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
July 1, 2014 – August 31, 2014

Report Number 4

October 20, 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."

On September 18, 2014, the court ordered:

"Reports to the Court must be accurate, complete, and verifiable. The Court requires the State to report on the following: (1) the number of people who have moved from segregated settings into more integrated settings; (2) the number of people who are no longer on the waiting list; and (3) the quality of life measures. With respect to the first inquiry, any calculation must consider admissions, readmissions, discharges, and transfers—reflecting the dynamic movement of individuals through segregated settings—to determine the net number of people who have moved into more integrated settings. Regarding the second inquiry, the State must evaluate whether the movement is at a reasonable pace. Finally, with respect to the third inquiry, the State must summarize and submit to the Court any available data and highlight any gaps in information."

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 July and August 2014. Additional information is provided on action items with deadlines through December 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. On June 9, 2014, the subcabinet adopted the approved modifications and provisionally adopted 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 recommended that concerns raised in the report be addressed during the implementation process. One of the concerns raised included the need for Anoka Metro Regional Treatment Center (AMRTC) and Minnesota Security Hospital (MSH) to adhere to the Olmstead required person centered standards for both treatment in the facilities and transition planning for discharges. Additionally, the Monitor identified the need for refinement in structure and specificity of the Plan; in particular, the establishment of baselines and measurable goals.

On August 20, 2014 the Court issued an order directing that the State modify the Plan in compliance with the Court Monitor's Reports. On September 18, 2014 the Court directed that the State submit a revised Olmstead Plan to the Monitor by November 10, 2014. The revision is to include measurable goals and address accurate reporting on the number of people who have moved from segregated to more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures.

II. OLMSTEAD PLAN IMPACT ON LIVES OF INDIVIDUALS

The Olmstead Plan is a comprehensive state plan that describes seven major life areas. The data in this section is provided to report progress in terms of number of people who moved from segregated settings to more integrated settings.

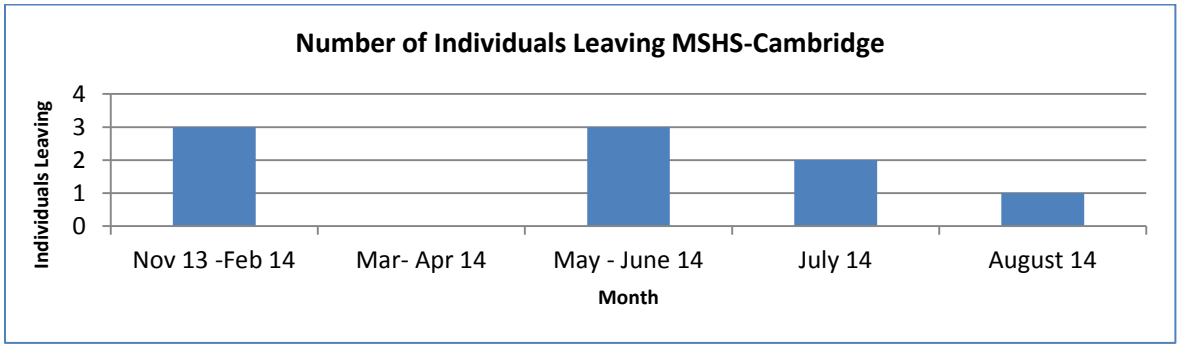
On January 22, 2014 the Court directed the following: "*The Court expects the parties to address the progress toward moving individuals from segregated to integrated settings, the number of people who have moved from waiting lists, and the results of any and all quality of life assessments* "

Individuals Moving from Segregated to Integrated Settings

The following action items and corresponding graphs demonstrate movement from segregated settings to integrated settings. **Exhibit 4-1** includes the full detail of the data summarized in this section.

SS 2B - By March 31, 2014 new community based services will be available for people with disabilities as an alternative to MSHS-Cambridge.

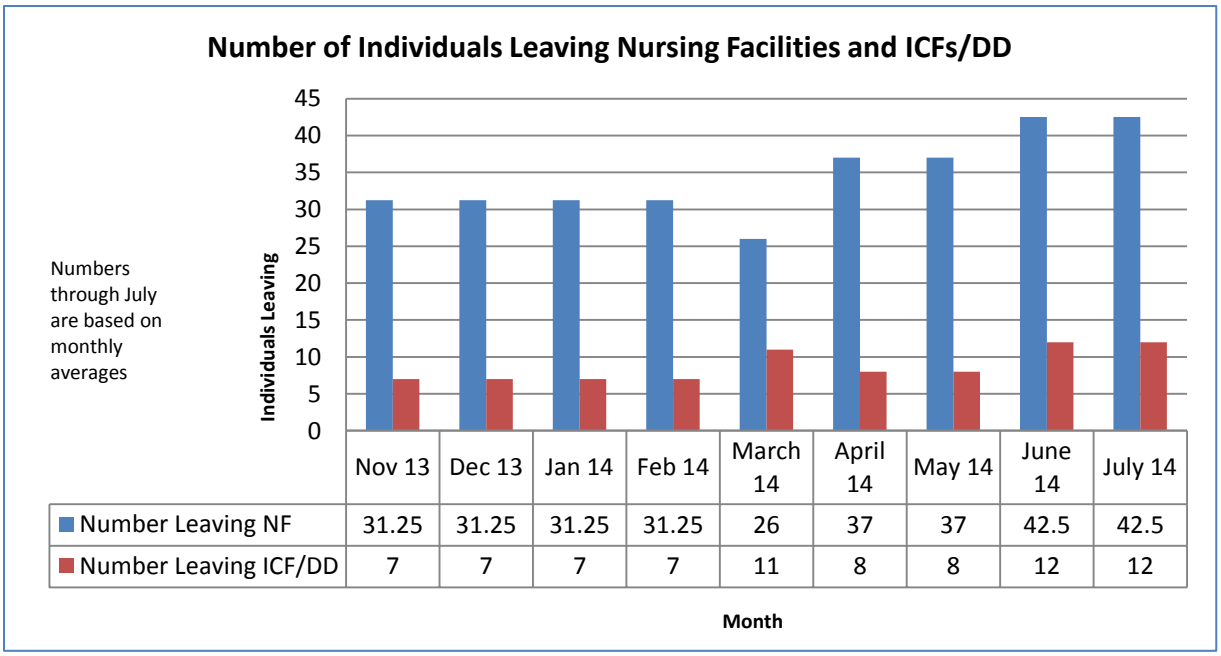
Status: The graph shows the number of individuals moving from MSHS-Cambridge. The last 3 individuals moved during the reporting period and the program closed on August 29, 2014.



SS 2C - For individuals in Intermediate Care Facilities for Persons with Developmental Disabilities(ICFs/DD) and people under 65 who have been in nursing facilities longer than 90 days

- By December 31, 2014, 90 people will have transitioned to community services.

Status: The data shows an increase in the number of individuals being discharged from both nursing facilities and ICFs/DD.

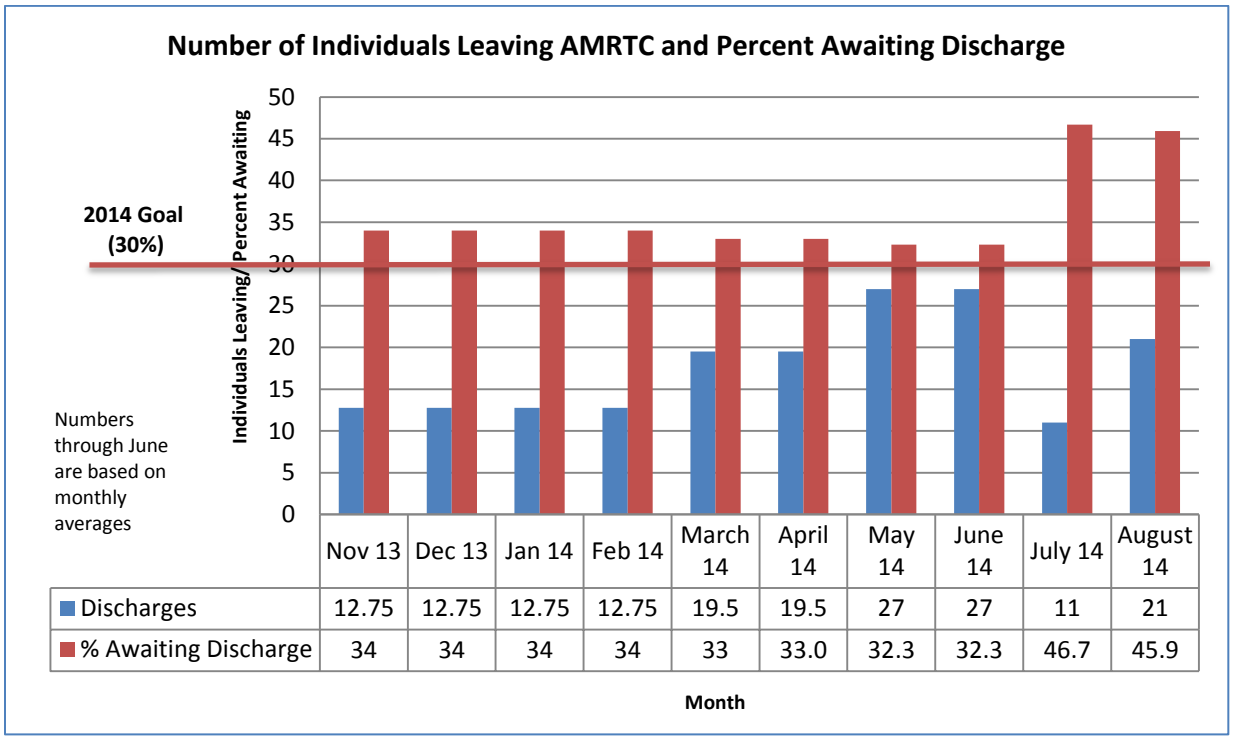


	Nov 13	Dec 13	Jan 14	Feb 14	March 14	April 14	May 14	June 14	July 14
Number Leaving NF	31.25	31.25	31.25	31.25	26	37	37	42.5	42.5
Number Leaving ICF/DD	7	7	7	7	11	8	8	12	12

SS 2D - For individuals in Anoka Metro Regional Treatment Center (AMRTC):
Current daily average baseline of persons at AMRTC who do not require hospital level of care and are awaiting discharge to the most integrated setting is 40%.

- By December 31, 2014 the number of individuals who do not require hospital level of care and are awaiting discharge to the most integrated setting will be reduced to 30%.

Status: The data for November through June shows a decline in the percent of individuals awaiting discharge. The July and August data shows a significant decrease in the number of individuals discharged to more integrated settings and an increase in the percent of individuals awaiting discharge.

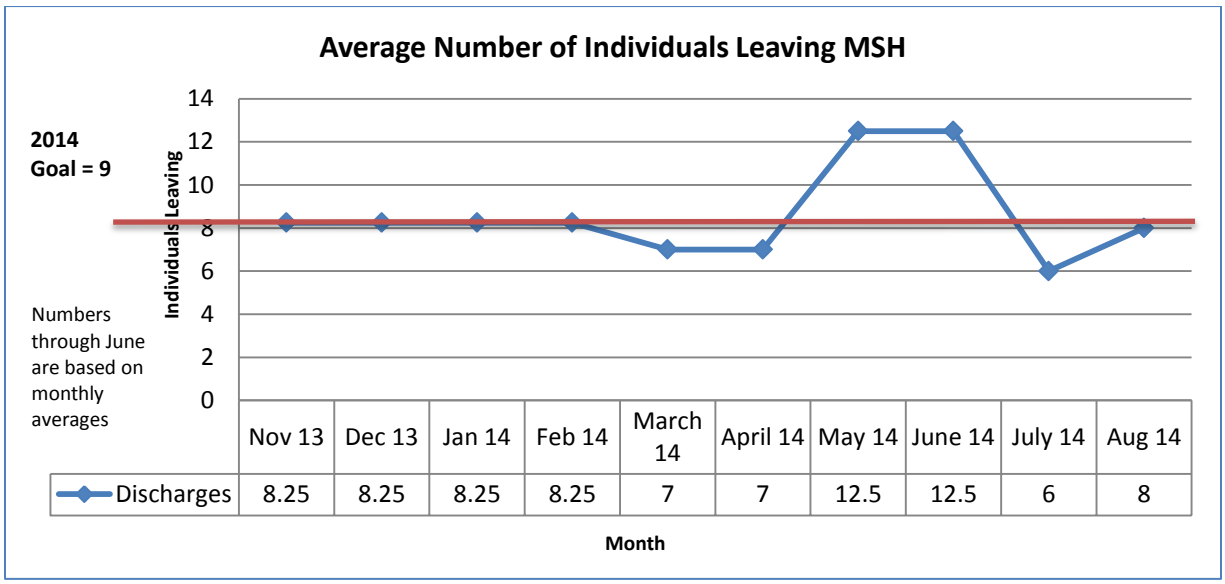


	Nov 13	Dec 13	Jan 14	Feb 14	March 14	April 14	May 14	June 14	July 14	August 14
Discharges	12.75	12.75	12.75	12.75	19.5	19.5	27	27	11	21
% Awaiting Discharge	34	34	34	34	33	33.0	32.3	32.3	46.7	45.9

SS 2F - Minnesota Security Hospital (MSH) will increase the average monthly discharge rates according to the following timeline:

- By December 31, 2014, increase average monthly discharge rates from 8 individuals per month, to 9 individuals per month.

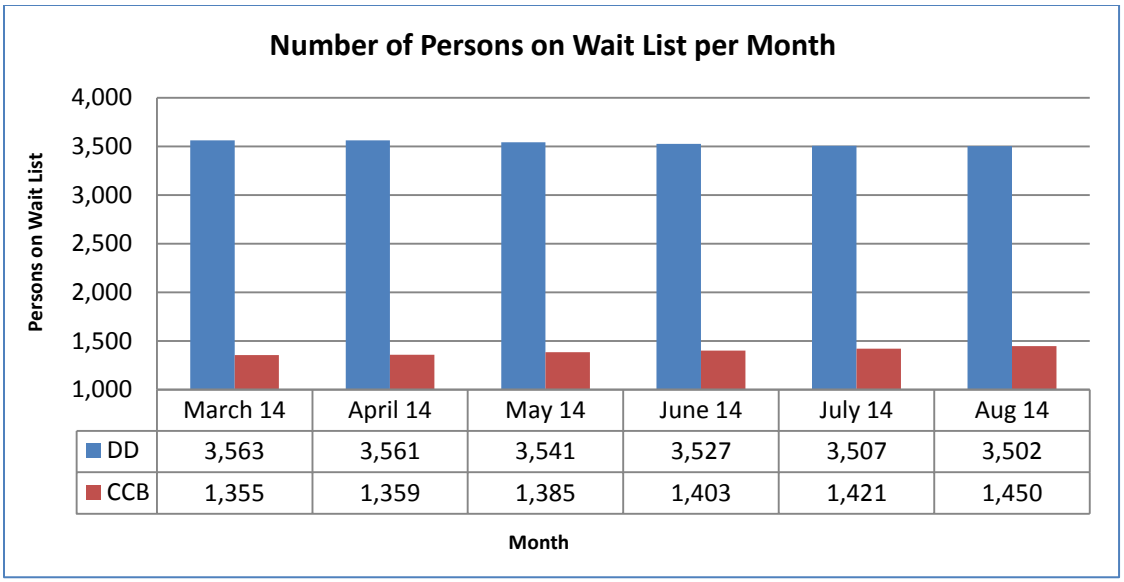
Status: During the months of May and June, 12 individuals left MSH, which exceeded the monthly goal of 9. The July discharge numbers dropped to 6 per month and August returned back to the baseline level of 8.



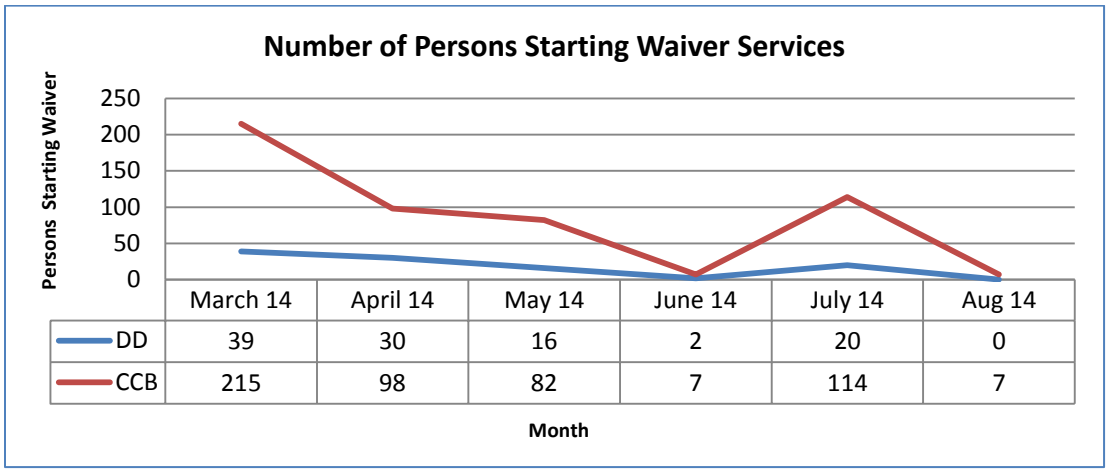
SS 4B: By September 30, 2014 DHS will report to the Olmstead Subcabinet, or its designee, recommendations on how to improve processes related to the home and community-based supports and services waiting list. The process will include the prioritization based on urgency and needs and describe how adopting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

Status: The first graph, the number of persons on the wait list per month shows that the number for the DD Waiver remains stable over time while th**e** number of persons on the CCB Waivers has increased each month. The second graph, the number of persons starting waiver services shows an increase and then a decrease during July and August. This graph includes individuals on the wait list moving onto the waiver as well as those who were never on the wait list and has begun waiver services. The third graph, number of persons moving from the wait list, shows that the number has increased since April and a slight decline during August. This graph includes persons moving from the wait list onto the waiver and individuals leaving the wait list for any other reason.

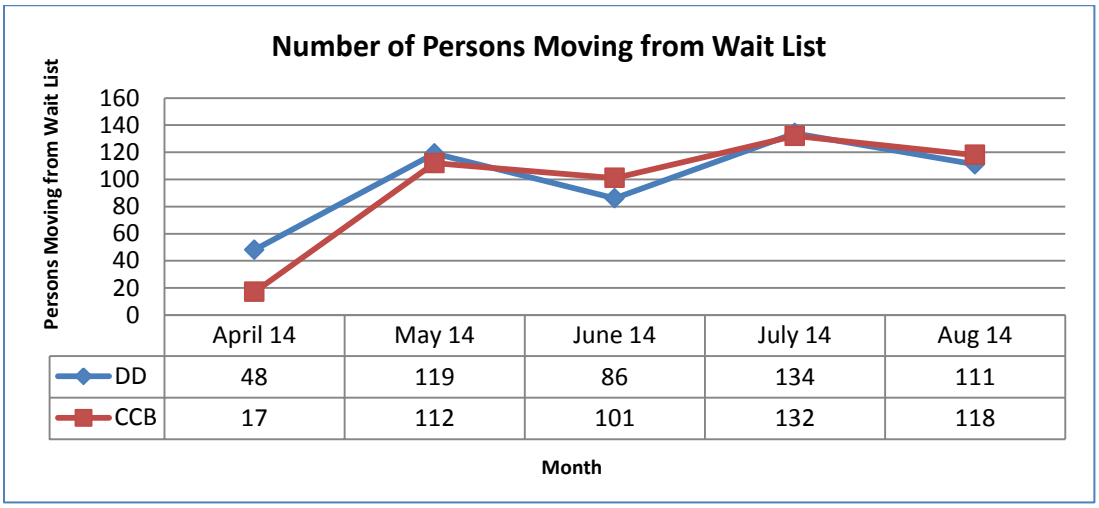
The Wait List report was submitted to the subcabinet on September 29th and will be reviewed at the October 13th meeting.



	March 14	April 14	May 14	June 14	July 14	Aug 14
DD	3,563	3,561	3,541	3,527	3,507	3,502
CCB	1,355	1,359	1,385	1,403	1,421	1,450



	March 14	April 14	May 14	June 14	July 14	Aug 14
DD	39	30	16	2	20	0
CCB	215	98	82	7	114	7

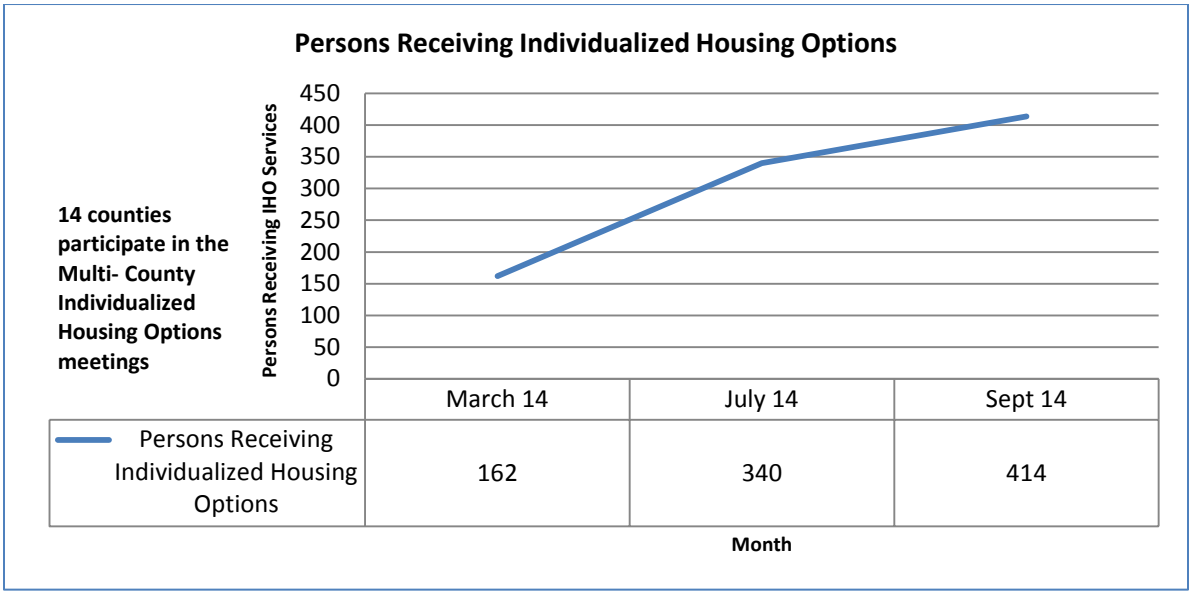


	April 14	May 14	June 14	July 14	Aug 14
DD	48	119	86	134	111
CCB	17	112	101	132	118

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.

- By December 31, 2014 the number of counties participating will increase to 17.

Status: The number of counties participating is fourteen. Counties report the number of people that receive individualized housing options services. The number of individuals receiving services continues to increase over time.



Quality of Life Assessments

Quantitative Measure

The survey instrument for the Quality of Life measurement required in the Plan is reported on in the next section as action item QA 1B.

Qualitative Measure

The qualitative measurement process required in the Plan is reported on in the next section as action item QA 1E.

III. OLMSTEAD PLAN ACTION ITEMS STATUS UPDATE

The table below indicates the timeliness of the completion of action items due during the two month reporting period. Each action item is determined to be Early, On Time, Late/Completed, or Late/In Process. The goal is to have all action items verified as completed Early or On Time.

Item	Deadline	Brief Description	Early	On Time	Late-Comp	Late-In Process
QA 1B	7/1/14	Quality of life survey instrument	X			
EM 2B	7/1/14	Interagency Employment Panel	X			
EM 3M	7/1/14	Outreach plan for families regarding competitive employment		X		
SS 3C	7/1/14	Analyze policies/best practices related to positive practices and use of restraint				X
SS 3D	7/1/14	Plan to increase positive practices and eliminate use of restraint or seclusion				X
SS 3E	8/1/14	Statewide common data collection and incident reporting process				X
SS 3I	8/1/14	Crisis triage and "hand-off" process			X	
QA 1E	8/31/14	Individual stories included in reports to show improved quality of life		X		
QA 3E	8/31/14	Report on Olmstead Implementation Office staffing, funding, responsibilities				X
EM 3A	8/31/14	Employment First strategies added to person-centered training			X	
TR 3A	8/31/14	MnDOT ADA Transition Plan		X		

- Early = verified as completed prior to the due date
- On Time = verified as completed on the due date
- Late/Completed = verified as completed after the due date
- Late/In Process = not completed by the due date; has a stated date for completion

More detailed information of the status of each action item is provided below.

ITEMS DUE IN JULY AND AUGUST 2014

The purpose of this section is to report the status of action items under each topic area that are due during this reporting period.

QUALITY ASSURANCE AND ACCOUNTABILITY

- **QA 1B** - By July 1, 2014 identify the survey instrument that will establish a baseline and allow ongoing evaluation of quality of life outcome indicators.

  Status: The survey instrument 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 setting; analysis of the tool and delivery; and implementation strategy.

- **QA 1E** - By August 31, 2014 identify best practices in qualitative reviews, including validated methodologies for collecting individual stories; determine if other agencies are utilizing such qualitative measures and if those processes could be adopted or modified; begin including individual stories in the subcabinet's bimonthly report.

  Status: The Olmstead Implementation Office identified a best practice qualitative methodology for collecting individual stories. The Smithsonian Folk life and Oral History Interviewing Guide was selected and piloted on an individual. More information on the tool and the first story is included in **Exhibit 4-2**.

  QA 3E - By August 31, 2014 the subcabinet will issue a report on the staffing, funding and responsibilities of the Olmstead Implementation Office and on the oversight and monitoring structure described above, including timelines for completion of any outstanding action items.

  Status: The August 31, 2014 deadline was not met. A draft report will be submitted to the subcabinet for review at the October 13th meeting.

EMPLOYMENT

- **EM 2B** - By July 1, 2014 an Interagency Employment Panel using Employment First principles to align policy and funding will be convened.

  Status: The Panel has been meeting monthly since May 2014. **Exhibit 4-3** includes Interagency Employment Panel meeting minutes. The Panel identified service, standards and funding priorities. Three implementation plans were established:

  - Provide training and technical assistance for service providers who currently have business models structured around segregated and non-competitive employment to transition their service delivery model to integrated, competitive employment models.

- Design and offer a clear package of services designed to result in competitive employment for transition-aged people with disabilities (transitioning from school to work) with the most significant disabilities.
- Develop a state-wide data collection system to collect data on competitive employment outcomes, per the directive of the Olmstead Plan.

The Interagency Employment Panel continues to meet on a monthly basis.

- **EM 3M** - By July 1, 2014 establish an outreach plan for families illustrating the impact of integrated competitive employment on individual benefits through the use of DB101 and Work Incentives

  Status: The deadline was met. An Outreach Plan was finalized on July 1, 2014. State agencies are reviewing work plan and discussing the implementation plan as laid out in the outreach plan. **Exhibit 4-4** includes the Work and Benefits Family Outreach Plan.

- **EM 3A** - By August 31, 2014 enhanced Person Centered Planning training components will be offered to assure employment-planning strategies and Employment First principles are understood and incorporated into the tools and planning process.

  Status: The August 31, 2014 deadline was not met. The revised curriculum was created and provided for inclusion to the agency that is contracted to provide Person Centered Planning training. The next round of Person Centered Planning training will include this component.

HOUSING

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

TRANSPORTATION

- **TR 3A** - By August 31, 2014 complete Minnesota Department of Transportation (MnDOT) American with Disabilities (ADA) Transition Plan.

  Status: The Transition Plan was posted for public comment on July 21, 2014 and was available for comment until August 26, 2014. Comments have been taken into consideration and pending approval, the plan will be finalized. The final draft has been posted at www.dot.state.mn.us/ada/transitionplan.html. MnDOT will continue to accept input to assist in the next revision of the plan.

SUPPORTS AND SERVICES

- **SS 3C** - By July 1, 2014 the state will create an inventory and analysis of policies and best practices across state agencies related to positive practices and use of restraint, seclusion or other practices which may cause physical, emotional, or psychological pain or distress.

  Status: The July 1, 2014 deadline was not met. A facilitated conversation between Department of Human Services (DHS) and Minnesota Department of Education (MDE) took place on October 2nd to identify policies and best practices related to positive practices and use of restraint, seclusion and other practices which may cause physical, emotional, or psychological pain or distress. A report will be submitted by October 22nd to the subcabinet that identifies areas where gaps exist and plans and timelines to address the gaps.

- **SS 3D** - By July 1, 2014 a report outlining recommendations for a statewide plan to increase positive practices and eliminate use of restraint or seclusion will be delivered to the Olmstead Subcabinet or their designee by an assigned team of representatives from Olmstead Subcabinet agencies.

  Status: The July 1, 2014 deadline was not met. A facilitated conversation between Department of Human Services (DHS) and Minnesota Department of Education (MDE) took place on October 2nd to outline recommendations for a statewide plan to increase positive practices and eliminate use of restraint or seclusion. A report will be submitted by October 22nd to the subcabinet that identifies recommendations for a statewide plan and timelines to implement the plan.

- **SS 3E** - By August 1, 2014 the state will develop, across state agencies, a common definition of incidents, including emergency use of manual restraint, that are to be reported, and create common data collection and incident reporting processes.

  Status: The August 1, 2014 deadline was not met. A facilitated conversation between Department of Human Services (DHS) and Minnesota Department of Education (MDE) took place on October 2nd to develop a common definition of incidents, including emergency use of manual restraint, that are to be reported, and create common data collection and incident reporting processes. A report will be submitted by October 22nd to the subcabinet that identifies the data collection and incident reporting process and timelines to implement the process.

- **SS 3I** - By August 1, 2014 a coordinated triage and "hand-off" process for crisis intervention will be developed and implemented across mental health services and home and community-based long-term supports and services with the goal of increasing timely access to the right service to stabilize the situation. Report will be delivered to the Olmstead Subcabinet.

  Status: The August 1, 2014 deadline was not met. A triage and "hand off" process for crisis intervention was developed and implemented. **Exhibit 4-5** includes the report to the subcabinet.

LIFELONG LEARNING AND EDUCATION

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

HEALTHCARE AND HEALTHY LIVING

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

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.

- **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.

- QA 2A – By June 30, 2014 the state will establish a dispute resolution process.

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

PREVIEW OF ITEMS DUE IN NEXT FOUR MONTHS

A preview of Olmstead Plan action items that are due from September 1, 2014 through December 31, 2014 are included in **Appendix 4-A**.

IV. ACTIONS TAKEN BY SUBCABINET

1. The subcabinet accepted the Wait List Report (SS 4B) but did not approve the recommendations. The report was referred back to the agency to address several concerns including how individuals with disabilities involved in the process and the need for measurable goals. The report will be submitted for review and approval at the December meeting.
2. The subcabinet accepted the Report on the Olmstead Implementation Office (QA 3E) but did not approve. The OIO will continue the development of the report. The report will be submitted for review and approval at the December meeting.
3. The subcabinet approved the October Bimonthly Report to the Court

V. INDEX OF APPENDICES AND EXHIBITS

Appendix 4-A Preview of September – December 2014 Action Items

Exhibit 4-1 Olmstead Plan Impact on Individuals

Exhibit 4-2 QA 1E – Tool for Collecting Individual Stories and Heidi's Story

Exhibit 4-3 EM 2B – Interagency Employment Panel Meeting Minutes

Exhibit 4-4 EM 3M – Work and Benefits Family Outreach Plan

Exhibit 4-5 SS 3I – Crisis Triage and Hand-Off Process

APPENDIX 4-A: PREVIEW OF SEPTEMBER–DECEMBER 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 4-A - Preview of Action items for September – December 2014

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
ED	4A.1	9/1/2014	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	Ninety one districts participated in the FFY2013 Minnesota Post School Outcome Survey. Results show that of the 962 completed surveys 225 or 23.4% were enrolled in integrated postsecondary education settings. The goal will be to increase the number from 225 to 275 for FFY 2014 and 325 for FFY 2015.
EM	2C	9/1/2014	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	Meetings were held in July and August with the large implementation group and individual sub workgroups specific to each action item. Feedback was gathered from stakeholders in June, July and August. The implementation plans have been completed. Sub workgroups will continue to meet to begin implementation of the plans.
EM	1G.1	9/30/2014	Baseline and goals set to demonstrate progress in increasing competitive employment for adults with disabilities.	41	DHS, DEED, MDE	Agency staff are collecting data on these measures: • 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 Once data is collected, baselines will be set and measurable goals will be established.
EM	1G.2	9/30/2014	Regarding competitive employment, set annual deadlines for demonstrating benefits for a defined significant portion of the affected population.	41	DHS, DEED, MDE	See status update for EM 1G.1 above.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
EM	1I.1	9/30/2014	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	9/30/2014	State will adopt an Employment First Policy	43	SC	The Employment First Policy draft was presented to the subcabinet at the September 29th meeting. It was approved with a few minor amendments.
EM	2E.1	9/30/2014	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 and Interagency Employment Panel are recommending one MOU for all items related to employment in the Olmstead Plan that will require interagency work and establishing individual working agreements for separate action items. The workgroup will meet again in September to add timelines for completion. Recommended process and timelines will be presented to the Interagency Employment Panel, and any necessary revision will be made.
EM	3B	9/30/2014	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 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	9/30/2014	Provide training and technical assistance to federal contractors on federal employment goal for people with disabilities	44	DHS, DEED, MDE, MDHR	Framework of training and technical assistance for federal contractors is being developed. VRS Placement Specialists will deliver this training at VRS/Partner sponsored events such as Career Fairs, Industry Panels, Human Resources member meetings (SHERM), any employer that is looking for information and resources for hiring individuals with disabilities.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
EM	3D	9/30/2014	Establish plan to provide cross-agency training on motivational interviewing.	44	DHS, DEED, MDE, MDHR	DEED/Vocational Rehabilitation Services and DHS met to commence collaborative efforts targeted at the 6/30/15 deadline for IPS supported employment. All agreed that motivational interviewing should be incorporated into the training of evidence-based practices that will be included in this statewide expansion of IPS supported employment.
HC	2D	9/30/2014	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	9/30/2014	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 gather input from stakeholders. A summary report and plan is in development.
HS	1A	9/30/2014	Complete data gathering & analysis on demographic data (related to housing) on people with disabilities who use public funding	50	DHS	This action item is closely aligned with action item SS 2G. Therefore, it was decided to combine these items together in terms of benchmarks leading up to the deadline. Please refer to the status for that item below.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
HS	4A	9/30/2014	Consult with persons with disabilities to improve HousingLink	53	MHFA	HousingLink conducted 18 listening sessions throughout the state to identify issues that persons with disabilities experience when they search for rental housing. Additionally, Housinglink provided technical assistance and guidance on how to access and best use their services. An online "Accessibility Survey" was also available for those who could not attend a listening session. Survey can be found at www.surveymonkey.com/s/ZMT25WQ 338 responses were collected. Final results, analysis and recommendations from the Listening Sessions and survey will be available on 9/30/14.
HS	4B	9/30/2014	Develop a plan to inform and educate people with disabilities, case workers, providers and advocates about HousingLink	53	MHFA	This item is related to HS 4A above. See status report for HS4A.
QA	4A	9/30/2014	Adopt an overall Olmstead Quality Improvement Plan	37	SC	The plan is in draft form and will be discussed at the December subcabinet meeting.
SS	2G	9/30/2014	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.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
SS	2G.1	9/30/2014	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. A summary document was created that includes the key plan components. A meeting is scheduled to review the summary and recommendations and to identify policy changes and structure to inform related goals and timelines in action items SS 2G, SS 2H, and SS 2I.
SS	4B	9/30/2014	Report and recommendations on how to improve processes related to the home and community-based supports and services waiting list.	68	DHS	The draft report was submitted to the subcabinet at the September 29th meeting and will be discussed at the October 13th meeting. The report addresses the current statutory waiting list criteria, how these and new criteria will be used to improve waiting list tracking and reporting, and what the process will be for managing the waiting list going forward.
SS	4D	9/30/2014	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	9/30/2014	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	9/30/2014	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.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
EM	2F.1	10/1/2014	Baseline established, policy developed to provide all vocational rehabilitation purchased services in most integrated setting	43	DHS, DEED, MDE	A policy has been developed for the Vocational Rehabilitation Services Policy Manual requiring that the scope of services purchased under VR be provided in integrated settings. This policy will be formally implemented effective October 1, 2014. Implementation will include providing technical assistance and information to both VR staff and provider staff on integrated setting standards.
TR	1C & 2C	10/31/2014	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.
ED	1D	11/30/2014	Stakeholders will discuss and recommend revisions to Minnesota Statutes §125A.0942 subd. 3 (8) to clarify that prone restraint will be prohibited by August 1, 2015 in Minnesota school districts and will apply to children of all ages.	72	MDE	MDE is involved in the grant and RFP process based upon a one- time legislative appropriation of $250,000 to help school districts with students experiencing a high use of prone restraint. Those funds will be distributed to eligible school districts via grants and to a contractor to develop training models to address strategies to reduce the use of restrictive procedures involving students with disabilities with complex needs. Those funds will be expended during the 2014/2015 school year.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
SS	3J	12/1/2014	Identify best practices, set service standards, and develop and deliver training and technical assistance in order to respond to a request for assistance with least intrusive service/actions	66	DHS, MDE	Representatives from various affected state agencies have been identified. The University of Minnesota Institute on Community Inclusion has agreed to facilitate and assist with the action items related to positive practices. Rachel Freeman, a nationally recognized leader in positive practices and supports is working with them on this project.
CE	1A	12/31/2014	Develop a plan to increase opportunities for people with disabilities to meaningfully participate in policy development	83	SC	Dates are being set for stakeholder meetings. Invitations will be going out to Olmstead advisory group from the Governor's disability councils and other stakeholder groups.
CE	1B	12/31/2014	Assess the size and scope of peer support and self-advocacy programs; set annual goals for progress.	83	SC	Dates are being set for stakeholder meetings. Invitations will be going out to Olmstead advisory group from the Governor's disability councils and other stakeholder groups.
CE	2A	12/31/2014	Evaluate, revise as necessary, and disseminate guidelines and criteria when public dollars are used for ensuring that people with disabilities are incorporated in public planning processes.	83	SC	Dates are being set for stakeholder meetings. Invitations will be going out to Olmstead advisory group from the Governor's disability councils and other stakeholder groups.
EM	3J	12/31/2014	Publicize statistics, research results and personal stories illustrating the contributions of persons with disabilities in the workplace	44	DHS, DEED, MDE, MDHR	VRS will publish, distribute and post online an annual report that includes statistics, results and personal stories about individuals with disabilities in the workplace. The report for FFY 2014 will be published at the end of December.
HC	1C	12/31/2014	Design framework and develop implementation plan for healthcare for adults with serious mental illness and children with serious emotional disturbance	77	DHS, MDH	DHS is working to design a behavioral health home model which will assure access to and coordinated delivery of primary care and behavioral health services for adults and children with serious mental illness. DHS is developing a framework for health homes to serve the needs of complex populations covered by Medical Assistance. DHS is starting with the population with serious mental illness because of the known barriers of health care access, high co-occurrence of chronic health conditions, and early mortality.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
HC	2G	12/31/2014	Establish baseline data for current care (medical, dental, chiropractic and mental health) of people with disability; develop an implementation plan to further assess, develop, and respond.	79	DHS, MDH	Data sources and basic approach have been defined; Meeting with a work group to better operationalize disabilities for children to be scheduled. Conversation with Aging concerning disability for seniors will be scheduled. Initial test runs of reports using the definition for adults have been conducted and are being reviewed for accuracy.
HC	2J.1	12/31/2014	50% of Minnesota's transition age youth with disabilities will receive the services necessary to make transitions to adult health care.	80	DHS, MDH	Family Voices of Minnesota is working together with MDH in developing the tool kit. There are currently four medical clinics providing input and testing the tools. Staff meets regularly with Family Voices to discuss the tool kit which will be online by the end of 2014 and presented to Health Care Homes in May of 2015. There are ongoing monthly meetings with DHS, DEED and MDE to develop a cross agency focus on successful transitions to adulthood for children and youth with special health needs.
HS	1E	12/31/2014	Develop a process to track the number of individuals with disabilities exiting state correctional facilities and their access to appropriate services and supports	50	DOC, DHS	DOC has identified agency staff and internal stakeholders to work on this item. Working to identify a DHS contact to work with on this item. The first meetings focused on definition of disability and identification of the business process.
HS	2A	12/31/2014	Baseline and targets established for number of new affordable housing opportunities created, the number of people with disabilities accessing affordable housing opportunities in the community, and the number of people with disabilities with their own lease, and (for people who move to more integrated settings) measures related to housing stability.	51	DHS, MHFA	The data gathered for action items HS 1A and SS 2G will provide more information on number of people potentially moving to more integrated settings and their characteristics. This is necessary to have prior to determining number of affordable housing opportunities baselines and targets.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
HS	5B.1	12/31/2014	The number of counties participating in Individualized Housing Options will increase to 17	54	DHS	Individualized Housing Options (IHO) is a county-led initiative to help more persons with disabilities live in the community setting of their choice. Services and supports are designed on an individual basis to help persons live as independently as possible. Currently 14 counties have participated in IHO meetings.
OV	1A	12/31/2014	Define an individual planning service to assist people with disabilities in expressing their needs and preferences about quality of life; establish plan to initiate service	31	SC	A legislative proposal for the 2015 session has been drafted to create a new service under the Medicaid state plan which would make individual, person-centered "life planning" available to eligible individuals.
OV	2B	12/31/2014	Identify barriers to integration that are linked to federal legislation, regulation, or administrative procedures; identity options to address them	32	SC	Agency staff and stakeholders were asked to help identify barriers to integration. A stakeholder group will be convened to review the input and identify options to address them.
OV	3A	12/31/2014	Leadership opportunities for people with disabilities to be involved in leadership capacities in all government programs that affect them will be identified and implemented	32	SC	The OIO has begun conversations with various people with disabilities to serve on advisory committees. Further contacts will be made. A plan is being drafted on how to structure this activity.
QA	1C	12/31/2014	Conduct a pilot of the quality of life survey	34	SC	The survey instrument and contract 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 setting; analysis of the tool and delivery; and implementation strategy.
SS	2C	12/31/2014	For individuals in Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DDs) and people under 65 who have been in nursing facilities longer than 90 days: 90 people will have transitioned to community services	63	DHS	This item is reported in **Exhibit 4-1.**

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
SS	2D.1	12/31/2014	Reduce % of people at Anoka Metro Regional Treatment Center who do not require hospital-level of care and are awaiting discharge to 30%	63	DHS	This item is reported in **Exhibit 4-1.**
SS	2F.2	12/31/2014	Increase average monthly discharge rates at Minnesota Security Hospital from 8 individuals per month to 9 individuals per month	64	DHS	This item is reported in **Exhibit 4-1.**
SS	4C	12/31/2014	Develop a plan to expand the use of assistive and other technology in Minnesota to increase access to integrated settings; set goals and timelines for expanding the use of technology that increases access to integrated settings	68	SC	The OIO is working with the STAR program (System of Technology to Achieve Results) to explore and develop a plan to expand the awareness, access to and use of assistive technology.

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EXHIBIT 4-1: OLMSTEAD PLAN IMPACT ON LIVES OF INDIVIDUALS

NUMBER OF INDIVIDUALS MOVING FROM SEGREGATED TO INTEGRATED SETTINGS [1]

Action item	Setting		Number of individuals for each category				
			Nov 13 – Feb 14	March - April 14	May - June 14	July 14	August 14
SS 2B	MSHS – Cambridge		3	0	3	2	1
SS 2C[2]	Nursing Facilities under age 65 - stay longer than 90 days		125 on MA Revised in May	26 on MA (March only)	74 on MA (April – May)	85 (June-July)	
	ICF/DDs[3]		28	11 (March only)	16 (April – May)	24 (June-July)	
SS 2D	Anoka Metro Regional Treatment Center (AMRTC)	Discharges	51	39	54	11	21
		% await d/c[4]	34%	33%	32.3%	46.7%	45.9%
		Admissions	--	62	61	23	33
		Deaths	--	0	0	0	0
		Avg. census	--	108	106	108	108
SS 2F	Minnesota Security Hospital (MSH)	Discharges	33	14	25	6	8
		D/c in progress	41	60	56	56	64
		In stage of d/c for <180 days	76 %	77%	79%	37%	55%
		In stage of d/c for >180 days	24%	23%	21%	63%	45%
		Readmitted w/in 6 months	0	0	0	1	0
		Deaths	---	0	1	1	0
		Admissions	---	26	27	10	14
		Avg. daily census	----	365	369	367	371

[1] In response to the September 18, 2014 Court order, the next bimonthly report will include admissions, readmissions, discharges and transfers for these settings.

[2] Medical Assistance billing databases are being used to track this item. Revisions may be made in subsequent months due to billing and accounting practices.

[3] Intermediate Care Facilities for Persons with Developmental Disabilities

[4] 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 draft report was submitted to the subcabinet at the September 29th meeting and will be discussed at the October 13th meeting. The report addresses the current statutory waiting list criteria, how these and new criteria will be used to improve waiting list tracking and reporting, and what the process will be for managing the waiting list going forward.

Disability Waiver[5]	**March 2014**	**April 2014**				
	# of recipients on waivers					
DD	15,279	14,206[6]				
CCB	18,930	17,668				
	March 2014	**April 2014**	**May 2014**	**June 2014**	**July 2014**	**August 2014**
	Number of persons on wait lists per month					
DD	3,563	3,561	3,541	3,527	3,507	3,502
CCB	1,355	1359	1,385	1,403	1,421	1,450
	Number of persons beginning waiver services					
DD	39	30	16	2	20	0
CCB	215	98	82	7	114	7
	Number of persons moving from wait list[7]					
DD		48	119	86	134	111
CCB		17	112	101	132	118

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

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

[7] 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	September 2014	Total
Anoka	-	50	3	**53**
Dakota	-	10	12	**22**
Hennepin	82	53	23	**158**
Olmsted	40	5	5	**50**
Ramsey	-	48	29	**77**
Stearns	-	6	-	**6**
Washington	40	6	2	**48**
	162	**178**	**74**	**414**

EXHIBIT 4-2: QA 1E – TOOL FOR COLLECTING INDIVIDUAL STORIES AND HEIDI'S STORY

Quality Assurance Action Item 1E

By August 31, 2014 identify best practices in qualitative reviews, including validated methodologies for collecting individual stories; determine if other agencies are utilizing such qualitative measures and if those processes could be adopted or modified; begin including individual stories in the subcabinet's bi-monthly report.

The Olmstead Implementation Office identified a best practice qualitative methodology for collecting individual stories: Smithsonian Folklife and Oral History Interviewing Guide. The Smithsonian Folklife and Oral History Interviewing Guide supports the idea that "every community – in families, neighborhoods, workplaces, and schools- there are people who have knowledge and skills to share- ways of knowing and doing that come from years of experience…" (p. 1). The individuals are living links to their way of authentic lives. Documenting their stories, memories and experiences brings us images and expressions of their community life, identity, belonging and purpose.

Every interview is unique. The set of pre-designed questions will serve as a framework for our curiosity as interviewers. Our goal is to learn and listen what their lives are like as individuals with disabilities and capture how they express their quality of life in their own words. The interview will also essentially progress safely as the interviewer peel away the layers of curiosities. An analogy is peeling away the layers of an onion to get to the essence of his or her life experiences.

Written permission will be obtained prior to the interview. The interviewee and interviewer will have a dialogue about the process and purpose of the interview including signing a consent form. The interview will be conducted at the interviewee's preferred location. The environment will be free of distractions, comfortable, appropriate and private. The interviews will either be audio recorded or video recorded. The audio/video transcriptions will be converted into text with a tape log that will summarize critical thematic points related to the Quality of Life's components.

Bartis, Peter (1979). ***Folklife and fieldwork: A layman's introduction to field techniques***. Washington, D.C.: American Folklife Center, Library of Congress.

Hunt, Marjorie (2003). *The Smithsonian Folklife and Oral History Interviewing Guide.* Washington, D.C.: Smithsonian Institution.

Appendix A: Information Form
Appendix B: Interview Questions
Appendix C: Release Form
Appendix D: Heidi's Story

Olmstead Interview Information Form

Full name of person interviewed: _____

Nickname, if any: _____

Date of interview: _____

Researcher's name: _____

Address of person interviewed: _____

_____

Telephone number: _____

Email: _____

Date of birth: _____ Place of birth: _____

Cultural background: _____

Disability: _____

How many years living in this community? _____

Where else lived? _____

Spouses and children's names (if any):_____

Occupation: _____

Skills and activities: _____

_____

Education: _____

_____

Hobbies, interests: _____

_____

_____

Other information: _____

Olmstead Interview Questions

Biographical Questions:

1) What is your name?
2) Where were you born?
3) When were you born?
4) Where do you live?
5) Where did you live as a child?

Family Questions:

1) Describe the place where you grew up – urban neighborhood, small town, rural community, or suburb. What was it like?
2) What are some things you remember from your childhood?
3) Tell me about your family – how many siblings (brother(s) and/or sister(s)) do you have?
4) Describe how your parents worked with you to make decisions.

Education Questions:

1) Tell me about what school was like for you growing up – were you in a class with only kids with disabilities? Were you in a class with a mix of kids?
2) How did teachers or other staff work with you?
3) How did you get to school? Were there kids without disabilities on the bus?
4) Tell me what you did for education when you finished high school.

Housing Questions:

1) Tell me about where you live now – do you live with other people? Do your own your home or have the lease in your name?
2) How did you make the decision to live where you do now? Did someone assist you with that decision?
3) If you could live anywhere where would you like to live? Overall are you happy with your living situation?

Transportation Questions:

1) How do you get places you need to go? Do you use the bus, paratransit, drive your own vehicle, walk, etc.?
2) Tell me about the other folks that travel with you. Do they have disabilities?

Supports and Services: (If not revealed in other areas)

1) Tell me about the services you receive?
2) What type of input do you have in deciding who provides the supports/services you receive?
3) How could providers improve the supports/services they offer you?

Community Engagement: (If not revealed in other areas)

1) Tell me about what you do in your community? Do you vote? Are you a part of a religious organization? Do you use parks, trails or other recreational areas?
2) How would you like to be involved in your community? Are there things you would like to do that you don't now?

Olmstead Interview Release Form

Date: _____

Interviewer: _____

Recording number: _____

Name of person(s) interviewed: _____

Address: _____

Telephone number: _____

Date of birth: _____

By signing the form below, you give your permission for any tapes, digital recordings and/or photographs made during this project to be used by researchers and the public for educational purposes including publications, exhibitions, World Wide Web, and presentations. By giving your permission, you do not give up any copyright or performance rights that you may hold.

I agree to the uses of these materials described above, except for any restrictions, noted below.

Name (please print): _____

Signature: _____

Date: _____

Researcher's signature: _____

Date: _____

Restriction description: _____

_____

HEIDI'S STORY

Heidi grew up in Burnsville Minnesota with two parents (mom and dad) and 3 siblings (2 brothers and 1 sister). Her parents had two children of their own and adopted their other two children, Heidi being one of the adopted children. Heidi doesn't have information about her biological mom and dad which can create some challenges. Heidi's adoptive parents didn't know that she would have disabilities when they adopted her until they started watching her and noticing that things were not quite right. Heidi describes her parents as involved but she did not see them as being overly involved advocates. She describes them as being behind the scenes kind of folks, although sometimes they were more out front doing things and had a strong desire to see all of their children live independently.

While growing up Heidi's disabilities became more apparent, although she says that she *"doesn't fit in the usual medical box".* Heidi was born with her disabilities and they came out one by one as she was growing up. She identifies as a person with unique, multiple disabilities. While growing up she recalls repeating kindergarten two times. The second year of kindergarten was meant to help with her disabilities by spending her mornings in kindergarten and the afternoons in 1st grade, but it did not help the disability at all. Heidi also recalls always having to attend summer school or have after school tutors. While Heidi attended kindergarten at the same time as other kids due to her emerging disabilities and the *"school not knowing how to deal with them"* she had to repeat kindergarten. During high school she was failing due to her learning disability. At one point in high school she recalls *"falling apart in 11th grade"* and having emotional problems that landed her in the hospital. Heidi shared that no one had prepared her for what was to come after graduation and this contributed to her problems at the time. During her time in school Heidi was transported to and from school on both the "*big bus"* with a mix of kids that had and did not have disabilities; and the *"small bus"* with other kids that had disabilities depending on which school she was attending. She was also bullied by kids throughout her education for being different. *"I've always had a target on me to be picked on."* After being in the hospital for the second time Heidi went to court and due to the disabilities Heidi was court ordered to Anoka Regional Treatment Center for 1 year. Then Heidi moved to her first group home where she decided to finish high school and was enrolled in public school. At some point she recalls going to the office to sign papers so that they could get past school records. After she did that she was switched to the *"behavior school"* which came as a surprise to her. Heidi moved from the behavior school to the behavior program at the technical school where she finished high school and received her diploma through Burnsville High School because that is where she had grownup. She said the expectation from the technical school was that she would get a job, but she was not included in discussions or asked what she wanted to do with her life post high school and the school wasn't sure what to do with her so they said McDonalds.

Heidi entered the McJobs program at McDonald's, a program that no longer exists, and received training that lasted a couple of months. They had a graduation ceremony and she still has her engraved spatula. After graduation Heidi got the job at McDonald's and worked there for 7 years, but her production speed was not fast enough. This has happened in other jobs Heidi has had as well. *"I was never fast enough, except with babysitting." "Jobs always think everyone has to be the same, no one thinks creatively."* Currently she is working with the University of Minnesota's Institute for Community Integration gathering research material related to nutrition, exercise and inter-personal relationships for people with intellectual and developmental disabilities, Partnership in Wellness. She enjoys this work because they have taken the time to understand alternative ways to document data, such as taking photographs of food in combination with writing things down.

In her lifetime, Heidi has lived in a number of different settings. She lived with her parents and has also lived at the Anoka Regional Treatment Center and in two different group home settings. She shared that while she was at the Anoka Regional Treatment Center she was mistreated and sent to segregation where the staff striped her down to her underwear, which was wrong and she filed a complaint. Heidi was sent to segregation because she spoke out loudly about a television that was not working right and hadn't been for a long time. She shared that had she not chosen to be hospitalized again that she probably wouldn't be where she is now. When Heidi was ready to leave the second group home she was told she could enter anther program or live with a roommate. She chose to go with the roommate option, although they weren't the best fit for one another. That situation lasted for 3 years which helped pay for rent and other bills. Heidi didn't have a choice in who her roommate was at that time. She shared that she is now aware of some programs that help people find roommates but she doesn't know how successful they are. For the last 20 years, Heidi has had an apartment in West St. Paul. She uses public transportation, metro mobility, a taxi, sometimes family, walks or gets rides from friends to get to where she wants or needs to go. She receives services under the Community Alternatives for Disabled Individuals (CADI) waiver including independent living assistance twice a week, medication management once a week and house cleaning services once a week, Metro Mobility tickets and a Metro Transit Go card (bus fare). Although getting this waiver was no easy task. Initially, Heidi was told that she would have to stay at home in order to get the waiver. This was incorrect information because you can use the CADI waiver at home or in the community. After that got cleared up she found that she was placed in the elderly waiver, which wasn't right either, and that has been corrected as well. *"My current social worker now realizes that I need this, which helps."* Heidi feels that policy makers need to take a look at house cleaning services because they are the one service that is not regulated. She said the people working in this area don't get paid very well and they aren't always very respectful and can take advantage of people, but there is no way to register a complaint about a particular provider. Heidi shared that it is important for both parties to uphold their end of the contract so that the system works well for everyone.

Over the years, Heidi has become a skilled self-advocate, partly because of the influence of her father, but also because of her own determination. Heidi serves on the Metropolitan Council's Transportation Accessibility Advisory Committee as a representative of the Minnesota Consortium for Citizens with Disabilities; The Arc Greater Twin Cities board of directors and as a volunteer. Heidi also volunteers with

the University of Minnesota's Institute for Community Integration. She has been involved with many organizations starting with People First which then led her work with, The Arc Greater Twin Cities, Minnesota Consortium for Citizens with Disabilities, Members of the Arc Greater Twin Cities Self Advocacy Advisory Committee, Advocating Change Together and other organizations. Sometimes these volunteer opportunities turn into paid opportunities, which is helpful too. She is very familiar with state legislators and is often at the capital to testify or speak to law makers. Heidi enjoys her ability to live independently and appreciates the services that she has that make that possible, however, she is quick to point out that the system isn't where it needs to be yet. She feels that few people understand her unique needs and because she doesn't fit neatly into the categories that the medical professionals and policy makers have created she often feels like she is broken up into pieces to get her needs met. Few service providers are able to see her as a complete person. This is frustrating for Heidi and makes her feel like she doesn't fit in. *"I can't be hard of hearing one day and not another day, I don't have Cerebral Palsy one day and not another, no one sees me as a whole".* She would like to see change happen through the work on the Olmstead Plan and she is looking forward to the upcoming legislative session so that she can share ideas of how we can be more creative so we don't continue to force people to *"fit into the box".*

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EXHIBIT 4-3: EM 2B – INTERAGENCY EMPLOYMENT PANEL MEETING MINUTES

Interagency Employment Panel
May 23, 2014
Minnesota Department of Education, Building A, Rooms 1-2
Meeting Minutes

I. Introductions, Background, Purpose

Attendance: Alex Bartolic DHS, Kim Peck DEED, Christina Schaffer MDHR, Robyn Widley MDE, Andrea Zuber DHS

Background: *By July 1, 2014 an Interagency Employment Panel using Employment First principles to align policy and funding will be convened. The Interagency Employment Panel is defined as "the principle interagency leadership group responsible for the alignment of interagency policies and funding needed to meet the state's Olmstead goal in employment." Representatives from DEED, DHS and MDE would be appointed by the Commissioners of the respective departments.*

The panel would also like to use this venue to keep in touch with each other about various Olmstead action items including updates, feedback and framework. Also other related program updates as needed.

II. Review of Olmstead activities currently underway related to Employment

Minnesota Employment Learning Community
Employment Practice Review Panel
MOU's
Baseline Data & Goal Setting: adults and transition age youth
Outreach to Families on Customized Employment and Benefits
Provide information on effective employment strategies
Motivational Interviewing
Implementation Plans
Segregated Settings
Transportation
Housing

III. Service, standards and funding priorities, in order to develop implementation plans

Action Item 2C: "Using service, standards and funding priorities identified in Interagency Employment Panel, develop implementation plans to provide access to most integrated settings in order to increase integrated employment outcomes.

Priorities identified by the ELC:

1) Develop options and increase expectations for youths exiting school that support individual competitive employment goals.

2) Identify training and technical assistance strategies for service providers who currently support business models structured around segregated and non-competitive employment to move to business models that support individual competitive employment models.
3) Develop waiver amendment policy recommendations that support competitive employment goals.
4) Implement strategies that assist in developing and building on natural community supports for people with disabilities seeking employment and in the supporting them in the workplace.
5) Increase public expectation that people with disabilities will work.

Other priorities to consider

1. Eligibility Requirements – ability to benefit
2. Establish a state-wide data collection system to collect data on CE
3. A way to get kids into jobs before they graduate (their own job to keep upon graduation)

IV. Panel recommendations for Implementation plans:

1. **Provide training and technical assistance** for service providers who currently have business models structured around segregated and non-competitive employment to transition their service delivery model to integrated, competitive employment models.

2. **Legislative proposal:** A clear package of services designed to result in competitive employment for transition-aged people with disabilities (transitioning from school to work) with the most significant disabilities. Features to include clearly defined roles and responsibilities of each state agency (MDE-DEED-DHS), clearly defined eligibility criteria, what supports and funding each agency will provide (and an MOU), system navigators, a consumer-directed option, use of informal supports, long-term wrap-around to include services like transportation & respite to "fill in the gaps" of a work week.

3. **Development of a state-wide data collection system** to collect data on competitive employment outcomes, per the directive of the Olmstead Plan.

V. **Assign staff to write Implementation Plans** (10 min) – Each State agency will e-mail Andrea will staff assignments to begin writing implementation plans and Andrea will pull the groups together.

VI. **Next Steps** (10 min)

1. Staff assignment from each state agency to Andrea
2. Discuss public feedback process on the legislative package (June)
3. Andrea will schedule next meeting for an hour before the next Employment Learning Community meetings (June 13 and July 11, 2014).

Interagency Employment Panel
Minutes
June 13, 2014
Minnesota Department of Education, Conference Center B, Room CC17

I. Welcome & Overview

Present: Alex Bartolic DHS, Kim Peck DEED, Jayne Spain MDE, Christina Schaffer MDHR, Andrea Zuber DHS

II. Definition of Integrated Setting (15 min)

The Interagency Data workgroup working to establish consistent measures and establish a baseline for competitive employment is seeking approval from the Interagency Employment Panel to define, for the purposes of establishing a baseline of competitive employment, "integrated setting in the community" as one person, one job.

Panel approved.

Panel also recommends the Interagency Data workgroup track employer benefits received as an established measure. Andrea will bring recommendation to Data workgroup.

III. People with disabilities: Input & Decision Making (10 min)

To ensure that people with disabilities are informing the Panel's decision making process, the Panel would like to partner with MSCOD. MSCOD could take the lead in getting information out to advocacy organizations who support people with disabilities and gather feedback and input. Andrea will connect with Joan at MSCOD to discuss.

IV. Legislative Proposal: Public Feedback Process (15 min)

Legislative proposal: A clear package of services designed to result in competitive employment for transition-aged people, ages 14-26, with disabilities (transitioning from school to work) with the most significant disabilities. Features to include clearly defined roles and responsibilities of each state agency (MDE-DEED-DHS), clearly defined eligibility criteria, what supports and funding each agency will provide (and an MOU), system navigators, a consumer-directed option, use of informal supports, long-term wrap-around to include services like transportation & respite to "fill in the gaps" of a work week.

Panel recommends that in July & August we get feedback from stakeholders – especially people with disabilities – around what's important to them and what would make sense in terms of new package of services to support competitive employment outcomes. Give people an idea of what we can bring to the table and find out what's missing. MDE has "Form A" they can use for this purpose.
If there is a waiver amendment, it will require a 30-day public comment period.

V. Review of Olmstead activities currently underway related to Employment

MOU's – Panel recommends a commissioner level sign-off
Baseline Data & Goal Setting
Implementation Plans - Panel recommend staff for working on Implementation plan

VI. Next Steps

Andrea to follow up with Joan from MSCOD

Andrea to convene workgroup to draft framework for a package of services

Andrea to follow up with Data Workgroup on Panel's recommendations

Next Meeting: Friday, July 11th from 11:30 to 1:00 at MDE

Interagency Employment Panel
Minutes
July 11, 2014
11:30 am – 1:00 pm
Minnesota Department of Education, Conference Center B, Room CC17

I. Welcome & Overview

Present: Alex Bartolic DHS-DSD, Julie Pearson DHS-AMH, Kim Peck DEED, Christina Schaffer MDHR, Jayne Spain MDE, Mike Tessneer DHS OOC, Andrea Zuber DHS-DSD

II. Olmstead Employment Overview/Connections - Mike Tessneer gave an overview of how

- Employment action items in the Olmstead Plan connect with the rest of the plan.
- Creating a new employment structure so people have options to choose employment
- Person centered planning process as central
- Housing & transportation link closely to employment
- Services & supports section of the plan requires a transition process for people wanting to move to more integrated services and supports
- Quality of life report the OIO is developing – need to look back and see if people have high quality of as a result of the changes they made in their lives – Alex will send the group the tool they have

III. People with disabilities: Input and Decision Making MSCOD agreed to a process to help the Panel get input from people with disabilities on decisions they are making. Methods to include request via their list serve, holding focus groups, putting questions in the "question of the day" section of their website. The panel would like MSCOD ED to join the panel as well and attend on a regular basis; Andrea will connect her to discuss.

IV. Interagency Data Sharing Agreement - The workgroup working on the goal in the OP to set a baseline for the competitive employment of adults with disabilities is requesting an "emergency" data sharing agreement between DEED and DHS to pull the necessary data from the UI Wage data base for the baseline. Due to audit compliance and access issues, that's not possible at this time. To set baseline, each group will need to pull what they have in their own data bases; we will work towards a state-wide data collection system.

V. Minnesota Employment First Policy – policy was released for public comment on July 3. Questions coming in to leadership at the state agencies requires clarification on the following issues:

1. The policy is intended for all people with disabilities
2. The adoption of the policy is the responsibility of the sub-cabinet; the ELC drafted the policy for their consideration

3. The shorter-than-usual comment period.
4. The OIO ED would like to see more detail and the policy strengthened; particularly adding a vision statement, clarifying definitions and fiscal analysis.
5. Recommendation that the OIO ED present the policy to the sub-cabinet

VI. Legislative Proposal: Brainstorm Outline

The panel is recommending the development of a clear package of services designed to result in competitive employment for transition-aged people with disabilities (transitioning from school to work) with the most significant disabilities, as one of their priorities for implementation plans.

Features to include clearly defined roles and responsibilities of each state agency (MDE-DEED-DHS), clearly defined eligibility criteria, what supports and funding each agency will provide (and an MOU), system navigators, a consumer-directed option, use of informal supports, long-term wrap-around to include services like transportation & respite to "fill in the gaps" of a work week.

Legislative timelines are early this year – a proposal for this will need to be submitted by August. Need to determine what would require legislation.

- Legislation would need to include interagency responsibilities.
- Review work other states have done
- Fiscal analysis
- Pilot using the 12 school districts … show what works

Work group working on this will draft something to share with the Panel in August.

VII. Review of Olmstead activities currently underway related to Employment

Training & Technical Assistance and Baseline Data & Goal Setting for adults and transition age youth – this will require a legislative proposals with cross agency responsibilities – Panel will review drafts in August

VIII. Next Steps

1. Draft legislation for 3 panel priorities for this group to review (Andrea/workgroups)
2. Alex will follow up with Darlene at the OIO for how to present the EF Policy to the sub-cabinet
3. Andrew will follow up with Joan at MSCOD regarding joining the panel

Interagency Employment Panel
Agenda
August 8, 2014
11:30 am – 1:00 pm
Minnesota Department of Education, Conference Center B, Room CC20

I. Welcome & Overview

Present: Alex Bartolic-DHS/DSD, Julie Pearson-DHS/AMG, Kim Peck-DEED, Christina Schaffer-MDHR, Robyn Widley-MDE

II. Draft Minnesota Employment First Policy

The Panel planned their presentation of the draft MN Employment 1st Policy to the Olmstead sub-cabinet, which will be on Monday, August 11, 2014.

Robyn – Intro

Alex – Input/Development Process and the way public comments were addressed

Kim – review policy and wrap up with next steps

III. Legislative proposals -

DHS/DSD is proposing the following legislation for the 2015 session to support the service, standards and funding priorities identified in the Interagency Employment Panel.

1. Research, design and pilot a Package of Services for youth, ages 14-26, with significant disabilities to secure competitive employment prior to graduation and maintain CE into adulthood.

2. Research, design and pilot a Statewide Data Collection System to track Competitive Employment outcomes

3. Research, design and pilot providing Training & Technical Assistance for providers to convert from facility-based to integrated employment models of service delivery, and request funding to continue TTA already being provided.

   It was agreed that DEED and MDE would all consider putting forward language/proposals related to these to demonstrate interagency commitment.

   It may be decided that these are carried by the OIO, instead of one individual agency, as they all will require interagency work. The OIO is looking into this.

IV. Interagency Employment Panel Priorities

"Using service, standards and funding priorities identified in the Interagency Employment Panel, develop implementation plans to provide access to most integrated settings in order to increase integrated employment outcomes."

The Interagency Employment Panel has identified the following service, standards and funding priorities.

1. Service priorities: Implement Extended Employment Rule Changes and reform prevocational, DTH and Supported Employment Services to encourage, incent, reward and support competitive employment outcomes for people with disabilities.
2. Standards priorities:
    a. All people will have the choice to attain competitive employment as defined in the MN Olmstead Plan.
    b. All people will be able to make informed choices about all the services available to them, including competitive employment.
    c. People will use a variance process to opt out of competitive employment
    d. People will be given the opportunity to make informed choices about competitive employment on a regular basis.
3. Funding priorities: Extended Employment, Waiver Funding, Consumer Directed Community Supports

Based on these priorities, implementation plans to create a statewide data collection system, a Training & Technical Assistance Entity and develop a new package of services for youth are being developed to provide access to the most integrated settings in order to increase integrated employment outcomes.

V. MOU Work

The Panel would prefer to see one MOU that covers everything related to employment.

The OIO is also talking about the best way to approach the MOU development process as it relates to the Olmstead Plan.

VI. Wrap up and Next Steps

Panel members to discuss how to jointly propose legislation for 3 priorities

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EXHIBIT 4-4: EM 3M – WORK AND BENEFITS FAMILY OUTREACH PLAN

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Olmstead Plan: Work and Benefits Family Outreach Plan

Developed by the MN Department of Human Services in coordination with the MN Department of Employment and Economic Development and the MN Department of Education

July 1, 2014

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2 Summary and Overview

2.1 Related Olmstead Goal:

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

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

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

2.2 Strategic Action the Plan addresses – 3M:

By July 1, 2014 - establish **an outreach plan** for families illustrating the impact of integrated, competitive employment on individual benefits through the use of DB101 and work incentives.

2.3 Related Strategic Actions

Action #	Due Date	Details
1D	By 6/30/15	14-21 year old transition age students on SSI/SSDI (approx. 1000) will receive **benefits summary and DB101 estimator session** to inform employment planning choices and understand how integrated employment and benefits work together.
3A	By 8/31/14	Offer **enhanced training** on person-centered planning to ensure Employment First and employment planning strategies are incorporated.
3G	By 6/1/15	Develop an **improvement strategy** for educators and families about the economic benefits of integrated competitive employment.
1E	Beginning 7/1/15	**Expand** benefits summary and DB101 sessions to include 14-26 year olds (approx. 2,500) entering transition age services in public schools, disability waivers, or on MA-EPD.

2.4 Advisory Committee

Department of Human Services (DHS): Andrea Zuber, Lesli Kerkhoff, MaryAlice Mowry, Bekah Satre, Melinda Shamp, LaRone Greer; Department of Education (MDE): Jayne Spain, Sue Benolken, Department of Employment and Economic Development (DEED): Alyssa Klein, Abbie Wells-Herzog; Department of Human Rights (MDHR): Christina Schaffer; Contractors: Seth Levin and Molly Sullivan. Advisory Committee will continue to meet to implement the plan.

2.5 Outreach Plan Goals

- Improve competitive, integrated work outcomes for youth by improving communication with parents and families and embedding benefits planning and education into key transition processes.
  - Create more consistent messaging and coordinated benefits planning processes for families and their youth in transition.
  - Illustrate for families how work and benefits can go together to help their youth achieve higher education and competitive employment goals
  - Engage parents in on-going benefits planning so that benefits do not become a perceived barrier to competitive work for their child.
  - Educate on work incentives, Disability Benefits 101 (DB101) and Disability Linkage Line® (DLL) resources to help families through their transition process so they:
    - set integrated, competitive employment as an expectation and goal for their family member.
    - instill a vision of employment, build work skills, and create work experiences early on for their child.
    - advocate for their child to have competitive, integrated work a part of their plan.

2.6 Identified Assets to Leverage

DB101 Youth Content and Parent Tips	DLL Options Counselors
DB101 Partners Page	DLL Work and Benefits Specialists
DB101 Talk to an Expert	DLL Benefits Access
Get a Smart Start Training Curriculum and Video	Case Management system (VR, Individual Education Program (IEP) and County)
School and Work Getting Started Flyer	Existing Contracts
School and Work Scenario	DHS Benefits Data
Employment First 12 school district Competitive Employment Community of Practice sites.	Vocational Rehabilitation Services (VRS) employment planning process – parents involvement

2.7 Target Audience

- Primary: Youth 14-21 on Social Security Administration (SSA) Programs SSI and/or SSDI and their Parents/Caregivers.
- Secondary: 17 and 18 year old waiver participants NOT on SSI and their Parents/Caregivers (they will need to apply for SSA benefits at age 18).

2.8 Assumptions

- Employment First Strategies will develop messaging around competitive work as the first and preferred outcome.
- This plan will focus in on just the work and benefits planning and work incentives education.
- Communications tools will merge Employment First messaging with benefits planning and work incentive messaging for a cohesive parent strategy.

2.9 Timeline

This outreach plan covers the time period July 1, 2014-June 30th, 2015.

2.10 Roles

- DHS - Lesli Kerkhoff: Manage the work plan, coordinate meetings, and implement DHS/DLL and DB101 related work tasks.
- VRS - Alyssa Klein: Manage VRS related work tasks.
- MDE- Jayne Spain and Sue Benolken: Manage MDE related work tasks

3 OUTREACH OBJECTIVES, STRATEGIES AND ACTIVITIES

3.1 OBJECTIVE: INCREASE FAMILY AND YOUTH ACCESS TO INFORMATION WHICH ILLUSTRATES THE IMPACT OF INTEGRATED, COMPETITIVE EMPLOYMENT ON INDIVIDUAL INCOME AND BENEFITS THROUGH THE USE OF DB101 AND WORK INCENTIVES.

3.1.1 Strategy: Develop a core set of outreach and communications tools for the system to leverage and build consistent messaging.

a) Review other related Olmstead strategies and define opportunities for integrated messaging. (August-September,2014)
b) Develop draft outreach materials based on key messaging. (August-October, 2014)
c) Assemble a draft communication toolkit for distribution channels. (August-October, 2014)
d) Create and implement an evaluation strategy to assess the effectiveness of the communication tools. (September, 2014)
e) Test and refine the communication tools based on feedback. (October-November, 2014)
f) Develop a dissemination strategy for each key business area. (October-November, 2014)
g) Produce and distribute print materials to pilot sites and key channels. (November-December, 2014)
h) Make materials easily accessible through online information portals, i.e. DB101, Edocs. (December, 2014)

3.1.2 Strategy: Send a direct mailing to families of youth who are on SSI and/or SSDI and DHS programs.

a) Draft letter with tailored messaging for three different age groups: 14-15, 16-17, and 18-21. Letter will incorporate Employment First messaging, benefits messaging, and call to action to start planning now, call DLL or use DB101, and advocate for competitive work. (December, 2014)
b) Design the data pull for each mailing's targeted audience. (December, 2014)
c) Run data for 16 -17 year olds on SSI or SSDI, and mail designed letter and materials. (January, 2015)
d) Assess from DLL feedback and DB101 data overall effectiveness of the communication. Refine based on feedback. (February, 2015)
e) Stagger additional mailing to 18-21 (March, 2015) and then 14-15 (April, 2015).
f) Assess how to make mailings an ongoing annual communication DHS sends to families. (June, 2015)

3.1.3 Strategy: Leverage existing contacts and relationships to incorporate communications tools developed in 3.1

a) MDE and VRS each will develop a materials distribution strategy to leverage their channels to reach the target population. (December, 2014)
b) MDE, VRS will leverage existing agency contacts with parent advocacy groups and interagency teams to incorporate developed DB101 tools and parent communication tools (February, 2015)
c) DHS will leverage county case managers who work with youth in transition to utilize core communications tools with parents and reinforce core messaging. (March, 2015)

3.2 **OBJECTIVE:** INCREASE THE FAMILIES' AND YOUTH'S ACCESS TO PERSONALIZED INFORMATION ABOUT BENEFITS AND COMPETITIVE WORK.

3.2.1 Strategy: A benefits summary will be provided to approximately 1,000 youth on SSI and their families.

a) DHS will develop a School and Work Benefits Summary Form. (September, 2014)

b) Through the use of DB101 Talk to an Expert and the Disability Linkage line®, DHS will provide a benefits summary to support benefits planning and the use of the DB101 School and Work Estimator Session. (July, 2014-May, 2015)

c) VRS will work with parents to complete a Benefits Summary Form (aka Getting Started Worksheet) for youth on their program 14-21 on SSI. (start test sites (October, 2014)

d) DLL staff will provide technical assistance to professional users who need help in utilizing the DB101 tools. (on-going)

3.2.2 Strategy: VRS will provide customized assistance with a School and Work Estimator session for approximately 1,000 youth.

a) Identity two sites to test the process (August, 2014)

b) Develop proposed business process/guidance for VRS youth in transition workers to embed a benefits summary and a DB101 session into their work flow. (September, 2014)

c) Train start-up sites in the process and DB101 resources and tools. (October, 2014)

d) Start-up sites test the process (October-December, 2014)

e) Refine process based on feedback (December, 2014)

f) VRS transition staff statewide will receive training on the new process and DB101 resources and tools (January, 2015)

g) A DB101 School and Work Estimator session will become part of the VRS employment planning process for youth. (January, 2015)

h) VRS will distribute materials developed in 3.1 to new parents and youth enrolled in their services. (Start statewide January, 2015)

i) Training on DB101 process will become part of new staff training for VRS Transition staff. (February, 2015)

3.2.3 Strategy: Using the identified Competitive Employment Community of Practice (CE-COP) teams, MDE will introduce the Get a Smart Start and new outreach resources to assist youth and their families in learning how integrated competitive work impacts benefits. In addition, special education staff will learn how to embed benefits planning activities in the IEP process.

a) Special Educators and Work-based learning teachers/coordinators with the CE-COP teams will be encouraged to use DB101 resources, outreach materials and the *Get a Smart Start* Curriculum with their students. (October, 2014)

b) CE-COP team members will distribute materials developed in 3.1 to families. (November, 2014)

c) CE-COP team members will be given sample benefits planning strategies to include in the secondary transition planning process. Information will include benefits summary and DB101 estimator sessions. (December, 2014)

d) Participating CE-COP members will share best practices and guidance to inform MDE's statewide roll out strategy. (March, 2015)

e) MDE develops a statewide roll out strategy to share best practices, materials and resources and define benefits planning expectations for the IEP process. (April, 2015)

3.2.4 Strategy: Disability Linkage Line® staff will support families directly in completing a benefits summary and using the DB101 School and Work Estimator tools.

a) DLL will act as the go to place for private, customized help in completing an estimator session or learning more about work incentives, resources, and tools to support families in their planning. (ongoing)

b) DLL will provide benefits summary and run estimator sessions for parents who respond to the DHS mailings outlined in 3.1.1. (ongoing)

3.2.5 Strategy: Expand benefits summary and DB101 sessions to include 14-26 year olds (approx. 2,500) entering transition age services in public schools, disability waivers, or on MA-EPD.

a) Hold a strategic planning session to evaluate current strategies and define expansion strategies. (April, 2015)

3.3 OBJECTIVE: PREPARE SYSTEM TO EMBED DB101 TRAINING, RESOURCES, AND PLANNING TOOLS INTO CURRENT YOUTH IN TRANSITION PLANNING PROCESSES TO MAKE BENEFITS AND WORK PLANNING A CONSISTENT, ON-GOING PART OF A FAMILIES' EXPERIENCE ACROSS SYSTEMS.

3.3.1 Strategy: Support the Competitive Employment Community of Practice (CE-COP) school districts in integrating benefits planning into their communications, outreach and process.

a) Train school district's that incorporated DB101 into their strategic plans to improve Indicator 14 outcomes. (October, 2014-February, 2015)

b) For school districts committed to using the DB101 tools, assign a Disability Linkage Line Work and Benefits Specialists to provide on-going technical assistance. (October, 2014)

c) Make family outreach and education materials available for distribution in their programs. (December, 2014)

d) Follow up with participating schools to gather best practices and make learnings available to the other school districts. (May, 2015)

3.3.2 Strategy: Ready the DB101 structure to support a more coordinate process, and streamline work across the system.

a) Add *Share This Session* feature to DB101 so youth and parents can share estimator results with others. (November, 2014)

b) Develop the "User Vault" function to support a central place for process components. (March, 2015)

c) Redesign DB101 Partner Page to support training, outreach and process. (February, 2015)

e) Add to DB101.org Partners Tab key training and employment resources; including person-centered planning to ensure Employment First and employment planning strategies are incorporated. (December, 2014)

3.3.3 Strategy: Assess with VRS, MDE and counties how the DB101 vault can support a coordinated, streamlined process across business areas.

a) Hold a strategic planning process with partners, including CE-COP, to identify opportunities and commitments to use the vault to build a more coordinated process and improved experience for person across systems. (June)

4 MESSAGING

Goals & Action	Primary Messages	Secondary Message
SET EXPECTATIONS • Set integrated, competitive employment as the expectation and goal for their child.	Your child *can* work. Make competitive, integrated work an expectation for your child's future and part of the planning process.	• Integrated, competitive employment leads to a better quality of life all around, and provides for greater long-term financial stability. • Assist your child in developing skills that will lead to work. • Benefits are a bridge for your child to reach their goals and their potential, but benefits alone often can't do it. • People on Supplemental Security Income (SSI) are almost always better off working.
ENGAGE, PLAN, ADVOCATE • Encourage parents to instill employment vision, build work skills, and create work experiences early on for their child. • Parents advocate for their child to have competitive, integrated work in their plans, goals, etc.	Early work experiences are critical in determining future success.	• Encourage high expectations, and build work experiences. • Discover, encourage and support your youth's interests. • Acknowledge your child's strengths, interests, and preferences. • Use your social networks and family connections to connect to jobs or job experiences. • Give your child age appropriate responsibilities and tasks. Chores at home build valuable work skills for the future.
TAKE CONTROL OF BENEFITS • Illustrate that benefits are not a barrier to work – they can actually be a tool to reach education and work goals. • Educate on work incentives, resources and tools to help families see how benefits and work can go together and can support planning.	• You can balance benefits and work so your child is better off. • Use benefits and work incentives as stepping stones to assist your child in reaching integrated, competitive employment goals.	• There are programs to protect benefits for people who work. • Your child can work and keep healthcare. • Internships, part-time jobs, and short-term work can work together with benefits, so youth can get experience, more money and build towards their future. • There is a lot of BAD information out there about benefits and work. It is important for you to get the facts. • There is help available for you; the Disability Linkage Line and DB101.org are key resources.

4.1 Continuum Messaging – Parents

Age	0 – 6	7-14	15-17	18-22
Work Messages	Your child has abilities and can live a full life, including work	• Your child *can* work; make work an expectation for your child's future. • Encourage and support your child's interests; interests can lead to employable skills • Encourage high expectations: expect your child to be a responsible, contributing member of the family • Chores at home build valuable work skills	• All people, regardless of disability, can work in the right job with the right supports • In addition to more money, work builds self-esteem, maturity, and important social connections • Encourage high expectations: expect your child to do some work experiences during or after school, or during the summer break • Students who work are more likely to be employed as adults • Teach your child that work is part of being an adult	• All people, regardless of disability, can work in the right job with the right supports • Teach your child that work is part of being an adult • In addition to more money, work builds self-esteem, maturity, and important social connections • Encourage high expectations: help your child decide on a career goal, make a plan, and take action to achieve the goal
Work & Benefits Messages	There are cash and healthcare benefits to help you care for your child if you have little income and assets	• There are cash and healthcare benefits to help you care for your child if you have little income and assets	• There are cash and healthcare benefits to help you care for your child if you have little income and assets • Once your child is 18 most benefit programs don't count your income and assets; your child may become eligible for benefits at age 18 • As an adult, your child can't make it on benefits alone. Benefits are a bridge for your child to reach their goals and their potential, but benefits alone often can't do it. • There are programs to protect benefits for people who work; your child can work and keep healthcare. • Internships, part-time jobs, and short-term work mean your child will build skills, have more income, and maintaining access to benefits • The key is to balance benefits and work. • There is help available for you; the DLL and DB101.org can answer questions.	• Now that your child is 18 or older most benefit programs won't count your income and assets; your child may become eligible for benefits • Your child can't make it on benefits alone. Benefits are a bridge for your child to reach their goals and their potential, but benefits alone often can't do it. • There are programs to protect benefits for people who work; your child can work and keep healthcare. • The key is to balance benefits and work. • There is help available for you; the Disability Linkage Line and DB101.org can answer benefit and work questions.

4.2 Continuum Messaging -Youth

Age Range	7-14 years of age	15-17 years of age	18-22 years of age
Work Messages	• You have lots of talents that you can someday use in a job • There are many different careers you can have; start thinking now about what you like to do • Do chores at home to build skills that you can use at a job in the future	• All people, regardless of disability, can work in the right job with the right supports • Becoming an adult means more freedom and independence by having a job; start thinking about what career you want • Take advantage of work experiences offered by your school; these help you find what career is best for you • Start working now; have your own money, learn new skills, and meet new people	• All people, regardless of disability, can work in the right job with the right supports • Becoming an adult means more freedom and independence, which you get by finding a job that fits you • Decide on a career goal, make a plan, and take action to achieve the goal
Work & Benefits Messages	N/A	• Your parents may receive special benefits to pay for things you need. Benefits alone often aren't enough; work can get you more! • When you turn 18 most benefit programs don't count your parent's income and assets so you may become eligible. Beware - benefits alone often aren't enough; work can get you more! • Internships, part-time jobs, and short-term work mean you will build skills, have more income, and maintaining access to benefits • If you or your parents are worried about how work will affect benefits, then learn about the special program that allow you to work, have more money, and maintain access to needed benefits • There is help available for you; the Disability Linkage Line and DB101.org can answer benefit and work questions.	• Now that are 18 or older most benefit programs won't count your parent's income and assets so you may become eligible. Beware - benefits alone often aren't enough; work can get you more! • Benefits are a bridge for you to reach your goals, but benefits alone often aren't enough; work can get you more! • If you or your parents are worried about how work will affect benefits, then learn about the special program that allow you to work, have more money, and maintain access to needed benefits • There is help available for you; the Disability Linkage Line and DB101.org can answer benefit and work questions.

4.3 Call to Action

4.3.1 Youth

- Expect and plan for Competitive, integrated employment for yourself
- Get early work experiences
- Use DB101 and do a DB101 estimator session to learn how work and benefits go together
- Use work incentives to reach your goals and be better off.
- Advocate along the way – it is your goals, your plan, your life

4.3.2 Parents and Families

- Expect and plan for competitive, integrated employment for your child
- Help your child get early work experiences
- Use DB101 and do a DB101 estimator session to learn how work and benefits go together
- Use work incentives to reach your goals and be better off
- Advocate along the way – work with teachers, county case managers, VR and others to push for competitive, integrated employment

5 Possible Communication Channels

Entity	Channel	Notes
MDE	Secondary Transition Community of Practice, Community Transition Interagency Committees, Employment First Learning Communities, ParentsKnow Website; MDE Website, Special Education Directors, Related Service Personnel messages, State Special Education Advisory Panel	Low Incidence networks – Professionals that work with parents Special Education Directors - Mailings or during directors forums (4x year) Related services - professionals that work with parents- meetings and mailings
Schools	IEP Case Manager, Work Coordinators, Social Workers, Counselors, Transition Programs	
DHS	People on MADX, TEFRA, receiving case management services, CDCS Youth Pilot participants, People receiving Autism benefits	DHS could do direct mailing to families on DHS programs, or could build expectations into case management services
County	County Case Managers, Financial Workers	
DEED	VR/SSB Transition Workers, WFC	VRS Counselor distributes and informs; Expand info on "Developing Your Employment Plan" to include DB101 info. Leverage the DEED – CIL contract relationship to set expectations around benefits planning/DB101 into work.
Non-profits/Advocacy groups	PACER, CILS, ARC, Project Search (make it a criteria)	DEED has a contract with PACER and could ask that they do particular messaging or sessions with the messages we want CILS have youth transition workers
Medical Community	MN Physician publication	
Informal	Parent groups, workshops and networking	
Interagency collaboration groups	MN System of Interagency Coordination	Interagency State Committee

Youth →Parent*:* Support youth in educating and influencing their parents.
Direct to Parent: Communications directly to parents (mailings, websites, and articles)
Professional →Parent: Activate key channels to educate and communicate to parents

5.1 TACTICAL CHANNELS (ADOPTION STRATEGY)

- Case Management Process
- IEP Process
- Pilot with Employment First Learning Community – 12 School Districts
- VR Youth In Transition Process – Part of Employment Plan
- Project Search process
- Parent Advocacy Contracts - DEED contract with PACER
- CDCS Youth Pilot Project
- Work Coordinators – YIT Curriculum

5.2 DIRECT PROMOTIONAL CHANNELS

- ParentsKnow Website
- MDE Website
- MN Physician Publication
- DHS recipients - mailing

5.3 STAKEHOLDER CHANNELS (TRAINING & DISTRIBUTION STRATEGY)

- MN System of Interagency Coordination (MNSIC)
- Secondary Transition Community of Practice
- Community Transition Interagency Committees
- Special Education Directors
- Related Service Personnel
- State Special Education Advisory Committee
- County Case Managers
- County Financial Workers
- Advocacy Groups doing parent training and youth in transition work
- PACER
- ARC

6 Possible Measures

Measurement	Source	Baseline	Goal: by 6/30/2015
# of School and Work Estimator Sessions completed	Google Analytics	91 sessions started	1,000
# of hits on DB101 content and trainings • Parent content • Youth content • Partner Page related Resources • Get a Smart Start with Youth	Google Analytics	• User age – 18-24 is 27.5% • Youth content 7041 page views • 421 Get a Smart Start with Youth	• User age – 30% • Youth content – 14,000 page views • Get a Smart Start Hits - 800
# of Benefits Summaries completed for Target	Resource House	5	1,000
Calls to DLL regarding youth 14-21	Resource House Report	304	1,500
# of materials distributed		N/A	7,500

7 Resource Needs

7.1 Budget

Items	Detail	Estimated Cost	Possible Source
Contractors	Marketing, project manager, training	$95,000	DLL/DB101
Materials Development	Graphics, printing	$50,000	DLL/DB101
Distribution costs	Mailings	$30,000	DSD Division
DB101 change requests	To add new features, content and training to support process	$60,000	DLL/DB101

8 DATA - 2013

SOCIAL SECURITY DATA

Age	# on SSI or SSDI?
<5	2363
5-12	6593
13-17	4128
18-21	5253
22-25	4988

VRS DATA

Program	16-21 year olds served
Total # served	6,741
# on SSI, SSDI	1,396

DSD DATA

Program	14-21 years old
DSD Program on SSI or SSDI	5013

MDE DATA

Program	14-21 years old
Students with IEP 2013 Child Count Data:	40,414 (ages 14-21) 7,305 of the 40,414 are 18-21

9 SUMMARY OF FOCUS GROUP FEEDBACK

FOCUS GROUP PARTICIPANTS:

Six focus groups were held in 2010, two groups were conducted with professionals and four groups consisted of youth, young adults and parents.

MAJOR RELATED FINDINGS:

- The groups highlighted interest in a range of potential new content for DB101:
  - Advice on how to overcome resistance from others
  - To- do list timelines for filling out forms and applications
  - Youth showed limited knowledge of their benefits and potential loss and potential loss of benefits did not surface as a top of mind personal concern for most youth when considering taking a job.
- Overall many youth were excited about work and aspired to the independence it could offer.
  - Many were excited about the prospect of being able buy their own things
- Youth reported that parent's reaction to the prospect of them working varied significantly.
  - A substantial number of youth said their parents discouraged or even forbade work, fearing the impact it might have on benefits or due to concern that the experience would prove too psychologically stressful.
- Several youth said they tired working but had either quit or been fired
  - Reasons for quitting included being given unappealing chores, parental pressures, or practical considerations such as transportation.
- Youth in these groups sought a variety of practical advice and information to help them enlist the support of others.
  - Advice on how to explain their needs to teachers and employers who have not previous worked with individuals with disability
  - Advice on how to get parents to support their work incentives
  - Information on their rights, and advice on how to assert them
- Professionals sought information that would help assuage parental concerns about loss of benefits.
- The response of youth and professional indicate that parents are more likely than kids to be concerned about the impact of working on benefits.
  - Professional felt that parents need more information about how work can impact benefits
  - Some parents discourage their child from working for fear of losing disability benefits
  - Some parents consult with professionals to discuss the effect of work on their child's benefit
- Professionals said that their clients are more concerned with losing health coverage than income support when considering a job.
  - Many said that those who are living on their own are the most concerned group when it comes to a loss of medical benefits
- One parent in the group suggested adding a way to contact other parents in a similar situation for support.
- Parents and professionals were excited about being able to access benefits information in one location (DB101 Talk to an Expert)
- Professionals reacted positively to the potential of DB101 and the School and Work estimator to serve as a teaching device for them to motivate and prepare youth for a successful transition to work.

10 GLOSSARY

CILS **Center for Independent Living**

Centers for Independent Living are designed and operated within a local community by individuals with disabilities and provide an array of independent living services, including the core services of information and referral, independent living skills training, peer counseling, and individual and systems advocacy

DB101 **Disability Benefits 101 (www.db101.org)**

An online resource and planning tool that gives you tools and information on health coverage, **benefits**, and employment. DB101 can help people plan ahead and learn how work and **benefits** go together.

DLL **Disability Linkage Line®**

a free, statewide information and referral resource that provides Minnesotans with disabilities and chronic illnesses a single access point for all **disability** related questions

IEP **Individualized Education Program**

An Individualized Education Program (IEP) is a written statement of the educational program designed to meet a child's individual needs. Every child who receives special education services must have an IEP.

MA-EPD **Medical Assistance for Employed Persons with Disabilities (MA-EPD)**

A program that gives health care coverage through Medical Assistance (MA) to employed people with disabilities. MA-EPD covers the same services as standard MA, but it allows you to have higher income and more assets than you could under standard MA or MA with a spenddown.

SSDI **Social Security Disability Insurance (SSDI)**

Wage replacement income for individuals who have worked and paid FICA taxes and who now have a disability meeting Social Security disability rules.

SSI **Supplemental Security Income (SSI)**

A Social Security Administration program that provides cash benefits to people with disabilities who have limited income and resources.

VRS **Vocational Rehabilitation Services**

State agency that helps people with disabilities prepare for, find, and keep jobs that are consistent with their skills, strengths, and interest

CDCS **Consumer Directed Community Supports**

Consumer Directed Community Supports gives people receiving waiver services more flexibility planning their services and supports.

EXHIBIT 4-5: SS 3I – CRISIS TRIAGE AND HAND-OFF PROCESS

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Crisis Triage and Hand-Off Process

Chemical and Mental Health Administration

September 2014

For more information contact:

Minnesota Department of Human Services
Adult Mental Health Division
St. Paul, MN 55101
651-431-2225

This information is available in accessible formats to individuals with disabilities by calling 651-431-4262,

Or by using your preferred relay service.

For other information on disability rights and protections, contact the agency's ADA coordinator.

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Olmstead Plan Language

"By August 1, 2014 a coordinated triage and "hand-off" process for crisis intervention will be developed and implemented across mental health services and home and community-based long-term supports and services with the goal of increasing timely access to the right service to stabilize the situation.
Minnesota's Olmstead Plan – November 1, 2013 Page 55 - (proposed modifications July 10, 2014) Page 68.

Introduction

Supports and services provided through Minnesota's Home and Community-Based Service (HCBS) provide assistance for people with disabilities to live in integrated settings and fully participate in the community. At the present time, there is little immediate support for these individuals when they are unable to cope with day to day stresses or larger life events. This lack of support results in a high level of emergency department use. A study by Truven Analytics showed that in 2010 people who received HCBS services used emergency departments almost 61,000 times. Reportedly, most of these emergency department visits were the result of emotional, behavioral or psychiatric crises or emergencies. Many of these people are then hospitalized, lose their housing and services because of their behavior or difficulty coping and spend long period of time in community psychiatric units, state hospitals or crisis respite programs.

Minnesota's Olmstead Plan requires the implementation of a process of triaging these crisis and emergency situations and handing them off to community services and supports. The intent of this process it to enable a person in crisis to receive the right services at the right time and in the right amount. This report addresses how adapting the current services and providing earlier intervention may reduce the need for emergency department and hospital use among this population.

Background Information

Historically, the state has provided triage and hand-off only for people who are experiencing exacerbated symptoms of a mental illness. These symptoms include suicidal ideation, depression, anxiety, delusional thinking, hallucinations or some combination of these. The Minnesota Comprehensive Adult Mental Health Act (MN Statute 245.46 through 245.286) requires that Minnesota county boards provide adequate emergency mental health services for their residents. At minimum, each county must make available a toll free telephone line that included access to a consultation and support from a mental health professional within thirty minutes. This triage and support process was mandated to be in effect by 1991. The current mobile mental health response teams are built around this service. Those people with developmental disabilities and brain injuries have not had access to these services due to the narrowly targeted focus of the services.

Workgroup Members

The following individuals were members of the workgroup or provided consultation to the group.

Group Members - Participants
Kay Pitkin, Hennepin County Adult and Children's Crisis Services
Renee Levesque, Hennepin County Adult and Children's Crisis Services
Dave Wilmes, St. Paul Youth Services
Melissa Heinen, Suicide Prevention Coordinator, Minnesota Department of Health
Sue Benolken, Minnesota Department of Education
Steve Dahl, Direct Care and Treatment, DHS
Theresa Mustonen, Disability Services Division, DHS
Charles Young, Disability Services Division, DHS

Special Thanks to the following individuals. They assisted by reviewing and giving feedback and consultation on the meeting minutes and on this Olmstead Item as a whole.
Matt Burdick, National Alliance on Mental Illness- Minnesota
Sue Abderholden, National Alliance on Mental Illness- Minnesota
Ellen Benavides, Consumer Survivor Network
Glen Anderson, Consumer Survivor Network
Jim Temple Minnesota Crisis Coordination Program
All of the Crisis Response Providers Present at the Statewide Crisis Response Meeting on June 25, 2014 in St. Cloud, Minnesota.

Defining Crisis

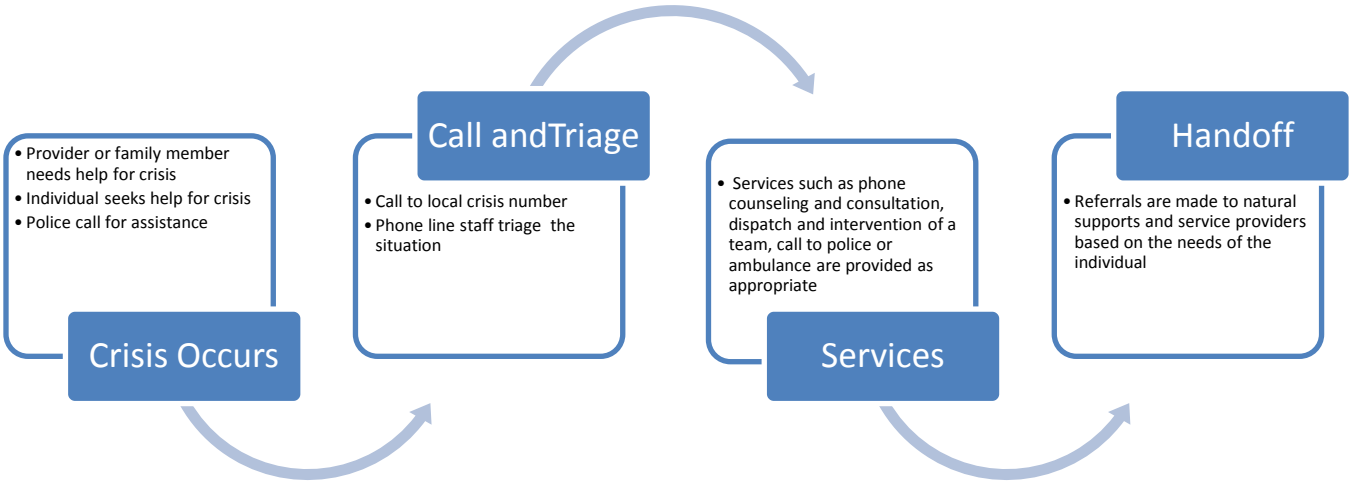
A primary goal of the first workgroup meeting included coming to a mutual understanding of what is meant by a crisis. For the purposes of home and community based services, a crisis is frequently the risk of losing a care provider due to behavioral challenges or having a care giver no longer be able to provide care due to other reasons. For state plan crisis response services, a crisis is an exacerbation in mental health symptoms that puts the person at risk of hospitalization or being a danger to himself/herself or others. The group worked together to come to the following consensus about what a crisis was for our purposes.

Definition of crisis: A situation in which an individual and/or their caregivers need immediate intensive intervention to calm and prevent further escalation of the situation up to and including hospitalization.

Current Services

The following graphic shows the process that is in place for crisis triage and handoff now. This process has been in effect since 1991. The crisis/emergency phone lines are available in every area of the state. Most of the phone lines are regional and most are associated with a mobile mental health crisis team. By January 2015, all but eight counties will have mobile services available for adults after hours and on weekends. The specific requirements for the phone lines are identified in the 1987 Minnesota Mental Health Act (Minnesota Statutes 145.461 to 245.486). The trained person who answers the phone screens for caller needs. Some of these calls are informational. Others are requests for service referral. However, some are from individuals or friends, family or other supporters of individuals who are experiencing a crisis. If the phone answerer believes that a crisis may exist, (and the phone answerer is not a mental health professional) the call is transferred to the mental health professional for

- further phone assessment ,
- supportive counseling,
- consultation,
- referral to local social service, housing, financial, or other services including child or adult protection
- dispatch of the crisis team, if a team is available and have the skills needed for the intervention
- emergency intervention from ambulance and police.



The Adult Mental Health Division monitors availability of these phone numbers. The Division has done three major surveys of these lines. These surveys were done in the early 1990s, in

1997, in 2000 and again in 2007. The following is an excerpt from the letter reporting results of the 2007 survey.

> "Staff of the Adult Mental Health Division called the 28 providers that county representatives identified as providing Adult Emergency/Crisis Mental Health Services via phone. The test of the services included questions which covered all aspects of the services from training of staff to policy and procedures. A copy of the Mental Health Emergency Phone Survey document is attached. Staff people made calls on weekdays and weekends, both at night and during the day in an effort to assure the availability of services 24 hours a day.
>
> Overall, the results of this service test were positive. The average statewide overall score was 2.04 on a scale of 1 to 10 with one being the best and 10 being the worst. Mental health professionals responded in an average of 4.15 minutes once contact was requested. All of the mental health professionals who responded indicated the ability to provide competent crisis services. They were friendly and pleasant to talk with. All were able to identify the information that they would need to assess the seriousness of the callers' situation and intervene appropriately. Approximately 80% of the Mental Health Professionals who responded were either a psychologist or LICSW. Approximately 10% were psychiatric nurses and around 10 % were allied professionals such as rehabilitation counselors.
>
> Eleven of the 26 providers indicated that they have a mobile crisis response capacity.
>
> Of note is the fact that the backup intervention for all of the phone lines and mobile crisis teams is local law enforcement. This spotlights the need for training and communication between the local law enforcement agency and the mental health providers."

Between major surveys, the division asks for updates on crisis numbers as part of the adult mental health grant process. Administrative staff call the numbers to assure that it is correct and a list is compiled. This list of crisis numbers is available on the DHS website. Click here to see list. We are working with Minnesota Helps to add the list to their website as well.

The AMHD does not monitor the total annual number of calls each year. However, as a result of the triage process, mobile crisis response teams have been dispatched over 10,000 times for face- to face services each year since 2009. Between 85% and 90% of crisis episodes end with the people in crisis staying in their homes and not being hospitalized.

Other Available Resources:

Program	Program Description	Other notes
Metro Crisis Coordination Program	The purpose of Metro Crisis Coordination Program (MCCP) is to work interdependently with individuals, private providers and public agencies in the Twin Cities metropolitan area to prevent crises that affect the residential and/or work (educational) placements of people with developmental disabilities or related conditions and to reduce the use of hospitalizations and civil commitments resulting from crises. MCCP promotes relationship-based crisis services that cause the least amount of disruption to the consumer. If preservation of the natural setting is not possible, MCCP strives to develop the best possible transition plan. * From the MCCP website.	This provider can deliver 24 hour emergency support if that support is approved by the waiver case manager. Most of their focus is on planning to prevent a crisis.
Community Support Services	Nine CSS teams located throughout the State serve clients locally with ability to use statewide CSS resources. CSS provides services statewide where they are needed, including: Individual homes, Group living settings, Hospitals and long-term care facilities, Work sites and schools, Department of Human Services facilities. *From CSS webpage	This provider does not have the staff to provide emergency support 24 hours a day.
Waiver Service: Crisis Respite Services	Crisis respite services provide specific short-term care and intervention strategies to a person due to the need for relief and support of the caregiver and/or protection of the person or others living with that person. This includes addressing both medical and behavioral needs.	These services are only available following approval by a waiver case manager.

Program	Program Description	Other notes
Waiver Service: 24 hour emergency assistance	24-hour emergency assistance: On-call counseling and problem solving and/or immediate response for assistance at a person's home due to a health or personal emergency.	These services must be approved by a case manager and cannot be approved retroactively or prior to a crisis occurring. Approval of these services is difficult after office hours and on weekends.
Mobile Mental Health Crisis Services for Adults and Children	Mobile crisis teams serve most of Minnesota. There are 25 teams across the state. 19 of these teams provide services 24 hours a day, 7 days a week. Six provide services after office hours, on weekends and on holidays. These teams respond immediately to people who are experiencing overwhelming symptoms of mental illness (Anxiety, depressions, psychosis, etc.) in the person's home or community. These are state plan services available to anyone who is on Medicaid and experiencing symptoms. State grants provide services to others who need the service and are not on Medicaid or another insurance that will pay for the service.	Foster care providers are not aware that these services exist or how the service could be of use to them. Mobile Crisis Response Teams do not have the training or experience to provide services to individuals with developmental disabilities or brain injury.

Potential Solutions: Training of providers and recipients

- TRAINING ON ADVANCE DIRECTIVES AND WELLNESS RECOVERY ACTION PLANNING (WRAP) AND OTHER FORMS OF RELAPSE PREVENTION PLANS: Educate individuals who are receiving HCBS about developing advance directives and WRAP plans to share with their caregivers.

- TRAINING ON DEVELOPMENT OF COMMUNITY SUPPORT PLANS (CSPS): Require all HCBS providers to be trained in development of effective crisis plan development. Require development of a crisis plan as part of a Community Support Plan.

- TRAINING ON COMMUNITY RESOURCES: Require all HCBS providers to train their staff on community resources that can support them and the individuals they serve in times of crisis.

- TRAINING ON PROVIDING CRISIS INTERVENTION SERVICES TO INDIVIDUALS WHO DO NOT HAVE THE COGNITIVE SKILLS OR VERBAL CAPABILITIES TO RESPOND TO THE TYPICAL INTERVENTIONS TO A MENTAL HEALTH CRISIS. Train current crisis response providers to be able to serve this population.

Recommendations Summary: Immediate steps

In summary, DHS will take the following administrative actions based on the recommendations of the members:

By December 31, 2014, DHS will:

- DHS will convene a workgroup of mental health and disability stakeholders to determine how to provide the training to each group. This work group will include self-advocates, families of people who will use the services, members of advocacy organizations such as ARC of Minnesota and National Alliance on Mental Illness, HCBS providers, members of crisis response teams, individuals from DHS Disability Services, individuals from Adult and Children's Mental Health an individuals from Direct Care and Treatment. These stakeholders will identify key elements and develop information and education needed for the following:
    - To provide education and training on Wellness Recovery Action Planning (WRAP), Advance Psychiatric Directives and other relapse prevention/crisis plans to the people who use HCBS.
    - To inform the HCBS service providers on the abilities of Crisis Response Teams and to discuss their role in serving people with intellectual disabilities and brain injuries who are experiencing mental health crises in the seven county metropolitan area. (Anoka, Carver, Dakota, Hennepin Ramsey, Scott and Washington Counties)
    - To provide initial training on working with people with ID and brain injuries to crisis response providers from the seven county metropolitan area.
- Require that all HCBS providers develop policies for dealing with mental health crises, including use of community resources that are available. Require the policies be available for review by provider enrollment.
- DHS will provide training to
    - People who use Home and Community Based Services in the seven county (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington) about WRAP,

Advance Psychiatric Directives and other relapse prevention/crisis prevention plans by December 31, 2014.

- Providers of home and community based services in the metro counties by December 31, 2014.

- Metro Crisis Response teams by December 31, 2014.

By March 1, 2015, DHS will

- Provide education on WRAP, Advance Psychiatric Directives and other relapse prevention/crisis plans to the people who use HCBS in the southern half of the state.

- Provide initial training on working with people with ID and brain injuries to crisis response providers on from the southern portion of the state.

By August 1, 2015, DHS will

- Provide education on WRAP, Advance Psychiatric Directives and other relapse prevention/crisis plans to the people who use HCBS in the northern half of the state.

- Provide initial training on working with people with ID and brain injuries to crisis response providers on from the northern half of the state.

By December 31, 2015, DHS will

- Develop continuing means of providing education and training identified above.

The stakeholder group will continue to assist with program content and assurance that the proposed steps occur.