Minnesota Departments of Human Services and Education

Minnesota's State-wide Plan

Building Effective Systems for Implementing Positive Practices and Supports

Department of Human Services
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Executive Summary

This report was completed by state leaders from the Minnesota Departments of Human Services and Education (e.g. DHS and MDE respectively) in collaboration with the Institute on Community Integration at the University of Minnesota. The purpose of this report is to summarize progress made on assigned objectives that are associated with Minnesota's Olmstead Plan. All of the efforts reflected in this report are driven by a vision to improve the lives of all people living in Minnesota. This report provides a framework for organizing policies, technical assistance, and resources to ensure people receiving services, are treated with respect, and receive the support they need to live independent, self-determined and meaningful lives in their home communities. Real change occurs when one's vision for a better life is not merely a set of words that are referred to in written form. *When a vision that is articulated by a group of people is made a part of everyday actions taken within an organization, county, region, and state-wide, significant and meaningful work can be achieved* (Fullan, 2005).

The state plan described in this report will be successful by a) designing and implementing a technical assistance plan that involves teaching organizations to embed the values and vision outlined in the Minnesota Olmstead plan into the everyday actions taken by individuals providing services, and b) working collaboratively to implement the plan with stakeholders who represent people receiving services across the lifespan, family members, caregivers, advocates, practitioners and community members. For this reason, the report represents a first step in the state-wide planning process. Four major activities that are being used to make the vision outlined in the Olmstead Plan a reality are included in this report. These activities are described in this summary and with a locator table (see Table 1) to align the work being completed with the objectives listed in Action 3 of the Olmstead Plan.

Inventory of Minnesota Policies and Best Practices. DHS and MDE initiated a system for the inventory and analysis of both restrictive procedures and positive practices currently used across agencies. The results from the first dissemination of an online survey is available in Appendix A. Responses from the survey and earlier work from various team members was used to gather the initial identification of policies and practices from 25 different statutory citations. Once inventory data for DHS and MDE are finalized, the inventory review process will be expanded to other agencies. A subset of staff members from a state-wide planning team are continuing to meet regularly to complete the DHS and MDE inventory by January, 2015.

Unified Cross-agency Definition of Key Terms. The first step in aligning definitions across agencies is to evaluate the extent to which these terms currently vary starting with DHS and MDE. Key terms were identified for common reporting purposes. The inventory survey included questions used to gather more information about terms used within each agency. A grid compiling the definitions for any terms that were submitted as part of the survey is being compiled but has not yet been finalized due to the need for further information (see Appendix B). The same workgroup assigned to finalizing the inventory will continue working on the definitions first identified in this activity.

Best Practice in Positive Supports. The state recommends that teams use a collaborative data-based decision making framework to support people and adopts the

broader term *positive supports* to reflect practices that are person-centered, encourage self-determined behavior, build on social and emotional skills, and take a person's physical, social, and mental health into consideration. Positive behavior support provides a larger framework for implementing systems change. This implementation framework will be used to guide technical assistance efforts with the assumption that technical assistance efforts reflected in this state-wide plan will include a number of positive practices for preventing problem behavior. However, person-centered planning and positive behavior support are recommended whenever a person would clearly benefit from these practices and/or when other positive supports have not been effective.

   Minnesota's State-wide Plan for Implementing Positive Supports. The state-wide team recommends using research findings summarized by Fixsen and his colleagues (2005) to create a state-wide communication and technical assistance framework for coordinating efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies. This infrastructure will be used to ensure the following six implementation goals are implemented: 1) establishing a technical assistance infrastructure across agencies, 2) designing and implementing strategies for data-based decision making and evaluation, 3) creating a marketing plan for increasing awareness of positive supports across the state, 4) expanding preservice and aligning inservice training systems state-wide, 5) developing and maintaining an inventory of policies related to restrictive practices and positive supports, and 6) expanding interagency crisis prevention planning. A logic model was developed by the team to summarize the expected outcomes related to positive support implementation (see Figure 3 and the Appendix D for more details). The first steps taken by the state-wide team is to recruit workgroup chairs and initial team members for each of six major implementation tasks. Initial meetings (one or more) within each workgroup will occur on or before January, 15, 2015. Quarterly state-wide team meetings will be scheduled for November, 2014 January, 2015 April, 2015, and July, 2015.

Table 1. Locator Table with Page Numbers Related to Action 3 of the Olmstead Plan.

Activities (Pages 65-67)	* Olmstead Activities from Action 3	Timeline	Page Numbers
Action 1 [SS 3A]	The state will implement the new Minnesota Statute §245D standards.	1-1-14	
Action 2 [SS 3B]	A Rule with operational details that replaces Minnesota Rules, parts 9525.2700 to 9525.2810 (also known as Rule 40) will be promulgated. [SS 3B]	7-1-15	
Action 3 [SS 3C]	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.	7-1-14	5-6 10-12 26, 27 Appendix A
Action 4 [SS 3D]	A report outlining recommendations for a state-wide 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.	7-1-14	5-6 15-30 Appendix D
Activity 5 [SS 3E]	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.	8-1-14	5-6 12-13 22-24 Appendix B
Action 6 [SS 3F]	State-wide implementation of common incident reporting will begin.	7-1-15	22-23 26-27 Appendix D
Action 7 [SS3G.1-3G.4]	Quarterly summaries of incidents of emergency use of manual restraint or other types of restraint, seclusion or other practices that may cause physical, emotional, or psychological pain or distress will be reported to an assigned team of representatives from each state agency for review and to inform recommendations to reduce the incidents.	10-1-15	15-24 25 Appendix D
Action 8 [SS H.1, 3H.2]	Annually thereafter, the team will provide recommendations to the Olmstead Subcabinet to reduce emergency use of restraints, or other practices that may cause physical, emotional, or psychological pain or distress, and to increase positive practices.	7-1-15	26 Appendix D
Action 10	A coordinated triage and "hand-off" process for crisis	8-1-14	26-27

[SS 3I]	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.		Appendix D
Action 11 [SS 3J]	An assigned team of representatives from state agencies, community organizations, community corrections and people with disabilities who have used the crisis system will: identify best practices, including use of technology; set service standards; and develop and deliver training and technical assistance in order to respond to a request for assistance with least intrusive service/actions (e.g. person-centered planning, positive practices, available resources). Progress toward goal will be reported to the Olmstead Subcabinet or their designee.	12-1-14	26-27 Appendix D
Action 12 [SS 3J.1]	DHS will have completed the necessary analysis and planning to expand crisis services, diversion, and early intervention services to persons at risk of experiencing a crisis situation. The expansion plan will include projected start dates for implementation of the services.	1-15-15	22-23 25,27 Appendix D
Action 13 [SS 3J.1]	Crisis services, including diversion and early intervention services, will be made available to any person in need of these supports and at risk of experiencing a crisis situation. The purposes of this intervention include stabilizing the person's situation or avoiding the use of civil commitment.	7-1-15	26-27 Appendix D
Action 14 [SS 3K]	Develop measurements to better understand and track crisis episodes across service systems; create a data collection plan and mechanisms; establish baseline data and set targets (e.g., number of crisis calls made, reason for the call, response given, follow-up information.) Baseline data and targets will be delivered to the Olmstead Subcabinet or their designee.	7-1-15	26, 27 Appendix D

* While not the Direct Focus of the Report, the Actions Indicated in Light Grey are Addressed as Part of State-wide Planning and Future Targeted Timelines

Minnesota's State-wide Plan: Building Effective Systems for Implementing Positive Practices and Supports

Purpose and Introduction

This report was completed by state leaders from the Minnesota Departments of Human Services and Education (e.g. DHS and MDE respectively) in collaboration with the Institute on Community Integration at the University of Minnesota. The purpose of this report is to summarize progress made on objectives that are associated with Minnesota's Olmstead Plan including the actions related to an inventory of policies, creating common definitions for reporting purposes, best practice technical assistance in the implementation of positive supports, and state-wide planning. All of the efforts reflected in this report are driven by the vision that seeks to improve the lives of all people living in Minnesota as outlined in the Olmstead Plan report (pages ten and eleven). The actions taken by the state-wide team will help to articulate how services will be delivered in a manner that will ensure all people are treated with respect and receive the support they need to live independent, self-determined and meaningful lives in their home communities.

Research in systems change indicates that it is not sufficient to create a vision and mission statement that is referenced in written reports or placed on posters that are hung on the wall. Significant and meaningful change occurs when one's vision for a better life is not merely a set of words that are referred to in a passive manner; a vision and mission must be made a part of the actions taken within an organization and that drive decisions on an every day basis (Fullan, 2005). The goal of implementing positive and proactive interventions and decreasing the use of restrictive procedures across the state of Minnesota will become a reality when the vision that has been articulated in the Olmstead Plan has been embedded within the state system and within organizations providing services across the state. To make this vision a reality, it is important to align and improve policies at state and organizational levels, disseminate ongoing and coordinated training and technical assistance, and recognize, reward, and empower leaders who demonstrate to others how people across the lifespan can be empowered and supported using person-centered services and supports.

Furthermore, the state planning described in this report will only be successful if all of the stakeholders across the state of Minnesota are actively involved in making decisions and guiding all implementation efforts. Team-based collaboration is necessary to achieve these changes with participants representing people receiving services across the lifespan, family members, caregivers, advocates, practitioners, and community members. For this reason, the state-wide plan described in this report is considered a first draft that will be expanded and modified based on feedback from stakeholders who are assisting the state in these systems change efforts. This planning process presumes that the changes that are implemented will occur across and within state systems including Direct Care and Treatment and services provided under Disability Services Division (DSD) as well other divisions (mental health, aging education, etc.).

The report will describe four major activities that will assist the state in making the vision outlined in the Olmstead Plan a reality. These tasks include:

- Creating an inventory of policies that refer to limiting the use of restraint,

seclusion or other practices and establishing best practices across state agencies related to positive support practices;

- Developing a common definition of incidents that will lead to (including emergency use of manual restraint), common data collection and incident reporting processes;
- Identifying best practices, setting service standards, and developing and delivering training and technical assistance in order to respond to a request for assistance with least intrusive service/actions; and
- Outlining recommendations for a state-wide plan to increase positive practices and eliminate use of restraint or seclusion.

The locator table (see Table 1) provides information regarding how the report addresses objectives listed in Action 3 of the Olmstead Plan. Timelines for actions in the report are aligned with the objectives listed on pages 65-67 of the Olmstead Plan report. Each section of this report describes important elements related to the four objectives including: a) the process used to establish an inventory of policies related to restrictive practices and positive strategies for increasing person-centered prevention-based interventions, b) steps taken to define key terms associated with incidents of problem behavior and positive strategies for supporting people, c) best practices in positive behavior support for large-scale technical assistance, d) a first draft of a state-wide plan to decrease the use of restrictive practices and increase person-centered prevention-based supports, e) an evaluation plan for measuring the impact of the state's implementation efforts, and f) next steps for moving forward.

Inventory of Policies and Practices

The Minnesota Department of Human Services initiated a process for creating an inventory and analysis of both restrictive procedures and positive practices across state agencies. To accomplish this task, a plan was developed to complete the inventory and analysis with input from state leads. The Minnesota Department of Human Services (DHS) (including Disability Services Division, Adult Mental Health, Aging, Alcohol and Drug Abuse Division, Children's Mental Health etc.), and the Department of Education (MDE) were identified as the first two state agencies to complete the inventory survey. The following state agencies are identified for next phase of inventory include the Department of Health (MDH), Department of Employment and Economic Development (DEED), Department of Corrections, Department of Human Rights and other state agencies identified during the inventory process. Key deliverables of the plan included:

- Identifying inventory categories,
- Creating an online inventory survey using a format accessible to state agency staff,
- Recruiting key staff to complete inventory survey,
- Launching the online survey,
- Reviewing and analyzing inventory results, and
- Identifying next steps for finalizing what will become an annual inventory assessment process.

An online inventory survey was created by the University of Minnesota ICI using Qualtrics Survey platform to collect information about current policies and practices across state agencies. Key DHS and MDE staff with policy-related expertise were recruited to assist in designing the cross-agency inventory. Staff members from DHS representing Disability Services Division, Adult Mental Health, Alcohol and Drug Abuse Division, Children's Mental Health were then recruited to participate in completing the initial survey inventory. Lead staff members from MDE were also sent a request to complete the inventory. MDE representation included key staff from Compliance and Assistance Division.

A draft of a survey that would be used to gather information for the inventory was reviewed on Oct. 3, 2014 and revisions were made to this survey on Oct 8, 2014. The inventory survey was activated on Oct. 10, 2014 and sent to identified staff who were asked to complete the survey on or before October 15, 2014. The online survey, available in Appendix A of this report, asked respondents to identify: a) policies and practices that restrict, limit, define the use of non-positive supports including approaches that are prohibited; and /or b) best practices/promising practices that support prevention of problem behavior through positive, self-directed support to people at risk. Survey details to be completed by respondents included:

- State agency and division,
- Identification of policies related to restrictive practices and promote positive, proactive strategies for preventing problem behavior,
- Identification of best practices/evidence-based practices used to address restrictive/restricted or prohibited practice and promote positive, proactive strategies for preventing problem behavior,
- Source of document including hyperlink, when applicable;
- Publication date of document and whether it's in process of being revised or updated including status;
- Identification of type of document (policy, procedure, statute/law, rule/regulation, practices manual etc.);
- Citation of state or federal regulation, statute, rule or policy, if applicable;
- Names of related documents and numbers, where applicable;
- Application of policy or practice for personnel requirements related to practices or programs;
- Definition of incidents requiring reporting and documentation;
- Information about data collection systems (how information is recorded and summarized);
- Identification of who is intended audience for policy or practice; and
- Contact information for the staff completing the inventory survey.

The result of the first dissemination of the survey is available in the Appendix A Responses from the survey and earlier work from various team members produced the initial identification of policies and practices from 25 different statutory citations; 13 rule citations; five (5) trainings and six (6) policy and practice citations. Those policies and practices identified through the inventory survey include five (5) responses identifying the policy as best practice/evidence based practice for positive supports, ten (10)

responses identifying that the policy restricts, limits, defines the use of non-positive supports such as restrictive procedures, seclusion, restraint, prohibited procedures etc. Additionally, eight (8) of the survey responses indicated that the policy or practice contained a definition of incidents that must be reported. The next step in gathering inventory information will be to reach out to state staff who can provide information about the areas of the inventory that are not completed. After the complete inventory process is finalized across DHS and MDE, the process will be expanded to other agencies.

A subset of staff members from the state-wide planning team are continuing to meet regularly to complete the inventory of DHS and MDE policies and to analyze the final results. The inventory of policies for DHS and MDE will be completed by January, 2015 and timelines for expanding the inventory to other agencies will also be reported at that time. The subset of staff working on this task will be reaching out to stakeholders to share the inventory results and the finalized inventory of policies will available online for public use. The inventory survey included questions about the definitions that are used by DHS and MDE to record significant problem behaviors. Of particular interest is how incident reports and office discipline-related terms are used to document problem behavior occurring in educational contexts, and within residential and community settings.

Unified Cross-agency Definition of Key Terms
The state team identified a list of common terms that are used across DHS and MDE in common reporting systems while the inventory survey was being completed. Clear and consistent definitions are important for establishing the data collection systems that will be used by the state but are also essential for creating a common language of prevention across the state. The following were identified by the team as examples of terms that need to be formally defined:

- reportable incidents,
- restrictive procedures/restricted procedures,
- crisis,
- emergency,
- positive supports,
- positive behavior support,
- person-centered planning,
- evidence-base practices, and
- best practices.

The first step in aligning definitions across agencies is to evaluate the extent to which these terms currently vary across DHS and MDE contexts. A grid outlining the definitions of key terms that were submitted as part of the online survey cannot be summarized until the inventory of policies are completed. However, Appendix B provides the initial organizational structure that will be used to complete this task. The same workgroup assigned to complete the inventory will continue working on the definitions in collaboration with state information technology (IT) staff and state personnel involved in incident report data collection systems. Lead staff across each

agency and representatives of stakeholder groups will be asked to provide feedback and gain consensus on the definitions as a part of a consensus-building process. Since the definitions in question will be used for evaluation and data-based decision making at the local, regional, agency-wide, and state-wide levels, the state is proceeding systematically to ensure the data collected will align with technical assistance efforts. Part of the technical assistance efforts that are implemented related to positive supports will include teaching organization-wide teams to use data to implement interventions, engage in progress monitoring, and to report decreases in incidents, crises, use of restraints and other responses associated with problem behavior. A number of important terms that will help make the vision and mission of the Olmstead plan a reality are addressed in the next section of this report including: evidence-based practices, positive behavior support, and positive support strategies, a broader term that describes a broader array of value and prevention-based practices.

Evidence-based Practices

The term, evidence-based practice, is now widely used at the federal and state levels and across many fields of study. Most of these definitions share similar features across different fields (for example, please see Table 2 and http://nrepp.samhsa.gov/AboutNREPP.aspx).

Table 2. Definitions of Evidence-based Practice Across Different Fields.

American Psychological Society	"Evidence-based practice in positive behavior support is defined as the integration of rigorous science-based knowledge with applied expertise driven by stakeholder preferences, values, and goals within natural communities of support."
Institute for Medicine	"...the integration of best research evidence with clinical expertise and patient values".
Association for Positive Behavior Support	"Evidence-based practice in positive behavior support is defined as the integration of rigorous science-based knowledge with applied expertise driven by stakeholder preferences, values, and goals within natural communities of support."

Not all current practices have fully completed the rigorous large-scale research studies necessary to be considered an evidence-based practice. Practices that are evidence-based must establish the efficacy of the approach and its applicability across the diversity of today's settings, people, and contexts. Many practices across different fields of study are still in the process of acquiring this evidence and are not yet recognized as a formally approved evidence-based practice. For this reason, the need for individual data-based decision making is essential for people and their teams to ensure that each person's services are evaluated closely.

Positive Supports as a Broader State Term for Prevention

During early discussions with state team members and other stakeholders, the importance of honoring all positive prevention-based practices used across agencies was described as an essential consideration. Person-centered planning, dialectical behavior therapy, cognitive behavior therapy, positive behavior support, trauma informed therapy, and many other practices were identified as strategies for preventing problem behavior. This conversation led to the identification of a broader term, *positive supports. The state-wide team recommends the use of positive supports as a more inclusive term referring to all practices that include the following characteristics: 1) person-centered interventions, 2) prevention of problem behavior, 3) skill-building, independence, and self-determination, and 4) interventions that focus on changing the social, emotional, and physical environment around a person (sensitivity training for staff members, increasing predictability, stability, etc.).*

Team-based action planning requires interagency teams to work together to empower an individual and his/her family in identifying the practices that will help the person achieve self-determination, independence and a high quality of life. Interventions and practices are selected to fit the unique skills, communication preferences, mental health status, and physiological and health needs of each person receiving support. The state recommends that teams evaluate practices and use data-based decision making to improve outcomes for people receiving services. One approach that naturally encourages interagency collaboration within a team-based data-based decision-making framework is positive behavior support.

National experts define positive behavior support as a set of tools and strategies incorporating: 1) valued outcomes (plans must improve the quality of a person's life and fit cultural views, skills, and resources of people implementing the plan), 2) research based on the principals of behavior, mental health and biomedical sciences, 3) validated procedures that are proven to be effective, and 4) systems change strategies to ensure supports are both effective and sustainable over time. Positive behavior support includes an assessment process that is used to identify the reason, or function, maintaining problem behavior. Once the function of the problem behavior is identified, interventions for teaching new social, emotional, and communication skills are used to prevent problem behavior. Changes in the social and physical environment are made, mental health and wellness strategies implemented, and biomedical and physiologically-base interventions are put in place to improve quality of life and decrease problem behavior.

Positive behavior support is an approach that places great importance on interagency collaboration as an essential feature necessary for effective planning and supports. Each positive behavior support plan is based on a trans-disciplinary team including the people receiving services, family members and caregivers, community representation, and professionals representing key areas of expertise who provide services across wide variety and type of services including but not limited to disabilities, mental health, education, juvenile justice, foster care and family preservation, and aging. Each professional involved in assisting a person in need of support brings a wealth of knowledge about important prevention-based practices that are complementary in nature with positive behavior support. The goal is to empower the individual and his/her family in identifying the unique supports and services needed to improve quality of life, ensure self-determination, and assist people in living meaningful lives in their own communities.

However, positive behavior support is not always necessary in all situations and settings. For instance, person-centered planning can result in significant decreases in problem behavior making a positive behavior support plan unnecessary. A person and his/her team will select the practices that are the best fit while providing evaluation data showing evidence that these practices are successful. For this reason, the state recommends that person-centered planning be implemented prior to positive behavior support. Furthermore, both person-centered planning and positive behavior support are recommended in situations where people who engage in problem behavior would benefit from applied behavior analysis, physiological and biomedical interventions, data-based evaluation, and evidence of improved quality of life outcomes. If other positive support strategies that have been implemented do not prove to be successful as a stand-alone intervention, positive behavior support should be added to a person's planning process.
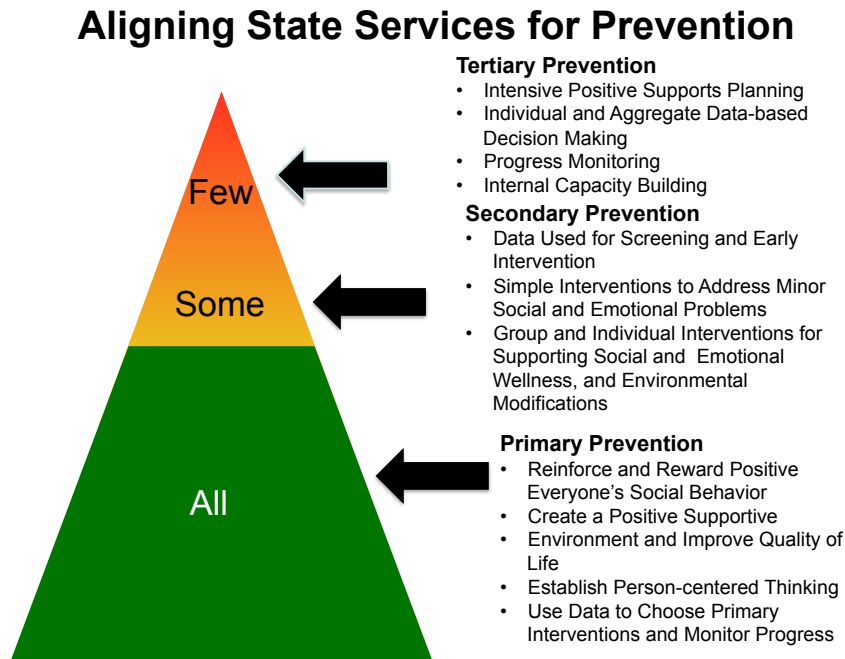
Creating a Framework for Large-scale Implementation

A unique feature of positive behavior support is its emphasis on systems change and strategies for larger scaling up implementation efforts. An interagency synthesis of research on systems change conducted by Dean Fixsen and his colleagues 2005) provides a framework for implementing large-scale technical assistance and training. Positive behavior support efforts are underway across the nation and in a growing number of countries using the information outlined by Fixsen and his colleagues. Large-scale, state-wide implementation of positive behavior support using a three-tiered prevention model is now implemented in the disability field, juvenile justice, early childhood, education, and mental health. A growing number of states are working on strategies for improving interagency communication at the state-wide level as different agencies move forward implementing technical assistance in positive behavior support.

Three-tiered Prevention of Problem Behavior. Key elements of these systems-change efforts include establishing a framework or infrastructure that will assist state teams in training, supporting, and monitoring schools and organizations involved in the implementation of three different levels of systems change (See Figure 1). The three tiered model described in this section was adopted by the World Health Organization (2004) and adapted to address the prevention of problem behavior (Gordon, 1983). The three prevention levels are described as universal or *primary prevention interventions* including practices for promoting person-centered environments and encouraging positive social communication among staff members and people receiving services. At the primary prevention level, teams use data to guide decision making and monitor progress. S*econdary prevention strategies* involve the use of data for early identification and intervention to support people who are at risk for engaging in more serious problem behavior. *Tertiary prevention systems* provide intensive and individualized person-centered planning, positive behavior support, and other practices that will assist people who do not respond to primary and secondary interventions. An important element of positive behavior support at each prevention level is the use of data for decision making. Trainers using a three-tiered model for preventing problem behavior teach organization-wide teams to use data on a regular basis to change inservice and preservice training, improve management, increase or modify supervision, and tailor services and supports for people receiving services. *The state-wide team recommends the use of the implementation framework used to implement positive behavior support but will broaden*

the goals of this infrastructure by using it as a vehicle for implementing the broader array of positive support practices that are identified within state-wide planning processes.

Figure 1. Aligning State Services with a Three-tiered Prevention Model.

Aligning State Services for Prevention

Tertiary Prevention
- Intensive Positive Supports Planning
- Individual and Aggregate Data-based Decision Making
- Progress Monitoring
- Internal Capacity Building

Secondary Prevention
- Data Used for Screening and Early Intervention
- Simple Interventions to Address Minor Social and Emotional Problems
- Group and Individual Interventions for Supporting Social and Emotional Wellness, and Environmental Modifications

Primary Prevention
- Reinforce and Reward Positive Everyone's Social Behavior
- Create a Positive Supportive
- Environment and Improve Quality of Life
- Establish Person-centered Thinking
- Use Data to Choose Primary Interventions and Monitor Progress

(Pyramid labels: Few, Some, All)

Organization-wide Team-based Planning. The goal of positive behavior support at an organizational level is to teach people receiving services, staff members, administrators, and family and community members to work together to solve problems (for example, how do we improve staff training, increase positive reinforcement, become more sensitive to past trauma, accommodate mental health issues, etc.). Consensus building and buy-in increases when all individuals within a setting contribute to important decisions that are made. This empowering message combined with data for progress monitoring, commitment to continuous improvement, troubleshooting, and celebration of success provides a powerful model for building community. Organization-wide teams choose to participate in positive behavior support knowing it requires a long-term commitment. Administrator leadership and direct participation is essential to the change process. Buy–in and consensus-building processes using a team approach and all individuals (people receiving services, staff, management, family members, etc.) within a particular setting increases the likelihood of effective implementation. Regular team meeting processes employ the use of data to drive action planning over time. Positive reinforcement systems are used to acknowledge and recognize staff members' efforts in improving a person's quality of life, encouraging independence, and facilitating meaningful friendships with others. In some organizations, people receiving services actively reinforce staff members they observe engaging in positive person-centered actions.

Agency-wide Coordination. Figure 2 shows how state-wide agency teams are organized to produce large-scale coordination of positive behavior support. The purpose of the agency-wide team is to provide oversight and coordination of technical assistance to organizations learning to make fact-based, data-based decisions for improving outcomes for the people they serve. The data collected by these organizations are summarized at the agency-wide team with an emphasis on using these data in a manner that is dedicated to the ethical principles associated with continuous services and personal improvement. State-wide leadership teams coordinating the implementation of positive behavior support within one service area (e.g. education, mental health, etc.) ensure open communication and transparent processes are established by recruiting people who represent important stakeholders. Examples of stakeholders include people receiving services, family members, administrators, managers, professionals, community members, higher education, and anyone else who represents an important stakeholder associated with services within a particular agency context. Figure 2 describes the important roles of the leadership team. Teams meet on a regular basis to ensure funding is available for technical assistance efforts, there is visibility and awareness of the positive behavior support efforts taking place (website, newsletters, board presentations, community outreach), technical assistance content is in place, and policies are aligned with best practices. Interagency systems are established to improve coordination of services and communication.

The leadership team establishes the curriculum needed for technical assistance with an agency-wide coordinator taking on the role of ensuring training events are organized, handling logistics related to state-wide meetings, and prompting organizations to collect and submit data for reporting purposes. The coordinator supports and monitors coaches who work within each organization to ensure that organization-wide teams are meeting, action plans are moving forward, and data are being collected and submitted. The evaluation process is monitored through the agency-wide team with the coordinator working with coaches to collect data regularly and to assist in problem solving when issues arise.

An immediate consideration for most organizations is the need to train professionals who will facilitate positive behavior support plans as well as other positive support strategies and who will, over time, take on the role of inservice and preservice preparation within the organization. It takes time for people to become confident facilitating positive behavior support. For this reason, organizations are encouraged to start training professionals to facilitate positive behavior support immediately, plan for unexpected staff attrition, and provide staff incentives for participating in intensive positive behavior support facilitator training.

Internal Organizational Capacity for Positive Support. The state team recommends that an investment of intensive positive support facilitator training should occur with evaluation methods put in place and monitored over time to provide evidence that outcomes are improving for people receiving services. The team is now discussing intensive training needs for a number of positive supports and identifying the types of instruction that will be needed to build capacity across the state. Positive behavior support and person-centered planning facilitator training will be selected as practices that will be used to pilot the first implementation efforts. Evidence provided by person-centered positive behavior support facilitators include: direct observation data collected

across baseline, intervention, and follow-up phases for problem behavior as well as for social behavior intended to help an individual achieve a self-determined lifestyle, evidence of improved quality of life, and survey data that show that the plan meets the needs of family members, caregivers, and other people who implement the positive behavior support plan.

Figure 2. Establishing Technical Assistance Systems to Ensure Effective Sustainable Implementation.

Creating an Infrastructure
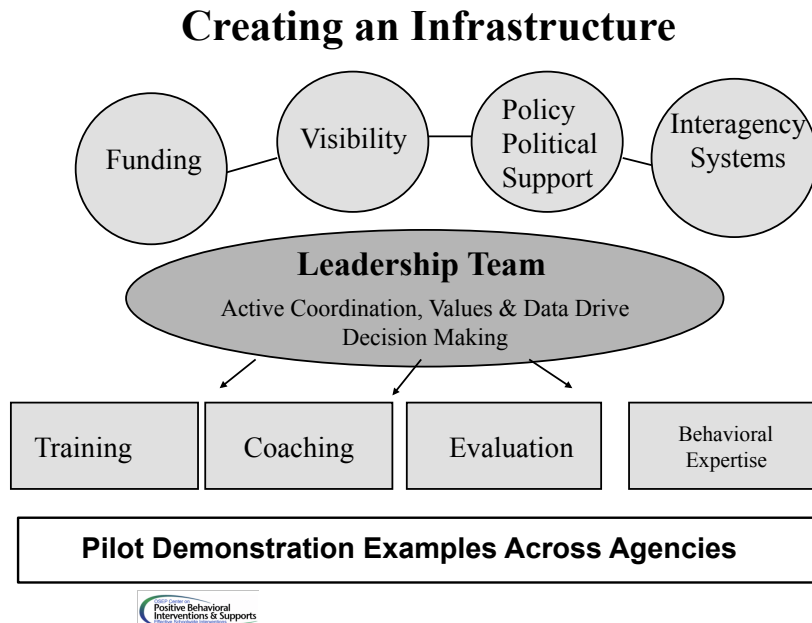
Adapted From: Sugai, G., Horner, R., Sailor, W., Dunlap, G., Eber, L., Lewis, T., Kincaid, D., Scott, T., Barrett, S., Algozzine, B., Putnam, B., Massanari, C., & Nelson, M. (2005). *School-wide positive behavior support: Implementers' blueprint and self-assessment.* T echnical Assistance Center on P ositive Beha v-ioral Interventions and Supports.

Reinforcement and Recognition. An important role of the agency-wide team is to consider strategies for reinforcing organization-wide efforts that are successful implementing positive behavior support and can show evidence that incident reports and the use of restrictive procedures are decreasing while positive support strategies are increasing over time. Currently, many individuals associate sharing of data with punishment. This can occur when systems focus more on remediation rather than on encouraging the use of positive supports by the organization. Teaching organizations to use data to monitor and celebrate progress can increase the perceived value of data. Nationally, agency-wide teams have established benchmarks for organizations to reach by providing data summaries with incentives tied to key accomplishments. In some states, organizations receiving these "bronze, silver, and gold" awards create friendly competition with other organizations and are a cause for celebration. Creating opportunities for organizations to meet annually to report successes, celebrate progress, problem solve together, and share resources provides another type of reinforcement that can bolster implementation efforts. Annual conferences or meetings that allow organization-wide teams, coaches, and mentors to come together in this manner is an

important way in which to establish a positive culture of innovation and changes the way in which people perceive the use of data. Sending champions, mentors, and coaches to annual positive support-related conferences for ongoing learning is yet another example of how some states have considered reinforcement systems at a state-wide level. While punishment for organizational misbehavior is necessary at times, the use of reinforcement and recognition for positive implementation efforts can increase motivation and morale.

State-wide Coordination. States with more than one agency implementing scaling up methods for positive behavior support often form an overall state-wide interagency team including coordinators representing state agencies that are implementing positive behavior support, state leaders, professionals representing major prevention efforts (e.g. positive supports), people receiving services, family members, higher education professionals, state policy professionals, non-profit community leaders, and any other representation that will further the team's action planning efforts. The goal of the interagency team is to establish a common language for prevention efforts, leverage limited state resources, align state-wide technical assistance, and summarize evaluation data for policy, funding, and state reporting issues. A number of states currently maintain interagency state-wide teams. However, since state systems are unique, these teams vary in vision, mission, and overall action planning efforts.

Minnesota's State-wide Implementation Plan

The best practice information described in this report was used to establish a state-wide action plan for implementing positive supports. *This report will refer to positive behavior support when discussing the infrastructure for establishing technical assistance systems and data collection processes but will consider the broader term positive supports when discussing all content and practices that will be disseminated via the technical assistance efforts that take place.* The information in this report sets the stage for future legislative requests that will drive technical assistance efforts. The state will re-allocate existing funds working smarter not harder to implement the action plan. The information in this report will be used to guide implementation efforts and to move forward using funds that are available. The scale, progress, timeline, and impact of these efforts across the state will determined by the ability of the state-wide team to acquire the funds necessary for moving forward.

An initial interagency team was formed to begin state-wide planning with the understanding that more individuals representing different stakeholder groups will be recruited once the October 22, 2014 report is complete. The team that met to create the initial state-wide report included state personnel at the Department of Human Services' Disability Services Division, the Adult Mental Health Division, the Alcohol and Drug Abuse Division and the Division of Direct Care and Treatment at the Department of Human Services as well as Positive Behavior Support professionals from the Minnesota Department of Education. The goal of this team was to report on the actions already taken by the state across the four main tasks outlined in the introduction (inventory, definitions, best practice, and state-wide report) and to design a communication infrastructure and implementation plan that would allow for systematic growth of positive supports across agencies in Minnesota.

Figure 2 shows a second part of the overall infrastructure. Regional, agency-wide, county-wide, and the interagency state-wide teams will use the leadership model

described in Figure 2 as a way to guide implementation efforts. At the bottom of Figure 2, pilot demonstration exemplars are considered a helpful feature for launching positive behavior support. The state's efforts to implement positive supports will be more successful when there are organization-wide teams sharing success stories and providing examples of exemplary implementation using data to evaluate progress. Agencies involved in the first implementation efforts, aging, disabilities, mental health, and education will begin action planning at county-wide and region-wide levels. Each agency will have a unique plan with targeted positive supports that will be implemented. The agency-wide teams will establish exemplary organization-wide demonstrations and create a plan for taking these efforts to scale across the state.

Development of Roles and Responsibilities. The state is already implementing technical assistance across a number of positive support practices. These technical assistance efforts use terms to describe the implementation process with clear roles and responsibilities and terms used for types of trainers. The term "coach" and "mentor," for instance, are used within the training person-centered planning. The state-wide team will work with already existing implementation efforts like person-centered planning to establish the overall technical assistance infrastructure and to define key terms within the overall infrastructure including:

- Organization-wide, county-wide, region-wide, and state-wide teams,
- Coordinators who guide meetings, provide oversight at regional, agency-wide, and state levels, and assist in gathering and summarizing data,
- Coaches who assist individuals within their organizations to implement positive supports, and
- Mentors who provide training to individuals within organizations.

Consistent use of terms such as coaches, mentors, etc. will improve consistency of communication across state training efforts and streamline communication at organization-wide, county-wide, region-wide, and state-wide levels.

Regional Teams and Facilitation. Regional teams are recommended as an addition to the Minnesota technical assistance system. This regional team model will encourage interagency collaboration and improve communication across agencies. The regional teams will include broader goals for improving service coordination and communication. Regional Coordinators will be added to the Minnesota state-wide infrastructure with the role of facilitating regional action plans, assisting in oversight of training systems, and gathering data for regional decision making. The number and types of organizations in each region will vary depending on the number and type of organizations that choose to participate each year.

Since Minnesota school-wide PBS is already in progress, implementation efforts in education will be tailored to meet the unique needs of each region. In some regions, exemplary school coaches and teams will be able to assist in regional training and supports. For example, in some states, new coaches from outside agencies will visit with school coaches spending time observing how similar tools and procedures are used in education. This helps coaches from the different agency learn more about the universal elements of the training and contributes to cross-agency awareness. Coaches then return to their own trainer/mentors and learn how to use similar types of tools in mental health

settings, nursing homes, residential settings or employment contexts. Taking advantage of the strengths of the current positive behavior support implementation in education is an opportunity unique to Minnesota's state-wide planning efforts. This strength-based approach to organization-wide training will help model the importance as it is applied to each field.

Establishing Communities of Practice. The state-wide team will use communities of practice across many levels of the infrastructure for Minnesota's technical assistance efforts. The goal of the large-scale technical assistance efforts will be to ensure that organization-wide teams can identify the unique needs within local and regional contexts. This information is used to initiate, organize and facilitate local communities of practice events. Examples of community of practice events include self-advocate led learning opportunities, meetings for families interested in learning more about positive supports, or interagency meetings held to share information about positive support resources available within the community. Each coaching level within the Minnesota technical assistance efforts (state agency coordinators, regional coaches, organization-wide coaches) will form a community of practice with events scheduled to encourage ongoing learning, troubleshoot together, and share ideas about implementation efforts. Individuals who learn to facilitate specific positive support strategies will form another type of community of practice. Individuals who participate in facilitator-level communities of practice continue learning about the new research strategies, systems change approaches, and other information that can be used to continuously improve services for people across the state.

Gradual Expansion of Agency-wide Coaching. State coordinators who will oversee implementation in mental health, DSD, and aging will be recruited as a first step in building an infrastructure for positive behavior support implementation. Training and supports will be provided to new state coordinators as initial implementation steps are taken within their agency. State-wide coordinators will learn to communicate regularly with regional coaches, facilitate agency-wide action planning to gradually expand the number of organizations participating, and assist in summarizing data for state-wide action planning purposes. Early training steps will include inviting the current state-wide school-wide positive behavior support coordinator to present to new agency coordinators. Training systems will be created in each agency starting positive support implementation. Each agency will have the opportunity to ensure that the tools and larger positive supports curriculum needed are organized for implementation. By August, 2015, action plans for implementation will be established for aging, mental health, and DSD and a tailored expansion plan will be in place for education as it continues its implementation efforts. Each organization recruited will be asked to prepare for training by identifying a coach, establishing a team, and completing a readiness assessment that includes clear administrator buy in and support for implementation of positive behavior support. Prior to August, 2015, the agency coordinators will work with the interagency state-wide team to recruit organizations within five regional teams as a first step in the implementation process.

Mentors and Local Champions. Mentors are also considered an important element within the Minnesota State-wide plan. Although similar, coaches and mentors have different roles within the implementation process. Coaches prompt organization-wide teams to schedule and record meetings, work with the team to collect and submit

data, and communicate with agency-wide team coordinators. Mentors provide training to coaches and organization-wide teams with guidance provided on an ongoing basis throughout the implementation process. Mentors will be identified and recruited over time through a variety of methods to ensure that ongoing technical assistance and training will continue in a sustainable manner at the local level. For instance, professionals who complete intensive positive behavior support facilitator training, coaches who show extraordinary skills supporting people who are learning new skills, regional professionals who might take on an autonomous role in facilitating regional team meetings are all examples of future mentors within the overall state-wide plan. The role of the state-wide team is to actively seek out and enroll individuals to champion state-wide efforts and to monitor the growing number of professionals who are assisting in overall state-wide efforts. *As mentioned earlier, the terms used to refer to individuals who provide training and mentoring in different contexts will be aligned with current terms that are used in technical assistance efforts.*

Data-based Decision Making. Data will be collected at the organizational level using the state's incident reporting system as a key mechanism for gathering and sharing data. Incident report data will include information about the events occurring including average incidents per day per month, types of problem behavior, time of problem behavior, the person for whom the incident was written, other people involved in incidents, and location of problem behavior. Other data will be included such as restraints used, police or legal contacts, and contextually relevant terms such as in and out of school suspension, acute care short-term stays, or emergency room visits. Organization-wide teams will also learn to collect other types of data to guide decision making including staff attrition, and climate surveys for staff members and people receiving services. A statistical measure that will assist the state in making comparisons will be identified. For instance, office referral data are often organized using "incident reports by 100 students". This allows for comparisons to be made across larger and smaller organizations across the state. The state-wide interagency team will work with IT staff to establish summaries of incident report data for teams at the organization-wide, regional, agency-wide, and state-wide levels. Table 3 describes the types of data that will be used by different teams for decision-making purposes. The next section of this report describes how the state-wide plan will be organized and evaluated using a logic model to describe the details related to implementation efforts.

Aligning State Services to a Three-tiered Prevention Model. In addition to establishing a system for implementing technical assistance in positive supports across agencies, the state-wide team will assess how funds, services, training and technical assistance, and other resources are used to address primary, secondary, and tertiary prevention systems. The team will complete the prevention triangle for each agency with assistance from representative stakeholders, identify gaps in the types of prevention-based services that exist, and closing them by changing policy.

Table 3. Types of Data Used by Teams for Decision Making.

Teams Implementing Action Plans	Types of Data Summarized
Organization-wide Teams **(Examples Include Schools, Districts, Residential Support, Supported Employment, Mental Health Centers)**	• Action Planning Evaluation (What the Organization Achieved) • Incident Reports • Restraints and Crisis Events • Injuries, Emergency Room Visits • Acute Care/ Restrictive Settings • Climate Data Related to People Receiving Services and Staff • Fidelity of Implementation • Individual Support Plans Evaluated and Aggregated Attrition, Workers Compensation
County Teams	• Action Planning Evaluation (What the County Teams Achieved) • Number and Type of Organizations within County • Growth Patterns for Organizations by County • Summary of Implementation Outcomes and Fidelity of Implementation *Across County Agencies* • Individual Support Plans Evaluated and Aggregated
Regional Teams **(Interagency Regional Teams)**	• Action Planning Evaluation (What the Regional Teams Achieved) • Number and Type of Organizations per Region • Growth Patterns for Organizations by Agency • Summary of Implementation Outcomes and Fidelity of Implementation *Across Agencies* • Individual Support Plans Evaluated and Aggregated
Agency-wide Teams **(Mental Health, Aging, DSD, Education)**	• Action Plan Evaluation (What the Agency Teams Achieved) • Number of Organizations implementing Within Each Agency • Growth Patterns for Organizations *by Region* • Summary of Implementation Outcomes and Fidelity of Implementation *Across Organizations and Regions* • Individual Support Plans Evaluated and Aggregated *by Organization and Region*
State-wide Interagency Team **(Responsible for Oversight of Entire System)**	• Action Plan Evaluation (What the State-wide Team Achieved) • Growth Patterns for Organizations *Across Agencies and Regions* • Summary of Implementation Outcomes and Fidelity of Implementation *Across Agencies* • State-wide Summary of Implementation Outcomes and Fidelity of Implementation • Individual Support Plans Evaluated and Aggregated *by Organization, Region, State*

The goal will be to assess whether additional waiver services, training systems, data collection and progress monitoring systems, or other resources are needed to ensure that each agency provides services addressing primary, secondary, and tertiary prevention. Actions will be taken to ensure that each agency has outlined a three-tiered prevention model with positive support practices addressing each prevention level.

The meetings that takes place to gather this information will provide state personnel with an opportunity to gather information from key stakeholders about: the overall state-wide plan, progress made on developing an inventory of policies, thoughts related to building common definitions for key terms, as well as the types of positive support practices that are unique to each particular agency. Strategies for continuing to disseminate information across each agency will be discussed as well. The information that is gathered will be brought back to the state-wide team and a plan for continuing to reach out via various marketing and awareness strategies will be established. In the next section of this report, the way in which the state-wide team will implement the overall state-wide planning goals and objectives are described.

Logic Model and Outcome Measures
The state-wide team met during the month of October, 2014 to outline the draft of a state-wide plan. Special attention was given to how this state-wide plan would be organized and linked to the infrastructure for technical assistance and to the alignment of services across a three-tiered prevention model. The first step taken was to create a logic model to summarize the major elements associated with implementation and evaluation of the state-wide plan.

Description of Logic Model. A logic model provides a helpful framework for implementing positive supports (see Figure 3). This particular logic model in Figure 3 summarizes the major details while Appendix D contains a more detailed description of state-wide planning. The word "Context" is written in a vertical band on the left hand side of this visual. Due to page/figure size constraints, details related to important contextual elements of Minnesota's state-wide planning are summarized in this report. In program development and evaluation terms, "Context" refers to the political, fiscal, social, and organizational settings and situations that, collectively, constitute the broader cultural environments ("Contexts") in which programs operate (i.e., the historical, contemporary and future influences that are expected to support or hinder the anticipated inputs, implementation, reach, and/or outcomes for Minnesota's state-wide plan). The first main column of the logic model starting on the far left hand side of Figure 3 describes how and to what extent a state-wide team uses and/or allocates its resources, described as "Inputs" in the first main column. The goals that will be put into place are listed in the second column called "Implementation". The third column describes the people the state-wide plan intends to impact, referred to as "Reach". The "immediate", "intermediate", and "longer-term" outcomes are then listed as they relate to the implementation goals listed in column two.

"Impacts," refer to the broader changes that occur due to implementation of a project. Contextual features can influence these potentially larger-scale "Impacts" of a program in ways which can affect larger-scale quality well beyond that of program participants. In order to draw meaningful conclusions or make judgments about the efficiency, fidelity of implementation, and/or effectiveness of Minnesota's state-wide

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planning efforts, it is first necessary to understand the contextual features that have influenced its conception, development, implementation, and outcomes. The next section of the report provides a summary of each of the elements of the logic model starting with context.

Context. The Olmstead plan and efforts to decrease the use of restrictive procedures is an important contextual feature influencing the state-wide plan for implementing positive supports. The pressure to implement key action-planning goals by specific timelines already guide the state's efforts to decrease restrictive practices and increase proactive and prevention-based efforts. The emphasis on the development interagency and common policy and procedures is an important contextual feature to state-wide planning and works well with what is known about improving outcomes for people in need of positive supports. Focusing on interagency systems and a common language for prevention can be seen as a contextual strength for implementation. Currently, there are not enough professionals who have experience facilitating positive supports such as person-centered planning, trauma informed thinking, positive behavior support, and other important practices. This contextual feature must be considered within the planning process. The other issue discussed by some state-wide team members was that it would be important to ensure that within agency contextual issues would be addressed to ensure that communication and collaboration would occur *within* agencies as well as *across* the different state agencies.

Inputs. The Minnesota state-wide team benefits from a number of resources that can be used within the action planning process. There are a number of stakeholders who can participate in and contribute to the planning process. These stakeholders represent people across the lifespan who receive one or more services from the state. Family and community members, state professionals across agencies, university and college professionals, practitioners and providers, and individuals with a background in positive supports. A variety of funds can be leveraged or added to state-wide planning efforts. For instance, the State-wide School-wide Positive Behavior Support team has funding for current implementation efforts and provides a helpful model for other agencies moving forward. State-wide FTE dedicated to issues related to behavioral support can be helpful when thinking how to "work smarter, not harder" with existing funds. There are also state-wide and national resources that can be used to assist in the implementation of positive supports. Several universities are moving forward with training and technical assistance related to positive supports and online resources are available to providers across the state. The International Association for Positive Behavior Support encourages members to share ideas, tools, and resources with individual networks often collaborating in different ways on state-wide planning related tasks.

Implementation. Six implementation goals were identified and outlined in Figure 3. These goals include:

1) Establishing Technical Assistance Infrastructure Across Agencies,

2) Designing and Implementing Strategies for Data-based Decision Making and Evaluation,

3) Creating a Marketing Plan for Increasing Awareness of Positive Supports Across the State,

4) Expanding Preservice and Align Inservice Training Systems State-wide,

5) Developing and Maintaining an Inventory of Policies Related to Restrictive Practices and Positive Supports, and

6) Expanding Interagency Crisis Prevention Planning.

Each implementation goal is broken down into further objectives with strands of immediate, intermediate, and long-term goals documented to show how the timeline and impact of action planning over a five year period of time. Appendix D provides more detailed information about outcomes that are targeted for implementation based on funding allocated for these tasks.

Reach. The individuals and organizations that the state-wide team will reach out to are listed in the third column of Figure 3. A number of agencies will start the implementation and planning process first. These agencies include: aging, education, disabilities, and mental health. Once the framework for implementing positive supports technical assistance is established and large-scale implementation is initiated, additional agencies will be added to the technical assistance efforts. The agencies that will follow the "First Step" agencies as part of the "Expansion of Reach" includes: Department of Corrections, DEED, Department of Health, Human Rights, the Courts, and ombudsman. The variety of stakeholders that will be involved in the planning process includes people receiving services across the lifespan, family and members, practitioners across services, legal professionals (judges, police, attorneys, etc.), and higher education.

Immediate Intermediate, and Long-term Outcomes. Figure 3 is also organized so that the immediate, intermediate, and long-term outcomes are considered across pathways associated with the main implementation goals. For instance, the technical assistance planning occurring with the first step agencies (aging, disabilities, education, and mental health) is in place within the first six months. By the first few years, pilot demonstrations that provide evidence of the effectiveness of the state's efforts are provided at the organizational level and with individual positive behavior support plans within those organizations. This means that the people receiving services (living, working, and learning) within those settings are reporting that they are happier, that they have more opportunities for making choices, engaging in self-determined actions that are meaningful to them, and that their quality of life has been impacted due to the implementation efforts taking place. Individual PBS plan summaries would provide evidence that restrictive procedures are decreasing and that the lives of people who have experienced challenges within their settings are improving over time.

The state-wide team will form workgroups to ensure that the implementation details outlining immediate, intermediate, and long-term goals and objectives (see the Appendix D for more information) for all six of the main implementation efforts are achieved. Workgroups will be assigned a state staff person to take on the role of Chairperson although Co-chairs also may represent other stakeholder groups. Teams will include representation across diverse stakeholder groups and anyone who learns about the planning process and is interested in joining a workgroup will be encouraged to contact the state-wide team coordinator. The coordinator will make sure that each workgroup has an adequate number of team members.

Figure 3. Minnesota's State-wide Planning Logic Model.

Minnesota Statewide Plan Logic Model: 2014-2019

CONTEXTS | IMPACTS

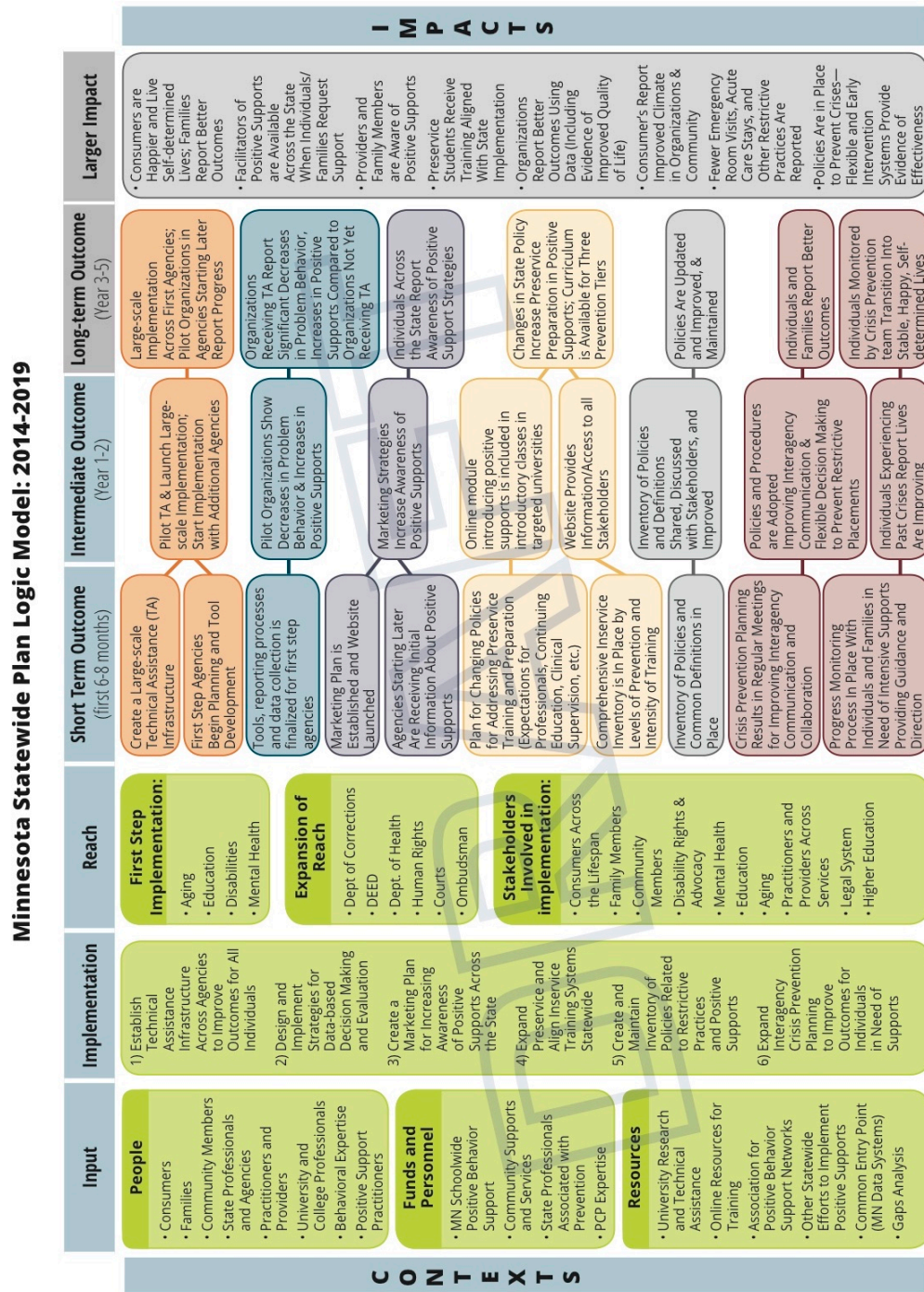| Input	Implementation	Reach	Short Term Outcome (first 6-8 months)	Intermediate Outcome (Year 1-2)	Long-term Outcome (Year 3-5)	Larger Impact
People • Consumers • Families • Community Members • State Professionals and Agencies • Practitioners and Providers • University and College Professionals • Behavioral Expertise • Positive Support Practitioners **Funds and Personnel** • MN Schoolwide Positive Behavior Support • Community Supports and Services • State Professionals Associated with Prevention • PCP Expertise **Resources** • University Research and Technical Assistance • Online Resources for Training • Association for Positive Behavior Support Networks • Other Statewide Efforts to Implement Positive Supports • Common Entry Point (MN Data Systems) • Gaps Analysis	1) Establish Technical Assistance Infrastructure Across Agencies to Improve Outcomes for All Individuals 2) Design and implement Strategies for Data-based Decision Making and Evaluation 3) Create a Marketing Plan for Increasing Awareness of Positive Supports Across the State 4) Expand Preservice and Align Inservice Training Systems Statewide 5) Create and Maintain Inventory of Policies Related to Restrictive Practices and Positive Supports 6) Expand Interagency Crisis Prevention Planning to Improve Outcomes for Individuals in Need of Supports	**First Step Implementation:** • Aging • Education • Disabilities • Mental Health **Expansion of Reach** • Dept of Corrections • DEED • Dept. of Health • Human Rights • Courts • Ombudsman **Stakeholders Involved in implementation:** • Consumers Across the Lifespan • Family Members • Community Members • Disability Rights & Advocacy • Mental Health • Education • Aging • Practitioners and Providers Across Services • Legal System • Higher Education	Create a Large-scale Technical Assistance (TA) Infrastructure First Step Agencies Begin Planning and Tool Development Tools, reporting processes and data collection is finalized for first step agencies Marketing Plan is Established and Website Launched Agencies Starting Later Are Receiving Initial Information About Positive Supports Plan for Changing Policies for Addressing Preservice Training and Preparation (Expectations for Professionals, Continuing Education, Clinical Supervision, etc.) Comprehensive Inservice Inventory is in Place by Levels of Prevention and Intensity of Training Inventory of Policies and Common Definitions in Place Crisis Prevention Planning Results in Regular Meetings for Improving Interagency Communication and Collaboration Progress Monitoring Process In Place With Individuals and Families in Need of Intensive Supports Providing Guidance and Direction	Pilot TA & Launch Large-scale Implementation; Start Implementation with Additional Agencies Pilot Organizations Show Decreases in Problem Behavior & Increases in Positive Supports Marketing Strategies Increase Awareness of Positive Supports Online module introducing positive supports is included in introductory classes in targeted universities Website Provides Information/Access to all Stakeholders Inventory of Policies and Definitions Shared, Discussed with Stakeholders, and Improved Policies and Procedures are Adopted Improving Interagency Communication & Flexible Decision Making to Prevent Restrictive Placements Individuals Experiencing Past Crises Report Lives Are Improving	Large-scale Implementation Across First Agencies; Pilot Organizations in Agencies Starting Later Report Progress Organizations Receiving TA Report Significant Decreases in Problem Behavior, Increases in Positive Supports Compared to Organizations Not Yet Receiving TA Individuals Across the State Report Awareness of Positive Support Strategies Changes in State Policy Increase Preservice Preparation in Positive Supports; Curriculum is Available for Three Prevention Tiers Policies Are Updated and Improved, & Maintained Individuals and Families Report Better Outcomes Individuals Monitored by Crisis Prevention team Transition Into Stable, Happy, Self-determined Lives	• Consumers are Happier and Live Self-determined Lives; Families Report Better Outcomes • Facilitators of Positive Supports are Available Across the State When Individuals/Families Request Support • Providers and Family Members are Aware of Positive Supports • Preservice Students Receive Training Aligned With State Implementation • Organizations Report Better Outcomes Using Data (Including Evidence of Improved Quality of Life) • Consumer's Report Improved Climate in Organizations & Community • Fewer Emergency Room Visits, Acute Care Stays, and Other Restrictive Practices Are Reported • Policies Are in Place to Prevent Crises—Flexible and Early Intervention Systems Provide Evidence of Effectiveness

Figure 4 describes the communication infrastructure that will be used to monitor the state-wide plan and to ensure data are used for decision making. There are a four groups meeting at the state level related to implementing the Olmstead plan: DHS Olmstead Steering Committee, Olmstead Agency Leads, Interagency Committees (addressing topics including, for example, the Employment Interagency Leadership Panel), and Olmstead Sub-cabinet. Figure 3 demonstrates how the Interagency State-wide Team will form a hub of communication with information coming from each of the six workgroups and from the Minnesota Olmstead Planning teams. The state-wide team will meet quarterly with workgroups meeting schedules meeting more frequently in order to report progress on the action plan outlined in the Appendix D at the quarterly state-wide meetings. The coordinator of the state-wide meeting will share information with the three Olmstead committees and will ensure that information is shared with the state-wide team and each of the workgroups.

Figure 4. Communication and Feedback Systems for Interagency State-wide Positive Supports Planning

Draft of Statewide Communication Systems
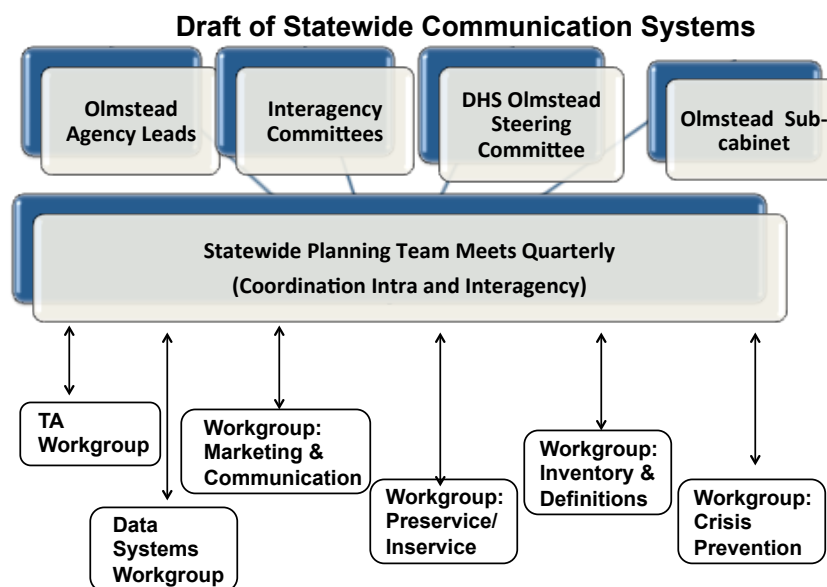
The workgroup associated with data collection systems will work closely with the technical assistance workgroup to ensure that the data entered into the state monitoring system can be summarized and shared at the organizational, regional, agency, and state-wide levels. In addition to quantitative data gathered using the state's data collection systems, qualitative information will gathered to ensure that people receiving services and their families or caregivers will be able to communicate their perspectives on an ongoing basis. The state has a number of surveys and quality of life measures that are already in the planning stage. The workgoup responsible for data collection will gather information about the various activities already planned and ensure that all elements of

the state-wide planning process will include opportunities to gather information from people receiving services and other stakeholders. This information will be used to ensure that the state-wide planning, technical assistance and training, marketing and communication, preservice training, crisis management systems will be guided by people receiving services across the state of Minnesota.

Impacts. This essential element of the logic model is referred to as "Impacts" and is visible in Figure 3 as a vertical band on the right hand side of the logic model. Impacts are the results of a project that goes well beyond long-term outcomes and reflect the larger shifts that may occur as a result of the implementation efforts. The impacts of programs can be positive, whether planned or unplanned, or impacts can be well intended, but ultimately counter- productive ("iatrogenic") in nature. The challenge of the state-wide team is to ensure that all elements of the implementation efforts described here encourage people to participate in the implementation of positive supports and seek strategies to decrease restrictive practices. As Fullan (1993) stated most eloquently, "You can't mandate what matters... the more complex a change effort is, the less likely you can force individuals to become involved in the process" (p. 21). For this reason, the state will work diligently to establish positive and proactive strategies for encouraging participation, collaboration, and consensus-building strategies throughout all elements of the implementation process. Systems change research highlights the need to establish champions at all levels within systems. This means that everyone is important and plays an essential role in systems change. The state will seek out champions of positive supports across the state of Minnesota and encourage these individuals to become leaders within their region of the state. Strategies for rewarding organizations and individuals who champion the positive supports efforts will be considered as an essential part of the state-wide planning process. Individuals who are recruited to participate in intensive person-centered planning or positive support training will be recognized and rewarded for participating in these certification processes and the state-wide team will seek out ways to ensure these trainings are considered essential requirements for organizations. In summary, the goal will be to model the behaviors that are expected by the same practices recommended in positive prevention-focused efforts with the people we expect to change their behaviors as part of the implementation process. Practitioners, administrators, and community members respond to the same respectful, positive and proactive approaches we demand are used with all people who receive services.

Next Steps

Many of the tasks reflected in this state-wide plan are already being implemented by professionals representing state, university, and other stakeholders. The goal of this state-wide plan is to create a communication infrastructure to ensure that information is shared systematically and action-planning efforts are streamlined. The first steps taken by the state-wide team is to recruit workgroup chairs and initial team members for each of the six major implementation tasks. Some of these workgroups are already operational even though a full workgroup with stakeholder representation has not yet been achieved. For instance, the group involved in policy inventory and definition of common terms have completed the initial assessment and are conducting further work to establish a system for refining and maintaining the inventory of polices. While some workgroups are already moving forward, the goal is to launch all workgroups and achieve one or more

meetings within each workgroup before January, 15, 2015. Quarterly state-wide team meetings will be scheduled for November, 2014 January, 2015 April, 2015, and July, 2015. The first full meeting with a more representative stakeholder group will occur by January, 2015. A plan for sharing information about this state-wide plan, the work mentioned earlier related to establishing common terms, and details about the policy inventory will also be in place by January, 2015

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World Health Organization (2004). *Prevention of mental disorders: Effective interventions and policy options*. Gevena: WHO

Appendix A

Progress Defining Common Terms

The following statutes, rules, policy and practices was identified by DHS staff to be
included in inventory survey.

Identified For Inventory
Statutes:
Minnesota Statute 245D Home and Community Based Services Standards
     Protection Standards 245D.06
     Emergency Use of Manual Restraint 245D.061
     Service Planning and Delivery; Intensive Supports 245D.071
Minnesota Statute 245.8261 Restrictive Procedures Planning and Reporting (Mental
health services for children)
Minnesota Statute 125A.094 Standards for Restrictive Procedures (Schools)
Minnesota Statute 125A.0941 Standards for Restrictive Procedures (Definitions)
Minnesota Statute 125A.0942 Standards for Restrictive Procedures (Standards)
Minnesota Statute 121A Students Rights, Responsibilities and Behavior
     Exclusion and expulsion of pupils with a disability 121A.43
     Corporal Punishment - Banned 121A.58
     Student Discipline; Reasonable Force 121.582
     Discipline and Removal of Students from Class 121A.61
     Removal by Peace Officer – Specifically for Students with IEP's 121A.67
Minnesota Statute 245.461 Minnesota Comprehensive Adult Mental Health Act; Policy
and Citation
Minnesota Statute 245.487 Minnesota Comprehensive Children's Mental Health Act
Citation; Declaration of Policy; Mission
Minnesota Statute 245A.66 Requirements; maltreatment of minors
Minnesota Statute 252A.111 Powers and Duties of Public Guardian or Conservator
Minnesota Statute 253B Civil Commitment
Minnesota Statute 256B Medical Assistance for Needy Persons
Minnesota Statute 524.5-101 to 524.5-502 Uniform Guardianship and Protective
Proceedings Act
Minnesota Statute 6090.255 False Imprisonment
Minnesota Statute 626.566 Reporting of Maltreatment of Minors
Minnesota Statute 626.557 Reporting of Maltreatment of Vulnerable Adults
     Definitions 626.5572

Rules:
Minn. R. 9525.2700 to 9525.2810 (formerly known as Rule 40)
Proposed Minn. R. 9544.000-9544.0160 (Positive Supports)
Minn. R. 3525.0850 (State Policy to encourage use of positive approaches in schools)
Minn. R. 3525.2810 (Behavioral Interventions and Supports in schools)
Minn. R. 9555 Social Services for Adults
Minn. R. 9502 Licensing of Day Care Facilities
Minn. R. 9520 Mental Health Services

Minn. R. 9503 Child Care Center Licensing
Minn. R. 2960 Licensure and Certification of Programs for Children

Policy & Practice:
Behavior Intervention Reporting Form – Form 5148
Positive Support Transition Plan – Form 6810
Positive Support Transition Plan Review – Form 6810A
Instructions for Completing Positive Support Transition Plan – Form 6810B
Sample Policies and Forms for Basic Supports and Services
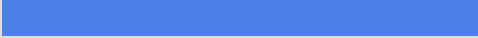Sample Policies and Forms for Intensive Supports and Services

Incidents
Emergency Use of Manual Restraint Policy
Behavior Intervention Reporting Form – Form 5148
Positive Support Transition Plan – Form 6810
Positive Support Transition Plan Review – Form 6810A
Instructions for Completing Positive Support Transition Plan – Form 6810B

Initial Report of Survey Results

			Initial Report 10.19
			Last Modified: 10/19/2014

1. Is this a policy or a practice? Check all that apply

#	Answer		Response	%
1	Policy		11	50%
2	Practice		0	0%
3	Other, please specify		11	50%

Other, please specify
State Statute
Statute
Statute
Rule and Variance
case law
Training
Training
Training
Training
Training
Training

Statistic	Value
Min Value	1
Max Value	3
Total Responses	22

2. Which best describes this policy or practice? Check all that apply

#	Answer		Response	%
1	A. This policy or practice is best practice/evidence based practice for positive supports		5	36%
2	B. This policy or practice restricts, limits, defines the use of non-positive supports such as restrictive procedures, seclusion, restraint, prohibited procedures etc.		10	71%
3	C This policy or practice is a prohibited practice		2	14%
4	Other, please specify		0	0%

Other, please specify Statistic	Value
Min Value	1
Max Value	3
Total Responses	14

3. Which of the following does this policy or practice that restricts, limits and or defines the use of non-positive supports influence or guide? Check all that apply

#	Answer		Response	%
1	Personnel requirements such as licensure, certification or professional development		9	75%
2	Practice		12	100%
3	Programs		12	100%

Statistic	Value
Min Value	1
Max Value	3
Total Responses	12

4. Does this policy or practice contain a definition of incidents that must be reported?

#	Answer		Response	%
1	Yes		8	67%
2	No		4	33%
	Total		12	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.33
Variance	0.24
Standard Deviation	0.49
Total Responses	12

5. If you responded yes to question above, what data must be collected for reportable incidents?

Text Response
Annual report stating number and types of restrictive procedures performed.
each use of protective procedure is documented in the client record;
use of restraint and seclusion
"Subdivision 1.Incident response and reporting. (a) The license holder must respond to incidents under section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person... h) The license holder must verbally report the emergency use of manual restraint of a person as required in paragraph (b) within 24 hours of the occurrence. The license holder must ensure the written report and internal review of all incident reports of the emergency use of manual restraints are completed according to the requirements in section 245D.061."
Subd. 5.Reporting emergency use of manual restraint incident. (a) Within three calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the designated coordinator the following information about the emergency use:

Statistic	Value
Total Responses	5

6. What happens to incident report data once collected?

Text Response
This has been an unfunded mandate that the department does not collect.
there is a quarterly administrative review required by the rule
administrative review

Statistic	Value
Total Responses	3

7. State Agency Select one

#	Answer		Response	%
1	Department of Human Services (DHS)		16	89%
2	Depart of Education (MDE)		2	11%
3	Department of Health (MDH)		0	0%
4	Department of Employment & Economic Development (DEED)		0	0%
5	Department of Corrections (DOC)		0	0%
6	Department of Human Rights		0	0%
7	Other, please specify		0	0%
	Total		18	100%

Other, please specify Statistic	Value
Min Value	1
Max Value	2
Mean	1.11
Variance	0.10
Standard Deviation	0.32
Total Responses	18

8. Division

Text Response
Children's Mental Health
Alcohol and drug abuse
Alcohol and Drug Abuse Division
Alcohol and Drug Abuse Division
Adult Mental Health
Disability Services
DSD
Compliance and Assistance
DSD
Compliance and Assistance
DSD

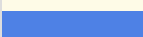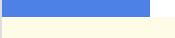| Statistic	Value
Total Responses	11
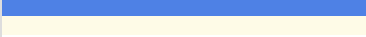
9. Document Name and Number, where applicable

Text Response
RESTRICTIVE PROCEDURES PLANNING AND REPORTING
Chemical Dependency Licensed Treatment Facilities (Rule 31): Behavioral Emergency Procedures
Detoxification Programs: Protective Procedures
Integrated Dual Diagnosis Treatment: Policies, Procedures, and protocols
Civil Commitment; temporary confinement; emergency admission; authority to detain and transport a missing patient
Chapter 2960 Licensure and certificatio of programs for children
Vulnerable Adult Act and Maltreatment of Minors Act
Civil Commitment Act
Rule 36 and the IRTS Variance to Rule 36
the Jarvis decision and the Price Sheppard decision
Home & Community Based Standards-Protection Standards
Emergency Use of Manual Restraint
Standards for Restrictive Procedures
Positive Behavior Support – SOS0000830
Intro-Positive Behavior Supports in Mental Health – SOS0001397
MN Positive Behavior Support Initiative – SOS0001488
Positive Behavior Supports on the Job – SOS0001558
CDS: PBS – Understanding Positive Approaches – SOS0001734
Intro to Function Based Positive Behavior Supports – SOS0001770
Service Planning and Delivery; Intensive Supports
Standards for Restrictive Procedures
Administrative Rule-Formerly known as Rule 40

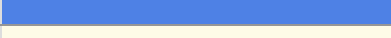| Statistic	Value
Total Responses	22

10. Citation of State or Federal Regulation, Statute, Rule or Policy, if applicable

Text Response
Minnesota Statutes 245.8261.
Rule 9530.6475
Rule 9530.6535
9530.0050 Subp. 3 Behavioral emergency procedures
Chapter 253B; 253B.045; 253B.05; 253B.141
2960.0710
Minnesota Statutes 626.557 and 626.5572, 626.556
253b
Caselaw
Minn. Stat. 245D.06
Minn. Stat. 245D.061
Minn. Stat. 125A.094
Minn. Stat. 245D.071
Minn. Stat. 125A.0941
Minn. R. 9525.2700 to 9525.2810

Statistic	Value
Total Responses	15

11. Document SourceInclude hyperlink to on-line location when applicable

Text Response
https://www.revisor.mn.gov/statutes/?id=245.8261
https://www.revisor.leg.state.mn.us/rules/?id=9530.6475
https://www.revisor.leg.state.mn.us/rules/?id=9530.6535
https://www.revisor.leg.state.mn.us/rules/?id=9533.0050
https://www.revisor.leg.state.mn.us/statutes/?id=253B
https://www.revisor.leg.state.mn.us/rules/?id=2960.0710
https://www.revisor.leg.state.mn.us/statutes/?id=245D.06
https://www.revisor.leg.state.mn.us/statutes/?id=245D.061
https://www.revisor.leg.state.mn.us/statutes/?id=125A.094
https://www.revisor.leg.state.mn.us/statutes/?id=245D.071
https://www.revisor.leg.state.mn.us/statutes/?id=125A.0941
https://www.revisor.leg.state.mn.us/rules/?id=9525.2700

Statistic	Value
Total Responses	12

12. Publication Date of Document	
Text Response	
2011	
10/15/2013	
10/15/2013	
11/12/2013	
08/05/2008	
Ongoing	
Ongoing	
Ongoing	
Ongoing	
2013- Amended in 2014	
2013	
2013	
2013	
October 16, 2013	
Statistic	**Value**
Total Responses	14

13. Type of Document/Publication.Check all that apply.				
#	Answer		Response	%
1	Policy		0	0%
2	Procedure		0	0%
3	Practices Manual		0	0%
4	Statute/Law		9	41%
5	Rule/Regulation		6	27%
6	Interpretative Guideline		0	0%
7	Bulletin		0	0%
8	Form		0	0%
9	Case Law		1	5%
10	Training (State funded)		6	27%
11	Technical Assistance Guide/Manual		0	0%
12	Other, please specify		1	5%
Other, please specify				
Variance				
Statistic				**Value**
Min Value				4
Max Value				12
Total Responses				22

14. Who is the intended audience for this policy or practice? Check all that apply

#	Answer		Response	%
1	Policymakers		13	81%
2	Organization Leaders		12	75%
3	Regulators/Licensors		12	75%
4	Lead agencies, counties, tribes		13	81%
5	Service Providers-Management		14	88%
6	Service Providers-Supervisory		12	75%
7	Service Providers-Direct Support Professionals		12	75%
8	Educators - K-12		3	19%
9	Educator - Post Secondary		1	6%
10	Clinicians		9	56%
11	Family members		6	38%
12	Self-advocates		5	31%
13	People being supported with services		10	63%
14	Guardians		6	38%
15	Other, please specify		0	0%

Other, please specify Statistic	Value
Min Value	1
Max Value	14
Total Responses	16

15. Is this policy or practice currently being revised or updated?

#	Answer		Response	%
1	Yes		2	18%
2	No		9	82%
	Total		11	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.82
Variance	0.16
Standard Deviation	0.40
Total Responses	11

16. If responded yes, what is status of the revision or update?

Text Response
draft proposals are being vetted with stakeholders; DHS commissioner working on a plan to include detoxifcation services as a medical assistance benefit

Statistic	Value
Total Responses	1

17. Name

Text Response
Jill Johnson
Brian Zirbes
Brian Zirbes
Brian Zirbes
Brian Zirbes
Brian Zirbes
Faye Bernstein
Faye Bernstein
faye bernstein
faye bernstein
ICI Staff
ICI Staff
Robyn Widley by ICI Staff
Stacy Danov
Stacy Danov
Stacy Danov
Stacy Danov
Stacy Danov
Stacy Danov
ICI Staff Entry
Robyn Widley
ICI Staff for Charles Young

Statistic	Value
Total Responses	22

18. Title

Text Response	
Children's Mental Health Consultant	
Planner Principal State	
Planner Principal State	
Planner Pricipal State	
Planner Principal State	
Planner Principal State	
Mental Health Program Consultat	
Program Consultant	
mental health program consultant	
mental health program consultant	
ICI Staff	
ICI Staff	
Community Capacity Building Clinical Coordinator	

Statistic	Value
Total Responses	13

19. Email

Text Response	
jelaine.johnson@state.mn.us	
brian.zirbes@state.mn.us	
brian.zirbes@state.mn.us	
brian.zirbes@state.mn.us	
brian.zirbes@state.mn.us	
brian.zirbes@state.mn.us	
faye.bernstein@state.mn.us	
faye.bernstein@state.mn.us	
faye.bernstein@state.mn.us	
faye.bernstein@state.mn.us	
ICI Staff	
ICI Staff	
Stacy.e.danov@state.mn.us	

Statistic	Value
Total Responses	13

Appendix B

Sample Crosswalk for Definition of <u>Incident</u> across state agencies:

State Agency	DHS	MDE	MDH	DOC	DEED
Definition					
Reporting Requirements					

Inventory Survey Results for Policies and Practices that include a definition of incidents that must be reported.

	Incidents
	Last Modified: 10/19/2014
	Filter By: Report Subgroup

1. Is this a policy or a practice? Check all that apply

#	Answer		Response	%
1	Policy		5	63%
2	Practice		0	0%
3	Other, please specify		3	38%

Other, please specify
State Statute
statute
Rule and Variance

Statistic	Value
Min Value	1
Max Value	3
Total Responses	8

2. Which best describes this policy or practice? Check all that apply

#	Answer		Response	%
1	A. This policy or practice is best practice/evidence based practice for positive supports		1	14%
2	B. This policy or practice restricts, limits, defines the use of non-positive supports such as restrictive procedures, seclusion, restraint, prohibited procedures etc.		7	100%
3	C This policy or practice is a prohibited practice		1	14%
4	Other, please specify		0	0%

Other, please specify Statistic	Value
Min Value	1
Max Value	3
Total Responses	7

3. Which of the following does this policy or practice that restricts, limits and or defines the use of non-positive supports influence or guide? Check all that apply

#	Answer		Response	%
1	Personnel requirements such as licensure, certification or professional development		6	86%
2	Practice		7	100%
3	Programs		7	100%

Statistic	Value
Min Value	1
Max Value	3
Total Responses	7

4. Does this policy or practice contain a definition of incidents that must be reported?

#	Answer		Response	%
1	Yes		8	100%
2	No		0	0%
	Total		8	100%

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	8

5. If you responded yes to question above, what data must be collected for reportable incidents?

Text Response
Annual report stating number and types of restrictive procedures performed.
each use of protective procedure is documented in the client record;
use of restraint and seclusion
"Subdivision 1.Incident response and reporting. (a) The license holder must respond to incidents under section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person... h) The license holder must verbally report the emergency use of manual restraint of a person as required in paragraph (b) within 24 hours of the occurrence. The license holder must ensure the written report and internal review of all incident reports of the emergency use of manual restraints are completed according to the requirements in section 245D.061."
Subd. 5.Reporting emergency use of manual restraint incident. (a) Within three calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the designated coordinator the following information about the emergency use:

Statistic	Value
Total Responses	5

6. What happens to incident report data once collected?

Text Response
This has been an unfunded mandate that the department does not collect.
there is a quarterly administrative review required by the rule
administrative review

Statistic	Value
Total Responses	3

7. State Agency Select one

#	Answer		Response	%
1	Department of Human Services (DHS)		7	100%
2	Depart of Education (MDE)		0	0%
3	Department of Health (MDH)		0	0%
4	Department of Employment & Economic Development (DEED)		0	0%
5	Department of Corrections (DOC)		0	0%
6	Department of Human Rights		0	0%
7	Other, please specify		0	0%
	Total		7	100%

Other, please specify

Statistic	Value
Min Value	1
Max Value	1
Mean	1.00
Variance	0.00
Standard Deviation	0.00
Total Responses	7

8. Division

Text Response
Children's Mental Health
Alcohol and Drug Abuse Division
Adult Mental Health
Disability Services
DSD
DSD

Statistic	Value
Total Responses	6
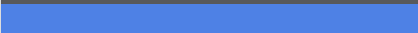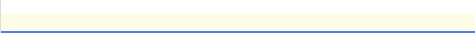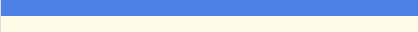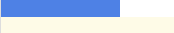
9. Document Name and Number, where applicable

Text Response
RESTRICTIVE PROCEDURES PLANNING AND REPORTING
Detoxification Programs: Protective Procedures
Chapter 2960 Licensure and certificatio of programs for children
Vulnerable Adult Act and Maltreatment of Minors Act
Rule 36 and the IRTS Variance to Rule 36
Home & Community Based Standards-Protection Standards
Emergency Use of Manual Restraint
Administrative Rule-Formerly known as Rule 40
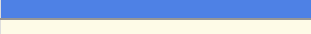
Statistic	Value
Total Responses	8

10. Citation of State or Federal Regulation, Statute, Rule or Policy, if applicable

Text Response
Minnesota Statutes 245.8261.
Rule 9530.6535
2960.0710
Minnesota Statutes 626.557 and 626.5572, 626.556
Minn. Stat. 245D.06
Minn. Stat. 245D.061
Minn. R. 9525.2700 to 9525.2810

Statistic	Value
Total Responses	7

11. Document SourceInclude hyperlink to on-line location when applicable

Text Response
https://www.revisor.mn.gov/statutes/?id=245.8261
https://www.revisor.leg.state.mn.us/rules/?id=9530.6535
https://www.revisor.leg.state.mn.us/rules/?id=2960.0710
https://www.revisor.leg.state.mn.us/statutes/?id=245D.06
https://www.revisor.leg.state.mn.us/statutes/?id=245D.061
https://www.revisor.leg.state.mn.us/rules/?id=9525.2700

Statistic	Value
Total Responses	6

12. Publication Date of Document

Text Response
2011
10/15/2013
08/05/2008
Ongoing
Ongoing
2013- Amended in 2014
2013
October 16, 2013

Statistic	Value
Total Responses	8

13. Type of Document/Publication.Check all that apply.

#	Answer		Response	%
1	Policy		0	0%
2	Procedure		0	0%
3	Practices Manual		0	0%
4	Statute/Law		4	50%
5	Rule/Regulation		4	50%
6	Interpretative Guideline		0	0%
7	Bulletin		0	0%
8	Form		0	0%
9	Case Law		0	0%
10	Training (State funded)		0	0%
11	Technical Assistance Guide/Manual		0	0%
12	Other, please specify		1	13%

Other, please specify	
Variance	

Statistic	Value
Min Value	4
Max Value	12
Total Responses	8

14. Who is the intended audience for this policy or practice? Check all that apply

#	Answer		Response	%
1	Policymakers		7	88%
2	Organization Leaders		7	88%
3	Regulators/Licensors		8	100%
4	Lead agencies, counties, tribes		8	100%
5	Service Providers-Management		8	100%
6	Service Providers-Supervisory		7	88%
7	Service Providers-Direct Support Professionals		7	88%
8	Educators - K-12		1	13%
9	Educator - Post Secondary		1	13%
10	Clinicians		4	50%
11	Family members		3	38%
12	Self-advocates		2	25%
13	People being supported with services		5	63%
14	Guardians		3	38%
15	Other, please specify		0	0%

Other, please specify Statistic	Value
Min Value	1
Max Value	14
Total Responses	8

15. Is this policy or practice currently being revised or updated?

#	Answer		Response	%
1	Yes		2	33%
2	No		4	67%
	Total		6	100%

Statistic	Value
Min Value	1
Max Value	2
Mean	1.67
Variance	0.27
Standard Deviation	0.52
Total Responses	6

16. If responded yes, what is status of the revision or update?

Text Response	
draft proposals are being vetted with stakeholders; DHS commissioner working on a plan to include detoxification services as a medical assistance benefit	

Statistic	Value
Total Responses	1

17. Name

Text Response
Jill Johnson
Brian Zirbes
Brian Zirbes
Faye Bernstein
faye Bernstein
ICI Staff
ICI Staff
ICI Staff for Charles Young

Statistic	Value
Total Responses	8

18. Title

Text Response
Children's Mental Health Consultant
Planner Principal State
Planner Principal State
Mental Health Program Consultat
mental health program consultant
ICI Staff
ICI Staff

Statistic	Value
Total Responses	7

19. Email

Text Response
jelaine.johnson@state.mn.us
brian.zirbes@state.mn.us
brian.zirbes@state.mn.us
faye.bernstein@state.mn.us
faye.bernstein@state.mn.us
ICI Staff
ICI Staff

Statistic	Value
Total Responses	7

APPENDIX C

Vision and Goals of the Minnesota Olmstead Plan (Pages 10-11)

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

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

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

Olmstead Plan Goals

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

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

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

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

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

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

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

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

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

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

Action Three: *Build effective systems for use of positive practices, early intervention, crisis reduction and return to stability after a crisis* (pages 65-67)

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

- Person-centered planning that includes a balance of what is important *for* the person with what is important *to* the person;
- Individual plans for services that reflect principles of the most integrated setting, consistent with Minnesota's Olmstead Plan;
- Types and use of positive and social behavioral supports;
- Prohibitions on use of restraints and seclusion; and,
- Requirement that care is appropriately informed by a recognition and understanding of past trauma experienced by an individual. People will be able to move to and remain in integrated settings when plans and supports are in place to avoid crises and timely and appropriate crisis intervention is available. The term 'crisis' covers a range of situations, such as behaviors that present potential harm, the loss of a caregiver, or a significant change in a medical or health condition that compromises the ability of a person to manage their symptoms.

Timeline:

- By January 1, 2014 the state will implement the new Minnesota Statute §245D standards,[SS 3A], and by July 1, 2015 a Rule with operational details that replaces Minnesota Rules, parts 9525.2700 to 9525.2810 (also known as Rule 40) will be promulgated. [SS 3B]

Responsibility: The Commissioner of the Department of Human Services (DHS) will designate a responsible person.

- By July 1, 2014 the state will create an inventory and analysis of policies and best practices across state agencies related to positive practices and use of restraint, seclusion or other practices which may cause physical, emotional, or psychological pain or distress. [SS 3C]
- By July 1, 2014 a report outlining recommendations for a state-wide plan to increase positive practices and eliminate use of restraint or seclusion will be delivered to the Olmstead Subcabinet or their designee by an assigned team of representatives from Olmstead Subcabinet agencies. [SS 3D]
  Responsibility: The Olmstead Subcabinet will designate a responsible person.
- By August 1, 2014 the state will develop, across state agencies, a common definition of incidents, including emergency use of manual restraint, that are to be reported, and create common data collection and incident reporting processes. [SS 3E] By July 1, 2015, state-wide implementation of common incident reporting will begin. [SS 3F] Beginning October 1, 2015, quarterly summaries of incidents of emergency use of manual restraint or other types of restraint, seclusion or other practices that may cause physical, emotional, or psychological pain or distress will be reported to an assigned team of representatives from each state agency for review and to inform recommendations to reduce the incidents. [SS 3G.1 – 3G.4] By July 1, 2015 and annually thereafter, the team will provide recommendations to the Olmstead Subcabinet to reduce emergency use of restraints, or other practices that may cause physical, emotional, or psychological pain or distress, and to increase positive practices. [SS 3H.1, 3H.2] **Responsibility:** The Olmstead Subcabinet will designate a responsible person.
- By August 1, 2014 a coordinated triage and "hand-off" process for crisis intervention will be developed and implemented across mental health services and home and community-based long-term supports and services with the goal of increasing timely access to the right service to stabilize the situation. Report will be delivered to the Olmstead Subcabinet. [SS 3I] **Responsibility:** The Commissioner of DHS will designate a responsible person.
- By December 1, 2014 an assigned team of representatives from state agencies, community organizations, community corrections and people with disabilities who have used the crisis system will: identify best practices, including use of technology; set service standards; and develop and deliver training and technical assistance in order to respond to a request for assistance with least intrusive service/actions (e.g. person-centered planning, positive practices, available resources). Progress toward goal will be reported to the Olmstead Subcabinet or their designee. [SS 3J] **Responsibility:** The Olmstead Subcabinet will designate a responsible person.
- By January 15, 2015 DHS will have completed the necessary analysis and planning to expand crisis services, diversion, and early intervention services to persons at risk of experiencing a crisis situation. The expansion plan will include projected start dates for implementation of the services. **Responsibility:** The Commissioner of DHS will designate a responsible person.
- By July 1, 2015 crisis services, including diversion and early intervention

services, will be made available to any person in need of these supports and at risk of experiencing a crisis situation. The purposes of this intervention include stabilizing the person's situation or avoiding the use of civil commitment. [SS 3K] **Responsibility:** The Commissioner of DHS will designate a responsible person.

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

APPENDIX D

Minnesota's State-wide Plan

Work Group Name: Establishing Infrastructure for Technical Assistance and Data Systems

Date: _____ Committee/Work Group Members:_____

Implementation Goal #1: Establishing Infrastructure for Technical Assistance and Data Systems_____

Immediate Term Objectives *(To Be Achieved Within Next 6-8 Months)*

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Establish Interagency State-wide Organizational Chart to Show Communication System	Organizational Chart	• Establish Workgroup • Draft of Organizational Chart • Gather Feedback From All Relevant Stakeholders	Creates the Communication and Feedback Systems Necessary for Achieving Goal	To Be Finalized in First Six Months (April, 2015)
Identify Facilitator of the Interagency State-wide Team	FTE Assigned to Facilitator Meeting Minutes	• Recruit Individual • Provide Mentoring to New Coordinator	Assigns a Person Who Will Schedule Meetings, Reserve Rooms, Send Communication, Address Logistics, etc.	To Be Finalized in First Six Months (April 2015)
Workgroup creates plan to address training for each of the agencies in first step implementation with timeline for steps involved	A document showing the timeline for implementation of technical assistance with be established and progress will be documented within the state's annual interagency evaluation report	• Timeline for Implementation Established: Aging Disabilities Mental Heal *Education Ombudsman • Timeline for Agencies Implementing Later: DEED Dept. of Corrections Dept. of Health Human Rights Courts	A System for Implementing positive supports is necessary to ensure organizations receive effective technical assistance (TA)	Timeline for Implementation Available With First Six Months (April 2015)

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What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Curriculum is developed for each agency	Curriculum and TA Systems Described as Training Manual Online at Designated Time for Each Agency Implementing	Each Agency That Begins Implementation Will 1. Form an Agency Oversight Team 2. The Team Will Assign an Agency-wide Coordinator 3. Team will meet regularly to establish training and data collection systems 4. Agency will report to Interagency state-wide team quarterly and provide annual summary of progress	Agency representation must be involved in the creation of the content to establish buy in, ensure content meets the need of the agency, and that professionals will be prepared to participate in training when it is implemented	Timeline will be dictated by when agencies start implementing
State and regional coaching systems will be established for the TA system	State-wide Team will document assessment and action plan for using state FTE to organize efforts – annual report will document decisions made State Coordinators, Regional Coaches, and Organization-wide (local) coaches roster will be available Meetings scheduled regularly for training and to monitor implementation	State Coordinators will be recruited based on timelines for agencies to start process State coordinators recruited for agencies starting as part of the legislative ask proposal Regional Coordinators recruited as part of the legislative ask proposal Organization-wide coaches will be recruited from organizations participating in	Coordinators and coaches are "positive nags" who ensure dates for meetings are set, agendas are ready, meeting minutes are sent, and data are being completed at local, regional, and state-wide levels These individuals communicate via the interagency state-wide communication system when problems are encountered or	Identification of State-wide Coordinators starting the TA: (April 2015) Regional Coaches: prior to legislative ask implementation (August, 2015) Coaches will be identified once implementation is organized (September,-October, 2015)

		legislative ask proposal Curriculum and training for coordinators and coaches will be prepared prior to the legislative ask implementation timeline	assistance is needed	
Workgroup meets with IT to ensure training is set up for local and regional decision making and that data are available for decision making	Meeting minutes indicating IT and workgroup are meeting Curriculum for all providers describing new incident reporting system	Webinars, website information, and local awareness presentations give to providers. Documentation of organizations who have received training within each agency area shows expansion of training across the state State requires all providers to complete simple online training explaining how to complete incident report and IT are available to support and answer questions	The accuracy of data collection is important to ensure information is accurate Organizations receiving additional TA in positive supports will learn how to collect additional data for decision making The goal is to show that TA is an effective way in which to decrease problem behavior, crises, etc.	

* School-wide PBS is already being implemented; SWPBS goals address expansion plan

Intermediate Term Objectives *(To Be Achieved Within Next 1-2 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?

Agencies participating in TA process later are involved in curriculum and tool development
  DEED
  Dept. of Corrections
  Dept. of Health
  Human Rights
  Courts
	Meeting minutes from state-wide and agency wide teams
	
	Agency workgroups formed to work on tasks
	
	Tools and curriculum available
		As per plan described in immediate steps, agencies targeted to move forward will:
		• Establish an agency coordinator
		• Develop curriculum and training system
		• Work with regional coaches to recruit organizations to participate in TA
			Training systems for moving forward systematically with agencies will ensure organizations receive what they need to be successful	October, 2015-October 2016

Infrastructure for interagency state will move from initial implementation to full implementation of TA systems	Org chart will be finalized Annual report will describe changes made to improve feedback and communication systems, data collection, etc.	State-wide team will meet with regional coaches, local coaches, and other stakeholders to share how systems can be improved Team will review surveys of satisfaction from participants in TA for organizations and Cohort training	The implementation process requires modifications and improvements to ensure effectiveness and sustainability	August, 2015-October, 2016 Annual Reports for each year
Curriculum for agencies starting the process will move from initial implementation to full operation	Meeting minutes from agency-wide team Curriculum Annual report will describe changes made	Agency-wide teams will meet regularly to discuss what worked well, what needs to be modified Team will review surveys of satisfaction from	The implementation process requires modifications and improvements to ensure effectiveness and sustainability	August, 2015-October, 2016 Annual Reports for each year

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		participants		
Annual report and quarterly report systems will be move from initial formats to a more formalized system	State-wide team's meeting minutes Annual reports at different levels will be simple but include key updates • Agency-wide summary • State-wide summary • Regional summary • Organization-wide summary	State-wide team will meet with key participants to review the initial reporting system and make improvements based on feedback	Data summaries at different levels of the system are important for communication systems	Annual Reports for each year
Champions will be identified across the state from coach roles, cohort training, leadership, people receiving services, etc. These individuals will be recruited to assist in state-wide efforts	Number of stakeholders participating in state-wide planning processes Diversity of stakeholders participating in process Annual report will document progress in this area	Encourage individuals to assist in state-wide planning efforts Identify and recruit individuals during trainings, awareness presentations, webinars, local events, etc. Create incentives for champions to ensure there are positive outcomes associated with participation	Buy in and consensus will increase when individuals from different stakeholder groups are advocating, teaching, and sharing successes	October 16 should show significant listing of "champions" participating in state-wide planning in different ways (providing awareness trainings, attending meetings, testimonials and quotes, case studies, etc.)

Long Term Objectives *(To Be Achieved Within Next 3-5 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Agencies show that organizations receiving TA have higher levels of positive support implementation, lower problem behaviors, and fewer restrictive interventions	**Outcome data that include:** Organization-wide Data • Fidelity of implementation • Incident reports • Restrictive interventions • Emergency room visits • Acute care events • Staff attrition, injury • Workers comp **Individual Plan Data** • Fidelity of Implementation • Baseline intervention data showing decreases in problem behavior, increases in positive social behavior • Quality of life data • Goodness of fit (how plan fits family, caregivers) **Qualitative Data** • Focus Groups • Interviews • Surveys **Pre-post Conceptual Knowledge** • Staff in organizations participate in survey before and after TA is	• Implementation of training for TA in positive supports, • Training for all providers in collecting effective incident report form data • IT systems are in place to gather and report data at local, regional, agency, and state-wide levels	This long-term objective will show that the state's efforts to provide training and support has been effective	Annual report of progress August 15, 2015 (first organizations participating in TA) August 15, 2016 (evaluation data for organizations in first training efforts) August 15, 2017 (evaluation data for first organizations and organizations starting in next implementation year)

	provided • Regional teams ask all organizations in catchment area to complete survey (organizations not yet participating) with incentive			
State-wide infrastructure moves from full operation to innovation with examples of improvements and changes made based on mature implementation efforts	Qualitative review of meeting minutes, focus group and interviews with key participants, Review Annual report -- describe changes made to improve feedback and communication systems, data collection, etc.	Data workgroup summarizes results of qualitative efforts to evaluate effectiveness of infrastructure Data workgroup presents information via the interagency state-wide team for discussion Quantitative and qualitative data are used to create new and innovative changes to systems	Moving to innovation stages of implementation requires data-based decision making	Annually 2016, 2017, 2018
Expansion of leaders and champions in the system lead to larger impact level changes across the state	Qualitative and Quantitative data will show that the numbers of people receiving support is growing faster compared to previous years as measured by • Aggregate data on individual plans • Organizations reporting data • Champions available to assist the state • State-wide incident report and data overall	State-wide interagency team uses workgroups to • Evaluate progress over time • Create incentives for people interested in becoming champions • Establish a tracking system to monitor evidence of expansion	State will reach a "critical mass" when there the number of people who implement positive supports will market the implementation efforts beyond the state-wide team's efforts	Evidence is available within the 2018-2019 annual report

Work Group Name: __Design Qualitative and Quantitative Systems for State-wide Data-based Decision Making__

Date: _____ **Committee/Work Group Members**_____

Implementation Goal #2: Design Qualitative and Quantitative Systems for State-wide Data-based Decision Making

Immediate Term Objectives *(To Be Achieved Within Next 6-8 Months)*

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Incident report system collect key data used for local, regional, agency, and state decision making—List of key data included in recording will be clearly outlined	New system is beta tested with participants indicating successful data collection via simple survey and report	Create templates for incident report forms and plan for beta test implemented Feedback from beta test used for last edits Plans to analyze local, regional, and state-wide data are in draft including how regional and local coaches will access the data regularly	Data will be a key outcome for state-wide planning	
Data workgroup will work with the infrastructure workgroup to ensure that training systems are in place for providers who will use the incident reporting system	Meeting minutes Documented plan for training Curriculum	Infrastructure and data workgroups will meet to outline training curriculum and system	Accurate data collection will be essential for state-wide planning	
Tools for fidelity of implementation at the organization-wide and individual level are in draft for first participating agencies	Fidelity documents are available for first participating organizations	Representatives from first participating organizations learn how MN SW data are collected at state-wide meeting	It is important to show that positive supports are actually being implemented	June, 2015

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Workgroup will provide a list of data that will be collected via local, regional, agency, and state-wide levels for first step agencies	Document listing all data not included in incident report that will be part of the decision making process – this will be completed in collaboration with the infrastructure workgroup	Infrastructure and data workgroups will meet to outline the key data collection procedures	An important key to success will be the training systems for providers to ensure accurate data	
Plan for qualitative data collection is in place	Documented plan is available describing how data will be gathered, analyzed, and used	Workgroup identifies key professionals who will gather data State team identifies all qualitative data already being collected Plan is written describing how different sources of qualitative information will be used	Qualitative data will provide rich information about how the state-wide planning is impacting the lives of people receiving services and providers	August 2015

* School-wide PBS is already being implemented; SWPBS goals address expansion plan

Intermediate Term Objectives *(To Be Achieved Within Next 1-2 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Tools for fidelity of implementation at the organization-wide and individual level are in draft for agencies expanding later in the timeline	Fidelity documents are available for participating organizations expanding later in timeline	Representatives from participating organizations learn how MN SWPBS data are collected at state-wide meeting Agency team meets regularly to establish data that will be used to evaluate organizational and individual planning progress Tool will be created in draft form and circulated to gather feedback	It is important to show that positive supports are actually being implemented	August, 2016
Summaries of incident report data are available for annual report purposes a the local, regional, agency, and state levels	Annual report will include data at each level	Infrastructure workgroup and data workgroup will ensure data are gathered and reported for report	Content and IT professionals are needed to create the most effective summaries of data	August 2016
Qualitative workgroup team analyzes first year of data and provides a summary for the annual report	Qualitative transcripts analyzed, themes established, and summary of results are included in annual report	From August 2015-April, 15, 2015 data collection occurs, transcribing completed, and themes identified April, 2015-August, 2016 Written summary organized and presented to state-wide team for report	Quotes and stories that can be used for marketing, awareness, etc will come from this type of evaluation Information about changes in quality of life for people receiving services and providers will be available in descriptive form	September, 2016

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Pre-post conceptual knowledge about positive supports will be conducted prior to organizations participating in TA and a plan for systematically surveying organizations not yet started will be in place	Survey data gathered August-September, 2015 and again during August-September, 2016 will be available for review	Workgroup will work with infrastructure workgroup to establish survey draft Survey will be shared with key content professionals across the state and nationally A system for gathering data from participating organizations and nonparticipating organizations will be approved by the state-wide team Data will be gathered and analyzed for annual report	Pre post data provides some evidence that the TA process is contributing to increased awareness and knowledge of key positive support terms	August-September, 2015 August-September, 2016 Annual Report for 2016-2017
State-wide team provides evidence that efforts to implement TA after first year of implementation outlining in detail successful pilot/exemplary implementation sites	Case studies of pilot/exemplary case examples of implementation based on TA support for marketing purposes	Data workgroup and marketing workgroup will use the case studies gathered for awareness trainings, newsletters, website, etc.	The goal is to show how data can be used to celebrate and reinforce people; Marketing by stakeholders to stakeholders is more effective than by state or university professionals alone	

Long Term Objectives *(To Be Achieved Within Next 3-5 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
State-wide team provides evidence that efforts to implement TA on a wide-scale basis is effective in decreasing problem behavior, incident reports, emergency room visits, acute care stays, restrictive procedures, etc.	Interagency Annual report data Interagency Annual Report for 2017-2018 Interagency Annual Report for 2018-2019	Data are gathered from infrastructure system at the local level; Regional coordinators summarize data and share with agency teams; Agency teams share progress across regions with state-wide team State-wide team will review the MN SWPBS annual report and discuss as a first step discussion for agency-level reporting Responsibility for gathering and summarizing data occurs at each level of the system: • Local Coach • Regional Coordinator • Agency Coordinator • State-wide Coordinator State-wide coordinator works with interagency team to design and finalize interagency report format	Creating a system for summarizing data allows for a distribution of work related to preparing the final report	First Draft of an Interagency Report occurs September, 2016 September 2017 September, 2018

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Qualitative evaluation data show that people receiving services, family members, and provider lives are improving over time	Annual report – section dedicated to qualitative analysis	Qualitative team provides summary of progress each year; Changes in themes are captured as implementation occurs over time across regions

Team reports if any changes are occurring in organizations that have implemented positive supports over 2-3 years | Perspectives of stakeholders are an important consideration in state-wide evaluation | August 2017 Annual Report

August 2018 Annual Report

August 2019 Annual Report |
| Pre-post conceptual knowledge about positive supports will show that organizations not yet participating in intensive training is showing increases in key terms via simple awareness and marketing (comparison with outcomes from prior years with nonparticipating organizations---but also showing slightly lower scores compared to organizations participating in intensive training) | Survey data gathered August-September, 2017 and again during August-September, 2018 will be available for review for organizations in later expansion

Survey data will continue to be gathered for agencies expanding number of organizations participating August-September, 2017 and again during August-September, 2018 | Workgroup will work with infrastructure workgroup to establish survey draft for agencies in later expansion

Survey will be shared with key content professionals across the state and nationally

A system for gathering data from participating organizations and nonparticipating organizations will be approved by the state-wide team

Data will be gathered and analyzed for annual report | Pre post data provides some evidence that the TA process is contributing to increased awareness and knowledge of key positive support terms | August-September, 2017 August-September, 2018 August – September, 2019 Annual Report for 2017-2018 Annual Report for 2018-2019 |

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Cost Benefit Analysis Evaluation is conducted to evaluate: Costs of TA, costs related to crises (state costs) Decreases in Costs related to Problem behavior at the organizational level (workers comp, staff attrition	Annual report for 201- 1019	Recruit professional who can consult with state on cost effectiveness/cost benefit related issues Create a plan to evaluate costs involved in training and gather data related to costs incurred by state and by organizations related to problem behavior	It is important to evaluate the costs involved in large-scale implementation efforts and to establish sustainable and affordable strategies while maintaining prevention-focused state-wide planning	August, 2018

Work Group Name: __Establishing a Marketing Plan to Increase Awareness of Positive Supports_____

Date: _____ Committee/Work Group Members: _____

Implementation Goal #3: Establish a Marketing Plan to Increase Awareness of Positive Supports

Immediate Term Objectives *(To Be Achieved Within Next 6-8 Months)*

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Create a plan for marketing positive supports strategies across the state	Document summarized for annual report documenting plan for expanding awareness	Create a list of stakeholders that will be targeted for marketing purposes Establish timeline for posting website; Identify a team representing the TA efforts, cohort training, IT, etc.	It is important to make sure people know how to access information and join training and TA efforts	May, 2015

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Share state-wide plan with representative stakeholders across the state via onsite meetings and webinars; use feedback to modify and improve plan for final formalized document	Feedback documentation; evidence of modifications made to plan	Meet with interagency team to present recommendations from the workgroup that includes: • Number of webinars • Placement of state-wide plan on public website for access • Number of presentations • Locations of onsite presentations	It is important to increase awareness of the state-wide plan, and to build buy in and consensus by the direct involvement of stakeholders; this process may help to identify possible champions and participants	To Be Finalized in First Six Months (April, 2015)
Create a website that will be used as an entry point for awareness, a place to learn more about data collection, and the site of all training materials including: • Awareness • Skill building materials • Cohort training in PBS, PC thinking/PCP, Trauma informed thinking/Therapy, positive psychology, etc.) • Trainer/Champion Level (How to become a trainer in positive supports)	Website Pages Launched Website Stats	Create a first draft of the website Identify an easy to remember URL Find a website stats program to monitor visitors, unique visitors, downloads, etc. Create a password system to allow for champion/leader communication systems Pilot website and gather feedback via online survey Launch fully functional website in time for TA from legislative		May, 2015

		ask		
What Actions Are Needed to Meet This Goal?	**How will the success of the immediate-term objective be evaluated?**	**What are steps to achieve the immediate-term objective?**	**How is this immediate-term objective relevant to the long-term objective?**	**What is the time frame for achieving the immediate-term objective?**
Monitor Website Statistics, Awareness trainings, cohort trainings, etc. and provide annual summaries of progress	Quarterly and Annual Website Data Reports	Work with Data team to set up website statistics and set up quarterly access to data Review data in workgroup meetings and at interagency state-wide meeting once a year	Website statistics are used to increase awareness and usage over time	August 15, 2015-August 15, 2016 August 2016-August, 2017 August 2018-August 2019
Market awareness materials to agencies involved in later expansion	Presentation materials and dates of events Documentation of awareness materials	Establish plan and timeline Recruit individuals to participate in tool development with infrastructure and data workgroups	It is important to prepare stakeholders and increase awareness---this helps with later recruitment and increases buy in	August, 2016

Create newsletters, brochures, and other materials for expanding awareness; Use case studies, quotes, and other information from TA efforts and qualitative evaluation	Presentation materials and dates of events
	
	Documentation of awareness materials
		Establish actions dedicated to expanding awareness of positive supports to
		   DEED
		   Dept. of Corrections
		   Dept. of Health
		   Human Rights
		   Courts
			Increase awareness of positive supports and how to participate in training opportunities	First plan by April, 2015 Annually each year

The workgroup will use state-wide plan to submit petition to the Association for PBS to become a network; Five APBS members are needed in this first petition	Petition documentation Email confirmation from APBS	Obtain petition documentation Finalize state-wide planning document (logic model, annual report document, action plan tool example) Identify lead network person and submit petition	Becoming an APBS network provides the state with access to other state networks interested in sharing resources	January, 2015

Intermediate Term Objectives *(To Be Achieved Within Next 1-2 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Create main sections of website to meet the needs of state-wide planning including: • Entry to training materials (Organization-wide positive supports, person-centered thinking, person-centered planning, trauma informed care, etc.) • Resources for stakeholder groups • Awareness materials • Information about state-wide planning • Communication site for implementers • Place for Champions to access information • Reinforcement for • Evaluation data summaries	Online surveys evaluating site, feedback from agency-wide teams, feedback from professionals participating in training events, website statistics	Agency-wide planning teams work with the marketing workgroup to place content related to positive practices and to ensure pages address context	Information for marketing, easy to located training materials, and communication are key contributions of the website	**August 15, 2015**
Ensure events are scheduled that allow individuals to share implementation success and for the state to recognize exemplary practice (award ceremonies, certificates of completed trainings, etc.)	Conference evaluation surveys, number of individuals in attendance	Assess the events already scheduled that could be reorganized to address reinforcement, sharing of positive supports, etc.	Stakeholders will be more likely to implement new practices when their colleagues are recommending it; Buy in increases when leadership occurs from implementation levels	Annually starting in 2016 (Date to be identified in a manner that meets the needs of interagency stakeholders)

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Materials developed for marketing purposes become a part of every presentation, webinar, training, and event (e.g. postcards, business cards, newsletters, case study stories, etc.)	Materials available in marketing portfolio both in hard copy and online	Workgroup uses marketing plan to create timeline for creating materials for distribution and infrastructure workgroup assists by distributing within training and TA Evaluation of marketing materials occurs annually to ensure all agencies are represented starting with first step agencies Workgroup places all marketing materials in a portfolio that can be used by all state professionals Agency-wide teams review portfolio and makes recommendations to improve representation of all stakeholders	Representation of case studies and information must reach all stakeholders using context, language, and stories that fit unique people served	Portfolio created by April, 2016 Evaluation of portfolio annually starting in 2016

Long Term Objectives *(To Be Achieved Within Next 3-5 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Qualitative and Quantitative Data indicate that stakeholders know what positive supports are and how to receive assistances	Evidence: pre post conceptual knowledge, qualitative evaluation, number of people impacted via presentation, google search shows MN-PBS website in first 10 links, website stats show visitors from MN increase every year, etc.	Collaborates with state-wide team to make sure that evidence evaluating marketing plan is in place	The first step in systems change is awareness of a new practice	August, 2017 Annual Report August 2018 Annual Report
Awareness presentations are given across the state by MN Champions (individuals trained and recruited to assist in implementation)	Number of presentations, types of trainings, or other interactions with stakeholders implemented by individuals who are not part of initial training and TA	Work with state-wide team to ensure that a plan for tracking volunteer behavior is in place

Incentive system is established to encourage individuals across the state to assist in marketing, presentations, and training

Infrastructure workgroup trains champions to complete task they volunteer to complete | The implementation of positive supports will occur when stakeholders are advocating for its use | August, 2017 Annual Report August 2018 Annual Report |
| Website stats show that the state's website is known both within the state and nationally as an important interagency resource | Evidence of prominence includes visitors, unique visitors, downloads, visits from the state, | Promote website in all trainings and presentations (in and out of state) | It is important to create a site that is easy to find when people need assistance, that | August, 2017 Annual Report August 2018 Annual Report |

	visits from other states/countries (indirect evidence of strong content), types of google search strings used, MN website shows up using regular search engines like google in first 10 links offered	Create brochures, flyers, etc. Recognize exemplary implementers in case studies Work with IT to ensure website can be found on search engines	offers problem solving ideas, assists MN providers in reaching out to others, and creates a place where individuals know they can access best practice training materials	

Work Group Name: __Design Comprehensive Preservice and Inservice Training Systems for Three-tiered Positive Support

Date: _____ Committee/Work Group
Members:_____

_____   _____

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Implementation Goal #4: Design Comprensive Preservice and Inservice Training Systems for Three-tiered Positive Support

Immediate Term Objectives *(To Be Achieved Within Next 6-8 Months)*

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Evaluate the extent to which the state can influence policy and supervisory systems to encourage universities to include specific training resources for preservice purposes (legislative requirements for education, clinical supervision, continuing education, etc.	Annual report, 2016 and annually thereafter will include section that addresses the expansion of preservice training in positive supports	Make a list of the universities and colleges in MN already providing positive supports education at bachelors and masters level Prioritize types of departments that workgroup will start contacting Use list of state-level actions to begin communicating with universities and colleges in the prioritized list	Professionals need to be prepared to implement positive supports and need to be exposed to practicum and supervisory experiences that will prepare them for success	Initial discussion, assessment, and prioritization occurs by March, 2015 Annual report 2016 summarized first actions taken and evaluates effectiveness

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What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Workgroup assesses all training materials related to inservice training across agencies and creates a summary of content-plan for comprehensive cross-agency inservice training systems is established (e.g. SWPBS, trauma informed care, cognitive behavior therapy, person-centered planning, cohort PBS training, etc.)	Section of annual report includes details regarding training materials and systems related to positive supports and where this training can be accessed	State-wide team discusses how to move forward with assessment process (e.g. SWPBS team presents training and evaluation tools, mental health presents information on trauma informed care, etc.) Workgroup organizes inventory of training materials and provides a way that individuals can access these materials	It can be helpful for professionals involved in implementation to gain access to the training materials used by, for instance, SWPBS teams to make comparisons and learn more about systems used to monitor progress	August, 2015

Intermediate Term Objectives *(To Be Achieved Within Next 1-2 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Changes in state expectations leads to examples of policies and supervisory systems that are adapted and evidence that universities and colleges have responded will be provided	Policy documentation Meeting minutes and documented conversations Number of universities impacted	Based on initial assessment, state professionals change policies related to preparing professionals in different service areas—starting with content related to prioritized departments Work with one or two universities to establish new clinical supervision systems Evaluate the effectiveness of these efforts	Preparing individuals to provide effective services is a proactive strategy for changing behavior	Annual report 2016
Create short online introduction to the state's implementation of positive supports that can be included in introductory classes	Online training documentation	Based on conversations with universities and colleges, create a simple online training that can be included as an activity in a class that introduces students to education, psychology, special education, etc.	Awareness of positive supports must start in different ways including with the university professional	Online module available by summer, 2017

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Map out curriculum needed for preservice and inservice related to positive supports across the three-tiered model with curriculum that addresses • Universal prevention (wellness, person-centered strategies, data based decision making) • Secondary prevention (group interventions for social skills, counseling, communication) • Tertiary prevention (individualized behavioral support, cognitive behavior therapy, etc.)	Annual report, 2016 includes an inventory of training systems and curriculum addressing three tiers and plans for adding curriculum that may not be available (for instance, secondary prevention group instruction in sexuality education, friendship building, etc.)	Work with agency leads to establish initial inventory of training systems and materials Present to state-wide team and discuss need for curriculum to be developed Create a plan for continuing to build on curriculum and to add into infrastructure training	The infrastructure workgroup needs assistance in developing resources that can be used by organizations implementing positive supports	Inventory included in Annual Report 2016
Map out curriculum need for preservice and inservice training related to levels of intensity needed in positive supports training including: Awareness Skill building in positive supports Facilitation of positive supports Trainer-level preparing facilitators	Annual report, 2016 includes an inventory of levels of training intensity in positive supports	Work with infrastructure and marketing workgroups and agency leads to establish initial inventory of training systems and materials Present to state-wide team and discuss need for curriculum to be developed Create a plan for continuing to build on curriculum and to add into infrastructure	Although awareness level training materials have been targeted within the marketing workgroup, a comprehensive assessment will be helpful outlining the types of training material by level of intensity across positive supports (for instance, trauma informed	Inventory included in Annual Report 2016

		training	therapy vs. trauma informed thinking)	

Long Term Objectives *(To Be Achieved Within Next 3-5 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
State positions include application and hiring procedures that require individuals to have experience in positive supports	Documentation of state application, hiring, and related documents	Agency-wide teams take the lead by creating policy and documentation indicating all state positions strongly prefer professionals who have received training in positive supports in preservice or inservice settings	State professionals who are already aware of positive supports are better able to support implementation	2017 Annual Report includes progress made in this area
Curriculum is in place across three prevention tiers and across levels of intensity for positive supports; website provides a way in which individuals can learn more about accessing these layers of curriculum	Annual report 2017 described final steps in initial curriculum development

Website describes layers of curriculum to individuals interested; access to training materials is available via the website | State-wide team works through immediate and intermediate steps to finalize this goal

Workgroups responsible continue to refine and innovate curriculum over time | Data are used to improve training systems each year and website provides transparent and easy access to training for systems change purposes | 2018 Annual Report |
| Departments in prioritized list across universities are providing preservice training and working with state professionals to prepare individuals for implementing positive supports | Annual report 2018 provides list of accomplishments including universities and departments that responded to requests

Policy describing changes in personnel preparation via bachelor's degree, | State-wide team works through immediate and intermediate steps to finalize this goal

State finalized documentation necessary to support changes in policy | Policy level changes helps to ensure sustainable practice | 2018 Annual Report
2019 Annual Report |

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master's degree, continuing education, and clinical supervision and practicum experiences to align with need for training in positive supports				

Committee/Work Group Name: <u>Create and Maintain an Inventory of Policies</u>

Date: _____ Committee/Work Group Members:_____

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Implementation Goal #5: Create and Maintain an Inventory of Policies

Immediate Term Objectives *(To Be Achieved Within Next 6-8 Months)*

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
An inventory of policies across agencies related to restrictive practices and positive supports is conducted	Documentation (inventory)	Create excel file Send out online survey to gather information	The state is reviewing consistency of policies across agencies to improve practices	October 22, 2014
Team analyzes inventory and identifies strengths and areas of need	Annual report 2014 including summary of strengths, needs, and actions taken	State-wide team members review inventory and creates a summary to be shared with state-wide team	The analysis assists the state in moving forward with consistency and best practice	October 22, 2014
Inventory is placed on Sharepoint internally within the state for initial sharing of information	Sharepoint contains information	DHS will take the lead in posting materials	Transparency and communication is important in the state-wide planning process	November, 2014
A list of common terms that will be evaluated to ensure information is consistent across agencies	Documentation for annual report, 2015	Team is listing common terms based on overall inventory	Communication and consistency is an important goal in state-wide planning	October, 22, 2014

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
A grid with definitions occurring across agencies for the common terms will be established	For October 22, 2014 report	Terms are gathered across agencies along with the inventory of policies	First steps in establishing common definitions is to assess similarities	October, 22, 2014
Action plan for continuing to link definitions to incident reporting system for data-based decision making is in place	For October 22, 2014 report	Definitions to increase commonality across specific terms (e.g. restraint, crisis, etc.) will be presented across stakeholder groups, placed online for common via online survey, and modified based on definitions that fit across agencies	Communication and consistency is an important goal in state-wide planning	October, 22, 2014 through July, 2015 as incident report system is finalized

Intermediate Term Objectives *(To Be Achieved Within Next 1-2 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Inventory of terms are placed on the MN PBS website for all stakeholders	Website Documentation	Work with marketing workgroup to establish website Place content in section that is easy to access Monitor access to inventory via downloads	Communication and consistency is an important goal in state-wide planning	August 2015

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Training materials and incident report form information is available on MN PBS website	Website Documentation	Work with marketing workgroup to establish website Place content in section that is easy to access Monitor access to inventory via downloads	Communication and consistency is an important goal in state-wide planning	August 2015
Once inventory is stable and definitions confirmed with stakeholders, the state-wide team will organize a webinar and invite APBS network members from other states to participate in discussion	Webinar materials for presentation	Establish lead presenter Set up logistics (date, platform for sharing materials, etc.) Invite individuals using the apbs.org members site to identify individuals who may be interested	Sharing information with others may provide new ideas and ways to proceed forward	October, 2015

Long Term Objectives *(To Be Achieved Within Next 3-5 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Inventory is refined and maintained online over time reflecting evolution of MN Positive Supports	Meeting minutes Inventory documentation Annual reports	State-wide team adds inventory to agenda each year and reviews whether changes are necessary	State-wide planning will move from initial implementation to innovation over time	Updates to inventory reported in Annual Reports 2016-2019
Definitions are reviewed and modifications made to data systems	Meeting minutes Grid with definitions	State-wide team adds inventory to agenda each year and reviews whether changes are necessary	State-wide planning will move from initial implementation to innovation over time	Updates to inventory reported in Annual Reports 2016-2019

Committee/Work Group Name: Establish an Interagency Crisis Management Team to Monitor and Support Individuals Needing Intensive Plans

Date: _____   Committee/Work Group Members:_____

Implementation Goal #6: Establish an Interagency Crisis Management Team to Monitor and Support People Needing Intensive Plans

Immediate Term Objectives *(To Be Achieved Within Next 6-8 Months)*

What Actions Are Needed to Meet This Goal?	How will the success of the immediate-term objective be evaluated?	What are steps to achieve the immediate-term objective?	How is this immediate-term objective relevant to the long-term objective?	What is the time frame for achieving the immediate-term objective?
Form an interagency crisis prevention team	Meeting minutes List of participants for public meeting List of sub team members to monitor people regularly	State-wide team makes a list of crisis systems teams, and state professionals; Other related stakeholders are invited (people receiving services, advocates, etc.) Part of meeting is public (2x a year for larger discussions) State sub team members will identify specific people who engage in serious problem behavior and have experienced multiple "crises"	Crisis prevention is part of Tier 3 services provided by the state	November, 2014
Identify an initial small number of people to follow and monitor progress Establish whether individualized plans are in place to support individual	Meeting minutes	Use information about a small group of people needing more intensive supports to: • Streamline communication across agencies • Improve flexibility of services for people • Establish	Providing a way to monitor people with a history of experiencing crisis can provide important information that is used to improve services	November, 2014

		strately strategies for improving positive supports • Brainstorm ways to increase behavioral expertise and supports		
Explore national crisis models and identify ways to improve outcomes and increase behavioral expertise for crises	Presentations by invited professionals	Invite presenters representing major crisis management systems	Learning about best practice in crisis management systems provides new information as new systems are reported over time	January, 2015 through July, 2015

Intermediate Term Objectives *(To Be Achieved Within Next 1-2 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Outline lessons learned by crisis prevention team and create a report that outlines policies and procedures to improve crisis prevention	Annual report includes section on crisis prevention planning	Use information gathered from public discussions and private progress monitoring to make recommendations Workgroup shares recommendations with state-wide team Policies and procedural suggestions are made formally to state system	The crisis workgroup will provide details necessary to consider innovative strategies for prevention	Annual report 2015

What Actions Are Needed to Meet This Goal?	How will the success of the intermediate-term objective be evaluated?	What are steps to achieve the intermediate-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
Create a plan to provide incentives to exemplary organizations who choose to work with people who have a history of challenging behavior since these systems are better able to prevent challenging behavior	Annual report provides this information based on workgroup recommendations	Crisis workgroup continues gathering information from public group and progress monitoring Recommendations are proposed to the state-wide team Information is shared via a proposal for new policy and supports	Use growing evidence and data from implementation to show why policies are needed	Annual report 2015 Policy documents 2016

Long Term Objectives *(To Be Achieved Within Next 3-5 Years)*

What Actions Are Needed to Meet This Goal?	How will the success of the long-term objective be evaluated?	What are steps to achieve the long-term objective?	How is this intermediate-term objective relevant to the long-term objective?	What is the time frame for achieving the Intermediate-term objective?
New policies and procedures are approved and legislative support in place to improve crisis prevention system	Policies and procedures approved Evidence of legislative proposals	Workgroup completes immediate and intermediate actions to accomplish this task	New ideas driven by workgroup experience improves interagency communication and service provision	Annual report 2016 and 2017 describes progress made
Data from state-wide planning show that organizations receiving TA have lower numbers of crises over time compared with organizations that have not yet started implementing	Data from local, regional, agency-wide and state-wide reports	Work with state-wide team to monitor data related to crises, injury, emergency room visits, acute care stays, etc. via the crisis management workgroup	Using data for decision making should occur at all levels of state-wide planning	Annual reports 2017, 2018, 2019 highlights evidence regarding long term implementation of positive supports
Incentives are in place for exemplary organizations to manage more	Policy documents finalized and approved	Plan for sharing information via organizations participating in	Transition planning occurs for people who are not well	Annual reports 2017, 2018

challenging cases since these systems are better able to support people with challenging behavior		TA Place information on the website Workgroup identifies people who would excel in certain conditions and assists in transition planning	suited for current living situations Organizations serving individuals choose to participate in TA training in order to improve services for individual the group is monitoring	