provided to the Minnesota Department of Education, it will be revised accordingly. "No Evidence" does not indicate the required element is not included in the program; it indicates no available documentation was provided and/or restrictive procedures are not part of the training program. The list will be revised at regular intervals as additional documentation becomes available. The purpose of the list is to assist users to identify existing programs that may inform the development of a more comprehensive Restrictive Procedures Plan outlined in Minnesota Statutes section 125A.0942, Subd. 1. No individual program can address implementation with fidelity, and the creation of a supporting infrastructure to ensure the plan is executed as intended. Contact has been initiated with the Minnesota Department of Human Services as per Minnesota Statutes section 125A.0942, Subd. 5. (b).

Crisis Prevention/Intervention Training Programs

Training Requirements Training Programs

Training Requirements	*NCI (CPI) Non-Violent Crisis Intervention*	*PCMA*	*Positive Behavior Facilitation*	*Right Response*
Positive behavioral interventions	Resources	Information	Information	Information
Communicative intent of behaviors	Information	Information	Information	Information
Relationship building	Information	Information	Resources	Information
Alternatives to restrictive procedures	Training	Training	Information	Training
De-escalation methods	Training	Training	Training	Training
Standards for using restrictive procedures	Resources	Resources	Information	Resources
Obtaining emergency medical assistance	Information	Information	No Evidence	No Evidence
Physiological and psychological impact of physical holding and seclusion	Resources	Resources	No Evidence	Resources
Monitoring and responding to a child's physical signs of distress	Information	Resources	No Evidence	No Evidence
Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding used	Resources	Resources	No Evidence	No Evidence
District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure	No Evidence	No Evidence	No Evidence	No Evidence
School-wide programs on positive behavior strategies	No Evidence	No Evidence	No Evidence	No Evidence

Minnesota Department of Education

Note: this is NOT a comprehensive list; as programs are identified and information provided to the Minnesota Department of Education, it will be revised accordingly. "No Evidence" does not indicate the required element is not included in the program; it indicates no available documentation was provided and/or restrictive procedures are not part of the training program. The list will be revised at regular intervals as additional documentation becomes available. The purpose of the list is to assist users to identify existing programs that may inform the development of a more comprehensive Restrictive Procedures Plan outlined in Minnesota Statutes section 125A.0942, Subd. 1. No individual program can address implementation with fidelity, and the creation of a supporting infrastructure to ensure the plan is executed as intended. Contact has been initiated with the Minnesota Department of Human Services as per Minnesota Statutes section 125A.0942, Subd. 5. (b).

Crisis Prevention/Intervention Training Programs

Training Requirements

Training Programs

Training Requirements	*Safe & Positive Approaches*	*Safe Crisis Management*	*Therapeutic Crisis Intervention*	*Therapeutic Options*
Positive behavioral interventions	Resources	Resources	No Evidence	Resources
Communicative intent of behaviors	No Evidence	Information	No Evidence	Information
Relationship building	No Evidence	Resources	Information	Resources
Alternatives to restrictive procedures	Training	Information	Training	Training
De-escalation methods	Training	Training	Training	Training
Standards for using restrictive procedures	Resources	Training	Resources	Training
Obtaining emergency medical assistance	No Evidence	No Evidence	No Evidence	No Evidence
Physiological and psychological impact of physical holding and seclusion	Resources	Resources	Resources	Resources
Monitoring and responding to a child's physical signs of distress	Information	Resources	No Evidence	No Evidence
Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding used	Training	No Evidence	No Evidence	No Evidence
District policies and procedures for timely reporting and documenting each incident involving use of a restrictive procedure	No Evidence	No Evidence	No Evidence	No Evidence
School-wide programs on positive behavior strategies	No Evidence	No Evidence	No Evidence	No Evidence

Minnesota Department of Education

In accordance with Minnesota Statute 125A.0942, Subd. 5. (b)., the Minnesota Department of Education (MDE) has published the following list of experts on Reducing Restrictive Procedures. Experts were referred to MDE by schools and other experts in the field. MDE has not evaluated the experts included and the list does not necessarily constitute or imply endorsement, recommendation, or favoring by MDE. Each school seeking training and/or consultation is responsible for determining if the expert meets their needs and criteria. If you have feedback on the experts in this list or have names that you believe should be included, please email us at MDE.RRPExpert@state.mn.us. Thank you.

Name	Title	Phone number	Email Address Website
Brih Designs		(763) 560-1614	info@brihdesign.com www.brihdesign.com
Jan Ostrom, MS, LP, BCBA		(612) 670-8012	jan@brihdesign.com
Wendy Selnes, MA, BCBA		(612) 860-6965	wendy@brihdesign.com
Holly Peterson, BS		(612) 418-3134	holly@brihdesign.com
Andrea Quein, BAS		(612) 978-8664	andrea@brihdesign.com
Jody Tschetter	CPI/PBIS Certified Instructor	(651) 645-0200 x 3018	Jtschetter@designlearn.net
Dr. Rick Amado, Ph.D.		(651) 216-7131	Richard.s.amado@state.mn.us
Jennifer McComas, Ph.D	Professor of Special Education	(612) 624-5854	jmccomas@umn.edu
Dr. Char Myklebust		(763) 550-7110	CKMyklebust@District287.org
Dr. Donald Allen, Ph.D.		(651) 308-5823	kealohakc@yahoo.com
Dr. Joe Reichle, Ph.D.		(612) 625-6542	reich001@umn.edu

Name	Title	Phone number	Email Address
Deb Schipper		(952) 474-0227	dschipper@wmlc.biz
Danielle Thies, LICSW EDS	Licensed Psychotherapist	(507) 456-1346	dtheisconsulting@gmail.com www.danielletheisconsulting.com
Doug Anderson		(612) 702-9238	DougAnderson@SolutionsAndStrengths.com http://www.solutionsandstrengths.com/
Dr. William Dikel, MD	Consulting Child & Adolescent Psychiatrist	(612) 275-7385	dikel002@umn.edu www.williamdikel.com
Laura Heezen, MS	Board Certified Behavior Analyst	(612) 805-6658	lheezen@aol.com
Dr. Eric Rudrud, Ph.D., LPE		(320) 308-4155	ehrudrud@stcloudstate.edu

EXHIBIT 3-12: ED 1C – REPORT ON PROCESS TO ACCESS CRISIS SERVICES IN SCHOOLS

ED 1C – By June 30, 2014 establish a process for school districts to ensure that students with complex disabilities can access crisis services

Introduction

For purposes of this action item, students with "complex disabilities" will be limited to students with an Individualized Education Plan (IEP) receiving Special Education services. Through a series of discussions, the stakeholder group identified areas of mutual agreement on the following;

1. Enhance the current children's mental health mobile crisis system to address a reduction in the school's use of restrictive procedures for children with complex disabilities. This system currently has the most potential of any of the crisis services to be available statewide and to address the needs of this complex population.

2. Establish definitions of crisis and crisis prevention planning because each word and definition carries different meanings to parents, children and youth, among service providers, educational settings and mental health agencies, as well as from the standpoint of different funding sources.

    i. A *crisis* will be defined in this report as a child who is actively experiencing a high-level of distress within the school setting and in need of timely, safe, and effective intervention to assist the child in de-escalation to prevent further escalation of a crisis situation and prevent future crisis.

2. Crisis intervention practices should be enacted appropriately for all children based on the "Safe Interventions" principles defined in "Practice Guidelines: Core Elements for Responding to Mental Crisis"[1]
    a. "Access to supports and services is timely, allowing for 24/7 availability and a capacity for outreach when an individual cannot come to a traditional service site.
    b. Services are provided in the least restrictive manner, which avoids the use of coercion, but also preserves the individual's connectedness with his or her world.
    c. Peer support is available, affording opportunities for contact with others whose personal experiences with mental health crises allow them to convey a sense of hopefulness.
    d. Adequate time is spent with the individual in crisis.
    e. Plans are strengths-based and family oriented, which helps to affirm the individual's role as an active partner in the resolution of the crisis by marshalling his or her capabilities.
    f. Emergency interventions consider the context of the individual's overall plan of services.
    g. Crisis services are provided by individuals with appropriate training.
    h. Individuals in a self-defined crisis are not turned away.
    i. Interveners have a comprehensive understanding of the crisis.
    j. Helping the individual to regain a sense of control is a priority.
    k. Services are congruent with the culture, gender, race, age, sexual orientation, health literacy, and communication needs of the individual being served.
    l. Rights are respected.

m. Services are trauma-informed.
n. Recurring crises signal problems in assessment or care.
o. Meaningful measures are taken to reduce the likelihood of future emergencies."

Barriers to Service Provision in Schools

Compared to other States, Minnesota is doing an excellent job creating a statewide mental health crisis response service system. As a result of the 2013 Minnesota legislative session, children's crisis response services have been expanded from 59 to 85 of our state's 87 counties. However, not all these team are available 24/7, and not all are available to provide crisis services during school hours. To ensure schools are able to access crisis services for students with complex disabilities, the following four areas represent barriers that need to be addressed in order to provide crisis response services within the schools to Minnesota children who live with a complex disability:

1. **Access and Coordination**. There is a lack of communication and coordination between schools and mobile crisis providers in many parts of the state. Crisis response protocols and plans vary from school to school and across districts. Some schools and crisis response service providers lack a working relationship. Schools do not secure parental consent for crisis response services which delays service provision unless during an emergency.

2. **Response time**. Due to the large geographic region of the State, response time for MH Mobile crisis service can be a longer wait than the goal of 30 - 45minutes from the time of call. This is due to travel distance, weather conditions, and shortage of staff.

3. **Capacity**. Crisis service is unavailable in some areas during school hours. This is due to lack of infrastructure for an immediate response to schools during a student's crisis. This is also due to a shortage of crisis response providers. Schools are impacted to meet the crisis needs of children with disabilities with limited resources to deal with crises at all levels.

4. **Training gaps**. Many service providers and schools are not adequately trained in recognizing the early warning signs of a child who may be at risk for experiencing a crisis due to disability. Students with complex disabilities may be misinterpreted by school staff as misbehaving, 'choosing' to act out, or being 'bad'. School staff may rely on using restrictive procedures with students who have complex disabilities when they do not know other strategies or interventions to use. School staff may also initiate a 911 call prematurely or at times when a student with complex disabilities is experiencing a mental health crisis. This results in many students with complex disabilities being at risk for juvenile justice involvement when they may be in need of treatment and supports. In addition, many of the mental health crisis providers are not aware of techniques and resources that are needed for children with cognitive or developmental disabilities.

Goals and Process for Schools Access to Crisis Services for Students with Complex Disabilities:

1. **Creating Standardized Processes Statewide**

   a. Develop standardized school policies and procedure between DHS and MDE on crisis response services for students with complex disabilities across schools statewide to promote consistency and utilization on when and how to access crisis services.

      i. DHS and MDE to issue a joint statement on the availability of crisis services for students with complex disabilities in schools and how can access the service (By January 2015).

   b. Develop model school crisis response guidelines and language for in-house crisis response of students with complex disabilities with the intent of reducing restrictive practices and unnecessary police-involvement as well as behavior/incident reports used on students with complex disabilities. Guidelines developed and distributed by January 2015

      i. Crisis Response Teams, schools, and representatives of parents of children with complex disabilities meet to agree on a template of the process to be shared statewide. (By January 2015)

   c. Develop a triage with an external resource for increased access and coordination with established protocol for access to specialty consultation for developmental disability, traumatic brain injury or intellectual disability related crisis needs. (By June 2015)

      - Incorporating current mental health mobile teams,
      - Community support services and,
      - Metro crisis coordination program

      i. Expand the consultation provided by CSS and MCCP to 24 hours per day (By June 2015) -

         - To expand the teams with additional staff skilled in providing recommended crisis services would require a State Plan amendment for Medical Assistance (MA). (2015 legislative proposal for additional funding).

   d. Single point of access – Expand all current crisis response services systems to establish mobile capability that responds to crisis in schools to students with complex disabilities with the goal of 24 hour coverage (By June 2016)

      i. Expand the **CRISIS line to cover the state. Currently being piloted by the 7 Metro Counties Crisis Providers (MetroCCS). (By June 30, 2016)

e. Additional training and addition of team members experienced or cross trained in serving individuals with complex disabilities. (2015 legislative session for MA State plan amendment and CMS approval. (By June 2016)

    i. Allow providers 6-8 months to hire and train additional staff people to provide services upon legislative approval.
    ii. Assure providers have access to training on person-centered planning.
    iii. Training for school personnel.

f. Examine ways to increase crisis services rates to keep providers from opting out of providing services. (Proposal for 2015 legislative session).

2. Evaluation

a. Baseline data to be established by October, 2014 to monitor progress of the process.
b. Schools to track restrictive procedure use, incident/behavior reports and police reports with the goal to expect a decline
c. 24 hour crisis access available statewide. These team are available 24/7, and available to provide crisis services during school hours
d. There is increased use of external crisis services and satisfaction is evaluated

Upon implementation of the established process as indicated by listed dates, MDE and DHS will collect data semi-annually based on the baseline data to be provided by October, 2014. Outcome measurements will be based on service utilization with the intent of;

a. reducing the use of restrictive practices,
b. eliminate the use of prone restraints in schools and
c. Students with complex disabilities will have increased access to crisis services in the school.

EXHIBIT 3-13: ED 5A – PROTOTYPE REINTEGRATION PLAN TO TRANSITION STUDENTS

2008-2009 Reintegration Framework

Systems Planning Toolkit

A collaborative effort of the
Minnesota Department of Education
and
The Evaluation Group
Institute on Community Integration
University of Minnesota

REINTEGRATION FRAMEWORK PROJECT

A collaborative effort of the Minnesota Department of Education and The Evaluation Group at the Institute on Community Integration, University of Minnesota

Findings reported by Minnesota's Self-Assessment Steering Committee indicate that children and youth with disabilities exiting correctional centers, chemical dependency programs, or other separate treatment sites do not receive coordinated interagency support. As noted in Minnesota's Self-Improvement Plan (2002), "one of the major factors that contribute to high recidivism rates, behavioral regression, school failure, and drop-outs is the lack of adequate transition service support for children and youth exiting separate sites" (p. 14). To increase the successful reintegration of youth with disabilities from separate sites and to improve their transition outcomes (e.g., decreased dropout, suspension, and expulsion rates), the Care and Treatment Reintegration Work Group created a document that provides information on best practices and indicators of successful transition/reintegration of children and youth between separate sites.

The Evaluation Group at the Institute on Community Integration, University of Minnesota, adapted and updated the work done by the Reintegration Work Group to develop the *Reintegration Framework* and the *Reintegration Framework Strategic Planning Toolkit*. The *Reintegration Framework* consists of the following five Framing Areas, each with accompanying indicators:

- Interagency Collaboration (10 Indicators)
- Team Planning (5 Indicators)
- Education (10 Indicators)
- Supporting Life Skills (6 Indicators)
- Continuity During and Post Transition (8 Indicators)

The *Reintegration Framework Strategic Planning Toolkit* contains a self-assessment tool, a priority-setting tool, and an action planning tool. The development of these tools was grounded in theory and previous research, including theories on: (1) participants in the planning process and their receptiveness to proposed innovations; (2) the conditions that support and promote interagency collaboration in the processes of self-review, consensus-building, planning, and evaluation; and (3) theoretical perspectives on the planning process itself. The *Reintegration Framework Strategic Planning Toolkit* provides a strong, structured basis for the self-assessment, priority setting, and action planning components, which is essential to building a unified direction for improvement efforts among diverse school and community partners.

The goals of the Reintegration Framework Project are:

1. to develop and evaluate a reintegration framework that identifies "best practices" that promote the transition and reintegration of children and youth placed for care and treatment; and
2. to develop and evaluate a systems-level strategic planning process, which is designed to: (a) strengthen interagency collaboration, (b) improve understanding of the current system, (c) identify areas for improvement, (d) promote planning and continuous improvement, and (e) engage interagency teams in an action planning process.

During 2008-2009, the Reintegration Framework Project will work with eight sites to implement the *Reintegration Framework* and the accompanying strategic planning process. Participating sites will form an interagency strategic planning team and engage in a strategic planning process using the *Reintegration Framework Strategic Planning Toolkit.* Sites will also be asked to participate in an evaluation component. Participants will be asked to reflect on the indicators, the process, and outcomes for sites, staff, and students in order to determine whether project goals have been met.

Disclaimer

The indicators and strategic planning process presented here are meant to be advisory only and do not constitute legal advice or represent an official legal position of the Minnesota Department of Education or of The Evaluation Group at the Institute on Community Integration, University of Minnesota. School Districts and individuals are responsible for compliance with state and federal law. Any contrary statements or incorrect information presented here do not negate the provisions of law.

Acknowledgements

The Evaluation Group would like to thank David R. Johnson, director of the Institute on Community Integration at the University of Minnesota, and the National Alliance for Secondary Education and Transition (NASET) for giving this project permission to use and adapt the strategic planning tools developed for the *NASET National Standards and Quality Indicators: Transition Toolkit for Systems Improvement* (NASET, 2005).

In addition, we would like to acknowledge the earlier work of the Minnesota Department of Education's Care and Treatment Reintegration Work Group in the initial development of the *Reintegration Framework*. The indicators and strategic planning tools presented in this revised version of the *Reintegration Framework* were identified and/or adapted through discussions with professionals in the field and a review of best practices found in the literature. The following is a list of key resources that were utilized in this process:

- Aos, S. (2004). *Family Integrated Transitions Program for juvenile offenders: Outcome evaluation and benefit-cost analysis*. Olympia: Washington State Institute for Public Policy.

- Coffey, O., & Gemignani, M. (1994). *Effective practices in juvenile correctional education: A study of the literature and research 1980-1992.* Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

- Ingersoll, S., & LeBoeuf, D. (1997). *Reaching out to Youth Out of the Education Mainstream* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

- JustChildren. (2004). *A summary of best practices in school reentry for incarcerated youth returning home*. Charlottesville, VA: Legal Aid Justice Center.

- National Alliance for Secondary Education and Transition. (2005). *National standards and quality indicators: Transition toolkit for systems improvement*. Minneapolis: University of Minnesota, National Center on Secondary Education and Transition.

- National Center on Education Disability and Juvenile Justice (EDJJ). *Promising practices in transition for youth in the juvenile justice system: Long term correctional facilities; Short term jails*

and detention centers from http://www.edjj.org/focus/TransitionAfterCare/docs/longterm.pdf and http://www.edjj.org/focus/TransitionAfterCare/docs/shortterm.pdf

- National Collaboration for Youth. (2006). *Service coordination strengthens youth reentry*. Retrieved from http://www.collab4youth.org/ncy/cjj.htm

- Riley, P., & McDaniel, J. (1999). *Youth Out of the Education Mainstream: A North Carolina profile* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

- Stephens, R. D., & Arnette, J. L. (2000). *From the courthouse to the schoolhouse: Making successful transitions* (Juvenile Justice Bulletin). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Strategic Planning Terms

Strategic plan	Wide-ranging and long term intentions of an organization are usually laid out in a written document. The intentions are often arrayed in a descending hierarchy from intended conceptual outcomes to specific action steps. Terms used to describe the hierarchical elements vary from organization to organization, are defined differently, and may include some, but not necessarily all of the following: vision, mission, priority, goal, strategy, objective, action step, success indicator, and sometimes a slogan or tag line.
Priority	The focus for resource investment; an area of endeavor, stakeholder group, customer group, strategy, or other element of your organization's work that is targeted for special emphasis. A priority is sometimes time-bound, as in *2007 priorities* or *five-year priorities*. Some priorities apply to all or most activities, for example, *quality*, *accountability*, or *cost containment*. Other priorities focus staff and other resources on one or some of the goals or objectives, as in *priority goals v. secondary goals*.
Goal	One of a number of results that, taken together, are expected to achieve the vision. A goal statement may include one or more: (a) actions, (b) targets of the actions, (c) qualifiers or quantifiers, and (d) time-references.
Strategy	One of a number of approaches to achieving a goal. A strategy statement is usually expressed in general terms.
Action step	One of a number of specific steps or tasks that, taken together, are expected to achieve an objective. An action step statement generally includes: who will do what by when, in specific terms.
Success indicator	What will be examined to determine the success of a goal or an objective.
Slogan/Tag line	A short statement or phrase by which the vision can be easily communicated, understood, and remembered by target audiences.
Customers	People who use or benefit from your organization's products and services.
Stakeholders	People who have an interest in your organization's products and services; whose own well-being or effectiveness relies on your organization's products and services.
Partners	People who are actively engaged with your organization in achieving shared goals.

Reintegration Framework Strategic Planning Toolkit
Facilitator Guide

BEFORE THE FIRST MEETING

- Identify and recruit members for your Interagency Strategic Planning Team
- Members could include: special education teachers; probation officers; mental health workers; transition social workers/specialists; staff from workforce development centers, community non-profits (YMCA), the county (case worker or supervisor), the receiving school (counselor, teacher)
- Inform potential members of the time commitment (they will be asked to attend a minimum of three strategic planning meetings, as well as subsequent meetings to monitor progress on the strategic action plan, and they will be asked to participate in the evaluation component of this project)
- Arrange appropriate meeting space and determine best day/time for all team members to meet
- Determine if team members will complete the Self-Assessment Tool prior to the first meeting. If so, send them electronic or paper copies at least one week in advance. Team leaders may wish to review facilitation and consensus-building techniques. For useful resources, visit MDE's Division of Compliance and Assistance Web site at: http://education.state.mn.us/MDE/Accountability_Programs/Compliance_and_Assistance/Training_Materials/011409

  or visit the University of Minnesota Extension Service Web sites at: http://www.extension.umn.edu/distribution/citizenship/DH7433.html#overview or http://www.extension.umn.edu/distribution/citizenship/DH7437.html

SCHEDULE AND HOLD FIRST MEETING

Schedule Recommendation:

One recommendation is that Interagency Strategic Planning Team members complete the self-assessment on their own before the first meeting. The first meeting can then focus on team building and coming to consensus on the group ratings of the indicators. During the second meeting, the team can work on the priority setting tool and determine indicators or areas that the team will work on for the year. The third meeting can be focused on working out the details of the action plan (including task, person responsible, and timelines for completion).

However, you may modify this schedule depending on when and how long your team is available to meet. Subsequent meetings and/or conference calls will be necessary to monitor progress and to participate in the evaluation component.

At the First Meeting: Begin with a Review of Purpose and Process

- Review purpose of the *Reintegration Framework Project*. Make sure team members know why they are there (i.e., to participate in the implementation of the *Reintegration Framework Project* at your site and to develop a plan for improved transition/reintegration outcomes).
- Review the process that will be used (both the strategic planning process and the project's evaluation component).
- Review ground-rules for group participation.

Complete the Self-Assessment Tool

- Using the *Reintegration Framework Self-Assessment Tool*, ask Interagency Strategic Planning Team partners to identify the extent to which each indicator is evident within their site or local community.
- Instruct team members to use the four-point rating scale (Always Evident = 3, Usually Evident = 2, Seldom Evident = 1, Not Evident = 0) to assess the status of each indicator. This step can be done prior to the first meeting or individually at the start of the first meeting.
- Then, as a group, have team members communicate their individual ratings to each other and come to agreement on a single rating for each indicator.
- Record this rating (3, 2, 1, or 0) in the column labeled Group Self-Assessment Rating. Space for comments is provided at the bottom of the first page of each framing area.
- As much as possible, each site should record the evidence they used to determine whether an indicator was always evident, usually evident, seldom evident, or not evident. Forms will be provided for teams to record this information.

SCHEDULE AND HOLD SECOND MEETING

At the Second Meeting: Begin with a Review of Progress

- Review results of the steps completed during the first meeting.
- Check in with the group to ensure that everyone feels they have had a chance to give input; at this time, the group should consider any suggestions or concerns discussed by a team member.
- Review the agenda and process that will be used to complete the *Reintegration Framework Priority Setting Tool*.
- Briefly review ground-rules for group participation.

Complete the Priority Setting Tool

- Using the *Reintegration Framework Priority Setting Tool*, the Interagency Strategic Planning Team should first identify the extent to which each indicator is important by rating each indicator high, mid, or low importance.
- Team members then rate the priority for improvement based on the level of importance and the Group Self-Assessment Rating. For example, an indicator that receives a high

level of importance rating and a low self-assessment score may warrant a high level of priority for improvement rating.

- Record individual and team importance and priority for improvement ratings. The next step is to reach consensus on the highest priorities identified.
- This step often requires a facilitated discussion to examine the range and variation of individual team member responses in relation to the overall group rating. Differences are considered and discussed, and ultimately agreement is reached on a set of priorities. This process of consensus-building is also used to build a sense of "ownership" among team members in relation to each of the identified priorities.
- For the purposes of the 2008-2009 implementation, we ask that each site select a minimum of three indicators that they will work on this year.
- For the purposes of this year's evaluation of the process and the framework, please keep a record of what worked and what did not work for the team as the group progresses through the self-assessment and priority setting tools.

SCHEDULE AND HOLD THIRD MEETING

At the Third Meeting: Begin with a Review of Progress

- Review results of the steps completed during the first meeting.
- If consensus on priorities was reached, prepare a list of the three indicators that were chosen for the team to work on this year.
- Review the agenda and process that will be used to complete the *Reintegration Framework Action Planning Tool*.

Complete the Action Planning Tool

- After completing the *Reintegration Framework Priority Setting Tool*, the Interagency Strategic Planning Team will have selected a minimum of three priority areas to work on during 2008-2009. Write each of the selected priority indicators under Priority Issue #1, Priority Issue #2, and Priority Issue #3 in the *Action Planning Tool*.
- Next, develop up to three goals for each of the priority issues. Questions to consider in the process of developing goals include: (1) What are the desired outcomes, in measurable terms? (2) What will be different after your plan is completed?
- For each priority issue and goal, identify and record in the table:
  - Specific action steps
  - The lead agency
  - Timelines or completion date
  - Critical partners and resources
  - Expected outcomes.
- The team may need to brainstorm a number of possible action steps before determining the ones the group feels are most appropriate.
- More questions to consider:
  - What observable tasks will your team take to achieve your overall strategy?
  - Who will be responsible for each step? By what date will each task be completed?
  - How will your team evaluate your strategic action plan activities to determine if they were successful?
  - Describe the process your team will use to measure your anticipated outcomes.

- How will your team respond to the outcomes of this project to further improve your practices?
- How will your team support each major action step/strategy (e.g., resources, including fiscal)?

CONTINUE IMPLEMENTATION OF THE *REINTEGRATION FRAMEWORK* PROJECT

- ❑ Meet with your Interagency Strategic Planning Team throughout the year to discuss challenges and progress as action is taken on the strategic plan.
- ❑ Participate in the evaluation component of the *Reintegration Framework Project*
  - Maintain an on-going record of the strengths and weaknesses of the *Reintegration Framework Strategic Planning Toolkit* identified by your team during the implementation of the project.
  - Make recommendations for continuation, changes, and/or additions to the *Reintegration Framework Strategic Planning Toolkit*.
  - Prepare for and participate in the site visit with the University of Minnesota evaluation team (may include observations of Interagency Strategic Planning Team meeting and/or interviews with team members).

REINTEGRATION FRAMEWORK: FRAMING AREAS AND INDICATORS

1.	INTERAGENCY COLLABORATION
1.1	Procedures and interagency agreements are established with appropriate agencies.
1.2	Timely transfer of all appropriate youth records occurs between releasing and receiving programs.
1.3	All involved agencies are aware of the youth's needs and of the services that each agency is providing to meet those needs.
1.4	Communication occurs regularly between agencies.
1.5	Resources and technical expertise are shared across systems.
1.6	There is joint responsibility for planning and implementing services.
1.7	Systems are developed and maintained that eliminate duplicated efforts.
1.8	Staff are aware of and familiar with all state, county, local, and private programs that receive or send youth to/from jail, detention centers, or other separate site facilities.
1.9	Ongoing training and staff development are planned and conducted.
1.10	Special funds are earmarked for transition and support services.
2.	Team Planning
2.1	A planning team is established, including the youth, parents, and representatives from all agencies involved in the youth's program, to design a reintegration plan.
2.2	One of the members of the planning team is identified as the youth's key contact or advocate for the entire reintegration process.
2.3	A decision-making protocol for the team is established in the pre-transition phase.
2.4	The youth is an active participant in planning process.
2.5	Family and/or guardians are informed of and involved in the planning process.

3.	Education
3.1	Youth has an education plan (e.g., IEP) with well-established academic, behavioral, and vocational goals and objectives.
3.2	Reintegration/transition is addressed in youth's education plan.
3.3	Staff to staff (case manager to school counselor, teacher to teacher, etc.) contacts are made between receiving school and sending school staff.
3.4	Youth's receiving school is notified and involved in the reintegration process.
3.5	A plan is in place for school re-entry that includes sending and receiving schools' responsibilities.
3.6	Aftercare conditions are communicated to receiving school and agreements are made regarding monitoring prior to reintegration.
3.7	Paperwork arrives at the new site ahead of youth or follows them in a timely fashion.
3.8	A pre-release visit and admissions interview is scheduled with receiving school and youth shares his/her transition/reintegration plan with admissions interviewer.
3.9	Student, parents, and receiving school staff sign a behavior contract or reintegration plan.
3.10	Receiving school supports reintegration by matching curriculum and teacher assignment to meet youth's needs (as outlined in student's IEP).
4.	Supporting Life Skills
4.1	Youth receives social and independent living skill training.
4.2	Youth receives vocational assessment, counseling, and training.
4.3	Youth receives training for parenthood, if appropriate.
4.4	Youth receives alcohol and drug abuse counseling, if appropriate.
4.5	Youth receives on-going support for mental health needs (e.g., therapy and follow-up), if appropriate.
4.6	Youth has access to a resource center that contains a variety of materials related to transition and support services.

5.	Continuity During and Post Transition
5.1	Youth meets with receiving school counselor within first two weeks of placement.
5.2	Youth meets with receiving school counselor on a regular basis.
5.3	Youth has on-going contact with staff from previous facility for at least 6 months.
5.4	Staff to staff (case manager to school counselor, teacher to teacher, etc.) contacts are continued between receiving school and sending school staff for 6 months after reintegration.
5.5	Involved agencies maintain interagency communication once youth have been integrated into school, work, and community.
5.6	Youth, parents, and service providers receive information about continuum of services and care.
5.7	Follow-up occurs at the program level to verify that agreed upon transition processes occurred for the student.
5.8	Systems are in place for periodic evaluation of transition and reintegration processes.

Reintegration Framework: Self-Assessment Tool

Purpose

The *Reintegration Framework* is designed to facilitate communication and sharing within and among interagency partners, based upon a common understanding of what constitutes best practice in transition and reintegration. Use this self-assessment tool to:

- better understand current operations;
- identify areas of strength, weakness, and opportunity;
- promote planning and continuous improvement;
- begin action for improving systems; and
- assess progress.

By completing this self-assessment tool, users will achieve a shared frame of reference from which to build commitment and focus for setting priorities and improving transition/reintegration systems. The information is for planning purposes only and *will not be used by any state program or agency to determine compliance.*

Directions

The *Reintegration Framework* asks interagency strategic planning team partners to identify the extent to which each indicator is evident within their site or local community. Using a four-point rating scale (Always Evident, Usually Evident, Seldom Evident, Not Evident), respondents can assess the status of each indicator (3 = Always Evident, 2 = Usually Evident, 1 = Seldom Evident, and 0 = Not Evident). In a group setting, respondents then communicate their individual ratings to each other and come to agreement on a single rating for each indicator. This rating should be recorded in the column labeled *Group Self-Assessment Rating* and should be a rating of 3, 2, 1, or 0. Space for comments is provided at the bottom of the first page of each framing area.

As much as possible, each site should record the evidence they used to determine whether an indicator was always evident, usually evident, seldom evident, or not evident. Forms will be provided for teams to record this information.

After completing the self-assessment tool, and recording the group self-assessment rating for each indicator, use the *Priority Setting* worksheet to rate the *Importance* of each indicator. Then, considering the relative *Importance* of each indicator in conjunction with its *Group Self-Assessment Rating*, determine the *Priority for Improvement* for each indicator. Your strategic planning team can then use this information for both short-term and long-term planning.

REINTEGRATION FRAMEWORK: SELF-ASSESSMENT TOOL

1. Interagency Collaboration					
INDICATOR	ALWAYS EVIDENT = 3	USUALLY EVIDENT = 2	SELDOM EVIDENT = 1	NOT EVIDENT = 0	GROUP SELF-ASSESSMENT RATING
1.1 Procedures and interagency agreements are established with appropriate agencies.					
1.2 Timely transfer of all appropriate youth records occurs between releasing and receiving programs.					
1.3 All involved agencies are aware of the youth's needs and of the services that each agency is providing to meet those needs.					
1.4 Communication occurs regularly between agencies.					
1.5 Resources and technical expertise are shared across systems.					
1.6 There is joint responsibility for planning and implementing services.					
1.7 Systems are developed and maintained that eliminate duplicated efforts.					
1.8 Staff are aware of and familiar with all state, county, local, and private programs that receive or send youth to/from jail, detention centers, or other separate site facilities.					
1.9 Ongoing training and staff development are planned and conducted.					
1.10 Special funds are earmarked for transition and support services.					
Comments:					

REINTEGRATION FRAMEWORK: SELF-ASSESSMENT TOOL

2. Team Planning					
INDICATOR	ALWAYS EVIDENT = 3	USUALLY EVIDENT = 2	SELDOM EVIDENT = 1	NOT EVIDENT = 0	GROUP SELF-ASSESSMENT RATING
2.1 A planning team is established, including the youth, parents, and representatives from all agencies involved in the youth's program, to design a reintegration plan.					
2.2 One of the members of the planning team is identified as the youth's key contact or advocate for the entire reintegration process.					
2.3 A decision-making protocol for the team is established in the pre-transition phase.					
2.4 The youth is an active participant in planning process.					
2.5 Family and/or guardians are informed of and involved in the planning process.					
Comments:					

REINTEGRATION FRAMEWORK: SELF-ASSESSMENT TOOL

3. Education					
INDICATOR	ALWAYS EVIDENT = 3	USUALLY EVIDENT = 2	SELDOM EVIDENT = 1	NOT EVIDENT = 0	GROUP SELF-ASSESSMENT RATING
3.1 Youth has an education plan (e.g., IEP) with well-established academic, behavioral, and vocational goals and objectives.					
3.2 Reintegration/transition is addressed in youth's education plan.					
3.3 Staff to staff (case manager to school counselor, teacher to teacher, etc.) contacts are made between receiving school and sending school staff.					
3.4 Youth's receiving school is notified and involved in the reintegration process.					
3.5 A plan is in place for school re-entry that includes sending and receiving schools' responsibilities.					
3.6 Aftercare conditions are communicated to receiving school and agreements are made regarding monitoring prior to reintegration.					
3.7 Paperwork arrives at the new site ahead of youth or follows them in a timely fashion.					
3.8 A pre-release visit and admissions interview is scheduled with receiving school and youth shares his/her transition/reintegration plan with admissions interviewer.					
3.9 Student, parents, and receiving school staff sign a behavior contract or reintegration plan.					
3.10 Receiving school supports reintegration by matching curriculum and teacher assignment to meet youth's needs (as outlined in student's IEP).					
Comments:					

REINTEGRATION FRAMEWORK: SELF-ASSESSMENT TOOL

4. Supporting Life Skills					
INDICATOR	ALWAYS EVIDENT = 3	USUALLY EVIDENT = 2	SELDOM EVIDENT = 1	NOT EVIDENT = 0	GROUP SELF-ASSESSMENT RATING
4.1 Youth receives social and independent living skill training.					
4.2 Youth receives vocational assessment, counseling, and training.					
4.3 Youth receives training for parenthood, if appropriate.					
4.4 Youth receives alcohol and drug abuse counseling, if appropriate.					
4.5 Youth receives on-going support for mental health needs (e.g., therapy and follow-up), if appropriate.					
4.6 Youth has access to a resource center that contains a variety of materials related to transition and support services.					
Comments:					

REINTEGRATION FRAMEWORK: SELF-ASSESSMENT TOOL

5. Continuity During and Post Transition					
INDICATOR	ALWAYS EVIDENT = 3	USUALLY EVIDENT = 2	SELDOM EVIDENT = 1	NOT EVIDENT = 0	GROUP SELF-ASSESSMENT RATING
5.1 Youth meets with receiving school counselor within first two weeks of placement.					
5.2 Youth meets with receiving school counselor on a regular basis.					
5.3 Youth has on-going contact with staff from previous facility for at least 6 months.					
5.4 Staff to staff (case manager to school counselor, teacher to teacher, etc.) contacts are continued between receiving school and sending school staff for 6 months after reintegration.					
5.5 Involved agencies maintain interagency communication once youth have been integrated into school, work, and community.					
5.6 Youth, parents, and service providers receive information about continuum of services and care.					
5.7 Follow-up occurs at the program level to verify that agreed upon transition processes occurred for the student.					
5.8 Systems are in place for periodic evaluation of transition and reintegration processes.					
Comments:					

Reintegration Framework: Priority Setting Tool

Purpose

The *Reintegration Framework* is designed to assist interagency partners in identifying primary areas for improvement and in ranking their order of importance. Each indicator is rated high, mid, or low importance in conjunction with its *Group Self-Assessment Rating* to determine its *Priority for Improvement.* Your strategic planning team can then use this information for both short-term and long-term planning.

Directions

Using the *Reintegration Framework Priority Setting Tool,* the interagency strategic planning team should first identify the extent to which each indicator is important by rating each indicator high, mid, or low importance. Respondents then rate the priority for improvement based on the level of importance and the *Group Self-Assessment Rating*. For example, an indicator that receives a high level of importance rating and a low self-assessment score may warrant a high level of priority for improvement rating.

Individual and team importance and priority for improvement ratings are recorded. The next step is to reach consensus on the highest priorities identified. This step often requires a facilitated discussion to examine the range and variation of individual team member responses in relation to the overall group rating. Differences are considered and discussed, and ultimately agreement is reached on a set of priorities. This process of consensus-building is also used to build a sense of “ownership” among team members in relation to each of the identified priorities. For the purposes of the 2007-2008 implementation, we ask that each site select a minimum of three indicators that they will work on this year.

FRAMING AREAS AND INDICATORS	Importance			Group Self-Assessment Rating	Priority for Improvement		
	High	Mid	Low		High	Mid	Low
1. Interagency Collaboration							
1.1 • Procedures and interagency agreements are established with appropriate agencies.							
1.2 • Timely transfer of all appropriate youth records occurs between releasing and receiving programs.							
1.3 • All involved agencies are aware of the youth's needs and of the services that each agency is providing to meet those needs.							
1.4 • Communication occurs regularly between agencies.							
1.5 • Resources and technical expertise are shared across systems.							
1.6 • There is joint responsibility for planning and implementing services.							
1.7 • Systems are developed and maintained that eliminate duplicated efforts.							
1.8 • Staff are aware of and familiar with all state, county, local, and private programs that receive or send youth to/from jail, detention centers, or other separate site facilities.							
1.9 • Ongoing training and staff development are planned and conducted.							
1.10 • Special funds are earmarked for transition and support services.							

FRAMING AREAS AND INDICATORS	Importance			Group Self-Assessment Rating	Priority for Improvement		
	High	Mid	Low		High	Mid	Low
2. Team Planning							
2.1 • A planning team is established, including the youth, parents, and representatives from all agencies involved in the youth's program, to design a reintegration plan.							
2.2 • One of the members of the planning team is identified as the youth's key contact or advocate for the entire reintegration process.							
2.3 • A decision-making protocol for the team is established in the pre-transition phase.							
2.4 • The youth is an active participant in planning process.							
2.5 • Family and/or guardians are informed of and involved in the planning process.							

FRAMING AREAS AND INDICATORS	Importance			Group Self-Assessment Rating	Priority for Improvement		
	High	Mid	Low		High	Mid	Low
3. Education							
3.1 • Youth has an education plan (e.g., IEP) with well-established academic, behavioral, and vocational goals and objectives.							
3.2 • Reintegration/transition is addressed in youth's education plan.							
3.3 • Staff to staff (case manager to school counselor, teacher to teacher, etc.) contacts are made between receiving school and sending school staff.							
3.4 • Youth's receiving school is notified and involved in the reintegration process.							
3.5 • A plan is in place for school re-entry that includes sending and receiving schools' responsibilities.							
3.6 • Aftercare conditions are communicated to receiving school and agreements are made regarding monitoring prior to reintegration.							
3.7 • Paperwork arrives at the new site ahead of youth or follows them in a timely fashion.							
3.8 • A pre-release visit and admissions interview is scheduled with receiving school and youth shares his/her transition/reintegration plan with admissions interviewer.							
3.9 • Student, parents, and receiving school staff sign a behavior contract or reintegration plan.							
3.10 • Receiving school supports reintegration by matching curriculum and teacher assignment to meet youth's needs (as outlined in student's IEP).							

FRAMING AREAS AND INDICATORS	Importance			Group Self-Assessment Rating	Priority for Improvement		
	High	Mid	Low		High	Mid	Low
4. Supporting Life Skills							
4.1 • Youth receives social and independent living skill training.							
4.2 • Youth receives vocational assessment, counseling, and training.							
4.3 • Youth receives training for parenthood, if appropriate.							
4.4 • Youth receives alcohol and drug abuse counseling, if appropriate.							
4.5 • Youth receives on-going support for mental health needs (e.g., therapy and follow-up), if appropriate.							
4.6 • Youth has access to a resource center that contains a variety of materials related to transition and support services.							

FRAMING AREAS AND INDICATORS	Importance			Group Self-Assessment Rating	Priority for Improvement		
	High	Mid	Low		High	Mid	Low
5. Continuity During and Post Transition							
5.1 • Youth meets with receiving school counselor within first two weeks of placement.							
5.2 • Youth meets with receiving school counselor on a regular basis.							
5.3 • Youth has on-going contact with staff from previous facility for at least 6 months.							
5.4 • Staff to staff (case manager to school counselor, teacher to teacher, etc.) contacts are continued between receiving school and sending school staff for 6 months after reintegration.							
5.5 • Involved agencies maintain interagency communication once youth have been integrated into school, work, and community.							
5.6 • Youth, parents, and service providers receive information about continuum of services and care.							
5.7 • Follow-up occurs at the program level to verify that agreed upon transition processes occurred for the student.							
5.8 • Systems are in place for periodic evaluation of transition and reintegration processes.							

Strategic Work Questions

- What is the desired outcome of your strategic action plan, in measurable terms?
- What will be different after your strategic action plan is completed?
- Summarize in one sentence the overall strategy your team will take to obtain this outcome. What will you do, overall?
- What observable tasks will your team take to achieve your overall strategy? Who will be responsible for each step? By what date will each task be completed?
- How will your team support each goal?
- List at least one resource for each goal that requires funding.
- How will your team evaluate your strategic action plan activities to determine if they were successful?
- Describe the process your team will use to measure your anticipated outcome.
- How will your team respond to the outcomes of this project to further improve your practices?
- Describe your reflective process.
- Celebrating success is a good way to get support for future endeavors. How will your site and its communities know of your collaborative efforts?

Reintegration Framework: Action Planning Tool

Purpose

The next step is the development of a written plan detailing the actions that interagency teams will take to bring about desired improvements in identified priority areas. The action planning process engages interagency strategic planning team members in a process of identifying, for each priority, specific program improvement steps and strategies, individuals and agencies responsible, resources needed, interventions to support needed improvements, timelines for completion, and anticipated outcomes. The planning process relies on the basic structure of strategic planning (Bryson, 1988, 2004; David & Davidson, 1991). The most important aspect of the action planning process is the delineation of the specific outcomes, indicators, and benchmarks to be achieved as improvement strategies are implemented.

Directions

After completing the *Reintegration Framework Priority Setting Tool*, the interagency strategic planning team will have selected a minimum of **three** priority areas. Write each of the selected priority indicators under Priority Issue #1, Priority Issue #2, and Priority Issue #3. Next, develop up to three goals for each of the priority issues. For each priority issue and goal, identify action steps, the lead agency, timelines, the critical partners, and expected outcomes and record in the table below.

REINTEGRATION FRAMEWORK: ACTION PLANNING TOOL

Priority Issue #1:

Action Step	Lead Agency	Date To be Done By	Partners & Resources	Expected Outcomes
Goal #1:				
1.				
2.				
3.				
Goal #2:				
1.				
2.				
3.				
Goal #3:				
1.				
2.				
3.				

REINTEGRATION FRAMEWORK: ACTION PLANNING TOOL

Priority Issue #2:

Action Step	Lead Agency	Date To Be Done By	Partners & Resources	Expected Outcomes
Goal #1:				
1.				
2.				
3.				
Goal #2:				
1.				
2.				
3.				
Goal #3:				
1.				
2.				
3.				

REINTEGRATION FRAMEWORK: ACTION PLANNING TOOL

Priority Issue #3:

Action Step	Lead Agency	Date To Be Done By	Partners & Resources	Expected Outcomes
Goal #1:				
1.				
2.				
3.				
Goal #2:				
1.				
2.				
3.				
Goal #3:				
1.				
2.				
3.				

EXHIBIT 3-14: HC 2C – DENTAL SERVICES PLAN

HC 2C - PLAN TO IMPROVE ACCESS TO DENTAL SERVICES

1) DHS will identify legislative changes that will improve access to dental services for MN Health Care Programs (MHCP) enrollees with disabilities.

    - DHS conducted a study of the current dental program for MN Health Care Programs (MHCP). The findings were reported to the legislature. See *Recommendations for Improving Oral Health Services Delivery System- February 2014*.

    - Based on data reviewed for the study, 44% of those MHCP enrollees who are identified during eligibility as "disabled" (39% for those who are identified as "blind") received a dental service during calendar year 2012. This is higher than the 38% of MHCP enrollees who are identified as "not disabled". However, this suggests that access is limited for all MHCP enrollees.

    - DHS is planning to (and is required to under legislation passed last session) develop and bring forward a legislative proposal during the 2015 session designed to make improvements in the MHCP dental program that improve access to cost-effective dental services for enrollees, including those with disabilities.

    - DHS will implement changes made by the legislature.

2) DHS conducted a review of existing statutes and rules governing the limited adult dental services to identify opportunities to reduce barriers to services that would not require legislative action, and implement changes that could improve access to dental services.

    - A number of policy changes and clarifications have been made that improve adult enrollee's ability to obtain repairs, rebasing and relining of dentures if the denture is damaged or in need of revision due to circumstances beyond the enrollee's control. Prior to these changes, an enrollee would have to wait until they were eligible for the every six year replacement. In addition, DHS clarified that tissue conditioning is covered when medically necessary as a part of the denture repair process. For some patients, tissue conditioning is required to achieve optimal fit of dentures.

    - DHS chose not to require prior authorization for house calls, behavior management services and oral/IV sedation. These services are required more frequently for those patients who have a disability, so removing any prior authorization requirement makes it easier for providers to use these services when required. Legislation was also passed last session that prohibits the managed care organizations contracting with DHS from requiring prior authorization for these same services.

3) DHS will continue to analyze available data to determine where access to dental services is limited and, to the extent possible, identify contributing factors. Additional strategies will be identified to address these factors by June 30, 2015. It is assumed some factors may be able to be addressed through the work under item #1.

4) DHS will maintain ongoing monitoring of access of dental services, working with other stakeholders to improve measures related to dental access.

    - Some measures of access to dental services are already reported to CMS annually. DHS will also monitor measures for adults and identify within the populations measured those enrollees who are disabled.

MN Session Laws, Chapter 312, Article 24, Section 47

Sec. 47. **ORAL HEALTH DELIVERY AND REIMBURSEMENT SYSTEM.**

(a) The commissioner of human services, in consultation with the commissioner of health, shall convene a work group to develop a new delivery and reimbursement system for oral health and dental services that are provided to enrollees of the state public health care programs. The new system must ensure cost-effective delivery and an increase in access to services.

(b) The commissioner shall consult with dental providers enrolled in the state public health programs, including providers who serve substantial numbers of low-income and uninsured patients and are currently receiving critical access dental payments; private practicing dentists; nonprofit community clinics; managed care and county-based purchasing plans; and health plan companies that provide either directly or through contracts with providers dental services to enrollees of state public health care programs.

(c) The commissioner shall submit a report containing the proposed delivery and reimbursement system, including draft legislation to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over health and human services policy and finance by January 15, 2015.