



# Minnesota Olmstead Subcabinet

October 9, 2015

To the People of Minnesota,

On behalf of the *Olmstead* Subcabinet, I am pleased to present the *Olmstead* Plan's workplans. The *Olmstead* Plan, approved by the Court on September 29, 2015, includes specific strategies needed to achieve the identified measurable goals. The Plan requires that these strategies be supported by workplans.

The success of the *Olmstead* Plan will be measured by an increase in the number of people with disabilities who, based upon their preferences, live close to their friends and family as independently as possible, work in competitive, integrated employment, are educated in integrated school settings, and fully participate in community life. These workplans are designed to make progress toward the subcabinet's commitment to ensure that Minnesota is a place where people with disabilities experience lives of inclusion and integration in their communities.

In developing the workplans, agencies were asked to identify actions necessary to support each of the Plan's key strategies over a one to two year time period. These actions needed to include verifiable outcomes, specific deadlines, and identify the agency responsible for implementation.


As discussed with the Court during mediation sessions, each state agency, the Olmstead Subcabinet, and the Olmstead Implementation Office will be responsible for:

- Communication of the Plan's measurable goals to people with disabilities and their families;
- Monitoring progress of the workplans;
- Making adjustments to the workplans as needed; and
- Routinely reporting on progress in achieving the measurable goals

By regularly reviewing the progress of the workplans, both the subcabinet and the public will be able to see that work is being done to support the achievement of the measurable goals. The workplans are data driven and focus on important process steps, but will not necessarily directly measure qualitative changes in the lives of people with disabilities and their families.

These workplans have been verified against the relevant portions of the *Jensen* Settlement Agreement and the associated Comprehensive Plan of Action and both the March 20, 2015 and August 10, 2015 versions of the *Olmstead* Plan to ensure completeness. Adjustments may be made to the workplans pending review by Magistrate Judge Becky R. Thorson, as specified in the September 29, 2015 court order, and approval of the Court.

The agencies represented on the *Olmstead* Subcabinet are ready to begin implementation of the workplans.



Mary Tingerthal, Chair  
Olmstead Subcabinet

# Olmstead Plan Workplans

October 9, 2015

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## Agency Acronyms

DEED – Department of Employment and Economic Development	MDHR – Minnesota Department of Human Rights
DHS – Department of Human Services	MHFA – Minnesota Housing Finance Agency
DOC – Department of Corrections	MnDOT – Minnesota Department of Transportation
MDE – Minnesota Department of Education	MN-IT – Minnesota Information Technology
MDH – Minnesota Department of Health	OIO – Olmstead Implementation Office

## **Olmstead Plan Workplan – Person-Centered Planning**

### **August 10, 2015 Plan Goals (page 32)**

**Executive Sponsor:** Jennifer DeCubellis (DHS)  
**Lead:** Erin Sullivan Sutton (DHS)

#### **GOAL ONE:**

By June 30, 2020, plans for people using disability home and community based waiver services will meet required protocols. Protocols will be based on the principles of person centered planning and informed choice.

#### **GOAL TWO:**

By 2017, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

#### **STRATEGIES:**

1. Broaden the effective use of person-centered planning principles and techniques for people with disabilities
2. Evaluate the effectiveness of person-centered planning principles and techniques

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

<b>1</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A	Implement person-centered and informed choice protocols	Minnesota will establish clear standards in person-centered planning incorporating current regulations, standards, policies and best practices.		DHS, MDE, DEED
A.1	Review all relevant person centered planning and informed choice standards, policies, and best practices in order to establish person centered planning and informed choice protocols	People with disabilities, families, advocates, lead agencies and providers will have access to person-centered planning and informed choice protocols.	A.1: Review standards by <b>October 31, 2015</b>	Parties to the Jensen Settlement agreement
A.2	Define standards that work across agencies for person-centered planning and informed choice with input from people who use the services and parties to the Jensen settlement agreement and publish protocols	There are many requirements and definitions about person-centered planning that need to be brought together to establish Minnesota's standards.	A.2: Publish protocols by <b>January 1, 2016</b>	Lead agencies (counties, tribes and health plans)
A.3	Conduct public outreach to inform public about protocols		A.3: Conduct public outreach by <b>January 31, 2016</b>	
A.4	Begin implementing protocols with people who receive waiver services		A.4: Implement protocols in waiver services by <b>January 1, 2016</b>	
B	Communicate, train and provide technical assistance to lead agencies and providers about person centered practices and informed choice protocols	Person centered practices and informed choice are necessary for persons with disabilities to exercise personal preferences in housing, employment, education and other services and supports.		DHS, MDE, DEED, DOC
B.1	Publish series of bulletins on person-centered practices and informed choice protocols	Lead agencies and providers need a complete understanding of the principles of person-centered practices and informed choice to effectively fulfill their responsibilities.	B.1: Publish bulletins by <b>December 31, 2015</b>	Lead agencies (counties, tribes and health plans)
B.2	Require expanded training and monitoring of person-centered practices and informed choice for certified assessor re-certification		B.2: Require training and monitoring for certified assessors beginning <b>December 31, 2015</b>	

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.3	Provide a Community of Practice for case managers to problem-solve and learn from one another using case studies and other formats. (A Community of Practice is a model that brings together professionals performing similar functions with the intention of learning from one another.)	Through the use of a Community of Practice model case managers will develop the necessary skills to support organizations in adapting new person centered practices. These strategies will emphasize individualized service and housing options, community engagement, and employment.	B.3: Community of Practice with Jensen class members' case managers <b>Ongoing</b> ;  Include other case managers beginning <b>May 31, 2016</b>	MDE, DEED, DOC  Lead agencies (counties, tribes and health plans)
B.4	Initiate Learning Community for professionals who do support planning, e.g., MnCHOICES Certified Assessors, Case Managers, Care Coordinators, Relocation Service Coordinators. The Learning Community provides more general training than the Community of Practice and is open to a wider audience. There will be sessions that include hearing from people from diverse cultural and ethnic communities who use services.	People from diverse cultural and ethnic communities will provide information on what works and what doesn't in person-centered planning practices.	B.4: Initiate Learning Community by <b>October 31, 2015</b>	
B.5	Host Housing Best Practices Forums to provide tools and skills in developing individualized housing solutions, including finding and maintaining housing		B.5: Host Housing Best Practices Forums <b>Ongoing</b>	
B.6	Train 625 case managers, assessors and planners in person-centered thinking and 500 case managers, assessors and planners in person-centered planning		B.6: Train person-centered thinking and person-centered planning by <b>June 30, 2016</b>	
B.7	Develop person-centered practices in home and community based services through legislatively authorized quality add-ons to service rates to providers		B.7: Provide quality add-ons for providers beginning <b>December 31, 2015</b>	

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.8	Develop plan for expanding person centered practices to all services provided through MDE, DEED, and DHS		B.8: Develop expansion plan by <b>June 30, 2016</b>	MDE, DEED, DOC
B.9	DOC will implement a system for assessing plans for people exiting state correctional facilities for fidelity to person-centered principles.		B.9: Implement DOC system beginning <b>July 1, 2016</b>	Lead agencies (counties, tribes and health plans)
B.10	Develop a training and technical assistance plan to increase provider capacity to provide person-centered services		B.10: Develop training plan by <b>August 31, 2016</b>	
C	Train people and their families on person-centered planning through multiple efforts	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.		DHS
C.1	Provide training and technical assistance in self-advocacy and person-centered planning through year-long process for at least 21 people with disabilities and their support teams. Once training is completed, listening sessions featuring people who received the training will be held with DHS staff.  Sessions will include hearing from people from diverse cultural and ethnic communities who use services.		C.1: Begin training and technical assistance to 21 people by <b>January 31, 2016</b>	Advocacy groups Selected vendors
C.2	Develop materials and implement training to help people with disabilities, families and guardians understand options, answer questions and connect with those who can assist them in making an informed choice and planning for a transition.		C.2: Develop materials and implement training by <b>June 30, 2016</b>	

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.3	Give 750 people with disabilities and/or family members' access to person-centered training via the College of Direct Supports. College of Direct Supports is a training curriculum with an emphasis on person-centered practices.		C.3: Train 750 people by <b>June 30, 2017</b>	
C.4	Seek input from people who have been part of the training about the training. Input will be used to enhance future training.		C.4: Seek input by <b>June 30, 2017</b>	
D	Ensure access to person-centered planning	People with disabilities and their families will have access to person-centered planning services and informed choice. This requires both access to the service and the capacity to provide the service.		DHS
D.1	Clarify with Centers for Medicare and Medicaid Services (CMS) which services fund person centered planning		D.1. Clarify CMS funding for person centered planning by <b>October 31, 2015</b>	Selected vendor
D.2	Develop recommendations for DHS leadership on including person centered planning and informed choice as a new service to be covered by the Medicaid state plan and grant funding		D.2: Develop recommendations for Medicaid state plan/grant funding by <b>October 31, 2016</b>	
D.3	Determine the number of qualified planners available to develop person centered plans; determine if this is sufficient capacity; and if not develop plan to increase capacity. This will include efforts to recruit and develop more racially and ethnically diverse qualified planners.		D.3: Determine number of qualified planners by <b>March 1, 2016</b> ; Develop expansion plan by <b>June 30, 2016</b>	
D.4	Train six people to certification standards necessary to lead person-centered planning trainings		D.4. Train six people by <b>June 30, 2016</b>	



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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Use the National Core Indicator survey until the Quality of Life survey is available in 2016. NCI surveys will be conducted annually including, interviews, analysis and posted results	The posted results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	NCI surveys began in 2014 and continue annually: <ul style="list-style-type: none"> <li>Complete interviews by <b>April 2016</b></li> <li>Analyze data by <b>August 2016</b></li> <li>Post National results by <b>December 2016</b></li> </ul>	DHS  National Core Indicators collaboration
B	Monitor implementation of person centered planning strategies	Implementation of person centered planning processes will improve over time.	B.1: Begin county self-audits by <b>March 31, 2016</b>  B.2: DHS audits county plans <b>during 2016 Annual Waiver Reviews</b> ; Publish results by <b>July 2017 and annually thereafter</b>  B.3: Provide technical assistance beginning <b>January 2016</b>  B.4. Submit report to subcabinet by <b>March 31, 2017 and annually thereafter</b>	DHS  Lead agencies (counties, tribes and health plans)
B.1	Counties will conduct self-audits on person centered planning processes			
B.2	DHS will audit county plans and provide feedback to counties on needed improvements. Results will be published on DHS website			
B.3	DHS will provide technical assistance to lead agencies as needed			
B.4	Submit annual report to subcabinet on progress of Olmstead person centered planning goals and utilize results of monitoring as a continuous improvement process			
C	Evaluate the potential of a monitoring role by the State Quality Council in light of 2015 legislative appropriations	The legislatively-created State Quality Council has a role in supporting the efforts to create a person-centered system. They bring additional resources to the effort and can provide external review of the system.	C.1. Determine roles by <b>January 31, 2016</b>  C.2: Execute contracts by <b>May 31, 2016</b>	DHS  State Quality Council
C.1	Council and DHS in consultation with the OIO will deliberate the role and responsibilities of the Council			
C.2	DHS (as fiscal agent) will execute contracts with regional quality councils to carry out responsibilities across the state			

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

**August 10, 2015 Plan Goals (page 38)**

**Executive Sponsor:** Jennifer DeCubellis (DHS)

**Lead:** Erin Sullivan Sutton (DHS), Anna Mc Lafferty (DOC)

### **GOAL ONE:**

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

### **GOAL TWO:**

By June 30, 2019, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting will be reduced to 30% (based on daily average).

### **GOAL THREE:**

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

### **GOAL FOUR:**

By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person centered planning process that adheres to transition protocols that meet the principles of person centered planning and informed choice.

### **STRATEGIES:**

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Develop an informed choice process which includes housing & employment options for all individuals receiving long term services and supports - including mental health.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.	A.1: MnCHOICES process developed by <b>December 31, 2015</b> ; Mental Health services process developed by <b>January 31, 2016</b>	DHS Lead Agencies (counties, tribes and health plans)
A.2	Insert informed choice process into existing planning processes.	This will give them the opportunity to be in the most integrated setting of their choice, and have the opportunity to interact with nondisabled persons to the fullest extent possible.	A.2: Insert informed choice into existing processes by <b>January 31, 2016</b>	
A.3	Provide training to lead agencies on the informed choice process.		A.3: Begin training by <b>February 28, 2016</b>	
A.4	Develop a survey to capture the percent of individuals who developed a transition plan and moved to a more integrate setting of their choice.	This will result in an increase in the number of individuals with disabilities moving to integrated housing and employment.	A.4: Develop survey by <b>February 28, 2016</b>	
A.5	Design new services, standards and rates to support alternative housing options		A.5: Design services, standards and rates by <b>June 30, 2016</b>	
A.6	Implement new services upon legislative approval		A.6: Implement <b>upon approval</b>	
B.1	Provide year-long training and technical assistance in self-advocacy and person-centered planning to at least 21 people with disabilities and their support teams.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support them planning and advocating for their choices.	B.1: Begin training/technical assistance to 21 people by <b>January 31, 2016</b>	DHS Advocacy groups  Selected vendors
B.2	Develop materials to help people with disabilities, families and guardians understand options, answer questions and connect with those who can assist them in making an informed choice and planning for a transition.		B.2: Develop and implement training by <b>June 30, 2016</b>	
B.3	Give 750 people with disabilities and/or family members' access to person-centered training via the College of Direct Supports.		B.3: 750 people have accessed on-line person-centered training by <b>June 30, 2017</b>	

**Strategy 2:** Implement new transition protocols

<b>2</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A.1	Test new transition protocols	Transition protocols will ensure that there is a uniform standard of practice, built upon the five key principles of transition planning from the Olmstead Plan (as agreed to in the Jensen settlement agreement) available to people who use long-term supports and services, including mental health services.	A.1: Test protocols by <b>August 31, 2015</b>	DHS  Lead Agencies (counties, tribes and health plans)
A.2	Revise and pilot transition protocols		A.2: Pilot protocols by <b>September 30, 2015</b>	
A.3	Train lead agencies on pilot transition protocols and tools		A.3: Provide training beginning <b>October 31, 2015</b>	
A.4	Submit transition protocols to the subcabinet for approval that include 4 components: <ul style="list-style-type: none"> <li>• Outreach protocol lays out expectations regarding giving people the opportunity to make choices about where they live and how they receive services.</li> <li>• Transition planning protocol lays out the standards that the Department of Human Services has designed for use with transitions from all segregated settings.</li> <li>• Follow-up protocol ensures implementation of the plan.</li> <li>• Systems tracking and measurement protocol to provide data for identifying trends that will inform policies, funding, training and other activities.</li> </ul>		A.4: Subcabinet approves protocols by <b>February 1, 2016</b>	
A.5	Post approved protocols on Olmstead website		A.5: Post protocols on website <b>within 30 days of subcabinet approval</b>	
A.6	Implement transition protocols		A.6: Begin implementation of protocols <b>within 30 days of subcabinet</b>	
A.7	Implement federal rule governing Home and Community-Based Services (HCBS) requiring assessment and person centered planning practices which are complementary to the transition protocols.		A.7: Implement HCBS rule by <b>March 31, 2019</b>	

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

<b>3</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A.1	Evaluate the current range of services available, such as those through home and community based services as necessary to make available flexible options to support transitions to more integrated settings.	Adequate resources and options will be available to meet people's needs and individual desires so that they can live and pursue their interests in the most integrated setting of their choice.	A.1: Evaluate services by <b>November 30, 2015</b>	DHS  Lead agencies (counties, tribes and health plans)
A.2	Identify services available to individuals in integrated settings		A.2: Identify alternatives - <b>Ongoing</b>	Providers
A.3	Provide targets for service development, to lead agencies and providers. Include efforts to recruit and develop more racially and ethnically diverse providers.		A.3: Establish targets by <b>March 31, 2016</b>	
B	Increase capacity at lead agencies to assist people in accessing affordable housing	Lead agency staff and providers will receive training and technical assistance to assist individuals with disabilities to access integrated and affordable housing.		DHS
B.1	Provide technical assistance and mentoring to lead agencies and providers on the use of innovative approaches to individualized housing and supports		B.1: Provide technical assistance to lead agencies beginning <b>December 31, 2016</b>	Lead agencies (counties, tribes and health plans)  Providers
B.2	Provide technical assistance to county financial workers regarding using Minnesota Supplemental Assistance (MSA) to develop individualized housing and supports		B.2: Provide technical assistance to county financial workers beginning <b>June 30, 2016</b>	
B.3	Provide technical assistance to contract managers and providers regarding new Group Residential Housing (GRH) policy changes that increase choice and access to individualized housing and supports		B.3: Provide technical assistance to contract managers/providers beginning <b>June 30, 2016</b>	

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

<b>4</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A.1  A.2	DHS and lead agencies will conduct audits of transition planning to determine if transition meets protocols  Analyze audit results and report to the subcabinet on trends and needed changes in policies, protocols, funding, and training	Adherence to transition protocols will result in individuals choosing supports and services that are likely to be successful for them.  Routine auditing of these processes will increase the compliance rate with protocols by lead agencies and providers.  DHS will monitor the progress towards adhering to person-centered standards for transition planning. Analysis of the data gathered will inform plans for continuing to improve the system.	A.1: Begin audits by <b>June 30, 2016</b> (one-third of counties are audited every year)  A.2: Report to subcabinet by <b>December 31, 2016 and annually thereafter</b>	DHS  Lead agencies (counties, tribes and health plans)
C  C.1  C.2	Monitor the number, percent, and length of stay, and adherence to transition protocols for AMRTC patients under restore to competency orders  Design and implement data system  Analyze and report data on transition protocols and recommendations of changes needed	Patients under restore to competency orders and civil commitments for mental health treatment at AMRTC experience longer than necessary stays. Utilization of transition protocols will result in better treatment and appropriate lengths of stay.	C.1: Implement data system by <b>January 1, 2016</b>  C.2: Report quarterly beginning <b>April 30, 2016</b>	DHS
D	DHS, DEED and DOC will work together to ensure efficient and successful transitions for people leaving DOC facilities and entering community services. In support of these transitions, DOC will seek funding approval of an electronic health record system.	For the 2015 legislative session, DOC developed a legislative initiative to seek funding for an electronic health record system to assist with release to community settings with appropriate levels of support. DOC will continue to seek passage of this legislation.		DHS, DEED, DOC

<b>4</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
D.1	DOC, DHS and community providers will begin to provide training to all DOC staff involved in release planning activities of programs and resources appropriate to individuals with disabilities.	Reentry staff will be trained on community based services appropriate to individuals with disabilities exiting department of corrections. This will include 636 case managers, release planners, transition coordinators and field agents	D.1: Develop training by <b>July 1, 2015</b> ; Complete training for reentry staff by <b>January 1, 2017</b>	
D.2	Identify gaps and barriers to a more coordinated system of transition planning for people with disabilities exiting state correctional facilities.	DOC staff involved in release planning will make effective referrals to disability services and facilitate informed choice with respect to those services.	D.2: Identify gaps and barriers by <b>June 1, 2015 and ongoing</b>	
D.3	Identify and implement improvement strategies for transition planning for people with disabilities exiting state correctional facilities. Report recommendations to DHS/DOC leadership.		D.3: Report recommendations by <b>January 31, 2017</b>	

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

### **August 10, 2015 Plan Goals (page 44)**

**Executive Sponsor:** Jennifer DeCubellis (DHS) and Ryan Baumtrog (MHFA)

**Lead:** Erin Sullivan Sutton (DHS) and Joel Salzer (MHFA)

#### **GOAL ONE:**

By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,547 (from 6,017 to 11,564 or about a 92% increase).

#### **STRATEGIES:**

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



**Strategy 1: Create more affordable housing**

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Utilize the Bridges Regional Treatment Center (RTC) funding allocated from the Transitions to Community program, and the additional Bridges rental assistance funding provided in 2015. The Bridges and Bridges RTC programs provide rental assistance to support people with a serious mental illness, especially those people exiting institutional settings.	Increasing the Bridges program capacity will increase the number of people with disabilities who are exiting a segregated setting or at risk of a segregated setting that receive rental support for housing in their community.  The individual will have a signed lease and access to supportive services.		MHFA, DHS
A.1	MHFA will issue request for proposals (RFP) for additional Bridges funding and Bridges RTC funding, including renewal of existing grants	Annual increase in numbers of individuals achieving integrated housing through the Bridges programs will be reported in the Housing measurable goal.	A.1: Issue Bridges RFP by <b>August 31, 2015</b> ; Issue Bridges RTC RFP by <b>January 30, 2016</b>  A.2: Award Bridges grants by <b>February 1, 2016</b> ; Award Bridges RTC grants by <b>July 1, 2016</b>	
A.2	MHFA will select housing agencies and implement grants			
B	Measure housing stability for people who enter the Bridges program under the additional Bridges funding which established a priority for people leaving institutions or who are homeless.	The Bridges program, which is implemented by contracting with housing agencies that provide rental assistance who are partnered with mental health entities, will increase the number of households who will have affordable, integrated housing and supportive services, which will increase housing stability.	B: Measure housing stability for new households entering Bridges after <b>July 1, 2015</b>  B.1: Report outcomes to MHFA Commissioner by <b>September 30, 2016 and annually thereafter</b>  B.2: Publish recommendations and set goals by <b>March 3, 2017</b>	MHFA, DHS
B.1	Report to MHFA commissioner initial housing stability outcomes			
B.2	Make recommendations to housing agencies regarding strategies increase housing stability			
C	Utilize the new Section 811 Project Rental Assistance funding. Section 811 program provides rental assistance to people with disabilities who are either homeless or exiting an institution.	New Rental Assistance will increase the number of people with disabilities who exit a segregated setting, or a situation at risk of segregation, into integrated housing with a		MHFA, DHS

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.1	Lease all 85 Section 811 units awarded in 2014 (Round I) to eligible households	signed lease and access to supportive services.	C.1: Lease all Round I Section 811 units by <b>October 30, 2016</b>	
C.2	Issue funding opportunities for the Section 811 units awarded in 2015 (Round II) in the Consolidated RFPs		C.2: Publish Round II Section 811 funds in RFP by <b>April 30, 2016</b> ; Publish any remaining Round II Section 811 funds by <b>April 30, 2017</b>	
C.3	Lease all 75 Round II Section 811 units to eligible households		C.3: Lease all Round II Section 811 units by <b>December 30, 2019</b>	

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

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Implement group residential housing (GRH) policy changes adopted in 2015 legislative session.	<p>The policy changes will promote choice and access to integrated settings by</p> <ul style="list-style-type: none"> <li>• Giving people more control regarding the county in which they prefer to live</li> <li>• Removing barriers to working</li> <li>• Separating the service payment from the housing payment so that people can have informed choice of housing and services.</li> </ul>	<p>A.1: Issue bulletin, complete training design and process for responding to questions by <b>April 1, 2015</b></p> <p>A.2: GRH Orientation training available beginning <b>January 30, 2016</b></p> <p>A.3: Issue bulletin and complete training by <b>April 1, 2016</b></p> <p>A.4: Complete systems changes by <b>December 30, 2016</b></p>	DHS
A.1	Issue Bulletin regarding first set of changes and new forms to lead agencies; complete statewide webinar and in-person trainings for counties, tribes and providers; establish process for responding to and publishing providers' frequently asked questions			
A.2	Release GRH Orientation training			
A.3	Issue Bulletin on new work incentives and enrolling GRH providers in service billing system and complete trainings for lead agencies and providers. incentives			
A.4	Complete all systems changes			

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Increase access to information about integrated housing for persons with disabilities through improved technology solutions.	People with disabilities will be able to make informed choices when they understand what options are available to them.		MHFA, DHS
A.1	Using existing contract with HousingLink, launch the revised HousingLink website with enhanced features specifically for people with disabilities	These activities will give people with disabilities multiple ways to access information regarding affordable housing options.	A.1: Launch revised HousingLink website by <b>September 30, 2015</b>	HousingLink
A.2	Develop a communication plan for HousingLink revised website including contact information for Linkage Line staff who can assist individuals in accessing the information by means other than online		A.2: Develop a HousingLink communication plan by <b>October 31, 2015</b>	World Institute on Disabilities
A.3	Using existing contract with World Institute on Disabilities, develop a communication and training plan for providers, counties and tribes on HB101		A.3: Develop HB101 communication and training plan by <b>June 30, 2016</b>	
A.4	Develop and promote the housing planning tool on HB101 to help people with disabilities explore their options		A.4: Develop/promote housing planning tool on HB101 by <b>June 30, 2016</b>	
B	Provide targeted education and technical assistance to counties to increase access to income supplements.	There are some individuals who are eligible for income supplements for housing but are unaware of this benefit.		DHS
B.1	Develop a technical assistance plan and <u>implement</u> plan for county financial workers regarding Minnesota Supplemental Aid	Technical assistance will increase the number of eligible people with disabilities who are receiving support to pay for the cost of housing.	B.1: Develop and implement technical assistance plan for county financial workers by <b>December 31, 2016</b>	
B.2	Develop a technical assistance plan for lead agency contract managers and providers on Group Residential Housing policy changes		B.2: Develop technical assistance plan for lead agency contract managers and providers by <b>June 30, 2016</b>	

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C	Implement evidence-based practices and person-centered strategies related to housing. Develop outreach, training and technical assistance to lead agencies, support planning professionals, providers, individuals and their support systems.	Utilization of evidence based practices and person centered strategies related to housing have been proven effective at increasing the number of people with disabilities in integrated housing.  Lead agencies and providers will adopt best practices, and person-centered strategies related to housing.	Implement technical assistance beginning <b>June 30, 2016</b>	DHS
D	Develop policy recommendations and strategies to access Medicaid coverage for housing related activities and services for individuals with disabilities.	CMS guidance focuses on access to integrated housing for people with disabilities.		DHS
D.1	Evaluate the Centers for Medicaid and Medicare Services (CMS) guidance on the use of federal funding for housing related services for people with disabilities in contrast with existing policy and practices.	Minnesota's policy will align with the CMS guidance on using Medicaid funding for housing-related services for people with disabilities.	D.1: Complete evaluation of CMS guidance by <b>November 30, 2015</b>	
D.2	Propose preliminary policy recommendations and strategies to DHS leadership	Alignment with the CMS policy will increase access to integrated housing for people with disabilities.	D.2: Propose policy recommendations by <b>December 31, 2015</b>	
E	Monitor implementation of new DHS housing related policies on individuals accessing integrated affordable housing. Identify and assess barriers for individuals to obtain and maintain housing and make recommendations to DHS leadership.	Ensures early identification of changes needed to achieve integrated affordable housing.	Report barriers and recommendations by <b>July 31, 2016 and annually thereafter</b>	DHS

## **Olmstead Plan Workplan – Employment**

### **August 10, 2015 Plan Goals (page 48)**

**Executive Sponsor:** Jeremy Hanson Willis (DEED) and Jennifer DeCubellis (DHS)

**Lead(s):** David Sherwood Gabrielson (DEED), Erin Sullivan Sutton (DHS) and Robyn Widley (MDE)

#### **GOAL ONE:**

By September 30, 2019 the number of new individuals receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive, integrated employment will increase by 14,820.

#### **GOAL TWO:**

By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive, integrated employment.

#### **GOAL THREE:**

By June 30, 2020, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive, integrated employment will be 763.

#### **STRATEGIES:**

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

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

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

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Develop an interim interagency data system to measure employment outcomes	In order to monitor progress in movement from segregated to competitive, integrated employment it is necessary to collect employment information for individuals with disabilities, including: type of employment; work setting and employer of record; hourly wage, benefits and number of hours worked; and informed choice planning information.	A.1: Develop interim interagency data system by <b>July 31, 2016</b>	DHS, DEED, MDE Department of Administration
A.2	Develop a permanent interagency data system to measure employment outcomes, including outcome measures by race and ethnicity.		A.2: Develop interagency data System and interim baseline by <b>June 30, 2017</b>	
A.3	Review data, establish baseline and adjust annual goals if necessary		A.3: Finalize baseline and adjust annual goals by <b>December 31, 2017</b>	
A.4	Conduct annual review of data and progress toward benchmarks. Make modifications where needed.	The data system will make it possible to measure the expansion of opportunities for integrated, competitive employment.	A.4: Annually review data by <b>December 31, 2017</b>	

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Align agency policies to support an individual's informed choice for employment.	By realigning employment-related policies and funding priorities across DHS, DEED and MDE, it will be possible to meet the expectations of individuals with disabilities who choose competitive, integrated employment.		DHS, DEED, MDE  Employment Practice Review Panel  MN Employment First Coalition
A.1	Seek funding for appropriate rates for proposed employment services		A.1: Prepare funding proposal by <b>November 30, 2015</b>	
A.2	Submit to Center for Medicaid Services (CMS) proposed changes to federal Medicaid waiver plan to include revised employment service definitions. Waiver amendment process includes public comment period.	People who choose competitive, integrated employment will have access to it.	A.2: Submit waiver amendments to CMS by <b>July 31, 2016</b>	
A.3	Upon approval from CMS, provide training and implementation of provisions of new employment waiver services.		A.3: Provide training and implement waiver changes <b>upon CMS approval</b>	



3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Direct funds used for vocational evaluations and/or employment placement services to competitive, integrated settings.		A.4: Redirect funds during <b>2015-2016 school years</b>	
A.5	Develop and implement new strategies, directives and common definitions that promote employment across agencies.		A.5: Implement employment strategies by <b>October 31, 2016</b>	

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Identify 16 local education agencies serving the largest numbers of students 19-21 with developmental cognitive disabilities.	Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting transition aged youth from school to integrated, competitive employment.	A.1: Identify 16 local education agencies by <b>October 31, 2015</b>	DHS, MDE, DEED
A.2	Provide capacity building learning sessions to 16 local education agencies. Sessions will include evidence-based strategies such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school.		A.2: Provide learning sessions to 16 agencies by <b>May 31, 2016</b>	Community Transition Interagency Committees (CTICS)
A.3	Review strategies used with the 2015-2017 group of 16 local education agencies and their community partners and introduce those strategies to a new group of agencies beginning during the 2017-2018 school year	By beginning with 16 local education agencies with this process, lessons learned will be used to expand to additional local education agencies over time.	A.3: Review strategies by <b>June 30, 2017</b>	16 Local Education Agencies
A.4	Expand capacity building learning sessions to next group of local education agencies.		A.4: Expand learning sessions during <b>2017-2018 school year</b>	Secondary Transition Community of Practice
A.5	Review resource requirements for youth employment services on an annual basis.		A.5: Review resource requirements by <b>June 30, 2017 and annually thereafter</b>	National Secondary Technical Assistance Team
				Placement Partnerships Project Search

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1	Expand availability of Individual Placement and Supports (IPS) Employment utilizing grant funding and issue report on impact	Individual Placement and Supports (IPS) Employment has proven to increase employment for people with disabilities. Examining other evidence-based practices such as rapid engagement and financial and benefits planning will improve individuals with disabilities in achieving their employment goals.	B.1: Annually report on impact of IPS expansion by <b>July 31, 2016 and annually thereafter</b>	DHS, DEED, MDE
B.2	Use the Substantial Gainful Activity (SGA) project to assess the impact of rapid engagement in competitive, integrated employment, and financial and benefit planning on employment outcomes.		B.2: Assess/report on impact of rapid engagement by <b>September 30, 2016</b>	Placement Partnerships
B.3	Follow up and evaluate the SGA Project	Using these best practices, will lead to an increase in integrated, competitive employment for individuals with disabilities.	B.3: Follow-up and evaluate SGA Project by <b>June 30, 2018</b>	
B.4	Expand use of estimator session by 30% and Disability Benefits 101 website by 50%.		B.4: Increase use of estimator sessions by <b>December 31, 2018</b>	
B.5	On an annual basis, provide estimates for resources to meet the demand for integrated, competitive employment. This includes IPS capacity and other evidence-based practices.		B.5: Annually provide estimates of resources by <b>June 30, 2016</b>	

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

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<b>Workforce Innovation and Opportunity Act (WIOA)</b>	Targeted funding for Pre-Employment Transition Services will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.		DHS, DEED, MDE
A.1	Begin implementation of the provision of Pre-Employment Transition Services (PETS) under WIOA §361.48(a), while continuing dialogue with federal officials about concerns with the provision prioritizing services to high school students that are eligible or potentially eligible for VR services, and monitor the impact of this provision on this population as well as other populations.		A.1: Implement WIOA provision of PETS beginning <b>July 2014</b>	State Rehabilitation Council
A.2	DEED and MDE will provide an overview of WIOA requirements to local education agencies and vocational rehabilitation service providers		A.2: Provide overview to local education agencies and providers by <b>July 22, 2016</b>	State Rehabilitation Council for the Blind Local education agencies
A.3	Track the fiscal and programmatic impact of the expansion of VR employment services to high school students with disabilities to determine sufficiency of resources for other populations in the short and long term.		A.3: Track impact of expansion by <b>July 22, 2016</b>	Workforce Centers
A.4	Monitor and report semi-annually to the subcabinet on programs using the Order of Selection (OOS) process, the impact on the programs, and an analysis. Review the implementation of OOS at regular intervals to determine if it can be revised.		A.4: Report to subcabinet by <b>July 22, 2016 and semi-annually thereafter</b>	
A.5	Report semi-annually to the subcabinet on the status of WIOA and the impact of its policies on SSB and VRS and the people they serve.		A.5: Report status of WIOA to subcabinet by <b>July 22, 2016 and semi-annually thereafter</b>	

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.6	Work with local, state, and federal partners to maximize the opportunities presented under WIOA to improve employment outcomes for youth and adults with significant disabilities, by advocating for the most optimal balance of resources.		A.6: Work with partners – <b>Ongoing</b>	
A.7	During the expansion of VR employment services efforts will be made to recruit and develop more racially and ethnically diverse service providers.		A.7: Recruit and develop diverse providers – <b>Ongoing</b>	
B.1	Implement WIOA Limitations on Use of Subminimum Wage under WIOA §397 <ul style="list-style-type: none"> <li>WIOA §397.20: Youth considering Subminimum Wage Job; and</li> <li>WIOA §397.40: Individuals Working in Subminimum Wage Jobs</li> </ul>	By providing an informed choice process which includes consideration of and experience with competitive integrated employment, there will be an increase of youth and adults with disabilities achieving competitive, integrated employment.	B.1: Implement WIOA limitations on use of Subminimum wage by <b>July 22, 2016</b>	DHS, DEED, MDE  State Rehabilitation Council
B.2	DEED/VRS-SSB must develop and implement informed choice process for persons considering or currently working in subminimum wage jobs. Implementation of the process must be documented. Compliance of entities holding subminimum wage certificates will be audited by the United States Department of Labor (US DOL)	Increased provision of services to youth and adults with disabilities will reduce the “tracking” of transition aged youth into non-competitive jobs and ensures that the informed choice process includes consideration of and experience with competitive integrated employment	B.2: Develop and implement informed choice process by <b>July 22, 2016</b>	State Rehabilitation Council for the Blind  Local education agencies  US DOL
C	<b>Promote hiring among contractors</b>	Providing information and technical assistance to contractors and subcontractors on effective strategies for hiring persons with disabilities will expand employment opportunities for people with disabilities.		DHS, DEED, MDE, MDHR
C.1	Provide information and technical assistance to federal contractors and subcontractors to support their efforts to recruit qualified individuals with disabilities under the Minnesota Human Rights Act.		C.1: Provide technical assistance to federal contractors - <b>Ongoing</b>	
C.2	Establish an interagency agreement defining the roles and responsibilities of MDHR and DEED-VRS.	The collaborative work between DEED and MDHR will support contractors and subcontractors in their effort to recruit	C.2: Establish interagency agreement by <b>January 15, 2016</b>	

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.3	MDHR will review the Affirmative Action Plans of state contractors to identify contractors who may benefit from information and technical assistance on hiring persons with disabilities.	and retain qualified individuals with disabilities.	C.3: Review state contractor Affirmative Action Plans - <b>Ongoing</b>	
C.4	Contractors will be referred to DEED-VRS for consultation regarding effective strategies for hiring persons with a disability.		C.4: Refer contractors to DEED-VRS beginning <b>February 15, 2016</b>	
C.5	DEED-VRS provides consultation regarding strategies for hiring persons with disabilities		C.5: Provide consultation to contractors beginning <b>February 16, 2016</b>	

**Strategy 6:** Implement the Home and Community Based Services (HCBS) rule in a manner that supports competitive, integrated employment

6	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Identify gaps and inconsistencies in the comparison of CMS' new regulations to current Minnesota regulations, including state statute, state rule, and federally approved waiver plans affected by the regulations.	Implementation of the HCBS rule will provide an opportunity for individuals with disabilities to achieve integrated, competitive employment.  These changes will lead to an increase in integrated, competitive employment for people with disabilities.	A.1: Identify gaps and inconsistencies by <b>December 31, 2016</b>	HCBS Advisory Committee
A.2	Recommend to DHS leadership, any needed changes to state statute, federal waiver plans, and DHS policy manuals to align regulatory requirements, service descriptions and provider standards with the federal rule.		A.2: Recommend changes to DHS leadership by <b>September 30, 2016</b>	
A.3	Action taken to implement changes through additional legislation, waiver amendments and revisions to policy manuals/web content		A.3: Implement changes by <b>December 31, 2018</b>	

## **Olmstead Plan Workplan – Lifelong Learning and Education**

### **August 10, 2015 Plan Goals (page 54)**

**Executive Sponsor:** Daron Korte (MDE)  
**Lead:** Robyn Widley (MDE)

**GOAL ONE:** By December 1, 2019 the number of students with disabilities, receiving instruction in the most integrated setting, will increase by 1,500 (from 67,917 to 69,417).

**GOAL TWO:** By October 1, 2020 the number of students who have entered into an integrated postsecondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475).

#### **STRATEGIES:**

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

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

1	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
A	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data on the number of schools using PBIS.	<p>One barrier that prevents students with disabilities from receiving instruction in the most integrated setting is the use of restrictive procedures.</p> <p>(PBIS) has proven effective in reducing the use of restrictive procedures, which results in increased access of students to the most integrated setting.</p> <p>A minimum of forty additional schools per year will use the evidence based practice of PBIS so that students are supported in the most integrated setting.</p> <p>By the 2015-2016 school year 532 or 26.5% of Minnesota schools will be implementing PBIS, impacting 247,009 students or (30% of all students).</p>	Report data on the number of schools using PBIS beginning <b>June 30, 2016 and annually thereafter</b>	<p>MDE</p> <p>Local education agencies</p>

**Strategy 2:** Continue strategies to effectively support students with low-incidence disabilities

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
A	<p>Continue implementation of the Regional Low Incidence Disabilities Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development. Specific focus are students with Developmental Cognitive Disorders (DCD) and Autism Spectrum Disorders (ASD).</p> <p>Annually collect and report data on the number of students with DCD and ASD in the most integrated setting.</p> <p>*A low incidence disability is one in which the rate of occurrence is small. In Minnesota, low incidence disabilities include those special education disability categorical areas with a child count of 10% or less of the total statewide special education enrollment. These areas include deaf or hard of hearing, blind/visually impaired, severely multiply impaired, traumatic brain injury, deaf-blind, physically impaired, or developmental cognitive disabilities: severe to profound range.</p>	<p>The RLIP projects have demonstrated success in moving students to the most integrated setting.</p> <p>RLIP implementation will increase the number of students with DCD and ASD in the most integrated setting by 10% per year for the next five years (over baseline of 12.6%).</p>	<p>Report data on the number of students with DCD and ASD in the most integrated setting by <b>June 30, 2016 and annually thereafter</b></p>	<p>MDE</p> <p>Regional Low Incidence Facilitators</p>



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

<b>3</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Agency(s) or Partners</b>
A	Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR).	Application of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for students with disabilities.		MDE
A.1	Minnesota's SIMR is targeted toward increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time. Pilot with 4 school districts—Duluth, Minneapolis, Osseo, and St Paul to identify evidence-based practices for improving outcomes for students with disabilities who are American Indian and Black. (Minnesota is targeting increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time.) Focus groups with district administrators and Black and American Indian students with disabilities in these 4 school districts provided additional information pertaining to low levels of graduation rates.	Increased graduation rates will increase the likelihood of students going on to post-secondary education	A.1 Pilot during <b>2015-2016 school year</b>	School districts of <ul style="list-style-type: none"> <li>• Duluth</li> <li>• Minneapolis</li> <li>• Osseo</li> <li>• St Paul</li> </ul>
A.2	Annually collect and report data on the graduation rates for American Indian and Black students with disabilities.		A.2: Report data on graduation rates by <b>June 30, 2016 and annually thereafter</b>	
A.3	Minnesota will align the IDEA SPP/SSIP activities with the activities related to increasing graduation for all students		A.3: Align activities – <b>Ongoing</b>	

<b>3</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Agency(s) or Partners</b>
B	Provide four regional trainings to local education agencies using the Postsecondary Resource Guide - Successfully Preparing Students with Disabilities and training modules.  [collaboration with Minnesota State Colleges and Universities (MnSCU)]	The Postsecondary Resource Guide has proven to increase the number of students entering into integrated postsecondary settings	Provide regional trainings by <b>April 30, 2016</b>	MDE  MnSCU Disability Coordinators  Community Transition Interagency Teams
C	Provide web-based training to local education agencies highlighting evidence based practices for youth with disabilities transitioning from secondary education to postsecondary education.  [collaboration with the National Technical Center on Transition (NTACT)]	Use of NTACT's tools to assist state and local agencies' capacity has proven to increase student participation in and success in postsecondary education and careers.	Provide NTACT training by <b>June 1, 2016</b>	MDE  National Technical Assistance Center (NSTACT)
D.1  D.2  D.3	Explore a broader data system to measure how many students with disabilities are graduating from high school and entering into an integrated postsecondary education setting.  Report the findings of that exploration to the Subcabinet  Develop a broader data collection system to measure the number of students with disabilities entering into integrated postsecondary settings.	Currently, the data collection being used is the Minnesota Post School Outcome Survey which provides information from a snapshot in time and is being used as a short-term proxy measure.  A broader data system will provide better data to measure progress in movement from secondary to post secondary settings.	D.1: Explore systems by <b>December 30, 2015</b>  D.2: Report findings to subcabinet by <b>February 1, 2016</b>  D.3: Develop system by <b>October 1, 2017</b>	MDE  MnSCU Disability Coordinators  Data Analytics staff at MDE and other agencies
E	MDE will provide public engagement opportunities related to all strategies in lifelong learning and education topic area.		E. Provide public engagement - <b>Ongoing</b>	MDE

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

4	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
A	Continue collaboration between MDE and DOC at the Minnesota Correctional Facility in Red Wing (MCF-Red Wing).  Use the Reintegration Protocol with all students with an active Individualized Education Program (IEP) exiting MCF-Red Wing.	The State has made it a priority for students with disabilities exiting MCF-Red Wing to return to their resident school district. A reintegration protocol has been adopted to plan their return.	A: Use reintegration protocols with all students with IEP's leaving MCF-Red Wing beginning <b>February 1, 2016</b>	MDE, DOC  Advocacy agencies
B	DOC will collaborate with advocacy agencies and MDE to develop parent and student surveys regarding educational reintegration priorities, concerns and considerations.	Use of the protocols will improve reintegration of students with disabilities to their resident district or to a more integrated setting.	B.1: Develop survey by <b>March 1, 2016</b> B.2: Conduct survey and analyze results by <b>May 1, 2016</b> B.3: Update reintegration protocol to incorporate feedback by <b>July 1, 2016</b>	
C	Establish State Fiscal Year (SFY) 2016 baseline of how many youth exit MCF-Red Wing to their resident district or most integrated educational setting. Set targets for SFYs 2017-2019 based on baseline.	Education reintegration plans will be reflective of student and parent priorities, concerns, and considerations.	C: Establish baseline and set targets by <b>February 1, 2017</b>	
D	MDE and DOC will disseminate information about the reintegration protocol to promote its use at other juvenile correctional facilities housing youth from Minnesota including county, private, and out-of-state facilities.	Sharing information and promoting the use of the reintegration protocols will increase the utilization of the protocols in county, private and out-of-state facilities.	D: Disseminate information by <b>June 30, 2017</b>	
E	DOC and MDE will examine statute and rules related to the provision of juvenile correctional facilities operated by county, private, and out-of-state facilities. Provide recommendations regarding the promotion of the use of the protocol to the Subcabinet		E: Provide recommendations to the Subcabinet by <b>June 30, 2016</b> .	

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

### **August 10, 2015 Plan Goals (page 58)**

**Executive Sponsor:** Jennifer DeCubellis (DHS)

**Lead:** Erin Sullivan Sutton (DHS)

#### **GOAL ONE:**

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

#### **GOAL TWO:**

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

#### **GOAL THREE:**

By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b).

#### **GOAL FOUR:**

By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years.

#### **GOAL FIVE:**

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

#### **STRATEGIES:**

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Implement new system to categorize waiver requests by urgency of need	New urgency of need system will enable individuals to move off the waiting list at a reasonable pace, according to their level of need.	Implement system by <b>December 1, 2015</b>	DHS  Lead agencies
B.1	Provide online assessment training to lead agencies on urgency of need system.	DHS will provide training on modified assessment requirements that include lead agencies determining the urgency of need for each person on a waiver waiting list.	B.1: Provide training to lead agencies by <b>November 1, 2015</b>	DHS  Lead agencies
B.2	Begin collecting data about urgency of need		B.2: Begin collecting data by <b>December 1, 2015</b>	
C	Review appeal process and make adjustments as needed to ensure people with disabilities know they may appeal their urgency categorization.	Eligible people who are placed in a waiting list category may appeal their urgency categorization. DHS will train lead agencies about this right to appeal.	On-line appeals training available to lead agencies by <b>November 1, 2015</b>	DHS  Lead agencies
D	Survey people who have been through the appeal process to learn from their experiences.	While appeals process review will give insight into situations where the person felt they were not given the appropriate urgency rating, a survey will add another, broader perspective that is important to understand.	Complete survey by <b>January 31, 2017</b>	DHS
E	Update the Subcabinet and the Court quarterly on the flow of people going on and moving off the waiting list.	Quarterly updates will verify progress on decreasing the size of the waiting lists.	Update Subcabinet <b>Quarterly</b>	DHS
F	Submit semi-annual Waiting List Reports to the Olmstead Subcabinet.	Once data is available, reports will include: <ul style="list-style-type: none"> <li>the new urgency categorization system;</li> <li>the new reasonable pace standards; and</li> <li>an estimate on funding needed to eliminate the waiting list.</li> </ul>	Report to Subcabinet by <b>June 1, 2016 and semi-annually thereafter</b>	DHS

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
		<ul style="list-style-type: none"> <li>Number of people on other waivers who are eligible for Developmental Disability (DD) waivers</li> </ul> <p>A workplan will be developed for the analysis of baseline data to be provided to Subcabinet, which will include:</p> <ul style="list-style-type: none"> <li>the needs of persons waiting;</li> <li>options to meet their needs;</li> <li>evaluation of existing programs to determine if there are effective program changes;</li> <li>analysis of alternate options;</li> <li>the funding required to eliminate the waiting list</li> <li>recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings</li> </ul>		
F	Submit annual Waiting List Funding Report to the Legislature.	<p>Reports will include:</p> <ul style="list-style-type: none"> <li>the new urgency categorization system;</li> <li>the new reasonable pace standards; and</li> <li>an estimate on funding needed to eliminate the waiting list.</li> </ul>	Submit report to Legislature by <b>December 1, 2015 and annually thereafter</b>	DHS

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

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

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

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





## Olmstead Plan Workplan – Transportation

### August 10, 2015 Plan Goals (page 64)

**Executive Sponsor:** Susan Mulvihill (MnDOT)

**Lead:** Kristie Billiar (MnDOT)

#### **GOAL ONE:**

By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 accessible pedestrian signals (increase from base of 10% to 50%). By January 31, 2016 a target will be established for sidewalk improvements.

#### **GOAL TWO:**

By 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase).

#### **GOAL THREE:**

By 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

#### **GOAL FOUR:**

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

#### **STRATEGIES:**

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Include APS, Curb Ramps, in all MnDOT projects meeting the alterations threshold.	In the next five years MnDOT will provide accessibility improvements on pedestrian facilities within it right of way.	A.1: APS and curb ramp requirements already established in measurable goals	MnDOT  Cities and counties
A.2	Internal DOT working group will work to include sidewalk improvements in alteration projects whenever possible and identify opportunities to improve sidewalks with standalone projects where the improvement is not connected to the geometry of the roadway.		A.2: Determine sidewalk improvements by <b>January 31, 2016</b>	

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Update of Mn State Highway Investment Plan (MnSHIP) and submit to subcabinet	MnSHIP sets the funding targets for a 20 year time horizon based on revenue projections and inflation. The plan identifies key investment areas including Accessible Pedestrian Facilities. Planning includes public input including people with disabilities.	A.1: Update MnSHIP plan and submit to subcabinet by <b>January 31, 2017</b>	MnDOT
A.2	Seek input from the public including people with disabilities in the planning process		A.2: Seek input from public during <b>October 2015 – April 2016</b>	
B.1	Update of Mn State Multimodal Transportation Plan and submit to the Subcabinet	MnDOT's Multimodal Plan set the strategic direction for Minnesota's Transportation System	B.1: Update Multimodal plan and submit to subcabinet by <b>January 31, 2017</b>	MnDOT
B.2	Seek input from the public including people with disabilities in the planning process		B.2: Seek input from public during <b>October 2015 – April 2016</b>	

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

<b>3</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A	MnDOT in conjunction with DHS will explore the data and data privacy issues surrounding identifying the ridership of a specific user group	Currently ridership on public transportation is not measured for people with disabilities. By establishing an effective measurement process, it will be possible to determine ridership numbers of people with disabilities.		MnDOT, DHS  Metropolitan Council Staff
A.1	Examine the ridership data gathered by transit providers on fixed route public transit versus demand response public transit.		A.1: Examine data by <b>December 1, 2015</b>	
A.2	Review title VI and environmental justice implications of gathering the transportation data by the transit providers		A.2: Review implications by <b>February 1, 2016</b>	
A.3	Review the federal (HIPPA) and state data privacy issues for transportation providers gathering ridership data.		A.3: Review data privacy issues for providers by <b>February 1, 2016</b>	
A.4	Review the federal and state data privacy issues for client sponsors to gather transportation data		A.4: Review data privacy issues for sponsors by <b>February 1, 2016</b>	
A.5	Identify barriers and disincentives for gathering and reporting this data and make recommendations to address the barriers.		A.5: Identify barriers by <b>May 30, 2016</b>	

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

<b>4</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A.1	Use Olmstead measurable goals to advocate with transit provider decision makers for improved transit access and reliability of transit services. Clearly define all of the Olmstead Plan transportation goals.	Measurable goals allow the decision makers to clearly see if progress has been made. By having goals for access and reliability it increases the emphasis on improvements to these two key areas for transit.	A.1: Finalize definitions by <b>November 1, 2015</b>	MnDOT
A.2	Inform and educate the transit providers on the Olmstead Plan transportation goals.	Two documents: A Technical Brief and the Annual Transit Report	A.2: Educate transit providers completed by <b>December 1, 2015</b>	
A.3	Monitor and evaluate transit services on an annual basis per the Olmstead measurable goals. Incorporate the findings into the Annual Transit Report beginning in 2016.	Increased transit service availability in underserved communities.  Improved on time performance of transit services.	A.3: Report findings in Annual Transit Report by <b>January 31, 2016 and annually thereafter</b>	
A.4	Develop the Regional Coordinating Councils	Coordination between transportation providers and service agencies to fill transportation gaps, provide more service with the same or fewer resources, streamline access to transportation and provide customers more options of where and when to travel.	A.4: Develop Coordination Council Concept for review by <b>February 1, 2016</b>	

## **Olmstead Plan Workplan – Healthcare and Healthy Living**

### **August 10, 2015 Plan Goals (page 70)**

**Executive Sponsor:** Lee Ho (MDH)  
**Lead:** Lee Ho (MDH), Jennifer DeCubellis (DHS)

#### **GOAL ONE:**

By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care focusing specifically on cervical cancer screening and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.

#### **GOAL TWO:**

By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.

#### **STRATEGIES:**

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

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

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

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

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



2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.8	Begin behavioral health home services		A.8: Begin behavioral health home services by <b>July 1, 2016</b>	
A.9	During the expansion of behavioral health home services, efforts will be made to recruit and develop more racially and ethnically diverse service providers.		A.9: Recruit and develop diverse providers- <b>Ongoing</b>	
B.1	Continue to expand the number of health care homes. Health care homes provide comprehensive health care for people with disabilities. <ul style="list-style-type: none"> <li>HCH nurse planners and HCH Advisory Committee will continue to work with health clinics to identify targets and tactics to support transformation to health care homes.</li> <li>HCH staff and stakeholders will integrate the State Innovation Model into the HCH program and Behavioral health home programs. The State Innovation Model is developed to improve health outcomes by improving care coordination across systems.</li> </ul>	Expansion of HCH will increase the number of primary care clinics certified as health care homes and utilize a patient centered care delivery model.  There will be an annual increase in the percentage of primary care clinics certified as a HCH:  SFY 16: 60% SFY 17: 65% SFY 18: 70% SFY 19: 75% SFY 20: 80% Estimated number of people with disabilities on Medical Assistance served in a certified Health Care Home: 2013: 90,191 (Baseline)	B.1: Expand health care homes – <b>Ongoing</b>	MDH, DHS
B.2	HCH will continue to engage all primary care providers, families and people with disabilities to work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities.		B.2: Engage stakeholders - <b>Ongoing</b>	
B.3	Data will be collected and reported to the subcabinet on an annual basis.		B.3: Report to subcabinet by <b>2016 and annually thereafter</b>	
B.4	During the expansion of health care homes, efforts will be made to recruit and develop more racially and ethnically diverse service providers.		B.4: Recruit diverse providers - <b>Ongoing</b>	

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<p>The MDH Heart Disease and Stroke Prevention Unit and the MDH Office of Statewide Health Improvement Initiatives will launch two messaging campaigns to communicate the importance of cardiovascular care, namely hypertension control.</p> <ul style="list-style-type: none"> <li>One campaign will focus on reaching Minnesotans who have disabilities.</li> <li>One campaign will focus on reaching providers who work with Minnesotans who have disabilities.</li> <li>MDH will conduct a messaging campaign promoting cervical cancer screening.</li> </ul>	<p>People with disabilities and their family members will receive messaging regarding the importance of cardiovascular care, and in particular hypertension control.</p> <p>When people understand risks of health conditions they will be more likely to seek health care.</p>	<p>Complete campaigns focused on cardiovascular care by <b>June 29, 2018</b></p> <p>Complete campaigns focused on cervical cancer screening by <b>November 30, 2015</b></p>	<p>MDH</p> <p>Minnesota Heart Disease and Stroke Prevention Steering Committee</p>
B.1	<p>MDE, Vocational Rehabilitation, DHS, and other partners will:</p> <ul style="list-style-type: none"> <li>develop and implement interagency coordination training for professionals</li> <li>explore ways to increase successes and minimize challenges to adult health care access by transition age youth.</li> </ul>	<p>Successful transition from pediatric health care to adult health care will improve health care outcomes.</p> <p>Increase the level of access to adult health care by transition age youth.</p>	<p>B.1: Develop training by <b>December 31, 2016</b></p>	MDH, DHS
B.2	<p>Partner with an advocacy group of families of children and youth with disabilities and special health care needs to raise awareness and utilization of the transitions toolkit with both providers and families.</p>	<p>There are 76,735 youth with special health needs included in this strategy. According to the 2010 National Survey of Children with Special Health Care Needs 36,142 or (47.1%) of Minnesota youth with special health care needs receive the services necessary to make transitions to adult health care.</p> <p>Beginning in 2017 and each subsequent year the number will increase by 5%.</p> <ul style="list-style-type: none"> <li>2017 = 52.1% (39,979)</li> <li>2018 = 57.1% (43,816)</li> </ul>	<p>B.2: Raise awareness and utilization of transitions toolkit by <b>December 31, 2016</b></p>	

**Strategy 4:** Develop and implement measures for health outcomes

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<p>Develop and implement health outcome measures.</p> <p>DHS will use the National Core Indicator (NCI) surveys of both individuals with physical disabilities and developmental disabilities to assess both access to services and health status. This survey in alternative years completes either 2,400 or 400 surveys. In high volume years the survey results will be reported for that population highlighting areas for improvement.</p> <p>Analysis from the surveys will be used to prioritize areas for intervention (e.g. dental access, diabetes prevention)</p>	<p>Studying health outcomes will indicate the effectiveness of the health care delivery system and identify potential opportunities for improvement.</p> <p>Annual completion of survey with analysis and recommendations will be reported to the subcabinet annually.</p>	<p>Complete survey and report results to the subcabinet by <b>July 1, 2016 and annually thereafter</b></p>	MDH, DHS

## Olmstead Plan Workplan – Positive Supports

August 10, 2015 Plan Goals (page 74)

**Executive Sponsor:** Jennifer DeCubellis (DHS)

**Lead:** Erin Sullivan Sutton (DHS), Robyn Widley (MDE), Anna McLafferty (DOC)

### **GOAL ONE:**

By June 30, 2018 the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will decrease by 5% or 200.

### **GOAL TWO:**

By June 30, 2018, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will decrease by 1,596.

### **GOAL THREE:**

Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, with limited exceptions to protect the person from imminent risk of serious injury. Examples of a limited exception include the use of a helmet for protection of self injurious behavior and safety clips for safe vehicle transport). By December 31, 2019 the emergency use of mechanical restraints will be reduced to  $\leq 93$  reports and  $\leq 7$  individuals.

### **GOAL FOUR:**

By June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 316.

### **GOAL FIVE:**

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

### **STRATEGIES:**

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

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

<b>1</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A	Implement the Positive Supports Rule (Minnesota Rules Chapter 9544) which became effective August 31, 2015	Under the training and competency requirements of the new rule, providers and their staff will be better equipped to implement positive support strategies and reduce/avoid the use of restrictive interventions.	A.1: Provide training and technical assistance beginning <b>August 1, 2015 and ongoing</b>	DHS
A.1	Provide training and technical assistance to providers, counties			
A.2	Develop and maintain a public website with resources to assist implementation of the rule and positive practices	Through prohibition on the use of restrictive procedures, except in emergencies, and the expansion of these prohibitions across more providers, the number of uses will decrease.	A.2: Launch public website by <b>October 31, 2015</b>	
B	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data on the number of schools using PBIS.	<p>The expected outcome is that as the number of schools using PBIS increases, there will be a reduction in the emergency use of restrictive procedures in school settings.</p> <p>The purpose of the Restrictive Procedures Stakeholders Workgroup is to review and implement the current statewide plan and to identify further efforts to reduce the use of restrictive procedures.</p> <p>A minimum of forty additional schools per year will be using PBIS.</p>	Report data on the number of schools using PBIS by <b>June 30, 2016 and annually thereafter</b>	MDE  National Technical Center on PBIS
C	Implement Minnesota's Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports	The <i>Statewide Plan</i> is a collaboration between DHS and MDE to build system capacity by engaging schools, providers, counties, tribes, people with disabilities, families, advocates, and community members.	C.1: Maintain inventory- <b>Ongoing</b>	DHS, MDE, MDH, DOC
C.1	Expand and maintain an inventory of policies related to restrictive practices and positive supports	It provides the framework for communication and technical assistance to coordinate efforts		

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.2	Establish a technical assistance infrastructure for lead agencies and providers across agencies	to decrease the use of restrictive procedures and increase implementation of positive supports across agencies.	C.2: Establish technical assistance infrastructure by <b>June 30, 2016</b>	
C.3	Design and implement strategies for data-based decision making and evaluation of technical assistance efforts related to decreasing use of restrictive procedures	These actions will increase use of positive practices and supports across all settings, statewide. There will be a reduction in the use of restrictive procedures.	C.3: Implement strategies and evaluate technical assistance efforts by <b>June 30, 2016</b>	
C.4	Create and implement an outreach and education plan to increase awareness of positive supports across the state. Target population includes lead agencies, providers and people with disabilities and family members		C.4: Implement outreach plan by <b>June 30, 2016</b>	
C.5	Expand pre-service training programs and educational opportunities about positive supports statewide. Engage varying levels of educational bodies to support curriculum and training in positive supports.		C.5: Expand pre-service training programs by <b>June 30, 2017</b>	
C.6	Expand interagency crisis prevention planning		C.6: Expand crisis prevention planning by <b>June 30, 2017</b>	
C.7	Report to the subcabinet semi-annually on the status of implementation of the Statewide Plan.		C.7: Begin status updates by <b>June 30, 2016 and semi-annually thereafter</b>	
C.8	Report annually to the subcabinet on statewide plan implementation, analysis and recommendations for changes.		C.8: Report to subcabinet by <b>June 30, 2017 and annually thereafter</b>	

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D  D.1	Continue implementation of training for the Department of Corrections staff on:  Crisis Intervention Teams training for security staff	<p>Trainings will improve staff skills in avoiding and managing crisis when they occur and reduce the use of restrictive procedures.</p> <p>(SFY14 baseline 15% of security staff trained)</p> <ul style="list-style-type: none"> <li>• <b>During SFY15:</b> Increase of 55 (18% )</li> <li>• <b>During SFY16:</b> Increase of 80 (22%)</li> <li>• <b>During SFY17:</b> Increase of 80 (25%)</li> <li>• <b>During SFY18:</b> Refresher classes and at least one 40-hour class held to maintain 25% level.</li> <li>• <b>During SFY19:</b> Refresher classes and at least one 40-hour class held to maintain 25% level.</li> </ul>	Deadlines are included in the expected outcomes column	DOC
D.2	Motivational interviewing training for case managers	<p>In the adult DOC facilities and MCF-Red Wing (DOC's juvenile facility), DOC will train all case managers in motivational interviewing (MI).</p> <p>Baseline: In SFY14, 97 staff received MI 1, and 20 received MI 2. All trained staff participate in Communities of Practice to update skills. All case managers at MCF-Red Wing have been trained and are participating in Communities of Practice.</p> <p>Communities of Practice for all trained staff to maintain Motivational Interviewing skills:</p> <ul style="list-style-type: none"> <li>• <b>During SFY16:</b> 25% DOC case managers trained</li> <li>• <b>During SFY17:</b> 100% trained</li> <li>• <b>After SFY17:</b> trainings held as needed to maintain 100% level</li> </ul>	Deadlines are included in the expected outcomes column	DOC

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.3	Traumatic brain injury training for staff	<p>DOC staff can view three levels of optional online traumatic brain injury training.</p> <p>SFY14 brain injury training baseline:</p> <ul style="list-style-type: none"> <li>• 314 staff viewed level 1</li> <li>• 153 viewed level 2</li> <li>• 130 viewed level 3</li> </ul> <p>Optional traumatic brain injury training will remain available to DOC staff. Although the training will remain voluntary, estimated training numbers will be:</p> <ul style="list-style-type: none"> <li>• <b>SFY15:</b> 300 for level 1; 100 for levels 2 &amp; 3</li> <li>• <b>SFY16:</b> 300 for level 1; 100 for levels 2 &amp; 3</li> <li>• <b>SFY17:</b> 300 for level 1; 100 for levels 2 &amp; 3</li> <li>• <b>SFY18:</b> 300 for level 1; 100 for levels 2 &amp; 3</li> <li>• <b>SFY19:</b> 300 for level 1; 100 for levels 2 &amp; 3</li> </ul> <p>Total numbers will be reported annually.</p>	Deadlines are included in the expected outcomes column	DOC
D.4	Aggression Replacement Training (ART) as appropriate for correctional settings	<p>SFY14 baseline for staff trained in Aggression Replacement Training:</p> <ul style="list-style-type: none"> <li>• 57 staff had taken an ART orientation</li> <li>• 22 trained on how to implement ART</li> </ul> <p><b>During SFY17:</b> All new MCF-Red Wing staff to receive training during DOC Academy on how to integrate ART into the facility's program</p>	Deadlines are included in the expected outcomes column	DOC



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

<b>2</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A	Evaluate restrictive procedures data to determine: <ul style="list-style-type: none"> <li>• progress in the reduction of the emergency use of restrictive procedures</li> <li>• trends in utilization</li> <li>• need for technical assistance</li> </ul>	Through these activities there will be continuous progress over time in the increase in the use of positive supports and reduction of the use of restrictive procedures.	Evaluate data and create action plan by <b>October 1, 2016 (covering data from previous fiscal year) and annually thereafter</b>	DHS
B	Consider amendments to the Olmstead Plan to ensure the state has adequately addressed the 2013 recommendations from the Rule 40 Advisory Committee.	The Jensen Comprehensive Plan of Action requires designated parties to review the recommendations from the Rule 40 Advisory Committee 30 days after implementation of the Positive Supports Rule. If they find elements from the 2013 recommendations that have “not been addressed, or have not adequately or properly addressed” in the adopted Rule, these shortcomings are to be dealt with through amendments to the Olmstead Plan.		DHS
B.1	Based on any suggestions made during the 30-day review of the Rule, the Jensen designated parties will make suggestions for amendments to the Olmstead Implementation Office (OIO).		B.1: Submit proposed amendments to OIO by <b>September 30, 2016</b>	
B.2	Proposed amendments will be submitted to the subcabinet and Court for approval.		B.2: Submit amendments to Subcabinet for approval by <b>January 31, 2016</b>	
C	Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints to prevent imminent risk of serious injury due to self-injurious behaviors	External Program Review Committee is the clinical review body and has the authority to review restrictive procedures, including use of mechanical restraints. They make recommendations to the DHS Commissioner who has ultimate decision-making authority.	External Program Review Committee Evaluate progress by <b>October 1, 2016 and annually thereafter</b>	DHS, MDH
D	DHS will publish annual reports on the External Program Review Committee’s annual evaluation on the progress in reducing the use of restrictive procedures and recommendations	Publishing the results of the annual evaluation noted above and efforts undertaken to reduce the use of restrictive procedures, including mechanical restraints will serve as an accountability tool as state agencies work to reduce the use of	Publish DHS report by <b>January 1, 2017 and annually thereafter</b>	DHS, MDE

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
		mechanical restraints to prevent imminent risk of injury due to self-injurious behaviors.		
E	DHS and MDH will evaluate opportunities to share data on restrictive procedures for people with disabilities to ensure reduction in the use of restrictive procedures	Tracking and analysis of data regarding use of restrictive procedures would allow both departments to make changes in statute or policy and supporting efforts like training and technical assistance to further reduce the use of restrictive procedures.	Create opportunities to share data on coordinating tracking and evaluation beginning <b>June 30, 2017</b>	DHS, MDH
F	Implement MDE's statewide plan to reduce the use of restrictive procedures	The expected outcome is that as we implement the MDE restrictive procedures Statewide Plan, the emergency use of restrictive procedures in the school setting will decline.		MDE
F.1	Restrictive procedures workgroup will meet four times during 2015-16 school year		F.1: Convene four workgroup meetings during <b>2015-16 school year</b>	Restrictive Procedures Stakeholders
F.2	Document progress in Statewide Plan implementation and summarize restrictive procedure data in the annual restrictive procedures legislative report		F.2: Submit restrictive procedures report by <b>February 1, 2016 and annually thereafter</b>	
G	Disseminate three cross-expertise training models on evidence-based positive behavior strategies for statewide use on MDE's website	Increased knowledge and use of evidence based positive behavior strategies will reduce the emergency use of restrictive procedures in school settings.		MDE
G.1	Training modules will be posted on the MDE website		G.1: Post modules on website by <b>September 1, 2015</b>	
G.2	The process for obtaining teacher Continuing Education Units (CEU) for completing the online modules will be posted on the MDE website		G.2: Post teacher CEUs process on website by <b>September 30, 2015</b>	
G.3	Continue to provide training and technical assistance to districts on the topic of restrictive procedures. This includes training held at a specific district with their staff		G.3. Provide training at Special Education Director's Forum by <b>September 11, 2015</b> ; Provide three trainings by <b>June 30, 2016</b>	

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

<b>3</b>	<b>Key Activity</b>	<b>Expected Outcome</b>	<b>Deadline</b>	<b>Other Agency(s) or Partners</b>
A.1	Seek support from the Restrictive Procedures Stakeholders Workgroup (RPSW) to add reporting requirements by school districts to include seclusion. (With the RPSW support, seek legislative change to the reporting requirements.)	Legislative change is needed in order for MDE to require districts to submit individual seclusion incident data.  The sharing of that data will assist the Restrictive Procedures workgroup in making recommendations to MDE on strategies for eliminating the use of seclusion.	A.1: Completed by <b>June 30, 2016</b>	MDE  Restrictive Procedures Stakeholders Workgroup
A.2	Require districts to report individual incident reports of each use of seclusion	The outcome we hope to achieve is that the Restrictive Procedures work group will reach consensus and make recommendations which will result in legislation to change the reporting requirements for seclusion incidents in the school setting. That data will then inform the work of the Restrictive Procedures workgroup and result in recommendations for a revised statewide plan to reduce restrictive procedures, specifically the elimination of seclusion.	A.2: District reporting of individual incidents of seclusion beginning <b>July 1, 2017</b>	
A.3	Share these reports with the Restricted Procedures workgroup for analysis. Restrictive Procedures workgroup will identify areas of concern and develop strategies for eliminating the use of seclusion		A.3 Restricted Procedures workgroup recommendations to MDE to revise the statewide plan related to strategies to eliminate the use of seclusion by <b>January 30, 2017</b>	

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

**August 10, 2015 Plan Goals (page 82)**

**Executive Sponsor:** Jennifer DeCubellis (DHS)

**Lead:** Erin Sullivan Sutton (DHS)

### **GOAL ONE:**

By June 30, 2018, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

### **GOAL TWO:**

By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to 89% or more.

### **GOAL THREE:**

By June 30, 2017, the number and percent of people who discontinue waiver services after a crisis will decrease to 45% or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

### **GOAL FOUR:**

By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.

### **GOAL FIVE:**

By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

### **STRATEGIES:**

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<p>Reform crisis service system to create a system that delivers timely responses to crisis and reduces the unnecessary use of restrictive and segregated settings. Crisis services will address any diagnosis, including complex or multiple conditions.</p> <p>Report to the subcabinet semi-annually on the status of crisis services reform implementation.</p> <p>Report annually to the subcabinet on implementation, analysis and recommendations for changes.</p>	<p>The State will reform crisis services across programs and funding sources. Crisis services will address any diagnosis, including complex or multiple conditions.</p> <p>The goals measure impact of reform of services in three areas: children's mental health; adult mental health; and disability home and community based waivers.</p>	<p>Reform efforts will begin in <b>2015 and continue through 2020</b></p> <p>Report on status by <b>June 30, 2016 and semi-annually thereafter</b></p> <p>Report to the subcabinet by <b>January 31, 2017 and annually thereafter</b></p>	DHS, MDE, DOC
B	<p>Implement data system to measure the use of and effectiveness of the crisis service system including elements such as these:</p> <ul style="list-style-type: none"> <li>• the number of people who use crisis services</li> <li>• the number of individuals demitted from where they live/work after a crisis episode</li> <li>• single point of access</li> <li>• effectiveness of current crisis services for people with complex co-occurring conditions</li> <li>• timeliness of crisis interventions</li> <li>• length of time crisis services are used,</li> <li>• barriers to permanent, stable services, and housing.</li> </ul>	<p>The data system will create a framework for annual reporting to monitor functioning and effectiveness of the crisis services system.</p>	<p>Data available on timeliness of crisis interventions by <b>January 31, 2016</b></p> <p>Remainder of data available by <b>July 31, 2016</b></p>	DHS, MDE, DOC

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C	Establish baseline data to determine length of time it takes to access crisis services and establish annual goals	Timely access to crisis services will increase the likelihood of the crisis episode being resolved without the individual needing to leave their home or if they do leave they would experience a timely return. By establishing a baseline it will be possible to measure the length of time it takes to access crisis services and the amount of time it takes to return to the community/stability.	Establish baseline and annual goals by <b>January 31, 2016</b>	MDE, DHS
D.1  D.2	Examine the utilization of crisis services to measure progress  Report on crisis service system outcomes to the subcabinet (as specified above in strategy 1A)	The data system will create a framework for annual reporting to monitor functioning and effectiveness of the crisis services system. <ul style="list-style-type: none"> <li>• Reduce number of individuals who do not return to work/housing after crisis</li> <li>• Decrease length of time to access crisis services</li> <li>• Decrease average duration of crisis service placements</li> <li>• Increase availability of appropriate crisis placements</li> <li>• Ensure appropriate crisis placements are available where they are needed statewide</li> <li>• Increase availability of crisis technical assistance in the community</li> <li>• Ensure crisis technical assistance services are available where they are needed statewide</li> <li>• Increase number of individuals who return to the community after crisis services</li> </ul>	D.1: Analyze data by <b>July 1, 2016</b>  D.2: Report on status by <b>June 30, 2016 and semi-annually thereafter</b>  Report on crisis system outcomes by <b>January 31, 2017 and annually thereafter</b>	MDE, DHS, DOC
E	Make recommendations for changes to the crisis system	Use data to assess capacity of crisis system, monitor progress towards goals, determine effectiveness of strategies and make recommendations for changes.	Make recommendations by <b>October 1, 2016</b>	DHS

**Strategy 2:** Implement additional crisis services

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Implement a pilot project to increase access to children's mental health crisis services in schools	Increased access to children's mental health crisis services in schools will improve the likelihood that the crisis will be resolved in school and if it is necessary for them to leave, they will experience a timely return.		DHS, MDE
A.1	Collect baseline data during 2015-2016 school year with three intermediate school districts.		A.1: Establish baseline by <b>July 2016</b>	
A.2	Use collected data to design pilot project plan for school year (2016-2017)	Pilot project will be implemented and a plan will be developed to expand it statewide.	A.2: Design pilot project by <b>September 2016</b>	
A.3	Conduct pilot project in school year 2016-17		A.3: Conduct pilot during <b>2016-17 school year</b>	
A.4	Statewide scale-up using lessons learned in the pilot. This will include recruitment of racially and ethnically diverse service providers.		A.4: Statewide scale up begins <b>September 1, 2017</b>	
B.1	Provide training to mental health crisis response teams on providing services to people with complex needs (i.e., co-existing mental health and intellectual/ developmental disabilities). Provide training on cultural and ethnic differences in the provision of mental health crisis services.	Upon completion of the training, mental health professionals will have increased competencies in responding to the needs of people with complex needs (i.e., co-existing mental health and intellectual/ developmental disabilities)	B.1: Begin training by <b>March 30, 2016</b>	DHS
B.2	Award two year training funding for mental health crisis response teams		B.2: Award two-year funding from <b>January 1, 2016 through December 31, 2018</b>	
C	Convert 2 Intensive Community Rehabilitative/ Recovery Services (ICRS) into Assertive Community Treatment (ACT) Teams	ACT services are an evidence based practice that helps individuals with mental illness integrate into their community. ACT services decrease the risk of hospitalization.	C: Convert two ICRS to ACT teams by <b>December 31, 2016</b>	DHS
C.1	Train ACT teams on provision of ACT services		C.1: Train on ACT services by <b>November 30, 2015</b>	
C.2	Train ACT Team leads on evaluation and fidelity reviews of the ACT team model	There will be increased ACT services in rural communities and areas within the state where ACT services are not available	C.2: Train on evaluation and fidelity reviews by <b>October 31, 2016</b>	

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.3	ACT teams will complete evaluation and fidelity review of ACT team performance		C.3: Complete fidelity reviews by <b>January 31, 2017</b>	
D	Expand the Housing with Supports program within legislatively authorized limits	Persons with serious mental illness who are homeless, long term homeless, or exiting institutions have complex needs and face high barriers to obtaining and maintaining housing. Housing with Supports will help to establish persons in stable housing and provide a foundation for accessing healthcare and other needed resources. Housing with Supports will increase the number of persons with disabilities living in housing that meets the standards of the permanent supportive housing evidence-based practice.		MHFA  Lead agencies  Adult Mental Health Initiatives
D.1	Expand Housing with Supports grants by issuing a request for proposals (RFP), select grantees and award funding. Selected grantees will include racially and ethnically diverse service providers.		D.1: Issue RFPs and select grantees by <b>January 31, 2016</b>	
D.2	Provide training to Housing with Supports grantees and stakeholders on the evidence-based practice of permanent supportive housing		D.2: Schedule quarterly trainings by <b>January 31, 2016</b>	
D.3	Conduct fidelity reviews of 40% of Housing with Supports grantees	Once RFPs are issued, grantees will be selected, and grants awarded. The grantees will be trained in best practices of supportive housing and data will be collected and reported annually.	D.3: Conduct fidelity reviews by <b>December 31, 2016</b>	
D.4	Collect data from Housing with Supports grantees, report to the subcabinet on the number of persons housed and the duration of tenancy		D.4: Collect and report data by <b>July 31, 2017</b>	
E	Expand mobile crisis teams statewide to 24 hours a day, seven days a week	Currently, a gap exists in the crisis response system for coverage after business hours, weekends, and holidays, leaving the emergency room as the main, and most expensive, option.		DHS  Counties
E.1	All counties will have a plan for transition to 24/7 services		E.1: Complete county plans by <b>January 31, 2016</b>	
E.2	Expand 24/7 mental health crisis services to all parts of the state. This will include racially and ethnically diverse service providers.	By increasing mental health crisis response services/providers to 24-hours, seven days a week, a reliable, sustainable safety-net will be in place for people statewide.	E.2: Expand to statewide 24/7 services by <b>December 31, 2018</b>	
F	Increase crisis residential services for adults <ul style="list-style-type: none"> <li>Issue an RFP to expand crisis beds</li> <li>Select providers</li> </ul>	Timely access to crisis service beds increases the likelihood that the individual will stabilize and return to their home.	Increase crisis residential services by <b>December 31, 2017</b>	DHS



2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
	<ul style="list-style-type: none"> <li>Award grants to selected providers</li> <li>Measure increase in number of licensed crisis beds</li> <li>This will include racially and ethnically diverse service providers</li> </ul>	Statewide increase in crisis residential beds for adults.		
G	<p>Conduct quarterly reviews of crisis providers to identify problems in response times</p> <p>Provide technical assistance to children and adult mental health crisis providers in the areas of intake screening, triage and dispatch system in order to improve response time.</p>	Improve response times for children and adult mental health crisis providers. Quick response time increases the likelihood the crisis response can reach the following goals: (1) promote the safety and emotional stability; (2) minimize further deterioration of people in crises; (3) help people obtain ongoing care and treatment; and (4) prevent placement in settings that are more intensive, costly, or restrictive.	Conduct quarterly reviews beginning <b>January 1, 2016 and quarterly thereafter</b>	DHS
H.1	Utilize the Community-Based Services Steering Committee to develop recommendations to close gaps in state operated safety net and crisis capacity. Recommendations will be submitted to DHS leadership.	The Community-Based Services Steering Committee includes counties, providers and advocates. Recommendations are developed and implementation begins.	H.1: Submit recommendations to DHS leadership by <b>December 31, 2015</b>	DHS
H.2	Implementation of adopted recommendations		H.2: Implement recommendations by <b>December 31, 2016</b>	
I.1	DHS will work with the counties and long-term supports and services providers to plan an increase in availability of respite care services. This will include recruitment and development of racially and ethnically diverse service providers.	Increase in home respite services.	I.1: Develop plan with counties by <b>December 31, 2015</b>	DHS
I.2	Implementation of the plan to increase in home respite care		I.2: Begin implementation by <b>December 31, 2016</b>	

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
J.1	Add access to crisis respite services to Community Access for Disability Inclusion (CADI) waiver	Increase people's ability to use crisis respite services both by adding coverage through the CADI, CAC and Brain Injury waivers, and by increasing the capacity to provide the service. Crisis respite services are already covered by the DD waiver.  Crisis respite services allow an individual a safe place to go during a crisis with appropriate services to support a timely return to their home.	J.1: Add to CADI waiver by <b>June 30, 2015</b>	DHS
J.2	Add access to crisis respite services to Community Alternative Care (CAC) and Brain Injury (BI) waivers		J.2: Add to CAC/BI waivers by <b>November 30, 2015</b>	
J.3	Develop 20 additional crisis respite beds		J.3: Develop 20 crisis beds by <b>August 31, 2016</b>	
K	Initiate ongoing evaluation of the number of crisis respite beds needed statewide	Annual report on the state's crisis respite beds capacity and accompanying recommendations.	Evaluate need for crisis beds by <b>July 31, 2016 and annually thereafter</b>	DHS
L	Increase capacity to serve people with challenging behaviors. This will include recruitment and development of racially and ethnically diverse service providers.	There is not enough capacity in the system currently to provide people with challenging behaviors with crisis services. This can result in people experiencing a delay in receiving services and/or people going into more segregated settings or inappropriate settings.  Organizations that serve individuals with challenging behaviors will be identified, selected and trained.		MDE
L.1	Identify organizations that work successfully with people who have a history of challenging behaviors		L.1: Identify organizations by <b>March 31, 2016</b>	
L.2	Provide incentives to selected providers to increase their capacity in providing this service		L.2: Provide incentives beginning <b>May 31, 2016 and ongoing</b>	
L.3	Provide training to providers on positive behavior supports		L.3: Provide training beginning <b>July 31, 2016 and ongoing</b>	
M	Implement a coordinated triage and referral system within DHS to respond to crises involving people with intellectual or developmental disability at risk of losing their current residence.	Establishing a triage process with a single point of ACCESS will improve timely access to crisis services. Timely access to crisis services improves the likelihood of people remaining in their home after a crisis and avoiding inappropriate and more segregated settings.		DHS
M.1	Design triage and referral system within DHS to address referrals of people in crisis		M.1: Design referral system by <b>September 1, 2015</b>	

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
M.2	Identify single phone number to which calls to DHS for assistance with crisis can be made	Triage system will be designed, single point of access will be identified and expanded statewide.	M.2: Identify a single phone number: by <b>January 1, 2017</b>	
M.3	Expand the single point of access crisis referral system to all persons with disabilities		M.3: Expand referral system by <b>September 1, 2017</b>	

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

	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Train school personnel, providers, and childcare centers on positive practices with children	Increased use of positive practices with children has proven to decrease crisis and the use of restrictive procedures.		MDE, DHS  Child Development Services
A.1	As part of the Parent Awareness Professional Development System, develop training modules for children's mental health consultants	Mental health consultations will be developed. Training sessions will be delivered and consultations will begin with Head Start, childcare centers, and family childcare providers.	A.1: Develop training by <b>April 30, 2016</b>	
A.2	Deliver training sessions to contracted early childhood mental health consultants		A.2: Train consultants beginning <b>June 30, 2016</b>	
A.3	Pilot positive practices with children to Head Start, childcare centers, and family childcare providers who are enrolled in the Parent Awareness Professional Development System		A.3: Train childcare providers beginning <b>June 30, 2017</b>	
B	Implement the Forensic Assertive Community Treatment (FACT) Team model	The Forensic Assertive Community Treatment (FACT) team model is determined to be best practice for delivering mental health services to individuals exiting correctional facilities.		DOC, DHS
B.1	Initiate Request for Proposal (RFP) provider selection process. This will include recruitment of racially and ethnically diverse service providers.	The FACT team model has proven effective at stabilizing individuals where	B.1: Initiate RFP process by <b>February 28, 2016</b>	

	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2	Begin enrollment of individuals with disabilities on release from DOC in FACT team services	they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	B.2: Begin enrollment by <b>July 31, 2016</b>	
B.3	Provide consultation and technical assistance to selected providers		B.3: Provide technical assistance by <b>November 30, 2016</b>	
B.4	Report to the subcabinet semi-annually on the status of implementation.		B.4: Report on status by <b>June 30, 2016 and semi-annually thereafter</b>	
B.5	Report annually to the subcabinet on implementation, analysis and recommendations for changes.		B.5: Annual report on Issue report by <b>December 31, 2017</b>	
B.6	Increase number of individuals receiving FACT team services		B.6: Increase capacity to 30-40% by <b>January 31, 2017</b> ; 50-60% by <b>July 31, 2017</b> ; full capacity by <b>June 30, 2018</b>	
B.7	Conduct outside review of program		B.7: Conduct outside review by <b>December 31, 2018</b>	



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

### **August 10, 2015 Plan Goals (page 88)**

**Executive Sponsor:** Darlene Zangara (OIO)

**Lead:** Kristin Jorenby (OIO)

#### **GOAL ONE:**

By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. (This includes increases in the numbers of: self-advocates; individuals involved in publicly funded projects; and Certified Peer Support Specialists.)

#### **STRATEGIES:**

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Coordinate with Governor appointed councils, groups, etc. to align Olmstead goals with goals of the council, group, etc.	Work with Governor appointed councils, groups, etc. to create a plan that coordinates one or more of their goals with an Olmstead goal.	Align goals by <b>December 31, 2015</b>	OIO  Governor appointed councils, groups, boards, etc.
B.1	Survey Governor appointed councils, groups, boards, etc. to determine how many of their members are persons with disabilities and what types of roles they serve in, etc.	The subcabinet will understand the participation levels of persons with disabilities on Governor's appointed councils, boards, groups, etc. and the roles they serve in, etc.	B.1: Complete survey by <b>December 31, 2015</b>	OIO, MN.IT
B.2	Analyze results of survey and report results and recommendations to the subcabinet		B.2: Analyze results by <b>March 1, 2016</b>	
C	Seek grant application opportunities that will enhance or support community engagement activities including but not limited to development of leadership among people with disabilities.  Semi-annually present grant application opportunities to subcabinet for review and approval.  Upon approval and award of grant, OIO will develop specific workplans for the grant	In collaboration with partners and stakeholders and promotion of community engagement, OIO will seek grant opportunities to enhance or develop programs that will develop leaders; enhance leadership skills, build knowledge and expand opportunities for people with disabilities.	Present grant opportunities by <b>October 30, 2015 and semiannually thereafter</b>  Develop workplans within <b>30 days of award</b>	OIO
C	Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies.	Through the use of the Olmstead website, social media, email, paper handouts, in person information sessions and other appropriate communication methods, as well as with the assistance of partner organizations, stakeholders will be informed about the Olmstead Plan and other activities that promote Olmstead.	<b>Ongoing</b>	OIO, MN.IT

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Identify existing leadership and other self-advocacy training programs that empower self-advocates.	It is important to identify existing leadership and self-advocacy training programs and complete a gap analysis including recommendations for any additional opportunities that may be needed to assist individuals in becoming more involved as self-advocates. Inventory of leadership and training programs will be utilized by the Olmstead Implementation Office and other agencies to direct interested individuals to programs that will help them to achieve their individual goals as self-advocates.	A.1: Identify training programs by <b>June 30, 2016</b>	OIO  Advocacy groups
A.2	Create inventory Self-Advocacy training and leadership programs		A.2: Create inventory by <b>June 30, 2016</b>	
B	Train six self-advocate trainers	Utilize self-advocates as trainers for the Olmstead Community Engagement Plan and as surveyors/auditors throughout implementation of Olmstead Plan and Quality of Life survey.	Provide training by <b>November 30, 2015</b>	OIO  Self-Advocacy groups

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Survey 300 Certified Peer Support Specialists that have completed the Peer Support Specialist Certification program to establish baseline for how many have current employment in the field and what barriers may be preventing employment. In keeping with industry best	This survey will coordinate with the 2015 Peer Specialist Study being conducted by the Department of Human Services (DHS) and will provide data from the perspective of peer support specialists on how they are being utilized in human services.	A.1: Survey completed by <b>March 30, 2016</b>	OIO, DHS, MN.IT
A.2	Results will be analyzed and recommendations brought to the Subcabinet.		A.2: Report recommendations to subcabinet by <b>June 30, 2016</b>	



3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1	Review Reimbursement Rates for Certified Peer Support Specialists	OIO in collaboration with DHS will make recommendations to subcabinet	B.1: Review rates by <b>September 30, 2016</b>	OIO, DHS
B.2	Make recommendations for changes to the subcabinet		B.2: Report recommendations by <b>November 30, 2016</b>	
C.1	Conduct survey to determine incentives, barriers and disincentives. For the use of Certified Peer Support Specialists in human services.	In collaboration with DHS, the OIO will make recommendations to the subcabinet based on the 2015 Peer Specialist Study being conducted by DHS for the legislature.	C.1: Conduct survey by <b>March 30, 2016</b>	OIO, DHS, MN.IT
C.2	Analyze the survey results and make recommendations to the Subcabinet		C.2: Report recommendations to the Subcabinet by <b>June 30, 2016</b>	
D	Utilize 3 Certified Peer Support Specialists as trainers for the Olmstead Community Engagement Plan and as surveyors/auditors throughout implementation of Olmstead Plan and Quality of Life survey.	Peer support specialists are utilized in implementation of the Olmstead community engagement plan and the quality of life survey. Providing an opportunity for peer support specialists being trainers, surveyors and auditors capitalizes on the collective strengths of our various stakeholders and allows them to share their expertise with the government and other programs that affect them. Surveyors will be funded through the Quality of Life Survey. Other positions may be volunteer or funded through grants or other resources.	Completed by <b>November 30, 2015</b>	OIO

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Design training program for people with disabilities that want to participate in a variety of publicly funded projects	<p>The number and types of publicly funded projects are many. Minnesota's Olmstead Plan is based on a person centered approach making it the individual's choice which types of projects they wish to participate in and at what level. A generalized training program will empower people with disabilities to participate in a variety of publicly funded projects. This training program will provide tools to empower individuals to participate in the project and at the level of their choice.</p> <p>75% of those that complete the training will participate in at least one publicly funded project of their choice within one year of training.</p>	A.1: Complete by <b>December 31, 2015</b>	OIO
A.2	Implement pilot training with Olmstead Implementation Office advisory group.		A.2: Quarterly beginning <b>January 2016</b>	Self-advocates  Olmstead Implementation Office Advisory group
B.1	Design training program that is led by people with disabilities for project staff, advocacy groups and others that are managing publicly funded projects.	Training with project staff, advocacy groups and others managing publicly funded projects will include the Olmstead Community Engagement guidelines.	B.1: Completed by <b>December 31, 2015</b>	OIO
B.2	Provide training and other support to project staff, advocacy groups and others managing publicly funded projects.	Participation of people with disabilities in publicly funded projects will be measured using metrics outlined in the Olmstead Community Engagement Plan.	B.2: Quarterly beginning <b>January 2016</b>	Self-advocates
C	<p>Conduct a statewide survey with at least 500 people with disabilities to determine what types of publicly funded projects they would like to be more involved with and at what level they would like to be involved.</p> <p>Complete analysis of survey results and submit recommendations to the Olmstead Subcabinet for future projects that could be prioritized and how individuals can connect with the project of their choice.</p>	Recommendations will be made to the subcabinet on the results of the survey.	<p>Complete Survey by <b>August 31, 2016</b></p> <p>Complete Recommendations by <b>October 31, 2016</b></p>	OIO  Self-advocates



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

### **August 10, 2015 Plan Goals (page 96)**

**Executive Sponsor:** Darlene Zangara (OIO)

**Lead:** Darlene Zangara (OIO)

#### **GOAL ONE:**

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

#### **STRATEGIES:**

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

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

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

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

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

**Strategy 3: Implement survey**

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Design survey implementation and analysis work plan for review by QOL workgroup and Subcabinet which includes: <ul style="list-style-type: none"> <li>lessons from the 2014 pilot study</li> <li>abuse reporting plan</li> </ul>	Detailed plan with action steps, roles and timelines so work is delivered as needed and on time	A.1: Review workplan by <b>January 15, 2016</b>	OIO, MHFA  QOL Workgroup  Subcabinet
A.2	Weekly meeting with vendor and provide progress report to workgroup		A.2: Meet weekly with vendor: <b>upon selection of vendor</b>	
B	Expand the existing Quality of Life (QOL) Workgroup to include persons with disabilities to monitor and provide input throughout the survey process.  Expanded members to include State agencies, DOC and external people with disabilities with survey experience.	Review the survey progress to date and advise the OIO staff and vendor on how best to complete the work.	Convene first QOL workgroup meeting by <b>December 15, 2015</b>	OIO, MHFA, DOC
C	Recruit and train people with disabilities to help administer survey. This will include recruitment and development of racially and ethnically diverse individuals.	People with disabilities have a unique perspective that will enhance the survey process.	Select and train people with disabilities to complete the survey; Execute agreements by <b>February 15, 2016</b>	OIO, MHFA
D	Identify 12,000 individuals/names for potential sample group from participating state Agencies	Need a robust set of names and contact information from each participating department so that we ensure good coverage across geography, setting, disability group and achieve the overall desired sample size	Identify names for potential sample group by <b>February 1, 2016</b>	OIO, DHS, MDE, DEED  QOL Workgroup
E.1	Identify and secure survey locations, logistics, and respondent accommodations	Achieve the desired sample size of 3,000 with good representation across geography, setting, disability group and other factors	E.1: Start surveying people in <b>February 2016</b>	OIO
E.2	Survey people with disabilities until desired sample size is obtained		E.2: Complete 3,000 surveys by <b>June 30, 2016</b>	QOL Workgroup

**Strategy 4:** Analyze and report survey results

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Analyze results of the surveys	As surveys get completed, analyze within framework of approved Analysis Work Plan	Analyze results of survey by <b>July 15, 2016</b>	OIO QOL Workgroup
B	Develop preliminary Analysis Report for Subcabinet Executive Committee	A preliminary report will outline areas identified and shared with the subcabinet Executive Committee.	Submit preliminary report to the Executive Committee by <b>July 15, 2016</b>	OIO QOL Workgroup
C	Final Report submitted to subcabinet, court and posted on the website	A final report with findings will be submitted to the Subcabinet.	Submit final report to subcabinet by <b>August 15, 2016</b>	OIO QOL Workgroup

**Strategy 5:** Develop workplan for 2017

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

## **Olmstead Plan Workplan – Cross Agency Data Strategy**

**August 10, 2015 Plan Goals (page 98)**

**Executive Sponsor:** Mike Tessneer (OIO) [Temporary]

**Lead:** Rosalie Vollmar (OIO) [Temporary]

### **STRATEGIES:**

1. Create interim data system
2. Create cross agency data plan



**Strategy 1:** Create interim data system

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Create the necessary interim data systems to address the identified gaps in existing data systems in the following Topic Areas:	Existing data systems lack the necessary focus on measures critical to determining progress on Plan implementation. Modifying current data systems or creating new data systems is necessary as an interim step to measure progress until a more comprehensive process can be achieved.		OIO
A.1	<ul style="list-style-type: none"> <li>Transition Services</li> </ul>		A.1: Transition Services by <b>December 31, 2016</b>	Subcabinet agencies
A.2	<ul style="list-style-type: none"> <li>Housing and Supports</li> </ul>		A.2: Housing and Supports by <b>December 31, 2016</b>	
A.3	<ul style="list-style-type: none"> <li>Employment</li> </ul>		A.3: Employment by <b>June 30, 2017</b>	
A.4	<ul style="list-style-type: none"> <li>Education and Life Long Learning</li> </ul>		A.4: Education and Life Long Learning by <b>October 31, 2017</b>	
A.5	<ul style="list-style-type: none"> <li>Transportation</li> </ul>		A.5: Transportation by <b>TBD</b>	
A.6	<ul style="list-style-type: none"> <li>Positive Supports</li> </ul>		A.6: Positive Supports by <b>June 30, 2017</b>	

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

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
	<p>Establish a work group to study the cross agency data needs for implementation of the Olmstead Plan.</p> <p>Work group membership will include people with disabilities and representatives from four Subcabinet agencies who have knowledge, skills and abilities with data systems, a representative of the Commissioner of MN.IT, and consultation from IPAD, Department of Administration regarding data practices. The work group may seek outside subject matter consultation.</p> <p>The people with disabilities \should not be state employees or represent provider agencies.</p> <p>The work group will examine the current and future need for cross agency data systems necessary for measuring the implementation of the Plan. Based on the approved Olmstead Plan’s measurable goals, the work group will develop an assessment report that will include the following:</p> <ul style="list-style-type: none"> <li>• Recommendations for the establishment of data systems that allow access to data from multiple agencies,</li> <li>• Recommendations for the measurement of the movement of people with disabilities from segregated settings to integrated settings, movement off waiting lists, and results of the Quality of Life Survey.</li> <li>• Recommendations for the tracking of the expenditure of public funds in segregated and integrated settings</li> </ul>	<p>The Olmstead Plan envisions services and supports for individuals with disabilities to be responsive to individual preferences and choices than the current system allows.</p> <p>The Plan also assumes agencies will -need to share data in new ways that may not be permitted under current parameters</p> <p>This work plan intends to examine what data systems of the future should look like and to provide recommendations on how to achieve redesigned data systems that are responsive to the needs of the Olmstead Plan.</p>	<p>Assessment report and recommendations due to Subcabinet by <b>January 31, 2017</b></p>	<p>OIO</p> <p>Subcabinet Agencies</p>

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
	<p>The recommended data system should operate efficiently, accurately, and timely.</p> <p>The data system should support routine reporting in ways that are readily understood by people with disabilities, their families, advocates, and the public, and effectively support monitoring of Plan implementation.</p> <p>The assessment should identify barriers or disincentives to implementing the recommended data system</p>			