

Olmstead Subcabinet Meeting

Monday, July 25, 2016 • 1:30 p.m. to 3:00 p.m.

Minnesota Housing Finance Agency – State Street Conference Room

400 Sibley Street, St. Paul, MN 55101

Agenda

- | | | |
|--|--|--------------|
| 1) Call to Order | | |
| 2) Roll Call | | |
| 3) Agenda Review | | |
| 4) Approval of Minutes | | 3 |
| a) Subcabinet meeting on June 27, 2016 | | |
| 5) Reports | | |
| a) Chair | | |
| b) Executive Director | | |
| c) Legal Office | | |
| d) Compliance Office | | |
| 6) Action Items | | |
| a) Proposed workplans | | |
| 1. Prevention of Abuse and Neglect | | 13 |
| 2. Assistive Technology | | 33 |
| b) July 2016 Workplan Compliance Report | | 45 |
| c) Adjustments to Workplan Activities | | |
| 7) Information Items | | |
| a) Workplan items requiring report to Subcabinet: | | |
| 1. Community Engagement 1D, Report activities promoting Olmstead Plan (OIO) | | 49 |
| 2. Crisis Services 2J.2, Report status of crisis respite being added to CAC waiver (DHS) | | |
| 3. Education 1A and Positive Supports 1B, Report number of schools using Positive Behavioral Interventions and Supports (PBIS) (MDE) | | 51 |
| 4. Education 2A, Report number of students with Developmental Cognitive Disorders (DCD) and Autism Spectrum Disorders (ASD) in the most integrated setting (MDE) | | 53 |
| 5. Education 3A.2, Report graduation rates for American Indian and Black students with disabilities (MDE) | | 55 |
| 6. Employment 5A.4 and 5A.5, Report impact of Workforce Innovation and Opportunity Act (WIOA) and Order of Selection Process (DEED) | | 57/65 |
| 7. Health Care 4A, Report National Core Indicator (NCI) survey results related to health status and access to services (DHS) | | 85 |

b) Follow-Up from Previous Meetings (information requested, no discussion needed)

- | | |
|---|----|
| 1. ICFs/DD and Nursing Facilities – number of metro vs greater Minnesota (DHS) | 89 |
| 2. Transition to Community Initiative and movement from Minnesota Security Hospital and Anoka Metro Regional Treatment Center (DHS) | 91 |

8) Monthly Topic Report - Health Care and Healthy Living **93**

9) Public Comments

10) Adjournment

Next Subcabinet Meeting:

August 22, 2016 - 4:00 p.m. to 5:30 p.m.

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Olmstead Subcabinet Meeting

June 27, 2016 – 9:30 a.m. to 11:00 a.m.

Minnesota Housing, 400 Sibley Street, State Street Conference Room

1. Call to Order

Action: N/A

The meeting was called to order at 9:33 a.m. by Commissioner Mary Tingerthal (Minnesota Housing).

2. Roll Call

Action: N/A

Subcabinet members present: Mary Tingerthal, Chair, Olmstead Subcabinet (Minnesota Housing); Emily Johnson Piper (Department of Human Services); Colleen Wieck (Governor's Council on Developmental Disabilities); Roberta Opheim (Ombudsman for Mental Health and Developmental Disabilities). Kevin Lindsey (Department of Human Rights) arrived at 9:36 a.m.

Designees present: Blake Chaffee (Department of Employment and Economic Development); Daron Korte (Minnesota Department of Education); Sue Mulvihill (Department of Transportation); Gil Acevedo (Department of Health).

Guests present: Donovan Chandler, Sue Hall, Kari Benson, Gretchen Ulbee, Rick Figueroa, Carol LaBine, Kim Anderson, Alex Bartolic, Erin Sullivan Sutton, Adrienne Hannert (Department of Human Services); Mike Tessneer, Rosalie Vollmar, Tristy Auger, and Darlene Zangara (Olmstead Implementation Office); Anne Smetak and Ryan Baumtrog (Minnesota Housing); Kristie Billiar (Department of Transportation); David Sherwood-Gabrielson (Department of Employment and Economic Development); Ellena Shoop, Commissioner Tom Baden, and Matthew Porett (MN.IT); Stan Shanedling, Sue Ewy, Barb Lundeen, Bonnie LaPlante, Christina Nelson, Stephanie Lenartz (Department of Health); Jolene Rebertus and Anna McLafferty (Department of Corrections); Elizabeth Dressel (Governor's Office); Charlie Vander Aarde (Metro Cities); Christina Schaffer (Minnesota Department of Human Rights); Daren Nyquist (Improve Group); Mary Kay Kennedy (Advocating Change Together); Robyn Widley and Jayne Spain (Minnesota Department of Education); Cynthia Moore and Pam Taylor (Minnesota Statewide Independent Living Council); Ellison Yahmer (member of the public).

3. Agenda Review

There were no changes to the agenda.

4. Approval of Minutes

a) Subcabinet meeting on May 23, 2016

The May 23, 2016 Subcabinet meeting minutes were approved with a correction of Matthew Porett's name and the addition of Commissioner Tom Baden (MN.IT), under guests present at the meeting.

Motion: Approve the May 23, 2016 Subcabinet meeting minutes.

**Action: Motion – Wieck. Second – Mulvihill.
In Favor - All**

5. Reports

a) Chair

Commissioner Tingerthal reported the following:

- The Court has approved the June 2016 Update of the Olmstead Plan and the reporting procedure. Anne Smetak will provide more details in her report.
- The June 2016 Plan included a goal to develop an interdepartmental plan around public information for the Prevention of Abuse and Neglect by September 30, 2016. Rosalie Vollmar (OIO - Compliance) will lead the group that will develop the plan. Colleen Wieck (Governor's Council on Developmental Disabilities) has agreed to have the Star of the North Fellow assist this summer, with research on the topic of prevention of abuse and neglect. Recruitment of other members to participate in this group will begin this week.
- The July Subcabinet meeting will include a proposal for the annual amendment process of the Olmstead Plan that will occur at the end of the year.
- A DHS news release was issued on June 16, 2016 about the public awareness campaign promoting the new Minnesota Adult Abuse Reporting Center.

Commissioner Johnson Piper further commented that the Adult Abuse Recording Center has had great success but needs to continue to grow. There used to be 129 phone numbers across the state for people to call to report suspected abuse and neglect. Now there is only one phone number and it is toll-free. There are an average of 1,000 reports a week and projected costs of the center have increased but this shows progress in the right direction.

b) Executive Director

Executive Director Darlene Zangara reported the following:

- There were eight dispute resolution cases in April and May. Four of the cases have been resolved, three cases are pending. The cases were directed to DHS, DEED, and MDE. There was one case requesting information to navigate the complaint independently.

c) Legal Office

Anne Smetak reported the following:

- The status conference with Judge Frank and Magistrate Judge Thorson was held on June 6, 2016. It is the first of what is expected to be bi-annual status conferences in June and December. The status conference included a report on the quarterly reports for February and May 2016 as well as the proposed updated Olmstead Plan, which included new goals on Assistive Technology and Preventing Abuse and Neglect. The Court will not be issuing a responsive order to the quarterly reports as a matter of course. The Court asked for an overview of the verification process that the Olmstead Subcabinet uses to verify the accuracy and completeness of data included in the reporting.
- The Status Conference also included discussion of two administrative issues that had been previously identified.
 - The first issue was in regards to the February 22, 2016 Court order that discussed how the Subcabinet should report on the annual goals. The Court expected that the measurable goals would be reported in the quarterly report immediately following the annual goal measurement date. The issue is that the OIO and Subcabinet will not necessarily have data in a valid and reliable form in order to be available to report in the quarterly report immediately following the annual goal date. Commissioner Tingerthal proposed that this issue could be resolved by changing the language to reflect that the data would be reported in the quarterly report immediately following both the annual goal measurement date and a determination that the data is reliable and valid.
 - The second issue was in regards to the timing of the adoption of future goals. Commissioner Tingerthal proposed to the Court that future goals will be adopted on a provisional basis by the Subcabinet, agencies will begin to report on the provisional goals, and the provisional goals will be

considered for incorporation into the plan during the formal annual amendment process.

- At the conclusion of the status conference, the Court asked participants to submit a letter regarding the proposals that had been discussed. A letter from the Subcabinet was sent to the Court on June 16, 2016 summarizing the proposals on reporting and adoption of future goals. The letter also asked the Court for clarification that the February 22, 2016 order on reporting superseded a 2014 order that contemplated reporting on a 60-day schedule.
- On June 21, 2016 the Court issued an order that:
 1. Confirmed the Court will not routinely issue orders in response to filed quarterly reports.
 2. Approved the Subcabinet's proposal for timing of reporting on annual goals.
 3. Approved the Subcabinet's proposal for adopting new goals on a provisional basis.
 4. Clarified that the 2014 requirement for 60-day reporting is no longer in effect and was superseded by the February 22, 2016 order.
 5. Approved the June 1, 2016 update to the Olmstead Plan, which incorporated new goals on Prevention of Abuse and Neglect and Assistive Technology.

d) Compliance Office

Mike Tessneer reported the following:

- Agency workplans for Prevention of Abuse and Neglect and Assistive Technology goals must be submitted to the Court by August 1, 2016. OIO Compliance notified the responsible agencies on June 9, 2016 and provided the timeline for agency responses leading up to the submission to the Court.
- The Compliance office will initiate verification reviews in July, with the affected agencies being notified the week of July 4.

6. Action Items

a) Proposed baselines and annual goals

• Crisis Services 4 (DHS)

Erin Sullivan Sutton (DHS) reported on Crisis Services goal 4. The goal is that 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. By February 2016, a baseline and annual goals will be established.

The proposed measure represents the percent of people on Medical Assistance (MA) who received community services within 30 days after discharge following a crisis-related hospitalization. In addition, five months after that discharge date, what percent of people were housed, not housed or in a treatment facility. Separate goals are proposed for each of two data points:

Proposed Goal A: Increase the percent of people who receive appropriate community services within 30 days after discharge from the hospital.

- By June 30, 2017, the percent of people who receive appropriate community services within 30 days from a hospital discharge will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who receive appropriate community services within 30 days from a hospital discharge will increase by 1% compared to the previous fiscal year.

Proposed Goal B: Increase the percent of people who are housed 5 months after discharge from the hospital.

- By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.

In response to comments from Roberta Opheim regarding people who are discharged and are vulnerable or homeless, Commissioner Johnson Piper reported that DHS is working to build partnerships with the Hospital Association to collect more data from health systems across the state and one of the areas that will be explored is collecting broader data around mental health patient bed stays.

Chair Tingerthal suggested that this effort be pursued as a related issue to the set goal and incorporated into the Workplan. Commissioner Johnson Piper noted that the OIO will pursue discussions with MDH and DHS about efforts to

foster and encourage additional data collection around extended hospital stays for people who are ready to be discharged.

Colleen Wieck asked if the rationale could be reviewed and edited before it gets incorporated into the Plan because of its length and duplication with other rationale. Commissioner Tingerthal agreed that this would be done before incorporation into the Plan.

In response to comments from Commissioner Lindsey, rather than an increase of 1% each year, the language in the proposed goals will be changed to say an increase to 89% in the first year and an increase to 90% in the second year. In response to a question from Commissioner Lindsey, it was agreed that under the definitions for settings considered as not housed, the words “state and local” should be inserted in front of correctional facilities.

- **Crisis Services 5 (DHS)**

Erin Sullivan Sutton (DHS) reported on Crisis Services goal 5. The goal is that by January 31, 2016, a baseline will be established for the length of time it takes from referral for crisis intervention and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness.

The proposed baseline is that between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days.

The proposed interim goal:

- By June 30, 2017, decrease the average length of a crisis episode to 79 days.
- By June 30, 2018, decrease the average length of a crisis episode to 77 days.
- By June 30, 2019, develop and propose a measure that reflects the broader community crisis services and establish a baseline.

Roberta Opheim added that this goal is concerning because it will allow minimal movement for people in crisis.

In response to a comment from Commissioner Lindsey, Alex Bartolic (DHS) reported that data collection has been challenging due to systems collecting unrelated information for performance measures, identifying what needs to be collected, creating the system to collect the data, and identifying agency funding.

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

In response to comments from Commissioner Lindsey and Commissioner Johnson Piper, Chair Tingerthal suggested that the Workplan for this goal should include efforts to engage with the private sector about types of data they should collect and report. In addition, the workplans should address challenges in the workforce.

Motion: Approve the proposed baselines and annual goals with changes as discussed.

Action: Motion – Johnson Piper. Second – Lindsey.
In Favor – All

b) June 2016 Workplan Compliance Report

Mike Tessneer, OIO Compliance, reported on the Workplan Compliance Report. There were 25 items reviewed in June. Of the 25 total items:

- 19 items (76%) were completed
- 5 items (20%) were on track
- 1 items (4%) was reported as an exception

• **Positive Supports 1C.1**

Alex Bartolic (DHS) reported that this activity is to expand and maintain an inventory of policies related to restrictive practices and positive supports. In order to allow for any changes that the legislative session may bring, the decision was made to wait until after the 2016 legislative session to incorporate DOC, MDH, and DEED policies into the inventory. The new deadline for completion is September 2, 2016. No Subcabinet action is necessary at this time.

Commissioner Lindsey noted that advance notice of any scheduled meetings regarding this goal would be appreciated.

Roberta Opheim noted that a roadmap that included the definitions across departments for restrictive procedures and positive supports would be useful.

Motion: Approve the exception report as discussed.

Action: Motion – Lindsey. Second – Acevedo.
In Favor – All

c) Adjustments to Workplan Activities

- **Crisis Services 2C.2 and 2C.3 (DHS)**

- **Employment 3A.2 (DHS)**

Chair Tingerthal stated that, in the interest of time, the Adjustments to Workplan Activities in the report are straightforward and requested a motion to approve the reports as written.

Motion: **Approve the proposed adjustments to Workplan activities as written.**

Action: **Motion – Lindsey. Second – Mulvihill.**
 In Favor – All

d) Quality of Life Survey Administration Plan (OIO)

Darlene Zangara (OIO) provided a PowerPoint presentation which included an overview of the Quality of Life Survey Administration Plan.

Commissioner Tingerthal reported that a Request for Proposal (RFP) will be issued for the second phase of the Quality of Life Survey because the dollar amount is significantly higher than anticipated. She also reported that the second phase of the survey will consist of 2,000 interviews instead of the originally planned 3,000 interviews. Dr. Jim Conroy has assured the Executive Committee that reducing the number of interviews to 2,000 will not affect the validity and reliability of the survey.

Commissioner Tingerthal also noted that DHS guidelines require that the Internal Review Board (IRB) approve the survey. As a follow-up, Colleen Wieck stated she had reviewed the IRB questions and is confident any issues can be handled.

In response to comments by Commissioner Johnson Piper, Commissioner Tingerthal reported that the length of the survey was discussed at the Executive Committee meeting. As a result, the survey questions will be reordered so the most important items come first. The criteria for what is considered a completed survey has been set at completion of 75% of the first module. The change to the order of the survey and setting of the completion rate will increase the likelihood of completing the number of surveys necessary to establish the baseline. In addition, Colleen Wieck reported that, in the pilot study, the average amount of time to complete the survey was 41.8 minutes. Getting in touch with the person and scheduling the interview was the most time consuming part of the survey process.

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

In response to comments by Roberta Opheim, Commissioner Tingerthal replied that a number of attempts will be made to reach out to those persons who stop receiving Medical Assistance or who are placed in jail over the course of the survey period.

In response to comments by Roberta Opheim, Darlene Zangara reported each interviewer will be well trained on the nature of the questions asked in the survey and will be required to attend 40 hours of training for the interview process.

Motion: Approve the Quality of Life Survey Administration Plan.

Action: Motion – Johnson Piper. Second – Opheim.
In Favor – All

7. Informational Items

a) Workplan items requiring report to Subcabinet

1. **Community Engagement 1A.1**, report status of Councils/Olmstead overview (OIO)
 - Darlene Zangara reported that OIO staff met with 21 of the 23 Governor appointed Councils/Boards and provided a tailored Olmstead 101 presentation to introduce goals and strategies. Meetings with the two remaining groups will be completed by September 2016.
2. **Crisis Services 1A.1**, report status of crisis services reform implementation (DHS)
 - A written report was provided.
3. **Crisis Services 2J.2**, report status of crisis respite being added to waiver (DHS)
 - Alex Bartolic (DHS) reported CMS has approved the addition of crisis respite to the services available to people receiving Brain Injury (BI) and Community Access for Disability (CADI) waiver services.
4. **Crisis Services 3B.4**, report status of FACT implementation (DOC/DHS)
 - A written report was provided.
5. **Positive Supports 1C.7**, report status of implementation of Statewide Plan (DHS)
 - A written report was provided.
6. **Waiting List 1F and 2C.2**, report progress on waiting list (DHS)
 - A written report was provided.

b) Follow-Up from Previous Meetings

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

1. ICFs/DD and Nursing Facilities – number breakdown of metro vs greater Minnesota (DHS)
 - Alex Bartolic (DHS) reported statistical information on the percentage of metro cases versus Greater Minnesota cases and agreed to provide a written report for the next Subcabinet meeting.
2. Transition to Community grants and movement from Minnesota Security Hospital and Anoka Metro Regional Treatment Center (DHS)
 - Carol LaBine (DHS) reported on the Transitions to the Community initiative in July 2016 and agreed to provide a written report for the next Subcabinet meeting.

8. Monthly Topic Report – Health Care and Healthy Living

There was no time for this agenda item to be discussed.

9. Public Comments

There were no public comments.

10. Adjournment

The meeting was adjourned at 11:08 a.m.

Motion: Adjournment.

**Action: Motion – Lindsey.
In Favor - All**

Second: Johnson Piper.

[AGENDA ITEM 6a1]

Preventing Abuse and Neglect Workplans

for Subcabinet Review

July 25, 2016

DRAFT

Contents

Goal 13

Goal 2 (MDH)7

Goal 3 (DHS)11

Goal 4 (MDE).....15

Person Centered Planning (DHS).....19

DRAFT

[AGENDA ITEM 6a1]

Olmstead Plan Workplan – Preventing Abuse and Neglect
June 1, 2016 Plan Goals (page 98)

Executive Sponsor: _____TBD_____

Lead:

GOAL ONE:

By September 30, 2016, the Olmstead Subcabinet will approve a comprehensive abuse and neglect prevention plan, designed to educate people with disabilities and their families and guardians, all mandated reporters, and the general public on how to identify, report and prevent abuse of people with disabilities, and which includes at least the following elements:

- A comprehensive information and training program on the use of the Minnesota Adult Abuse Reporting Center (MAARC).
- Recommendations regarding the feasibility and estimated cost of a major “Stop Abuse” campaign, including an element for teaching people with disabilities their rights and how to identify if they are being abused.
- Recommendations regarding the feasibility and cost of creating a system for reporting abuse of children which is similar to MAARC.
- Utilizing existing data collected by MDE, DHS, and MDH on maltreatment, complete an analysis by type, type of disability and other demographic factors such as age and gender on at least an annual basis. Based upon this analysis, agencies will develop informational materials for public awareness campaigns and mitigation strategies targeting prevention activities.
- A timetable for the implementation of each element of the abuse prevention plan.
- Recommendations for the development of common definitions and metrics related to maltreatment across state agencies and other mandated reporters.

Annual goals will be established based on the timetable set forth in the abuse prevention plan.

STRATEGIES:

1. Develop educational campaign for mandated reporters and professional caregivers
2. Develop public awareness campaign

[AGENDA ITEM 6a1]**Goal 1- Strategy 1:** Develop educational campaign for mandated reporters and professional caregivers

G1-S1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Launch MN Adult Abuse Reporting Center (MAARC) public awareness campaign. Begin dissemination of postcard, first kiosk card and magnet (print material is targeted to the public, not mandated reporters).	Raise awareness of public and mandated reporters regarding how to report suspected maltreatment of a vulnerable adult.	Launch campaign by June 15, 2016	DHS AP and Licensing
B	Conduct statewide videoconference for health care and human services professionals, including mandated reporters, regarding the MAARC and the public awareness campaign. Disseminate information via professional licensing board listservs.	Increase understanding by service professionals, including mandated reporters, of the new process to report and how to help raise public awareness.	Conduct videoconference by June 25, 2016	DHS
C	Review current and planned components of DHS public awareness campaign to promote reporting to the MN Adult Abuse Reporting Center.	Increased understanding of workgroup regarding existing resources and efforts related to public awareness campaign.	Review campaign by August 15, 2016	DHS, MDH, MDE, OMHDD
D	Review DHS workplan activities in the Person Centered Planning Goal related to developing materials for people with disabilities, and a guide for case manager and assessors to use with people when they see them to help them understand their rights and ask questions to learn more if there are indicators of potential abuse/maltreatment.	Increased understanding of workgroup regarding current commitments related to public outreach and education.	Review workplan activities August 15, 2016	DHS, MDH, MDE, OMHDD
E	Ongoing communication and dissemination with key stakeholders including MN Elder Justice Center stakeholder group and DHS AP and Licensing/MDH/Call Center stakeholder group.	Increase understanding by service professionals, including mandated reporters, of the new process to report and how to help raise public awareness.	Communicate with stakeholders Ongoing	DHS, MDH, Call Center contractor, MEJC, external stakeholders
F	Release additional components of the MAARC public awareness campaign at the State Fair and statewide through other venues. Additional materials include: radio spots, social media posts and brochure.	Raise awareness of public and mandated reporters regarding how to report suspected maltreatment of a vulnerable adult.	Release additional components by August 31, 2016	DHS

[AGENDA ITEM 6a1]

G1-S1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
G	Release final component of existing MAARC public awareness campaign: 2 minute video (online and DVDs).	Raise awareness of public and mandated reporters regarding how to report suspected maltreatment of a vulnerable adult.	Release final component by September 30, 2016	DHS
H	Develop recommendations for the Subcabinet on the feasibility and estimated cost of additional public awareness and education activities to implement a major "Stop Abuse" campaign, including additional elements related to teaching people with disabilities their rights and how to identify if they are being abused.	The Subcabinet will act on the recommendations, identify the necessary resources and direct the agencies to move forward on the project.	Recommendations to Subcabinet by September 30, 2016	DHS, MDH, MDE, OMHDD
I	Develop and submit proposed comprehensive abuse and neglect prevention plan to the Subcabinet for approval.	The Subcabinet will act on the proposed plan, identify the necessary resources and direct the agencies to move forward on the comprehensive plan.	Submit plan to Subcabinet by September 30, 2016	DHS, MDH, MDE, OMHDD

[AGENDA ITEM 6a1]**Goal 1 - Strategy 2:** Develop public awareness campaign

[The following activities could only continue based upon the actions by Subcabinet and adequate funding available]

G1-S2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Agencies will solicit public input on the development of educational campaign on the prevention of abuse and neglect of people with disabilities. Input will be solicited from mandated reporters, professional caregivers, people with disabilities, families, and advocates.	Mandated reporters, professional care givers, people with disabilities, families, advocates, and providers will have the opportunity to advise the agencies on how they believe the campaign(s) should be structured and conducted. Input will be reflected in the structure and content of the campaign	Solicit public comments by December 31, 2016	DHS, MDH, MDE, OMHDD
B	Define key objectives of the educational campaign	Key objectives of the campaign will be identified	Identify objectives by December 31, 2016	DHS, MDH, MDE, OMHDD
C	Identify the target audiences for the educational campaign	Key audiences for the educational campaign will be identified	Identify audience by December 31, 2016	DHS, MDH, MDE, OMHDD
D	Develop the key messages for the educational campaign	Key messages will be identified	Develop key messages by December 31, 2016	DHS, MDH, MDE, OMHDD
E	Design the optimal channels of communication to be used	Educational key messages will reach the target audiences	Design the communications by December 31, 2016	DHS, MDH, MDE, OMHDD
F	Implement campaign	Increased awareness by mandated reporters and professional caregivers on reporting of abuse and neglect Increased awareness by people with disabilities, families, advocates, and the public on what constitutes abuse and neglect and how to report.	Implement campaign by August 31, 2017	DHS, MDH, MDE, OMHDD

Olmstead Plan Workplan – Preventing Abuse and Neglect

June 1, 2016 Plan Goals (page 98)

Executive Sponsor: MDH

Lead:

GOAL TWO:

By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline.

STRATEGIES:

1. Use data to identify victims and target prevention
2. Monitor and improve accountability of providers
3. Refine measurable goals

[AGENDA ITEM 6a1]**Goal 2 - Strategy 1:** Use data to identify victims and target prevention

G2-S1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Analyze the data from the Minnesota Hospital Association (MHA) to determine the number of individuals who have been treated at a hospital due to abuse or neglect. Individuals who meet the definition of a vulnerable individual will then be identified based on if their source of admission was from either a licensed facility or a home health agency.	Baseline will be Established: These activities are necessary in order to establish a baseline. The MHA data needs to be analyzed in order to determine the number of individuals who meet the definition of a vulnerable individual.	Baseline established by January 31, 2017	MDH
B	Once the baseline is established, the data will then be analyzed to determine any existing patterns and geographic areas which reflect a higher incidences of abuse or neglect of vulnerable individuals.	Identification of areas that require targeted prevention efforts: Identifying geographical areas that are higher concentration, or rate, in the number of vulnerable individuals presenting at hospitals for injuries related to abuse and neglect.	Identify areas to target by February 1, 2017	MDH
C	Conduct a public education campaign targeted at providers who serve individuals with disabilities. Targeted prevention efforts will also be conducted in areas with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.	Targeted providers will: <ul style="list-style-type: none"> • Be educated on how to recognize abuse and neglect • Be educated in methods to reduce barriers in reporting suspected maltreatment, and; • Be educated on how to prevent maltreatment in an effort to prevent future abuse and neglect. 	Initiate public campaign by July 1, 2017	MDH, DHS OMHDD

[AGENDA ITEM 6a1]**Goal 2 - Strategy 2: Monitor and improve accountability of providers**

G2-S2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Report quarterly to the Olmstead Subcabinet the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID's) that document failure to report abuse, neglect and other maltreatment.	<p>It is expected that the overall number of maltreatment allegations will rise as a result of the education campaign about how to recognize and report suspected maltreatment.</p> <p>However, the number of citations issued to ICF/IID's that document failure to report abuse, neglect, and other maltreatment should decrease as a result of the education campaign about how to recognize and report suspected maltreatment.</p>	Report to Subcabinet beginning January 1, 2017 and quarterly thereafter	MDH
B	Submit quarterly to the Olmstead Subcabinet the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required Minnesota Statute 626.557 subd.14 (b).	Over time, the number of citations issued to Supervised Living Facilities documenting failure to comply with the development of an individualized abuse prevention plan should decrease as providers and direct care staff receive additional education about prevention of maltreatment.	Report to Subcabinet beginning January 1, 2017 and quarterly thereafter	MDH
C	Analyze data from increased reporting to identify areas where targeted prevention strategies can be applied to reduce the occurrence of maltreatment to vulnerable individuals.	As a result of an education campaign focused on how to recognize and where to report suspected maltreatment, allegations of maltreatment are expected to rise. Targeted prevention efforts can then be applied in geographical areas or with providers that reflect higher incidences of abuse or neglect of vulnerable individuals.	Identify areas to target beginning January 31, 2018 and annually thereafter	MDH

[AGENDA ITEM 6a1]**Goal 2- Strategy 3:** Refine measurable goals

G2-S3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	The MHA data will be reassessed annually to determine the efficacy of the educational efforts.	The number of emergency room visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease compared to the baseline.	Reassess data beginning January 31, 2018 and annually thereafter	MDH
B	After reassessment of the MHA data and the effects of the educational campaign, the measureable goal will be reviewed on an annual basis.	It is unknown what kind of an impact the education campaign will have on the overall incidence of abuse and neglect of vulnerable individuals. The measureable goal will need to be reassessed annually to determine if the target needs to be revised.	Review annual goals beginning January 31, 2018 and annually thereafter	MDH

Olmstead Plan Workplan – Preventing Abuse and Neglect
June 1, 2016 Plan Goals (page 98)

Executive Sponsor: _____ (DHS)

Lead:

GOAL THREE:

By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

Annual Goals to reduce the number of people who experience more than one episode of the same type of abuse or neglect:

- By December 31, 2017, a baseline will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.
- By December 31, 2018, the number of people who experience more than one episode will be reduced by 5% compared to baseline
- By December 31, 2019, the number of people who experience more than one episode will be reduced by 10% compared to baseline
- By December 31, 2020, the number of people who experience more than one episode will be reduced by 15% compared to baseline
- By December 31, 2021, the number of people who experience more than one episode will be reduced by 20% compared to baseline

STRATEGIES:

1. Develop remediation strategies for providers and professional caregivers
2. Engage Quality Councils
3. Refine measurable goals

[AGENDA ITEM 6a1]**Goal 3- Strategy 1:** Develop remediation strategies for providers and professional caregivers

G3 - S1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Collect data for initial maltreatment reports and complete validation testing of the MAARC data system.	Data for initial maltreatment reports by person will be collected for the 6 month timeframe (July 1 – Dec. 31, 2016). Improved data collection and data integration between state agencies responsible for investigation of MAARC reports of suspected maltreatment.	Begin collecting data by December 31, 2016	DHS, MDH, MN.IT, counties
A.2	Data reports developed and tested on initial and repeat maltreatment and demographic data of suspected victim and perpetrator. Data for repeat maltreatment reports by person will be collected for the 6 month timeframe (Jan. 1 – June 30, 2017).	Develop and test report on initial and repeat maltreatment reports and demographic data of suspected victim and perpetrator	Develop and test reports by June 30, 2017	DHS, MDH, MN.IT, counties
A.3	Data and reports will be validated. Baseline will be established.	Repeat reports will be compared to the first set of initial reports to determine the number of vulnerable adults who experience repeat maltreatment of the same type.	Establish baseline by December 31, 2017	DHS, MDH, MN.IT, counties
A.4	Develop and test lead investigative agency remediation strategy reports.	Improved data collection and data integration between state agencies responsible for investigation of MAARC reports of suspected maltreatment.	Develop and test reports by December 31, 2017	DHS, MDH, MN.IT, counties
A.5	Review and compile data on remediation strategies by lead investigative agency to identify strategies that may be effective at preventing repeat maltreatment of the same type.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Identify remediation strategies by June 30, 2018	DHS, MDH, MN.IT, counties

[AGENDA ITEM 6a1]

G3 - S1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.6	Conduct training sessions with lead investigative agencies to share remediation strategies effective at preventing repeat maltreatment.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Begin training by December 31, 2018	DHS, MDH, MN.IT, counties
B.1	Complete an inventory of existing communication methods used to inform service providers.	Existing communication venues will be identified.	Complete inventory by June 30, 2018	DHS, MDH, MN.IT, counties
B.2	Develop communication plan to disseminate alerts.		Develop communication plan by June 30, 2018	
B.3	Analyze repeat maltreatment data to identify patterns/trends of abuse and neglect.	Data will be analyzed and patterns/trends will be identified that go beyond repeat maltreatment of the same type.	Identify trends by September 30, 2018	DHS
B.4	Disseminate communication alerts to providers and other key local stakeholders.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Begin alerts by December 31, 2018	DHS

[AGENDA ITEM 6a1]**Goal 3 - Strategy 2: Engage Quality Councils**

Provide the State Quality Council and Regional councils (as they are established) with statewide and regional data on maltreatment reporting. The Council will develop strategies to reduce the risk of abuse and to improve the quality of practice.

G3-S2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	DHS provides maltreatment reports to regional councils for their review of counties in their respective regions.	Patterns, trends are identified that may be amenable to local training /TA efforts	Regional reviews begin by March 30, 2017	Regional Quality Councils (RQCs), county level Adult Protection (AP)
A.2	Regional councils identify and evaluate positive self-protection / abuse prevention training needs at the regional level	Training needs are identified	Identify training needs by December 31, 2017	RQCs
A.3	Regional councils provide recommendations to county adult protection staff and leadership regarding training needs	Written recommendations are provided to counties for response	Recommendations made by September 30, 2018	RQCs, County level AP
A.4	Regional councils provide recommendations to the State Quality Council (SQC) regarding statewide needs for training and technical assistance in self-protection / abuse prevention	RQC and the SQC work together with state and local partners to coordinate and implement training and TA	Recommendations made by December 31, 2018	SQC and RQC and other partners

Goal 3 - Strategy 3: Refine measurable goals

After the establishment of a baseline, the measurable goal will be reviewed on an annual basis to determine if the targets need to be revised.

G3-S3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Repeat reports will be compared to initial reports to determine the number of vulnerable adults who experience repeat maltreatment of the same type. Measure will be compared to baseline. Analysis will inform determination of whether or not targets need to be revised.	Progress on reducing repeat maltreatment of the same type within six months will be measured. A determination will be made as to whether or not the targets need to be revised.	Review annual goals by December 31, 2018	DHS, MDH, MN.IT, counties

Olmstead Plan Workplan – Preventing Abuse and Neglect

June 1, 2016 Plan Goals (page 98)

Executive Sponsor: _____ (MDE)

Lead:

GOAL FOUR:

By July 31, 2020, the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years will decrease by 50% compared to baseline. The number of students with a disability who are identified as alleged victims of maltreatment within those schools will also decrease by 50% by July 31, 2020.

STRATEGIES:

1. Develop and utilize school tracking database
2. Continue and expand training for school personnel
3. Improve school accountability for training

[AGENDA ITEM 6a1]**Goal 4- Strategy 1:** Develop and utilize school tracking database

G4-S1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Collaborate with MN.IT and computer programmer to create a report that calculates the number of maltreatment investigations involving a student with a disability within an individual school. Ensure program data is properly transitioned from current maltreatment program database system to new maltreatment web focused database system.	Testing of specified report and data conversion will be completed to ensure appropriate functionality and accuracy of data	Develop and test report by October 1, 2016	MDE, MN.IT
B	Train program staff on database entry requirements to ensure all necessary information for specified goal is collected and stored in system.	Increase integrity and accuracy of data.	Begin training by October 1, 2016	MDE
C	Generate specified report and analyze necessary data from FY14-FY16 to establish baseline.	Establish baseline data that identifies all schools that have had multiple maltreatment investigations involving a student with a disability within a three year time period. Determine the number of students with a disability who are named as alleged victims of a maltreatment investigation within those schools.	Generate report to use as baseline by October 31, 2016* *Date of completion has been modified from the original date of July 2017 in the Olmstead Plan filed on 5/31/16. This modification is due to PBIS training application deadlines and efficiency in database development.	MDE

[AGENDA ITEM 6a1]**Goal 4- Strategy 2:** Continue and expand training for school personnel

G\$-S2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Draft and send a letter to all identified schools to notify them of multiple investigations within their schools and to inform them of the current school year's PBIS training application process and deadlines.	Identified schools will become aware of multiple investigations within schools and will consider applying for schoolwide MDE approved PBIS cohort training opportunities.	Issue letters by November 15, 2016	MDE, Maltreatment Program & PBIS Unit
B	Target schools from baseline data that have yet to submit application for 2017-2019 PBIS cohort training and send a follow up letter encouraging enrollment and participation in PBIS cohort trainings.	Increase participation in PBIS cohort trainings.	Send follow-up letters by February 28, 2017	MDE, Maltreatment Program and PBIS Unit
C	Provide ongoing targeted technical assistance and an annual training for school administrators on student maltreatment, mandated reporter requirements, PBIS, Restrictive Procedures, and discipline.	Increase awareness of abuse and neglect in public schools, offer guidance and direction in implementing appropriate behavioral interventions and prevention efforts; decrease use of emergency interventions.	Technical assistance will begin by June 30, 2017 and annually thereafter	MDE
D	Report to the Olmstead subcabinet; <ul style="list-style-type: none"> Number of schools identified as having 3 or more investigations of alleged maltreatment of students with a disability as established in baseline data (1c). Number of identified schools participating/ not participating in MDE approved PBIS cohort training; and corresponding number of maltreatment investigations. Number of students named as alleged victims in a maltreatment investigation within schools identified in baseline data. Number of students named as alleged victims of maltreatment during and post PBIS training. 	<ul style="list-style-type: none"> Schools participating in PBIS cohort training will demonstrate a decreased number of students with a disability as alleged victims of maltreatment. Schools participating in PBIS cohort trainings will demonstrate a decreased number of alleged maltreatment investigations 	Report to Subcabinet by July 31, 2017 and annually thereafter	MDE

[AGENDA ITEM 6a1]**Goal 4- Strategy 3:** Improve school accountability for training

G4-S3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Develop web based system that requires school district personnel submit verification to MDE indicating that all school employees have been trained on child maltreatment mandated reporter requirements.	<ul style="list-style-type: none"> Bring awareness of mandated reporting requirements and increase awareness of child abuse and neglect within public schools. Increase number of school personnel trained on mandated reporting requirements. Increase schools accountability and compliance with mandated reporting requirements. 	Develop web based system by December 31, 2016	MDE, MN.IT
B	Test and implement web based verification system	Ensure functionality and district accessibility.	Implement system by December 31, 2016	MDE, MN.IT
C	Develop and update web based mandated reporter requirement training and student maltreatment information materials on program website.	School personnel and constituents will have access to current program procedures, legislative authority and mandated reporting requirements.	Post training on MDE website by December 31, 2016	MDE
D	Notify school administrators of verification requirement and alternative training options via program website and superintendent mailings.	Provide guidance and assist schools in establishing approved mandated reporter training options.	Notify school administrators by December 31, 2016	MDE
E	Annually report to Olmstead subcabinet; <ul style="list-style-type: none"> Number of districts who fulfilled verification requirement procedures and confirmed mandated reporter training to all district employees. Number of districts who did not fulfill verification requirements and did not confirm mandated reporter training to all district employees. 	Increase school personnel accountability and awareness to report situations of abuse and neglect in	Report to Subcabinet by July 31, 2017 and annually thereafter	MDE

[AGENDA ITEM 6a1]

Olmstead Plan Workplan – Person-Centered Planning

June 1, 2016 Plan (page 39)

Strategy 1: Broaden the effective use of person-centered planning principles and techniques for people with disabilities**(These are proposed additions to the existing court approved workplan activities for this topic area)**

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E	Develop materials and training to guide professionals who inform people with disabilities about their rights and their individual abuse prevention plans to increase understanding of rights and the effectiveness of planning.	Professionals and people with disabilities will understand their right to be free from abuse and neglect and their right to exercise informed choice. They will be supported in advocating for themselves and professionals will advocate for them to exercise those rights. People will be informed about how to report incidents where their rights have been violated, including abuse and neglect.		Minnesota State Courts Working Interdisciplinary Network on Guardianship Stakeholders (WINGS)
E.1	Develop inventory of existing requirements, materials, tools and training		E.1: Complete inventory by December 31, 2016	
E.2	Create process map/prompts for recommended practices to identify opportunities for conversations about risk and choice.		E.2: Complete mapping by December 31, 2016	
E.3	Produce trainings for professionals on individual rights, abuse prevention planning, and skill building.		E.3: Begin training by March 30, 2017	

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[AGENDA ITEM 6a2]

Assistive Technology Related Workplans

for Subcabinet Review

July 25, 2016

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Contents

Person Centered Planning (DHS)3

Transition Services (DHS)5

Employment (DEED)7

Education (MDE).....9

DRAFT

[AGENDA ITEM 6a2]

Olmstead Plan Workplan – Person-Centered Planning**June 1, 2016 Plan (page 39)****Strategy 2:** Evaluate the effectiveness of person-centered planning principles and techniques**(These are proposed additions to the existing court approved workplan activities for this topic area)**

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	Through the MnChoices assessment tool, assess whether assistive technology will be considered as part of an individual's support plan, and at reassessments, monitor access to and effective use of technology.	Assistive Technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES.		DHS
D.1	Incorporate assistive technology related questions into MnCHOICES assessment tool		D.1: Add questions to MnCHOICES by March 30, 2017	
D.2	Analyze one full year of assistive tech data from MnCHOICES assessments.		D.2: Complete analysis by June 30, 2018	
D.3	Review analysis and make recommendations to DHS leadership.		D.3: Make recommendations by December 30, 2018	

[AGENDA ITEM 6a2]

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E	DHS will work with System of Technology to Achieve Results (STAR) Program and the State Quality Council and its regional councils on strategies to increase awareness of, and monitor effective use of assistive technology as a means to increase quality of life and outcomes for people with disabilities	The State Quality Council will have an increased awareness of the types and benefits of assistive technology. Assistive technology will be considered in the quality review process.		DHS, ADM
E.1	DHS staff will coordinate with STAR program staff to arrange technical assistance/ informational presentations to Person Centered Quality Review work groups of the State Quality Councils		E.1 Schedule informational meetings by June 30, 2017	
E.2	State Quality Council Work group will develop questions related to assistive Technology to utilize in their quality review process		E.2. Develop questions by December 31, 2017	

[AGENDA ITEM 6a2]**Strategy 3** - Incorporate assistive technology assessment into person centered planning processes

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Person centered planning processes will be enhanced through a common process across Department of Human Services, Education, Employment and Economic Development and Administration. This process will increase awareness of Assistive Technology, related services, resources and funding sources.	State agencies will increase awareness of Assistive Technology, related services, resources and funding sources among their staff and service providers		DHS, MDE, DEED, ADM
A.1	Department of Admin's STAR Program will convene an Assistive Technology workgroup of representatives from DHS, MDE, DEED and Department of Admin.		A.1: Convene Workgroup by September 30, 2016	
A.2	Develop common process for planning for use of technology		A.2: Develop processes by September 30, 2017	DHS, MDE, DEED, ADM
A.3	Evaluate process and make recommendations for revisions to processes.		A.3: Make recommendations by September 30, 2018	DHS, MDE, DEED, ADM

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[AGENDA ITEM 6a2]

Olmstead Plan Workplan – Transition Services
June 1, 2016 Plan (page 46)

Strategy 3: Increase service options for individuals making transitions

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C	Provide technical assistance and education about assistive technology to lead agencies and providers and provide examples of innovative uses of assistive technology to support people in make successful transitions to the most integrated settings.	Participants will gain an understanding of a variety of AT products, services, resources (e.g., State's AT Act program as well as funding streams. They will also learn how to include assessment for potential value of assistive technology in their practice.		DHS
C.1	Develop an Assistive Technology track at the DHS Statewide Age and Disability Odyssey conference	Assessments through Technology for Home will increase use of appropriate assistive technology to support people to live in their own homes	C.1: Odyssey conference held by June 30, 2017	
C.2	Measure use of Technology For Home assessment and education services including type of activity, number people of impacted and client satisfaction.		C.2: Submit annual report to Subcabinet by March 30, 2017 and annually thereafter	
C.3	Assess the effectiveness of the services and make recommendations for improvements as needed.		C.3: Make recommendations by September 30, 2017 and annually thereafter	DHS

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[AGENDA ITEM 6a2]

Olmstead Plan Workplan – Employment
June 1, 2016 Plan (page 57)

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
C.1	Cross Agency AT Workgroup will develop methods for collecting, sharing, and educating on current assistive technology (AT) trends and outline in a communication plan.	Information about AT is shared among diverse partners that supports competitive integrated employment.	C.1: Develop communication plan by December 30, 2016	DHS, DEED, MDE, ADM
C.2	Develop and provide a presentation to the Diversity and Inclusion Council about how AT allows access to state resources and can support employment for current and prospective state workers with disabilities.	The Diversity and Inclusion Council will have an increased awareness of how AT can affect change for the State of Minnesota as a model employer.	C.2: Present to Council by February 28, 2017	

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[AGENDA ITEM 6a2]

Olmstead Plan Workplan – Lifelong Learning and Education

June 1, 2016 Plan (page 62)

Strategy 6 - Expand Effectiveness of Assistive Technology Teams Project

6	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
A	MDE will recruit Assistive Technology (AT) Teams from districts	There will be a minimum of nine teams per year, distributed between years 1, 2 and 3 teams. AT Teams self- nominate and participate in ongoing professional development and implement a plan for improvement, based on data generated from self-assessment.	Identify teams by October 1, 2016 and annually thereafter	MDE
B	MDE will provide professional development to each participating AT team, with a specific curriculum delivered to Years 1, 2 and 3 AT teams. There will be a minimum of quarterly activities each school year.	Participating AT Teams will increase skills and knowledge in provision of AT services to students with IEP, with a specific focus on active consideration.	Begin professional development activities by October 1, 2016 and annually thereafter	MDE
C	MDE will develop documentation protocol for teams to use in documenting outcomes of consideration in the IEP team process.	All team members will have a consistent protocol to use when considering and documenting the outcome of AT for students with IEP.	Develop protocols by October 1, 2016 and annually thereafter	MDE and district teams
D	AT teams will complete Quality Indicators in Assistive Technology (QIAT) matrices (self-assessment) to determine current status of consideration of AT in their setting.	Each team will have baseline data on consideration of AT which will be reported to MDE. MDE will monitor and track data from participating teams.	Teams complete matrices by October 15, 2016 and annually thereafter	MDE and district teams
E.	Each participating AT team will report to MDE the number of IEPs on which members served, during which active consideration of AT resulted in improved access to AT for the student.	MDE expects that there will be increase in the numbers of IEPs for which active consideration of AT occurs.	Report to MDE by June 1, 2017 and annually thereafter	MDE and district teams
F	MDE will evaluate, monitor and adjust professional development and technical assistance to support teams in outcomes related to active consideration of assistive technology	MDE will improve outcomes among teams by evaluating their own professional development, revising as needed to ensure they can provide effective professional	MDE will review and revise professional development by June 1, 2017 and annually thereafter	MDE

[AGENDA ITEM 6a2]

6	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
		development and technical assistance to successive AT Teams.		

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[AGENDA ITEM 6b]**Workplan Compliance Report for July 2016**

Total number of workplan activities reviewed	53	
• Number of activities completed	47	89%
• Number of activities on track	4	7%
• Number of activities reporting exceptions	2	4%

Exception Reporting

Workplan Activity, Deadline and Description	Status Reported	Description of Exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
<p>Housing and Services 4A.4</p> <p>Deadline: 6/30/2016</p> <p>Develop and promote the housing planning tool on HB101 to help people with disabilities explore their options.</p>	<ul style="list-style-type: none"> • Planning tool developed. • Tool will be sent out for internal testing in early July, followed by external stakeholder testing. • Focus groups held to receive feedback and promote planning tool: January 29, 2016 • HB 101 and planning tool promoted at meetings, conferences including: <ul style="list-style-type: none"> ○ Independent Housing Options multicounty workgroup ○ Minnesota Social Services Association (MSSA) ○ Gerontological Society of America ○ St. Louis County ○ ARRM Conference • Full roll out will be October 1, 2016. 	<p>Tool is developed and promoted. Tool in testing and not yet available on website.</p>	<p>DHS – Erin Sullivan Sutton</p> <p>Reason for exception: Development of tool taking longer than vendor had anticipated in order to ensure successful roll out</p> <p>Plan to remedy:</p> <ul style="list-style-type: none"> • Currently alpha testing • Beta testing begins August 1st <p>New Deadline - The tool will be available on the website by October 1, 2016.</p> <p>Subcabinet action needed: No Subcabinet action is recommended at this time.</p>

[AGENDA ITEM 6b]

Workplan Activity, Deadline and Description	Status Reported	Description of Exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
<p>Quality of Life 3E.2</p> <p>Deadline: 6/30/2016</p> <p>Survey people with disabilities until desired sample size is obtained</p>	<p>Delayed –</p> <p>The QOL Survey Administration Plan was approved by the subcabinet on June 27, 2016. The next step requires a new RFP process for the Administration of the Survey. OIO is currently drafting the RFP and it will be posted upon approval by Dept. of Administration. New timeline will be established along with final approval for posting of RFP.</p>	<p>Deadline missed</p>	<p>OIO – Darlene Zangara</p> <p>Reason for exception:</p> <p>OIO initiated a Phase 1 contract to determine a Quality of Life Survey Administration Plan. The contract focused on the analysis and development of Survey Administration Plan, a Communication Plan and an Abuse/Neglect Protocol Plan. The vendor was also required to seek approval with the Institutional Review Board (IRB) from DHS. An impact of the Plan is the cost analysis. The amount is now significantly higher than the original amount. OIO is required to re-issue a request for proposal (RFP). The timelines for a new RFP process will be impacted.</p> <p>Plan to remedy:</p> <p>It was determined that a new RFP process is needed to administer the survey.</p> <ul style="list-style-type: none"> • The RFP will be posted by *August 8, 2016 • The vendor will be selected by *September 9, 2016 • A Survey Administration workplan with deadlines will be completed by October 15, 2016 <p>Because of the delay in 3E.2, subsequent workplan activity deadlines will need to be adjusted:</p> <ul style="list-style-type: none"> • 4A: Analyze results of the surveys – due 7/15/2016 • 4B: Develop preliminary Analysis Report– due 7/15/2016 • 4C: Final Report submitted to subcabinet, court and posted on the website – due 8/15/2016

[AGENDA ITEM 6b]

Workplan Activity, Deadline and Description	Status Reported	Description of Exception	Sponsor/Lead Exception Report (Reason, Plan, Action needed)
			<p>The new deadlines will be included in the Survey Administration workplan that will be completed by October 15, 2016.</p> <p>Subcabinet action needed: No Subcabinet action is recommended at this time.</p> <p>* Dates are contingent to the approval and actual posting of the RFP by the Department of Administration. See below of tentative dates/timeline. We estimate 6 to 8 weeks from the time it is approved by the department of Administration to securing a vendor.</p> <ul style="list-style-type: none"> • Obtain approval from Dept. of Administration = August 1, 2016 • Post the RFP for public = August 8, 2016 • Final date to submit questions for RFP = August 19, 2016 • Responses to questions for RFP = August 26, 2016 • Final deadline for Proposal submission = August 29, 2016 • Evaluation and Selection of Vendor = September 9, 2016 • Start date/Contract date = October 1, 2016 to June 30, 2017

[AGENDA ITEM 6b]

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Community Engagement
Strategy	Strategy 1 – Increase the number of leadership opportunities for people with disabilities
Workplan Activity	Community Engagement 1D
Workplan Description	<p>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.</p> <p>Review Quarterly beginning April 2016. Items reviewed will include community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information sessions including date, approx. number of attendees, and any specific topic areas/concerns that were raised.)</p>
Deadline	July 31, 2016 (Quarterly report)
Agency Responsible	OIO
Date Reported to Subcabinet	July 25, 2016

OVERVIEW

OIO strategically engages with communities and individuals with disabilities to enhance or promote their own self-advocacy and leadership opportunities. The self-advocacy and leadership opportunities for people with disabilities increase through greater awareness of Olmstead, training or networking. The interested individuals are often referred for leadership opportunities, i.e., employment opportunities for the state of Minnesota, volunteer role or participate in a training program. An example of a program includes Partners in PolicyMaking.

OIO strategically engages with many direct providers, families and organizations that serve or work with individuals with disabilities. The engagements are means for gathering information, resources and building awareness of rights of individuals with disabilities. OIO has often served as a facilitator of resources and referrals. These individuals would become better advocates for individuals with disabilities.

REPORT

OIO continues to inform community members regarding collaborative work and activities that promotes the Olmstead Plan's goals and strategies. OIO has tracked all contacts and identified the purpose of the engagements. The tracking form includes: Location, point of contact, individuals or community engaged as well as number of individuals engaged; event or topic area; OIO staff responsible and identity of sponsoring organization.

From April 1, 2016 to June 30, 2016; OIO has engaged with 861 individuals through presentations, listening sessions, and discussions. The contacts ranged from non-profit agencies; to self-advocate and Governor Appointed councils. The individuals also represented families, organizations or are people with disabilities. OIO has travelled throughout Greater Minnesota area such as Breezy Point,

[AGENDA ITEM 7a1]

Farmington, Wayzata, St. Cloud and Mankato areas. The majority of the visits were in the metro area. Themes of visits addressed: strategies for community engagement; Olmstead Plan's goal alignment; Person Centered Planning; Access to Care; Quality of Life Survey; Transportation issues; Olmstead 101 Trainings and Updates; Listening Sessions and Guardianship issues.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Lifelong Learning and Education and Positive Supports
Strategy	Strategy 1: Improve and increase the effective use of positive supports in working with students with disabilities
Workplan Activity	ED 1A/PS 1B
Workplan Description	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data on the number of schools using PBIS.
Deadline	June 30, 2016
Agency Responsible	MDE
Date Reported to Subcabinet	July 2016

OVERVIEW

Positive Behavioral Interventions and Supports (PBIS) is defined as a proactive and systemic framework for defining, teaching and supporting student behavior that results in academic and social gains as well as a positive school culture. Minnesota's state-initiated project provides districts and individual schools throughout Minnesota with the necessary training and technical support to promote improvement in student behavior across the entire school, especially for students with challenging social behaviors. It does this by implementing evidence-based practices for increasing positive behavior (and decreasing negative behavior), including the establishment of clearly defined expectations for students' academic and social behavior, developing systems that consistent support staff efforts, supporting practices that facilitate student success, and the use of data to guide decision-making. Effective implementation of school-wide and individual positive behavior supports align practices to reduce the use of restrictive procedures and to support students in the most integrated setting.

REPORT

- Expected number of additional PBIS schools for the 2016-2017 school year cohort:
42
- Expected number of schools implementing PBIS at the start of the 2016-17 school year:
585 or 28.5%
- Number of estimated students impacted for the 2016-17 school year:
268,787 (an increase of 21,778 students from 2015-16 school year)

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Lifelong Learning and Education
Strategy	Strategy 2: Continue strategies to effectively support students with low-incidence disabilities
Workplan Activity	ED 2A
Workplan Description	<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 is students with Developmental Cognitive Disability (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>
Deadline	June 30, 2016
Agency Responsible	MDE
Date Reported to Subcabinet	July 25, 2016

OVERVIEW

The Regional Low Incidence Projects (RLIPs) are funded through discretionary funds from the Minnesota Department of Education. These funds are dispersed to eight regional projects, with each project overseen by a Regional Low Incidence Facilitator (RLIF). The RLIPs exist to provide equity in educational services to students with low incidence disabilities. Low incidence (LI) disabilities are those categorical areas in special education which comprise less than 10% of special education child count. The categorical areas included as low incidence are:

- Blind/Visually Impaired
- Deaf-Blind
- Deaf and Hard of Hearing
- Developmental Cognitive Disability—Severe/Profound
- Physically Impaired
- Severely Multiply Impaired
- Traumatic Brain Injury

Although Autism Spectrum Disorders (ASD) is no longer a low incidence disability, the RLIP continue to provide support for teachers in that categorical area, with particular focus on students with more significant needs. Services are not provided directly to students with LI disabilities through the RLIPs, rather, indirect services (e.g., consulting, coaching of other educators) to promote access to education for students with LI disabilities.

[AGENDA ITEM 7a4]

RLIPs also have a significant focus on professional development which provides teachers with information and coaching about strategies to support students in most integrated settings. This professional development is conducted through traditional workshops, distance learning opportunities and communities of practice.

REPORT

The expected outcome of this activity was to increase the number of students with DCD and ASD in the most integrated setting by 10 percent per year for the next five years (over baseline of 12.6%). The number used as baseline (12.6%) for this strategy came from the U.S. Department of Education's *Annual Report to Congress on the implementation of the Individuals with Disabilities Education Act, 2015*. Upon further review it was noted that this number included only students with 'Intellectual Disabilities' (i.e., DCD), not ASD, and was not the Minnesota reported percentage; therefore, the baseline number is incorrect.

The actual baseline number for Minnesota DCD and ASD students in the most integrated setting* for the 2013-14 school year was 37.6%. The number of DCD and ASD students in the most integrated setting for the 2014-15 school year is 38.0%. This is the most current data available.

MDE needs to consider updated baseline and current data to develop a new expected outcome for this strategy.

*The most integrated setting refers to receiving instruction in regular classes alongside peers without disabilities for 80% or more of the school day.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Lifelong Learning and Education
Strategy	Strategy 3: Improve graduation rates for students with disabilities
Workplan Activity	3A
Workplan Description	Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR).
Deadline	June 30, 2016
Agency Responsible	MDE
Date Reported to Subcabinet	July 25, 2016

OVERVIEW

This workplan strategy contains three parts related to improving graduation outcomes for students with disabilities. Minnesota is required to submit a State Performance Plan/Annual Performance Report (SPP/APR) annually to the Office of Special Education Programs (OSEP). The SPP/APR includes reporting 4-year graduation rates for all students with disabilities. For purposes of Olmstead reporting, MDE provides 4-year graduation outcome data disaggregated by American Indian and Black students with disabilities. MDE is also focusing on graduation outcomes for American Indian and Black students with disabilities as part of our SSIP. Currently this is a partnership with four districts (Duluth, Minneapolis, Osseo, and St Paul) to implement an evidence-based practice with fidelity that will improve graduation outcomes for these two groups of students. The SIMR identified as an outcome measure for MDE's SSIP work is 6-year graduation rates for American Indian and Black students with disabilities.

REPORT

Administrator and student focus groups were conducted during the 2014-15 school year to provide additional information about perceptions regarding low graduation outcomes for American Indian and Black students with disabilities. This information provided guidance regarding evidence-based practice selection during the 2015-16 school year. Plans for additional focus groups as part of SSIP work and being developed as part of the overall evaluation plan.

During the 2015-16 school year MDE teams worked with partner districts to examine district data more deeply and go through a process of identifying an evidence-based practice (EBP) to implement at selected school sites. MDE used a specific EBP selection process that includes evaluating six broad factors in relation to the program or practice under consideration. All districts selected Check & Connect as the EBP to be implemented at two to three school sites for the 2016-17 school year. MDE teams continue to work with district teams to plan the next steps of implementation.

[AGENDA ITEM 7a5]

Administrator and student focus groups were conducted during the 2014-15 school year to provide additional information about perceptions regarding low graduation outcomes for American Indian and Black students with disabilities. This information provided guidance regarding evidence-based practice selection during the 2015-16 school year. Plans for additional focus groups as part of SSIP work and being developed as part of the overall evaluation plan.

Summary outcome data for each strategy is outlined below:

- 3A.1: The 6-year graduation rate for American Indian and Black students with disabilities for the 2014-15 school year was **54.99%**, an increase of 1.17% from the 2013-14 school year rate of 53.28%. This is the most current data available.
- 3A.2: The 4-year graduation rate for American Indian and Black students with disabilities for the 2014-15 school year was **44.2%**.
- 3A.3: Minnesota's State Performance Plan/Annual Performance Report (SPP/APR), was submitted to OSEP on February 1, 2016. OSEP required no substantive changes to the SPP/APR. The SSIP was submitted on April 1, 2016; OSEP feedback is forthcoming.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET DEED Vocational Rehabilitation Services

Topic Area	Employment
Strategy	Implement the Workforce Innovation and Opportunity Act (WIOA)
Workplan Activity	EM 5A.5 and 5A.4
Workplan Description	<p>EM 5A.5 - Report semi-annually to the subcabinet on the status of WIOA and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve.</p> <p>EM 5A.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.</p>
Deadline	July 22, 2016
Agency Responsible	DEED
Date Reported to Subcabinet	July 25, 2016

OVERVIEW

This is a report to the Olmstead Subcabinet on the status of the implementation of the Workforce Innovation and Opportunity Act (WIOA) and its impact on DEED policies and the individuals served; and a report / analysis of the Order of Selection process.

REPORT

WIOA Broadens and Expands Service Requirements for Vocational Rehabilitation Services

President Barack Obama signed the Workforce Innovation and Opportunity Act (WIOA) into law on July 22, 2014. WIOA (Pub. L. 113-128) is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. WIOA supersedes the Workforce Investment Act of 1998 and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973. The final implementing regulations for WIOA were released on June 30, 2016.

WIOA significantly broadens the scope of services that Vocational Rehabilitation Services is required to provide to people with disabilities. These changes require a dramatic expansion of services that encourage and pave the way for people with disabilities to achieve competitive, integrated employment in the community.

Two categories of service required by WIOA will have the greatest impact on the programs administered by Minnesota's Vocational Rehabilitation Services:

- **Pre-Employment Transition Services**, which requires Vocational Rehabilitation Services to prioritize services to high school students who are eligible, *or potentially eligible*, for services; and

[AGENDA ITEM 7a6]

- **Limitations on the Use of Subminimum Wage (WIOA Section 511)**, which requires Vocational Rehabilitation Services to provide services to populations historically not served by Vocational Rehabilitation Services with the intention of encouraging and assisting these individuals to achieve regular jobs in the community rather than jobs in sheltered workshops that pay less than minimum wage.

No new funding accompanies the new requirements of WIOA. Rather, the law creates an expectation that state Vocational Rehabilitation programs will divert existing resources to provide the new and expanded services that are required under the federal legislation.

Pre-Employment Transition Services

Upon being signed into law two years ago, on July 22, 2014, WIOA immediately directed Vocational Rehabilitation Services to provide expanded services to high school students with disabilities, regardless of whether they applied for services. These services, which began immediately upon enactment of the law, include such things as job exploration counseling, paid work experience, and work-based learning. Minnesota Department of Education's most recent unduplicated child count indicates there are approximately 33,000 students, ages 14-21, who receive special education services across the 470 school districts in Minnesota.

As stated above, WIOA provides no new funding to provide pre-employment transition services. Instead it requires the VR program to set aside a minimum of 15% of its federal appropriation each year to provide these services. At the current level of funding, Vocational Rehabilitation Services is thus mandated to set aside \$6 million annually to provide Pre-Employment Transition Services, thereby reducing by that same amount the resources available to serve all other populations.

Limitations on the Use of Subminimum Wage: Section 511 WIOA

Section 511 of WIOA addresses the subject of subminimum wage jobs, usually in segregated work settings such as sheltered workshops. Section 511 identifies two target populations: young people who traditionally would have been placed in sheltered workshops, and adults who are already working in a sheltered workshop setting and earning below minimum wage.

Beginning on July 22, 2016, WIOA now requires Vocational Rehabilitation Services to offer and provide the following services:

- **Young people** who historically have been tracked into subminimum wage employment will be required to apply for Vocational Rehabilitation Services before they can be hired into a job that pays less than minimum wage. Current trends suggest this could apply to at least 900 youth (19-21) per year. Since this requirement does not take effect until July 22, 2016, it is too soon to project how many of the 900 will apply for VRS services.
- **Adults** who currently work in jobs below the minimum wage in sheltered workshops must annually be offered the opportunity and choice to receive career counseling and information and referral services from Vocational Rehabilitation Services and to discuss opportunities to pursue competitive, integrated employment in the community. According to the federal Department of Labor's Wage and Hour Division, there are more than 15,000 adults currently working in subminimum wage jobs in

[AGENDA ITEM 7a6]

Minnesota. Since this requirement does not take effect until July 22, 2016, it is too soon to project how many of the 15,000 will apply for VRS services.

Order of Selection

Vocational Rehabilitation Services continuously monitors applications for, and utilization of, its services to determine whether there are adequate resources to begin services to people who are eligible. A person is eligible for vocational rehabilitation services when they have a physical or mental impairment that constitutes or results in a substantial impediment to employment, and they require vocational rehabilitation services to prepare for, secure, retain, or regain employment.

Congress and the relevant federal agencies recognize that there has always been more demand for disability employment services than resources to provide those services. The federal Rehabilitation Act of 1973 (as amended by WIOA) prescribes a mechanism, the Order of Selection (OOS), that establishes a priority for services under which individuals with the most significant disabilities must be identified as the top priority and must receive services before individuals who have less significant disabilities.

Minnesota Vocational Rehabilitation Services implemented an Order of Selection in 1993, setting forth who will be served first when the program cannot serve all eligible individuals. Determination of eligibility and qualification for service is based on the Code of Federal Regulations, title 34, section 361.42(a), Minnesota Rule 3300.5010 and the Minnesota Vocational Rehabilitation Policy and Procedure Manual. Minnesota's Order of Selection establishes four priority categories based on functional limitations.

When annual program resources are insufficient to serve qualified new applicants and to serve all current customers through the end of the fiscal year, a priority category may be closed. New applicants who qualify in a closed category are then placed on a statewide waiting list for that category. Closing a category slows the rate of increase in the number of persons being served. It conserves resources so that obligations to persons who are already being served may continue to be met.

Minnesota currently has three of the four service categories closed. This means that individuals in Categories 2, 3, and 4 who apply for services and are found eligible must go on a waiting list for an indefinite period of time. There are currently slightly over 1,000 people on the waiting list.

Under Minnesota's Order of Selection, individuals in categories 2, 3, and 4 currently on the waiting list are people who are eligible to receive vocational rehabilitation services but whose disabilities result in two or fewer functional limitations. Since these individuals are on the waiting list, and as such not yet receiving any services, it is impossible to say with certainty what the cost of service might be. However, as of April 2016, there were 1,760 individuals in categories 2 and 3 (none in category 4) who were receiving vocational rehabilitation services. In the WIOA combined state plan submitted to the federal government, the VR program estimated that the total cost of providing services to those 1,760 individuals would be approximately \$1.66 million.

Vocational Rehabilitation Services continuously monitors applications for, and utilization of, its services in order to manage the waiting list and determine whether there are adequate resources to begin services to people on the waiting list.

For additional information on Minnesota's Order of Selection, please see Attachment from Minnesota's approved Workforce Innovation and Opportunity Act (WIOA) Combined State Plan. This plan is

[AGENDA ITEM 7a6}

essentially the contract, required under WIOA, between DEED and the federal government which provides the authority to request and receive funding and to provide the services described in the plan.

ATTACHMENT

This attachment is excerpted directly from the Order of Selection section of Minnesota's approved WIOA Combined State Plan, with templated formatting and required language left intact.

Order of Selection (General)

Describe:

1. Whether the designated State unit will implement and order of selection. If so, describe: (General)

A. The order to be followed in selecting eligible individuals to be provided VR services. (General)

DEFINITION OF TERMS

Eligibility for VR Services

A person is eligible for vocational rehabilitation services from the general VR agency when they have a physical or mental impairment that constitutes or results in a substantial impediment to employment, and they require vocational rehabilitation services to prepare for, secure, retain, or regain employment.

Qualifications for VR Services

A person is qualified for vocational rehabilitation services from the General VR agency when they are eligible and found to have serious functional limitations due to a severe impairment and wish to obtain, retain, or regain employment.

Service Priority

The order of selection establishes service priority based on the number of functional areas in which a person has significant limitations to employment. Persons with limitations in more functional areas are deemed to have more significant disability. It is intended by the order of selection that persons with the most significant disabilities will be served first when all persons who are eligible cannot be served.

Waiting List

When annual program resources are insufficient to serve qualified new applicants and to serve all current customers through the end of the fiscal year, a priority category may be closed. New applicants who qualify in a closed category are then placed on a statewide waiting list for that category. Closing a category slows the rate of increase in the number of persons being served. It conserves resources so that obligations to persons who are already being served may continue to be met.

Functional Areas

Serious limitations in life skills in one or more of the following areas, as defined:

- A. Communication: the ability to effectively give and receive information through words or concepts, such as reading, writing, speaking, listening, sign language, or other adaptive methods

[AGENDA ITEM 7a6]

- B. Interpersonal skills: the ability to establish and maintain personal, family, and community relationships as it affects, or is likely to affect, job performance and security.
- C. Mobility: the physical and psychological ability to move about from place to place inside and outside the home, including travel to and from usual destinations in the community for activities of daily living, training, or work.
- D. Self-care: the skills needed to manage self or living environment, such as eating, toileting, grooming, dressing, money management, and management of special health or safety needs, including medication management, as they affect an individual's ability to participate in training or work-related activities.
- E. Self-direction: the ability to independently plan, initiate, organize, or carry out goal-directed activities or solve problems related to working.
- F. Work skills: (1) the ability to do specific tasks required to carry out job functions; and (2) the capacity to benefit from training in how to perform tasks required to carry out job functions.
- G. Work tolerance: the capacity or endurance to effectively and efficiently perform jobs requiring various levels of physical demands, psychological demands, or both.

Serious Limitation

A serious limitation in a functional area means that, due to a severe physical or mental impairment, the individual's functional capacities in the specific area are restricted to the degree that they require services or accommodations not typically made for other individuals in order to prepare for, enter, engage in, or retain employment. Accommodations are defined as special working conditions, job re-engineering, rehabilitation technology, or substantial support and/or supervision.

List of Physical or Mental Disabilities

Physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders including stroke and epilepsy, paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, specific learning disability, and end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and priority for services to cause comparable serious functional limitation.

B. The justification for the order. (General)

Minnesota Vocational Rehabilitation Services implemented an Order of Selection in 1993, setting forth who will be served first when the program cannot serve all eligible individuals. Determination of eligibility and qualification for service is based on the applicable Minnesota administrative rule and the Minnesota Vocational Rehabilitation Policy and Procedure Manual.

Annual State and Federal resources allocated for Minnesota's Vocational Rehabilitation Services program continue to not be sufficient to serve all Minnesotans who are eligible for services. Conclusions regarding capacity of the Minnesota vocational rehabilitation program in any given year are based on:

1. An analysis of resources available for annual operation of the vocational rehabilitation program,
2. expenditures required to implement employment plans approved prior to commencement of the fiscal year,
3. the anticipated costs for determining eligibility and qualification for service of new applicants during the fiscal year,

[AGENDA ITEM 7a6]

4. the anticipated costs of implementing approved vocational rehabilitation plans for new applicants during the fiscal year, and
5. reasonable and necessary costs related to administration of the vocational rehabilitation services program.

Program expenditures were exceeding annual program resources, requiring the agency to use carryover funds from the previous year to meet all financial obligations. The budget forecast for FFY 2014 indicated a continuing trend in deficit spending. This fiscal situation required the agency to implement several budget reduction measures, including the closing of Priority Categories Two and Three on October 14, 2013. Priority Category Four (individuals who have a disability that makes them eligible for service but do not have a serious limitation in a functional area) has been closed since 1993.

The State Rehabilitation Council received monthly updates on the budget situation, including the impact of sequestration, and was actively involved in the process to determine if and when to close Priority Categories Two and Three.

As of March 15, 2016, there were 830 individuals on the waiting list: 7 on Priority Category Four, 270 on Priority Category Three, and 553 on Priority Category Two. Individuals on the waiting list are provided information and referral to other programs that may meet the person's needs. Although the above categories remain closed, VRS used RSA reallocation dollars to take everyone off of the Category 2 and 3 waiting lists who had been found eligible for services prior to October 15, 2014.

C. The service and outcome goals. (General)

In FFY 2016, under the order of selection currently in effect, approximately 17,240 individuals will be served. Approximately 2,875 individuals will achieve employment outcomes in FFY 2015.

D. The time within which these goals may be achieved for individuals in each priority category within the order. (General)**Priority Category 1**

- Number of individuals to be served: 15,480
- Estimated number of individuals who will exit with employment: 2,450
- Estimated number of individuals who will exit without employment: 1,290
- Time within which goals may be achieved: 20.3 months
- Cost of Services: \$16,890,000

Category 2

- Number of individuals to be served: 1,270
- Estimated number of individuals who will exit with employment: 320
- Estimated number of individuals who will exit without employment: 180
- Time within which goals are to be achieved: 34.5 months
- Cost of services: \$1,230,000

Category 3

- Number of individuals to be served: 490
- Estimated number of individuals who will exit with employment: 105

[AGENDA ITEM 7a6]

- Estimated number of individuals who will exit without employment: 40
- Time within which goals are to be achieved: 32.2 months
- Cost of services: \$460,000

Category 4

- Number of individuals to be served: 0
- Estimated number of individuals who will exit with employment: 0
- Estimated number of individuals who will exit without employment: 0
- Time within which goals are to be achieved: 0
- Cost of services: 0

E. How individuals with the most significant disabilities are selected for services before all other individuals with disabilities; and (General)

Service Priority: The order of selection establishes service priority based on the number of functional areas in which a person has significant limitations to employment. Persons with limitations in more functional areas are deemed to have more significant disability. It is intended by the order of selection that persons with the most significant disabilities will be served first when all persons who are eligible cannot be served.

Service Priority Categories

Persons are served according to their priority category. When priority categories must be closed, lower priority categories are closed before higher categories. Persons leave their waiting list according to the priority of their category and their date of application for VR services.

- Priority Category One (first priority for service) includes all individuals with a most significant disability, that is, persons whose condition results in serious limitations in three or more functional areas.
- Priority Category Two (second priority for service) includes all individuals with a significant disability that results in serious functional limitations in two functional areas.
- Priority Category Three (third priority for service) includes all individuals with a significant disability that results in a serious functional limitation in one functional area.
- Priority Category Four (fourth priority for service) includes all other eligible customers. These customers have a disability that makes them eligible for service but they do not have a serious limitation in a functional area. This category has essentially been closed since 1993.

Priority of categories to receive VR services under the order

2. If the designated State unit has elected to serve eligible individuals, regardless of any established order of selection, who require specific services or equipment to maintain employment. (General)

Vocational Rehabilitation Services has elected to not exempt individuals who require specific services or equipment to maintain employment from the Order of Selection.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET DEED State Services for the Blind

Topic Area	Employment
Strategy	Implement the Workforce Innovation and Opportunity Act (WIOA)
Workplan Activity	EM 5A.5 and 5A.4
Workplan Description	<p>EM 5A.5 - Report semi-annually to the subcabinet on the status of WIOA and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve.</p> <p>EM 5A.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.</p>
Deadline	July 22, 2016
Agency Responsible	DEED
Date Reported to Subcabinet	July 25, 2016

OVERVIEW

This is a report to the Olmstead Subcabinet from State Services for the Blind (SSB) on the status of the implementation of the Workforce Innovation and Opportunity Act (WIOA) and its impact on DEED policies and the individuals served; and a report / analysis of the Order of Selection process.

REPORT

WIOA Broadens and Expands Service Requirements for Vocational Rehabilitation Services

President Barack Obama signed the Workforce Innovation and Opportunity Act (WIOA) into law on July 22, 2014. WIOA (Pub. L. 113-128) is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. WIOA supersedes the Workforce Investment Act of 1998 and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973. The final implementing regulations for WIOA were released on June 30, 2016.

WIOA significantly broadens the scope of services that SSB is required to provide to individuals with disabilities. These changes require a dramatic expansion of services that encourage and pave the way for individuals with disabilities to achieve competitive integrated employment in the community.

Two categories of service required by WIOA that will have the greatest impact on the programs administered by Minnesota's SSB are:

[AGENDA ITEM 7a6]

- **Pre-Employment Transition Services**, which requires SSB to prioritize services to students with disabilities through age 21 who are eligible or potentially eligible for services; and
- **Limitations on the Use of Subminimum Wage (WIOA Section 511)**, which requires SSB to provide services to populations historically not served by us with the intention of encouraging and assisting these individuals to achieve competitive jobs in the community rather than jobs in sheltered workshops that pay less than minimum wage.

No new funding accompanies the new requirements of WIOA. Rather, the law creates an expectation that SSB will divert existing resources to provide the new and expanded services as required under the federal legislation.

Pre-Employment Transition Services

Upon being signed into law two years ago on July 22, 2014, WIOA immediately directed SSB to provide expanded services to students with disabilities, regardless of whether they applied for services. These services, which began immediately upon enactment of the law, include such things as job exploration counseling, paid work experience, and work-based learning. Minnesota Department of Education's most recent unduplicated child count indicates there are approximately 132 visually impaired students and 26 DeafBlind students ages 14-21 who receive special education services across the 470 school districts in Minnesota. There may be more students with disabilities who are eligible for SSB's services; however, the unduplicated child count only looks at primary disability. Vision loss may be a secondary or tertiary disability and is therefore not reflected in these numbers.

As stated above, WIOA allocates no new funding to provide pre-employment transition services. Instead it requires the VR program to set aside a minimum of 15% of its federal appropriation each year to provide these services. At the current level of funding, SSB is mandated to set aside \$1.3 million annually to provide pre-employment transition services. While this does set an important emphasis on ensuring students have the skills needed to be successful in life after school, it does reduce the amount of resources available to other populations we serve.

In response to this new requirement, SSB has taken several steps to improve the services provided to students with disabilities, including:

- Formed the Transition Core group, whose purpose is the development of creative and innovative strategies to implement pre-employment transition services throughout the state
- Hired two new staff to provide transition coordination services, including the development of work opportunities
- Repositioned one rehabilitation counselor to a transition counselor
- Repositioned one assistive technologist to a transition technologist
- Provided funding via the RFP process to two Community Rehabilitation Providers, who are providing year-round pre-employment transition services to students who are blind, visually impaired, and DeafBlind
- Established a teen podcast program ran by a contracted vendor
- Cosponsored the annual Summer Transition Program, a ten day summer camp focusing on work skills for blind, visually impaired, and DeafBlind students

[AGENDA ITEM 7a6]

The final regulations were distributed to the state vocational rehabilitation agencies on June 30, 2016. SSB is regrouping to evaluate the regulation language and develop new strategies to serve students with disabilities.

Limitations on the Use of Subminimum Wage: Section 511 WIOA

Section 511 of WIOA addresses the subject of subminimum wage jobs, usually in segregated work settings such as sheltered workshops. Section 511 identifies two target populations: youth through age 24 who traditionally would have been placed in sheltered workshop, and individuals of all ages who are already working in a sheltered workshop setting and earning below minimum wage.

Beginning on July 22, 2016, WIOA now requires SSB to offer and provide the following services:

- **Youth seeking subminimum wage employment** will be required to apply for services through SSB before they can be hired into a job that pays less than minimum wage. At this time, we are unsure of the potential numbers incoming of those with a vision loss. This is because vision loss with those who have multiple disabilities is often categorized as a tertiary disability, versus a primary or secondary. Reports available to us do not list tertiary disabilities (e.g. the unduplicated child count provided by the Department of Education). Currently, SSB is working with approximately six individuals who would be seeking sub-minimum wage employment.
- **Individuals regardless of age** who are currently working in jobs below subminimum wage in must annually be provided career counseling and information and referral services from SSB. They must also have an opportunity to discuss pursuing competitive integrated employment in the community. According to the federal Department of Labor's Wage and Hour Division, there are more than 15,000 adults currently working in subminimum wage jobs in Minnesota. Since this requirement does not take effect until July 22, 2016, it is too soon to project how many will apply.

SSB has completed an action plan for addressing this area. See *Attachment A* for a detailed, step-by-step outline on how we will be meeting our obligations under Section 511 and 34 CFR 397.

Order of Selection

Congress and the relevant federal agencies recognize that there has always been more demand for disability employment services than resources to provide those services. The federal Rehabilitation Act of 1973 (as amended by WIOA) prescribes a mechanism, the Order of Selection (OOS), that establishes a priority for services under which individuals with the most significant disabilities must be identified as the top priority and must receive services before individuals who have less significant disabilities.

SSB implemented an Order of Selection on October 1, 2015, setting forth who will be served first when the program cannot serve all eligible individuals. Determination of eligibility and qualification for service is based on the Code of Federal Regulations, title 34, section 361.42(a), Minnesota Rule 3325.0140, and the SSB's Policy and Procedure Manual. SSB's Order of Selection establishes three priority categories based on functional limitations. In addition, there is one exemption from being on the waiting list allowable per WIOA: job retention. SSB has granted this exemption in our State Plan.

[AGENDA ITEM 7a6]

Minnesota currently has two of the three priority categories closed. This means that individuals in Categories B and C who apply for services and are found eligible must go on a waiting list for an indefinite period of time. There are currently 30 people on the waiting list.

SSB continuously monitors applications for, and utilization of, its services in order to manage the waiting list and determine whether there are adequate resources to begin services to people on the waiting list. On April 1, 2016, SSB removed everyone (approximately 14 individuals) off the waiting list and began providing services. After April 1, 2016, categories B and C were closed again.

In response to being on an Order of Selection, SSB is taking cost-saving measures to help us be able to open all categories in the future.

- Established a fee schedule for college and maintenance
- Established Performance Based Agreements for job placement vendors
- Required all vocational rehabilitation counselors to develop quarterly budget estimates that are reviewed by their supervisor
- Created a time charging mechanism to ensure the appropriate pots of money are being used (i.e. pre-employment transition services, supported employment, supported employment youth, and basic VR)
- Supervisors review counselor requests for paying maintenance, school, and assistive technology

For additional information on SSB's Order of Selection, please see *Attachment B* from the approved Workforce Innovation and Opportunity Act (WIOA) Combined State Plan. This plan is essentially the contract, required under WIOA, between DEED and the federal government which provides the authority to request and receive funding and to provide the services described in the plan.

APPENDIX A
State Services for the Blind
Limitations on Use of Sub-Minimum Wage

By July 22, 2016, the provisions around the limitations on the use of sub-minimum wage within the Workforce Innovation and Opportunity Act (WIOA) must be implemented by the Designated State Units (DSU) for vocational rehabilitation. State Services for the Blind (SSB) is the DSU responsible for vocational rehabilitation services for individuals who are blind, visually impaired, and DeafBlind. These services are provided by the Workforce Development Unit (WDU) within SSB. Following is SSB WDU's outline for implementation of Section 397: Limitations on Use of Sub-Minimum Wage.

1.

Requirement:

SSB must provide career counseling and information and referral services, to individuals with disabilities regardless of age who are known by SSB to be employed by an entity at a subminimum wage level.

They must receive career counseling, and information and referrals to Federal and State programs and other resources in the individual's geographic area that offer employment-related services and supports designed to enable the individual to explore, discover, experience, and attain competitive integrated employment. These services must be provided in an understandable manner and in a way that facilitates independent decision-making and informed choice.

Required Intervals/Timeframes:

For individuals hired at subminimum wage on or after July 22, 2016, follow-up services must be provided once every six months for the first year of the individual's subminimum wage employment and annually thereafter for the duration of such employment.

For individuals already employed at subminimum wage prior to July 22, 2016, follow-up services must be provided once by July 22, 2017, and annually thereafter for the duration of such employment.

The applicable intervals will be calculated based on when the individual becomes known to SSB.

How SSB Will Meet This Requirement:

1. At the time of the referral, SSB will identify all individuals that are employed at a subminimum wage level. SSB currently has a referral database that will be modified to include a check box for "Subminimum Wage Employment". This will be completed by July 22, 2016.
 - In June 2017, a new case management system, Workforce One (WF1), will be implemented. The new system will track this information without needing to use a separate database.
2. At the time of eligibility, SSB identifies in WF1 individuals entering the vocational rehabilitation program who are employed in a subminimum wage job. This is coded as "extended employment." These individuals are actively receiving services to obtain competitive integrated employment and are not included in this requirement.

[AGENDA ITEM 7a6]

3. Individuals who are closed unsuccessfully due to employment at a subminimum wage level are coded as “extended employment.”
4. To streamline the process, SSB will design a quarterly report by October 1, 2016, that will identify individuals who are due for either their six month or annual contact:
 - Subminimum wage referrals who chose not to pursue vocational rehabilitations services,
 - Individuals who exited the program due to employment at subminimum wage, and
 - Individuals who are in subminimum wage employment and are receiving independent living services from SSB’s Senior Services Unit.
5. Starting July 22, 2016, a designated rehabilitation counselor will make contact with those individuals known to SSB who are employed at subminimum wage who are due for their six month or annual follow up. That counselor will provide career counseling and information and referral services. The rehabilitation counselor will document the following items:
 - Name of the individual
 - Description of the career counseling and information and referrals provided
 - Name of the provider for the career counseling and information and referrals provided
 - Date of completion of the provided career counseling and information and referrals
 - Signature of individual documenting and sending the completion of the provided career counseling and information and referrals
 - Date and method by which document was sending to the individual

The documentation will be provided to the individual within 45 days of completion and a copy will be retained at SSB. In June 2017, a new case management system will be implemented. The new system will have a page titled “Follow Up” that will allow for more seamless tracking.

6. If an individual has refused to participate in career counseling and information and referrals, the counselor will document the following items:
 - Name of the individual
 - Description of the refusal and reason for such refusal
 - Signature of the individual or legal representative
 - Signature of the SSB staff documenting the refusal
 - Date of signatures
 - Date and method by which documentation was sent to the individual

The documentation will be sent to the individual within 10 days of the refusal and a copy will be retained by SSB. In June 2017, a new case management system will be implemented. The new system will have a page titled “Follow Up” that will allow for more seamless tracking.

7. By July 22, 2016, all vocational rehabilitation staff will be trained on the new requirement. Policy and procedures will be updated. Applicable materials and handouts will be developed, including:
 - Information and referral updated on the SSB Resource Guide
 - Career counseling resource sheets

[AGENDA ITEM 7a6]**2.****Requirement:**

Within 30 days of a referral of an individual with a disability who is employed at subminimum wage by an entity that holds a special wage certificate AND has fewer than 15 employees, SSB must inform the individual of self-advocacy, self-determination, and peer mentoring training opportunities available in the community.

Required Intervals/Timeframes:

Within 30 days of a referral and then for individuals hired at subminimum wage on or after July 22, 2016, these follow-up services must be provided once every six months for the first year of the individual's subminimum wage employment and annually thereafter for the duration of such employment.

For individuals already employed at subminimum wage prior to July 22, 2016, the follow-up services must be provided once by July 22, 2017, and annually thereafter for the duration of such employment.

The applicable intervals will be calculated based on when the individual becomes known to SSB.

How SSB Will Meet This Requirement:

1. Starting July 22, 2016, all referrals who are in subminimum wage employment (regardless of the size of the entity they are employed at) will be provided with information on self-advocacy, self-determination, and peer mentoring training opportunities.
2. Starting July 22, 2016, a designated rehabilitation counselor will make contact with those individuals who are employed at subminimum wage who are due for their six month or annual follow up. That counselor will provide information on self-advocacy, self-determination, and peer mentoring training opportunities. The rehabilitation counselor will document the following items:
 - Name of the individual
 - Description of the information on self-advocacy, self-determination, and peer mentoring training opportunities provided
 - Name of the provider for the information on self-advocacy, self-determination, and peer mentoring training opportunities provided
 - Date of completion of the provided information on self-advocacy, self-determination, and peer mentoring training opportunities
 - Signature of individual documenting and sending the completion of the provided information on self-advocacy, self-determination, and peer mentoring training opportunities
 - Date and method by which document was sending to the individual

The documentation will be provided to the individual within 45 days of completion and a copy will be retained at SSB. In June 2017, a new case management system will be implemented. The new system will have a page titled "Follow Up" that will allow for more seamless tracking.

[AGENDA ITEM 7a6]

3. By July 22, 2016, all vocational rehabilitation staff will be trained on the new requirement. Policy and procedures will be updated. Applicable materials and handouts will be developed, including:
 - a. Other organizations that provide training on self-advocacy, self-determination, and peer mentoring updated on the SSB Resource Guide
-

3.

Requirement:

SSB must coordinate with the Minnesota Department of Education (MDE) to develop a process to document the completion of the requirements imposed for youth/students with disabilities seeking subminimum wage employment. SSB and MDE must also develop a process for the transmittal of that documentation from the school officials to SSB.

The documentation requirements must at minimum include:

- Youth's name
- Determination made, including a summary of the reason for determination, or description of the service completed
- Name of the individual making the determination or the provider of the required service
- Date of determination or completion of service
- Signature of SSB or school official making determination or documenting completion of the required service
- Date of signature
- Signature of SSB staff sending documentation to the youth with a disability
- Date and method by which document was sent to the youth
- Upon final transmittal, an itemized cover sheet that documents what has been provided to SSB regarding that youth

If the youth or their legal representative refuses through informed choice to participate in the activities required, documentation must at minimum include:

- Youth's name
- Description of the refusal and the reason for such refusal
- Signature of the youth or legal representative
- Signature of SSB or school official documenting the youth's refusal
- Date of signatures
- Date and method by which documentation was sent to youth

Required Intervals/Timeframes:

No imposed timeframe to coordinate with MDE

[AGENDA ITEM 7a6]**How SSB Will Meet This Requirement:**

1. By October 1, 2016, SSB will set up a meeting with MDE to develop a standard process for the development and transmittal of the required documentation for students and youth with disabilities. This may be incorporated into the formal interagency agreement or another document.
 2. SSB and MDE will coordinate the training for education and vocational rehabilitation staff so they are aware of the new requirements and process.
-

4.**Requirement:**

SSB must provide youth with disabilities seeking subminimum wage employment the following documentation upon the completion of each action:

- Pre-employment transition services available to *students* with disabilities
 - Job exploration counseling;
 - Work-based learning experiences;
 - Counseling on opportunities for enrollment in comprehensive transition or postsecondary programs
 - Workplace readiness training; and
 - Instruction in self-advocacy
- Transition services under the Individuals with Disabilities Education Act (IDEA). Documentation of this is received from the school official
- Application for vocational rehabilitation services
- Eligibility determination (including ineligibility) for vocational rehabilitation services
- Approved Individualized Plan for Employment (IPE) with a goal of competitive integrated employment, including supported/customized employment
- If applicable, closure outcome shows the youth was unable to achieve the employment outcome specified in IPE, despite working toward the employment outcome with reasonable accommodations and appropriate supports and services, including supported employment services and customized employment services, for a reasonable period of time
- Case closure
- Coversheet that itemizes each of the documents that have been provided to the youth, once the final determination or activity is completed

All youth with a disability seeking subminimum wage employment, including ineligible youth, must also receive

career counseling and information and referrals to Federal and State programs and other resources in the individual's geographic area that offer employment-related services and supports designed to enable the individual to explore, discover, experience, and attain competitive integrated employment.

If a youth refuses to participate in the actions required by the regulations, documentation to the youth must include:

- Youth's name
- Description of the refusal and the reason for such refusal

[AGENDA ITEM 7a6]

- Signature of the youth or legal representative
- Signature of SSB or school official documenting the youth's refusal
- Date of signatures
- Date and method by which documentation was sent to youth

SSB must retain all documentation provided to the youth consistent with the data retention schedule.

Required Intervals/Timeframes:

Documentation must be provided to the youth as soon as possible upon the completion of each of the required actions, but no later than 45 days after completion of each of the required actions.

Career counseling and information and referral services for ineligible youth and youth whose case is closed must be provided no later than 30 days after completion.

How SSB Will Meet This Requirement:

1. By August 1, 2016, SSB will modify the current case management system and referral database to track students who are considering subminimum wage. In June 2017, the new case management system will have this functionality built in.
2. SSB is providing pre-employment transition services to all students who are able to receive these services, including students who are considering sub-minimum wage. By July 22, 2016, SSB will develop a documentation template for vocational rehabilitation staff. Using the template, staff will provide written documentation upon completion of any of the five required pre-employment transition to the youth. This template will include:
 - Student's name
 - Which required activity was provided
 - i. Job exploration counseling;
 - ii. Work-based learning experiences;
 - iii. Counseling on opportunities for enrollment in comprehensive transition or postsecondary programs
 - iv. Workplace readiness training; and
 - v. Instruction in self-advocacy
 - Name of the individual making the determination or the provider of the required service
 - Date of determination or completion of service
 - Signature of SSB or school official making determination or documenting completion of the required service
 - Date of signature
 - Signature of SSB staff sending documentation to the youth with a disability
 - Date and method by which document was sent to the youth
3. By July 22, 2016, SSB will ensure all youth have signed releases of information for the assigned school official that provides or provided their transition services. The releases of information will include the release of documentation that shows the completion of appropriate transition services

[AGENDA ITEM 7a6]

under IDEA. SSB will provide a copy of the documentation to the youth. The documentation from the school official must include:

- Youth's name
 - Determination made, including a summary of the reason for determination, or description of the service completed
 - Name of the individual making the determination or the provider of the required service
 - Date of determination or completion of service
 - Signature of SSB or school official making determination or documenting completion of the required service
 - Date of signature
 - Signature of SSB staff sending documentation to the youth with a disability
 - Date and method by which document was sent to the youth
4. Starting July 22, 2016, all youth seeking subminimum wage employment will receive a copy of their application for vocational rehabilitation services within 45 days of completion.
 5. SSB provides all customers with a copy of their eligibility determination within 10 days of completion.
 6. SSB provides eligible youth with career counseling, and information and referrals as part of the core services. Career counseling, and information and referrals occur at time of intake, prior to the development of the IPE, and throughout service provision.
 7. Starting July 22, 2016, all youth seeking subminimum wage that are determined ineligible will receive career counseling, and information and referrals, prior to official case closure. SSB currently has a Rule that require staff to provide a 10 day notice of ineligibility prior to case closure. At the time of the notice, career counseling and information and referral services will be provided and documentation of completion given to the youth. Documentation will follow a similar template as career counseling provided to all individuals in subminimum wage employment:
 - Name of the youth
 - Description of the services, information, and referrals provided
 - Name of the provider for the services, information, and referrals provided
 - Date of completion of the provided services, information, and referrals
 - Signature of individual documenting and transmitting the completion of the provided services, information, and referrals
 - Date and method by which document was transmitted to the individual
 8. SSB provides all customers with a copy of their approved IPE as soon as it becomes active. All goals on an IPE must be for competitive integrated employment or supported/customized employment.
 9. SSB already provides all customers with a copy of their case closure letter within 10 days of closure. Starting July 22, 2016, SSB will ensure that youth closed due to subminimum wage employment will receive closure documentation that outlines the following items:
 - Coversheet itemizing all documents provided to the youth as required

[AGENDA ITEM 7a6]

- Description of the services provided, including supported and customized employment services
 - Description of the career counseling and information and referral services provided at time of closure
 - Accommodations and supports provided
 - The reasonable period of time services and supports were provided
 - i. A reasonable period of time for supported employment customers is considered up to 24 months
10. SSB will retain all documentation for the youth for a minimum of seven years after the final case closure. This is consistent with the data retention schedule.
11. By July 22, 2016, all vocational rehabilitation staff will be trained on the new requirement. Policy and procedures will be updated. Applicable materials and handouts will be developed, including:
- Coversheet template
 - Closure letter template
 - Documentation template
 - Student-specific releases of information
-

5.

Requirement:

The educational agency must provide SSB with documentation that the youth has received transition services under IDEA. The documentation of completed services must include at minimum:

- Youth's name
- Determination made, including a summary of the reason for determination, or description of the service completed
- Name of the individual making the determination or the provider of the required service
- Date of determination or completion of service
- Signature of SSB or school official making determination or documenting completion of the required service
- Date of signature
- Signature of SSB staff sending documentation to the youth with a disability
- Date and method by which document was sent to the youth

If the youth or their legal representative refuses through informed choice to participate in the activities required, documentation must at minimum include:

- Youth's name
- Description of the refusal and the reason for such refusal
- Signature of the youth or legal representative
- Signature of SSB or school official documenting the youth's refusal
- Date of signatures
- Date and method by which documentation was sent to youth

[AGENDA ITEM 7a6]

When the educational personnel sends the last documentation to SSB regarding the services provided to the youth, the educational personnel must provide a coversheet that itemizes the documentation that has been provided to SSB.

The educational agency must retain a copy of all documentation provided to SSB consistent with the data retention schedule in place.

Required Intervals/Timeframes:

The educational personnel must send the information to SSB no later than 30 calendar days after the completion of the required activity or service. SSB then has an additional 15 days to submit the document to the youth.

If the youth refuses to participate, documentation must be provided to SSB within 5 calendar days of the refusal. SSB then has an addition 5 days to submit the document to the youth.

How SSB Will Meet This Requirement:

1. SSB and MDE will coordinate the training for education and vocational rehabilitation staff so they are aware of the new requirements and process. This may be incorporated into the formal interagency agreement or another document.
 2. SSB will coordinate with MDE to ensure all vocational rehabilitation staff and educational agencies are aware of this requirement. This may be included in the formal interagency agreement.
 3. SSB will ensure releases of information are completed for the youth so the transmittal of information can occur.
-

APPENDIX B

Order Of Selection

Need for order of selection

Minnesota State Services for the Blind (SSB), in consultation with the State Rehabilitation Council for the Blind (SRC-B), has determined it cannot serve all individuals who are determined eligible for services. The actual total costs of services and administration for FFY 2014 was \$12.8M (\$8.8M federal, \$2.4M state, \$1.6M program income). The FFY 2015 budget was \$11.7M; estimated costs of services and administration is projected at \$13.0M, of which \$1.2M is pre-employment transition services (\$8.5M federal, \$2.5M state, \$1.3M program income, \$0.7M reallocated federal). Out of the 1,015 individuals served in FFY 15, 406 did not have direct charges associated with their case. Looking at FFY 16 and the individuals receiving services, there will be more direct service provision resulting in spending at the same level as FFY 15. FFY 16 case service budget is \$5M (includes pre-employment transition services) and needs are \$6.2M. SSB is working to address overage by implementing Performance Based Agreements and schedules.

There were some expenses during FFY 2015 that SSB absorbed and there are additional factors for FFY 2016. They are as follows:

- Necessary rewrite of the state's case management system which incorporates changes needed to implement WIOA. The budget projection for SSB's share of the rewrite is \$897,000 in FFY 2016 and again in FFY 2017. The estimated cost for FFY 2015 is \$200,000.
- Lower return on Social Security Administration (SSA) program income than expected. In FFY 2015 SSB had claims of \$3.7 million, received \$1.3 million and have pending claims of \$743,000.
- WIOA required a 15% set-aside toward transition age students equaling \$1.27 million for FFY 2015. SSB has previously spent between \$100,000 and \$200,000 on transition aged youth. Spending \$1.27 million for students diverts funds previously available and necessary to serve adults.
- Discontinuation in FFY 2016 of training grant funds will require SSB to redirect dollars needed to ensure staff training required by statute. For FFY 2015 this amount equaled \$60,000

It is the policy of SSB to provide rehabilitation services to eligible individuals under a statewide order of selection. SSB consults with the SRC-B regarding the:

- (1) Need to establish an order of selection, including any re-evaluation of the need;
- (2) Priority categories of the particular order of selection;
- (3) Criteria for determining individuals with the most severe disabilities;
- (4) Administration of the order of selection, and;
- (5) The decision to open or close priority categories.

SSB will work in conjunction with the SRC-B to examine strategies to reduce or eliminate the need for Order of Selection. A sub-committee of the SRC-B has been formed to jointly develop proposals on cost

[AGENDA ITEM 7a6]

saving measures including the use of fee schedules to present to the SRC-B. The SRC-B will also be involved in planning public hearings regarding any proposed strategies

Effective October 1, 2015, SSB proposes to close categories B and C. SSB is exercising its discretion under section 101(a)(5)(D) of the Rehabilitation Act, as amended by WIOA, to serve eligible individuals, whether or not they are receiving vocational rehabilitation services, who require services and equipment to maintain employment.

Priority Category

An assessment for determining assignment to a priority of services category shall be conducted with each individual determined eligible for vocational rehabilitation services. This assessment shall be based, to the degree possible, on data used to determine eligibility. To the extent necessary, additional information required for this assessment will be secured.

Selection and placement in a priority category is based upon the severity of the eligible individual's disability and the functional limitations, and is not based upon the type of disability, geographical area in which the individual lives, projected type of vocational outcome, age, sex, race, color, creed, religion, or national origin of the individual.

Each eligible individual will be assigned to one of the following priority of services categories:

Category A: Individual with a most significant disability

An eligible individual who:

- Has a severe physical or mental impairment that results in serious limitations in terms of an employment outcome in five or more of the following functional areas: mobility, communication, self-care, self-direction, work skills, interpersonal skills or job seeking skills;
- Is expected to require multiple VR services over an extended period of time; and
- Has a significant disability" under section 7(21) of the Rehabilitation Act. and meets the definition contained in "List of physical or mental disabilities.

Category B: Individual with a significant disability

An eligible individual who:

- Has a significant physical or mental impairment that results in serious limitations in terms of an employment outcome in more than two and less than five of the following functional areas: Mobility, communication, self-care, self-direction, work skills, interpersonal skills, or job seeking skills; and
- Is expected to require multiple VR services over an extended period of time; and
- Meets the definition contained in "List of physical or mental disabilities."

[AGENDA ITEM 7a6]

Category C: All other eligible individuals

- Has a disability that makes them eligible for services but they do not have a serious limitation in a functional area.

List of physical or mental disabilities

Physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, intellectual disability, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders including stroke and epilepsy, paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, specific learning disability, and end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and priority for services to cause comparable serious functional limitation.

Implementation of Order of Selection

Prior to the start of each fiscal quarter, or when circumstances require, the SSB Director will determine in which priority categories new Individualized Plans for Employment (IPE) will be written and initiated. The SSB Director may restrict the writing and initiation of new IPE's within a priority category to cases having application dates falling on or before a specified date providing that all individuals in higher priority categories are being served.

Considerations in making this determination will include, but not be limited to, the projected outcomes, service goals, expenditures, and resources available for each priority category.

Projected costs and resources for each priority category will be based upon costs of current IPE's, anticipated, assessments of eligibility, pre-employment transition services, availability of financial resources, and adequacy of staffing levels.

The SSB Director will implement actions under the order of selection through written notice to SSB staff. The written notice will specify the implementation date of the action and direct SSB staff on how to handle cases by priority category and application date.

The SSB Director will notify SSB staff in writing when finances allow staff to begin serving wait listed customers. Customers with the most significant disabilities are to be served first based on application date. Once all customers who have a most significant disability are served first, then the next category can be served.

SSB will determine eligibility for services for all applicants within 60 days of their application. It will provide services to all eligible individuals until a reduction in services must be imposed due to a shortage of funds, staff, or other resources.

In the event such a shortage occurs, SSB will implement an Order of Selection for services which will potentially impact individuals who are not receiving services under an Individualized Plan for Employment on the implementation date.

[AGENDA ITEM 7a6]

Services will, consistent with federal law, continue to be provided without restriction to all individuals who have begun to receive services under an Individualized Plan for Employment prior to the implementation date of the Order of Selection. Individuals who require job retention services may receive only those services required to maintain employment outside of the order of selection for services.

A waiting list will be established and maintained, by priority category and application date for all eligible individuals. Within categories, individuals will be served on a "first come, first serve" basis utilizing their date of application.

Based on availability of funds, individuals in Category A will be served first. Individuals in other categories will be served in descending order (from Category A down through Category C) based on the availability of funds. Order of Selection requirements will be applied uniformly throughout the state.

Notification Process and Administration

If SSB determines it must implement an Order of Selection (a limitation on services) then individuals shall be notified about Order of Selection at various points in the rehabilitation process.

- A. At the time of application, the individual will be informed of the SSB policy regarding Order of Selection for services. Definitions of priority categories and the criteria used in assigning individuals to these categories will be provided to the individual in writing and will be explained by SSB Staff.
- B. At the time an applicant is determined eligible for services, the Vocational Rehabilitation Counselor will assign that individual to the highest priority category for which he or she is qualified. The priority category and the rationale for the decision to assign the individual to that priority category will be documented in the case record. A detailed description of how the functional limitations restrict the individual's capacity to obtain, maintain or prepare for employment must also be included.
- C. The individual will be notified in writing as to the priority category he or she has been assigned and which priority categories are currently being served. The individual will also be notified in writing of his or her right to appeal that decision and will be given information about the Client Assistance Program.
- D. An individual, once assigned to a specific priority category, cannot be moved from that priority category unless changes in that individual's functional limitations occur that would put the individual in a different priority category. If such a change results in placement in a different priority category, the individual will be advised in writing of the change. The individual will also be notified in writing of his or her right to appeal that decision and will be given information about the Client Assistance Program.

All individuals who have not started to receive services under an Individualized Plan for Employment prior to the date the Order of Selection is implemented will be advised in writing of its implementation and their assignment to a specific priority category.

[AGENDA ITEM 7a6]

Individuals will also be notified in writing of their right to appeal, the decision regarding their priority category assignment and will be given information about the Client Assistance Program.

- E. SSB will inform all consumer groups, referral resources, and vendors in a timely manner of the date an Order of Selection is to be implemented.
- F. Supervisors in the Workforce Development Unit will be responsible for reviewing assignments of individuals to priority categories and monitoring the provision of services to individuals based on the principles of the Order of Selection.
- G. Priority categories will be opened on the basis of the availability of resources. Individuals within each respective categories will be served on a "first come, first serve" basis, determined by date of application for services.
- H. The Director of the Workforce Development Unit will monitor the activities of the Order of Selection to determine any needed changes in terms of the number of individuals served by opening or closing additional Order of Selection priority categories.
- I. Information and Referral services will be made available and provided to all eligible individuals on a waiting list. These services are designed to ensure that individuals on a waiting list are provided accurate vocational rehabilitation information and guidance, using appropriate modes of communication to assist them in preparing for, securing, retaining, or regaining employment. Individuals will be appropriately referred to other federal and state programs including other components of the statewide workforce investment system.

An appropriate referral shall include, for each of these programs, provision to the individual of:

- 1. a notice of the referral by SSB to the agency carrying out the program;
 - 2. information identifying a specific point of contact within the agency carrying out the program; and
 - 3. Information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, regain, or advance employment.
- J. SSB will be managing the wait list by designating a wait list manager. The wait list manager will be responsible for contacting those customers on the wait list twice per year, notifying them of the current wait list status and providing them with resources. The wait list manager will also assist in moving people off of the wait list when categories become open.

Budget Determinations

Prior to the start of each fiscal quarter, or when circumstances require, the SSB Director will determine in which priority categories new IPE's will be written and initiated.

- 1. Determine the amount of money to set-aside for determining eligibility of new applicants. This beginning amount is usually based on the average expenditures of the past two years for diagnostics and assessments adjusted monthly for current year increases or decreases in applicant activity and expenditures.

[AGENDA ITEM 7a6]

2. Determine the amount of money to set-aside for the continuation of current plans. This beginning amount is usually based on the average expenditures of the past two years for existing plans adjusted monthly for the current year increases or decreases in expenditures. Due to limitations in the reporting systems, SSB is unable to pull historical data by priority category to the current fiscal year.
3. Determine the amount of money for the WIOA required 15% set-aside for pre-employment transition services.
4. The remaining amount of dollars are available to fund new plans.

FFY2015 Estimated Outcome Goals

	Individuals	Exit w/	Estimated
	Served	Employment	Expenditures
Priority A	282	27	\$ 2,046,000
Priority B	423	57	\$ 2,666,000
Priority C	310	40	\$ 1,488,000
Total	1,015	124	\$ 6,200,000

FFY2016 Estimated Outcome Goals

	Individuals	Exit w/	Estimated
	Served	Employment	Expenditures
Priority A	228	30	\$ 2,046,000
Priority B	343	47	\$ 2,666,000
Priority C	259	70	\$ 1,488,000
Total	830	147	\$ 6,200,000

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Healthcare & Healthy Living
Strategy	Develop and implement measures for health outcomes
Workplan Activity	HC 4A
Workplan Description	<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. Analysis from the surveys will be used to prioritize areas for intervention (e.g. dental access, diabetes prevention)</p> <p>Complete survey and report results to the subcabinet by July, 1, 2016 and annually thereafter.</p>
Deadline	July 1, 2016
Agency Responsible	DHS
Date Reported to Subcabinet	July 25, 2016

OVERVIEW

Studying health outcomes will indicate the effectiveness of the health care delivery system and identify potential opportunities for improvement. Annual completion of survey with analysis and recommendations will be reported to the subcabinet annually.

“National Core Indicators is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.” (www.nationalcoreindicators.org)

National Core Indicator survey data on healthcare related questions for people living with disabilities was compiled. The NCI data gives a very general overview of health: tobacco use, body mass index and exercise.

DHS will hold a stakeholder meeting of older adults and persons with disabilities on managed care health services on September 16, 2016. NCI survey data will be presented. This will be the opportunity for consumers to give feedback on health outcomes; hopefully informing recommendations on better measures to indicate access and outcomes in Healthcare for people with disabilities.

[AGENDA ITEM 7a7]**REPORT**

Items available from the NCI survey of Adults with Intellectual /Developmental Disabilities (I/DD) 2015

Overall Health:

	Number surveyed	Excellent	Very Good	Fairly Good	Poor	Don't Know
MN	405	24%	43%	29%	3%	1%

Access

Percent of respondents who get the Services they need

	Number surveyed	Overall in state	ICF	Group Home	Individual Home	Parent's Home
MN	400	84%	96%	92%	93%	69%

Of those who need additional services (n=62)

- Percent needing health care services: 13% (2% of the total survey respondents)
- Percent needing dental care: 13% (2% of the total survey respondents)

Primary Care

Percent with a primary care doctor: 97%

Wellness

People engaging in regular physical activity (at least 30 minutes 3 times a week)

	Number surveyed	Overall in State	ICF	Group Home	Individual Home	Parent's Home
MN	399	36%	19%	36%	40%	39%

Tobacco Use

	Number surveyed	Overall in State	ICF	Group Home	Individual Home	Parent's Home
MN	406	8%	4%	10%	9%	4%

Body Mass Index

	Number surveyed	Underweight	Normal Weight	Overweight	Obese
MN	363	5%	35%	28%	33%

[AGENDA ITEM 7a7]**Items available from the Family survey of adults with I/DD who live with their families 2015**

Frequency of medical needed for family member:

- Less than once a month (84%)
- At least once a month (12%)
- At least once a week (4%)

Does your family member have access to health services: Yes = 99%

- Are you satisfied with your family member's health providers? Yes = 97%

Does your family member have access to dental services: Yes = 95%

- Are you satisfied with your family member's dental providers? Yes = 94%

Person can get needed medications: Yes = 100%

- Family satisfied with how medications are monitored: Yes =97%

Person has access to needed mental health services: Yes = 94%

- Family satisfied with mental health providers: Yes = 95%

Items available for children with I/DD living at home with family 2015

Frequency of medical care needed for the child

- Less than once a month (72%)
- At least once a month but less than once a week (19%)
- At least once a week (9%)

Child has access to health services: Yes = 100%

- Family is satisfied with the quality of child's health services: Yes = 95%

Child has access to dental services: Yes = 97%

- Family is satisfied with the quality of the dental providers: Yes = 97%

Child can get needed medications: Yes = 98%

- Family satisfied with how medications are monitored: Yes =95%

Child has access to needed mental health services: Yes = 94%

- Family is satisfied with the quality of the child's mental health providers: Yes=93%



Minnesota Department of **Human Services**

Memo

DATE: June 30, 2016

TO: Olmstead Subcabinet

FROM: Alex Bartolic
Director, Disability Services Division

SUBJECT: Requested data re: Intermediate Care Facilities for Persons with Intellectual and Developmental Disabilities (ICFs/DD)

This memo provides basic information requested about the use of ICF/DD services. *

What is the total population?

As of September 2015, 1,600 people lived in an ICF/DD.

What is the metro/non-metro breakdown of where people in ICFs/DD live?

Metro area: 43% Non-Metro area: 57%

This means that a little over half of the ICF/DD capacity is located in greater Minnesota, outside of the metro area.

To what degree have people moved out of, or into, the metro area to live in an ICF/DD?

61% of those currently living in an ICF/DD moved there from a non-metro county, while 57% live in a non-metro county now.

Going the other direction, 39% of persons living in an ICF/DD were first living in a metro county, compared to 43% who currently live in a metro county.

What is the average age of people who are currently living in an ICF/DD?

The average age of ICF/DD residents is 52 years old.

What is the white/non-white breakdown of the population?

94% White
6% Non-White

*Note: The data regarding people who have moved is based on data drawn at the end of March, 2016. The demographics data used information from a June 16, 2016 data run. Because this population is very stable, these numbers provide a reasonably accurate profile of this population.



Minnesota Department of **Human Services**

Transition to Community Initiative

March 2016 Report Summary

Overview

The Transition to Community Initiative was established to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Minnesota Security Hospital (MSH) after they no longer need the services provided there. By providing additional funding to cover community-based services and address the unique discharge barriers faced by some individuals, the initiative promotes recovery and opens up beds at AMRTC and MSH for other individuals who need them.

The initiative, which was established in 2013, provides access to a range of services, including home and community based waivers, flexible grant funding, and contracts with providers and counties.

Results

Between July 1, 2013 and February 29, 2016:

- 130 individuals were in the Transition to Community program
- 99 were discharged as of February 29, 2016, 65 from AMRTC and 34 from MSH.
- 85 individuals used the additional waiver dollars or allocations, 19 used grants to counties and 24 used Whatever It Takes grant funding.
- Technical assistance was provided for 247 individuals.

The Initiative helps people who have completed treatment at a state-operated facility to return to the community sooner and more successfully

Limitations

Despite this success, the program has limitations which prevent it from having more of an impact. The initiative is only available to people at AMRTC and MSH. People in Community Behavioral health hospitals that could benefit from this service are not eligible.

Similarly, some people on the waiting list for AMRTC could be taken off the list if there were the right supports in place.

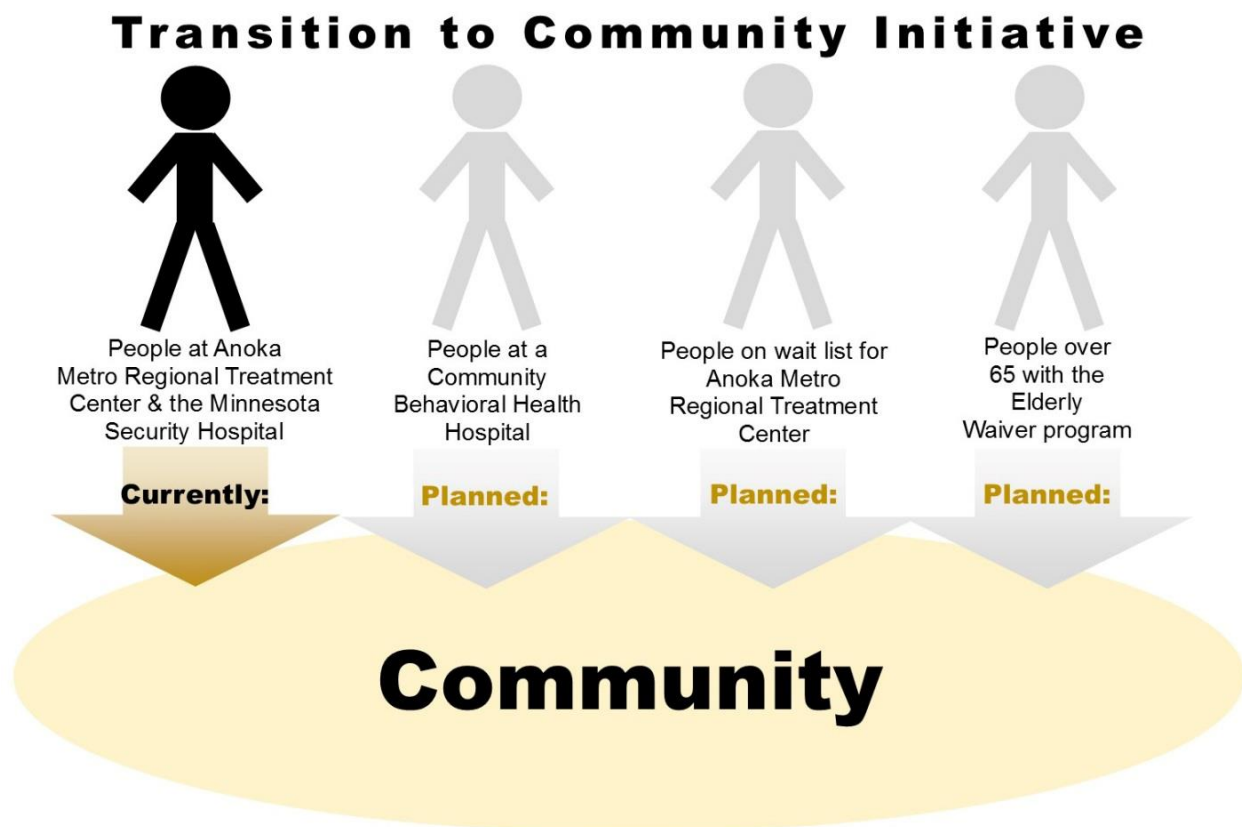
These limitations prevent the program from serving additional individuals, restricts how quickly individuals can return to the community, and responsiveness to the community.

Opportunities

Several additional populations have been identified that would benefit greatly from the initiative. As with people currently served at AMRTC and MSH, many of these individuals face serious barriers that prevent them from transitioning back to the community when they no longer need the level of care provided in their facilities.

The Transition to Community Initiative seeks to:

- Extend eligibility to individuals transitioning out of the Community Behavioral Health Hospitals.
- Extend eligibility to individuals in hospitals on the AMRTC waiting list and who, with necessary resources, could return to the community without treatment at AMRTC.
- Expand support to people over age 65 who are leaving AMRTC, MSH, a Community Behavioral Health Hospital, or who are hospitalized and are on the AMRTC waiting list. Individual budgets available through the Elderly Waiver, which currently are not adequate to support individuals with complex needs, would be increased.
- Provide additional program administrative capacity to better track individual outcomes post discharge to improve the community system of care and improve the efficiency and effectiveness of the program.



Healthcare and Healthy Living

**Olmstead Subcabinet Meeting
July 25, 2016**



Healthcare and Healthy Living Vision Statement

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

Healthcare Goal #1: Preventive Care

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.

Annual Goals:

- **By December 31, 2016 increase by 205 over baseline**
- **By December 31, 2017 increase by 518 over baseline**
- **By December 31, 2018 increase by 833 over baseline**

3

Healthcare Goal #2: Child Dental

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

Annual Goals :

- **By December 31, 2016 increase by 410 over baseline**
- **By December 31, 2017 increase by 820 over baseline**
- **By December 31, 2018 increase by 1,229 over baseline**

4

Healthcare Goal #2: Adult Dental

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

Annual Goals :

- **By December 31, 2016 increase by 335 over baseline**
- **By December 31, 2017 increase by 670 over baseline**
- **By December 31, 2018 increase by 1,055 over baseline**

5

Oral Health Minnesota Health Care Program (MHCP) Activities

- **Implemented statutory increase to Minnesota Health Care Program dental rates by January 2016**
- **Imposed health plan financial penalty for failure to increase dental utilization rates**
- **Dental performance improvement collaborative for managed care plans for adults with disabilities**
- **Flouride varnish application by primary care providers for children**

6

Preventive Care Minnesota Health Care Program (MHCP) Activities

- **Consultation with health plan clinical directors**
- **Cervical cancer screening literature review**
- **Behavioral Health Homes implementation**

7

Olmstead Plan Strategy: Expand the use of Health Care Homes and Behavioral Health Homes

Health Home overview

- **Medicaid State Plan Option under Affordable Care Act**
- **Better integration and coordination of primary, acute, behavioral health and long-term services and social and community supports for persons with chronic illness**
- **Delivery of a set of six services in a holistic model of care**
 1. Comprehensive care management, using team-based strategies
 2. Care coordination
 3. Health and wellness promotion
 4. Comprehensive transitional care
 5. Individual and family support
 6. Referral to community and social support services

8

Behavioral Health Home Services

Guiding principles

- Behavioral Health Home services are distinguished by the presence of a multi-disciplinary team that shares information and collaborates to deliver a holistic, coordinated plan of care.
- Behavioral Health Homes services create an opportunity to meet the needs of individuals experiencing serious mental illness and their families by addressing the individual's goals for physical health, mental health, substance use, and wellness.

9

Behavioral Health Home Services

Guiding principles

- Providers will deliver Behavioral Health Home services using a strength based approach and will respect, assess, and use the cultural values, strengths, languages, and practices of the consumer and family in supporting the individual's health and wellness goals.
- Providers will deliver Behavioral Health Home services with a person-centered ecological perspective, considering the varying social factors that ultimately impact a person's health, and will engage and respect the individual and family in their health care and recovery and resiliency.

10

Behavioral Health Home Services

Behavioral Health Home services are built off the success of the MN Patient Center Medical Home Model, Health Care Homes.

Health Homes	Medical Health Homes/ Health Care Homes
For specific populations with chronic conditions.	Not population specific.
Behavioral Health Homes <ul style="list-style-type: none"> • Adults with SMI or SPMI • children and youth with SED 	Made for the general population.
Medicaid only.	All payer system.

11

Health Care Homes (HCH)

Approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic or complex health conditions.

12

Health Care Homes - Goals

- **Continue building a strong primary care foundation to ensure all Minnesotans have the opportunity to receive team-based, coordinated, patient-centered care.**
- **Increase care coordination and collaboration between primary care providers and community resources to facilitate the broader goals of improving population health and health equity.**
- **Improve the quality and the individual experience of care, while lowering health care costs.**

13

Certification of Primary Care Clinics in Minnesota

- **55% of Minnesota clinics are certified**
- **Ongoing outreach by nurse planners to assist uncertified clinics**
- **Ongoing learning collaborative**

14

Health Care Homes Evaluation Results

The five year independent evaluation of the Minnesota Health Care Homes program showed:

- Health care costs and utilization in the areas of inpatient hospital admissions, hospital outpatient visits, and pharmacy use, were reduced
- Health Care Homes scored higher on quality of care measures.
- Decreasing levels of health care disparities in certified Health Care Homes compared to non-Health Care Homes clinics.

15

Olmstead Plan Strategy: Improve access to health care for people with disabilities

Cardiovascular activities:

Mission: To improve cardiovascular health & reduce the burden of heart disease and stroke for all people living in Minnesota

- **Attention to disparate populations:** African American, American Indian, Geographic
- **CDC funding: focus on hypertension**
 - Aim: increase awareness of hypertension and assure appropriate care
 - All people, including those with disabilities, can participate
 - Goals: healthy eating, active living, quality care delivered, partner engagement

16

Cardiovascular-related Activities

- [Website](#)
- **Training for health care professionals**
 - High blood pressure prevention and control
 - Provider and patient communication
- **Measure for hypertension control reported nationally and for the state**

17

Cervical Cancer Activities

MDH Sage Screening Program – works to increase cervical cancer screening among underserved populations of the state, including the disabled

- Uses media to promote cancer awareness and connect unscreened populations to cancer screening services
- Houses a call center that provides patient navigation services, including appointment scheduling, to both insured and uninsured callers who respond to media campaigns and other Sage activities

18

Cervical Cancer Activities

Dates implemented	Activity	Reach (Impressions)	Callers receiving assistance from patient navigator*	Scheduled appointments for Pap tests*
05/2015, 10/2015, 02/2016, 03/2016, 05/2016	Direct mail campaigns	76,073	166	116
10/2015, 06/2016	Spanish radio campaigns	---	16	8
01/2016, 05/2016	Internet radio (Pandora) campaigns	561,002	20	12
01/2016	Star Tribune web ad campaign	380,000	No data yet	No data yet
06/2016	Gas station, restaurant, and salon ad campaign	1,014,760	No data yet	No data yet

* Preliminary data; additionally, Sage does not collect disability status and therefore is unable to report percent disabled

19

Transitioning Youth to Adult Healthcare

- More children and youth with special health care needs (CYSHN) are living well into adulthood due to advances in medicine
- Less than half (41.7 %) of Minnesota youth with special health needs (YSHN) receive adequate transition services
- Pediatric and adult providers often lack knowledge and skills in transition planning

20

Transitioning Youth to Adult Health Care Strategies

- Promote transitions in health care online tool kit
- Partner with MDE, DEED and DHS in an Interagency Coordination Model pilot
- Expand the availability of health providers accepting youth with complex medical needs

21

Questions?

22

THANK YOU

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23