

Olmstead Subcabinet Meeting Agenda

Friday, June 22, 2018 • 10:30 a.m. to 12:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

1) Call to Order

2) Roll Call

3) Agenda Review

4) Approval of Minutes 3

- a) Subcabinet meeting on May 21, 2018

5) Reports [10:30 – 10:45]

- a) Chair
- 1) Follow up on legislative session
- b) Executive Director
- c) Legal Office
- d) Compliance Office
- 1) Olmstead Plan 2018 Strategic Review Process 13

6) Action Items

- a) Prevention of Abuse and Neglect Recommendations [10:45 – 10:55] 17
- b) March 2018 Olmstead Plan – Workplan Revisions [10:55 – 11:00] 27
- c) Workplan Compliance Report for June [11:00 – 11:05] 31

7) Informational Items and Reports

- a) Workplan activity reports to be presented to Subcabinet [11:05 – 11:55] 43
- 1) Employment 6A.2a – Status of recommendations to implement home and community-based services rule to support competitive integrated employment (DHS) 45
- 2) Education 2A – Annual report on number of students with Developmental Cognitive Disability and Autism Spectrum Disorders in most integrated setting (MDE) 47
- 3) Education 3A.1, 3A.2, 3A.3 – Annual report on 4-year and 6-year graduation rates of American Indian and Black students with disabilities (MDE) 53
- 4) Education 4F – Annual report on students with disabilities exiting MCF – Red Wing utilizing a reintegration protocol (DOC) 57
- 5) Positive Supports 1C.8 – Annual report on implementation of Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports (DHS) 59
- 6) Crisis Services 3B.5 – Annual report on implementation of Forensic Assertive Community Treatment teams (DHS) 65
- 7) Quality of Life Survey 5C – Monthly report on survey implementation (OIO) 67

- b) Workplan activity reports to be reviewed by Subcabinet **71**
 - 1) Education 6A/6E – Annual report on the number of school districts using the Assistive Technology consideration framework (MDE) **73**
 - 2) Health Care/Healthy Living 3B.1b – Annual report on trainings to increase successes to adult health care access by transition age youth (MDH) **77**
 - 3) Crisis Services 2B.3b – Annual report on crisis trainings (DHS) **81**
 - 4) Community Engagement 5D.1f–Quarterly report on Community Engagement Plan (OIO) **85**

8) Public Comments

[11:55 – 12:00]

9) Adjournment

Next Subcabinet Meeting: July 23, 2018 – 3:00 p.m. – 4:30 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

Olmstead Subcabinet Meeting Agenda Item

June 22, 2018

Agenda Item:

- 4) *Approval of Minutes*
 - a) *Subcabinet meeting on May 21, 2018*

Presenter:

Commissioner Tingerthal (Minnesota Housing)

Action Needed:

- Approval Needed
- Informational Item (no action needed)

Summary of Item:

Approval is needed of the minutes for the May 21, 2018 Subcabinet meeting.

Attachment(s):

4a- Olmstead Subcabinet meeting minutes – May 21, 2018

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

Olmstead Subcabinet Meeting Minutes

Monday, May 21, 2018 • 3:00 p.m. to 5:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

1) Call to Order

Action: N/A

Commissioner Tingerthal welcomed everyone and provided meeting logistics.

2) Roll Call

Action: N/A

Subcabinet members present: Mary Tingerthal, Minnesota Housing; Chuck Johnson, Department of Human Services (DHS); Colleen Wieck, Governor’s Council on Developmental Disabilities (GCDD); Roberta Opheim, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) joined the meeting at 3:10; and Shawntera Hardy, Department of Employment and Economic Development (DEED) joined the meeting at 3:17

Designees present: Daron Korte, Minnesota Department of Education (MDE); Deb Kerschner Department of Corrections (DOC) and Rowzat Shipchandler, Minnesota Department of Human Rights (MDHR)

Guests present: Mike Tessneer, Rosalie Vollmar, Darlene Zangara, Melody Johnson, Sue Hite-Kirk and Shannon Eckman, Olmstead Implementation Office (OIO); Anne Smetak (Minnesota Housing); Adrienne Hannert, Erin Sullivan Sutton, Carol LaBine and Sarah Knoph (DHS); Kristie Billiar (DOT); Gerri Sutton (Met Council); Tom Delaney and Jayne Spain (MDE); Maura McNellis-Kubat (OMHDD); Bradford Teslow and Jane Strauss (members of the public)

Guests present via telephone: Christina Schaffer (MDHR); Joan Willshire (Minnesota Council on Disability); Lilli Sprintz and Kim Pettman (members of the public)

Sign Language and CART providers: Mary Catherine (Minnesota Housing); ASL Interpreting Services, Inc.; Paradigm Captioning and Reporting Services, Inc.

3) Agenda Review

Commissioner Tingerthal asked if there were any changes needed to the agenda. She reminded any attendees interested in providing public comment to sign up in the back of the room.

4) Approval of Minutes

a) Subcabinet meeting on April 23, 2018

Commissioner Tingerthal asked if there were any changes needed to the minutes. No edits were needed.

Motion: Approve April 23rd Subcabinet meeting minutes

Action: Motion – Wieck

Second – Shipchandler

In Favor - All

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5) Reports

a) Chair

Commissioner Tingerthal reported the following:

- The biannual Status Conference with the Court has been scheduled for the afternoon of July 12, 2018.
- A document summarizing the accomplishments related to the Olmstead Plan was submitted to the Governor's Office. The document was provided at the meeting. The document includes summary information from the amended Olmstead Plan, the Quarterly Reports and reports that have been presented to the Subcabinet. She thanked the agencies for the final review of this document.

b) Executive Director

Darlene Zangara reported on the following:

- The contract has been finalized with the Improve Group for the implementation of the Quality of Life Survey. By the end of the year 500 individuals will be re-surveyed. The Survey results are due to be reviewed by the Subcabinet in December 2018. Monthly updates will be provided to the Subcabinet summarizing the progress on the survey implementation.
- OIO Compliance completed a verification visit that focused on some activities in the communications workplan. In response to their findings and recommendations, we have revised our communication plan strategies and structure. This revision will include new and different types of communications coming out of the OIO in the next few months.

c) Legal Office

No report.

d) Compliance Office

Mike Tessneer reported that OIO Compliance completed a verification visit with the OIO in April. The focus was on workplan activities in the communications workplan. The findings and recommendations focused on improving the organization and timeliness of the elements of the Communication Plan.

6) Action Items

a) May 2018 Quarterly Report

Mike Tessneer (OIO) reviewed the Executive Summary of the May 2018 Quarterly Report. This report included 13 measurable goals, four are on track to meet the annual goal and three are not on track to meet the annual goals. Six goals are in process.

Highlights include:

Progress on movement of people with disabilities from segregated to integrated settings

- More individuals are leaving ICF/DD programs to more integrated settings. During this quarter, 42 individuals left ICF/DD programs to more integrated settings. After one quarter, 58% of the annual goal of 72, has been achieved.

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- Individuals with disabilities under age 65, continued to leave nursing facilities for more integrated settings. During this quarter, 202 individuals moved from nursing facilities. After one quarter, 26% of the annual goal of 750, has been achieved.
- More individuals are leaving other segregated settings to more integrated settings. During this quarter, 298 individuals moved from other segregated settings to more integrated settings. After one quarter, 59% of the annual goal of 500 has been achieved.

Timeliness of Waiver Funding

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter there were 60 individuals pending funding approval compared to 89 the previous quarter.

Increasing system capacity and options for integration

- The number of people experiencing the use of emergency use of manual restraint during the last two quarters is lower than the previous four quarters.
- The number of reports of use of emergency use of manual restraints is lower, at 955 reports this quarter compared to 991 in the previous quarter.
- The number of individuals approved for the emergency use of mechanical restraints at the end of the quarter is 13, which is lower than the 15 individuals approved at the end of the previous quarter.

Erin Sullivan Sutton (DHS) reported on the goals that have been targeted for improvement.

Questions/Comments:

- **Transition Services Goal Two**

Roberta Opheim (OMHDD) asked how individuals in the competency restoration program who move from Anoka Metro Regional Treatment Center (AMRTC) to St. Peter are shown in the table. Would they be counted as moving to a more integrated setting or as a transfer? Erin Sullivan Sutton confirmed that those individuals are counted as a transfer in the table in the report.

- **Transition Services Goal Three**

Commissioner Tingerthal (Minnesota Housing) expressed concern about waiting until December 2018 to hear recommendations from the cross division cross-administration working group convened by DHS to deal with the timely discharge of individuals from AMRTC and Minnesota Security Hospital (MSH). She asked if it would be possible to provide an interim status report on the group's progress. Erin Sullivan Sutton agreed that DHS could provide an interim report in September 2018.

Colleen Wieck (GCDD) commented that one of the barriers identified by the Special Review Board includes a lack of appropriate provisional discharge planning. She asked if this was similar to the transition plan being measured in Transition Services Goal Four.

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Erin Sullivan Sutton stated that it was, although it is more specific to individuals served at the facility.

- **Transition Services Goal Four**

Colleen Wieck (GCDD) asked if the actual number of case files reviewed could be added to the table for clarification, along with the percentages already listed. Erin Sullivan Sutton indicated that can be done in future Quarterly Reports.

- **Positive Supports Goal Three**

Commissioner Hardy (DEED) commented specifically related to Goal Three in comparing the baseline to current data. She expressed the need to document lessons learned that led to the great progress. What are the changes in practices, processes and policies? Erin Sullivan Sutton agreed and stated that staff with expertise would be best to answer that. This topic might be something to consider presenting to the Subcabinet at a future meeting.

Robert Opheim (OMHDD) asked about how DHS is handling people with developmental disabilities who are in the Minnesota Sex Offender Program. Are they being reported on, and how are they being restrained? Erin Sullivan Sutton confirmed that DHS reviews the use of restraints on all individuals in DHS facilities.

- **Quality of Life Survey**

Darlene Zangara (OIO) reported on Quality of Life section of the Quarterly Report. Some additional information has been provided in that section to describe the outcomes of the Baseline Survey. The Quality of Life Baseline Survey Report is also being attached as an Exhibit to the Quarterly Report being filed with the Court. A supplemental handout was provided at the meeting that included the blackline version of this section.

Colleen Wieck (GCDD) stated that she thought it was important to add the Baseline Survey Report to the Quarterly Report. It is important to have that available for individuals reading the Quarterly reports.

Motion: Approve the May 2018 Quarterly Report

Action: Motion – Johnson

Second – Korte

In Favor - All

b) Community Engagement Workgroup Charter/ Membership (OIO)

Darlene Zangara (OIO) presented the updated Community Engagement Workgroup Charter including the list of selected members. The application process involved reviewing 92 completed applications from which twelve new members were selected. Eight returning members will also serve on the Workgroup. All twenty members have a disability. There was an increase of applications from people with disabilities and people of color. LGBTQ applicants represented 5% of all applicants and 24% of applicants were from Greater

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Minnesota. A kick off meeting will take place in June with the meetings occurring from July through November 2018.

Commissioner Tingerthal reminded the members that the Subcabinet procedures allow for workgroups and specialty committees, however the charters must be approved by the Subcabinet. The Community Engagement Charter presented for approval is an amended Charter for the second year of the workgroup.

Motion: Approve the revised Community Engagement Workgroup Charter

Action: Motion – Opheim Second – Shipchandler In Favor - All

c) Workgroup/Specialty Committee Travel/Meeting Reimbursement Policy

Anne Smetak (Minnesota Housing) presented the updated reimbursement policy for workgroup and specialty committee meetings. She stated the original policy was limited, providing for only one or two meetings annually, with limited travel reimbursement. The revised policy allows for workgroup or specialty committee meetings to be eligible for travel reimbursement expenses. Details of reimbursement expenses are tied to the Commissioner's Plan and is consistent with how other state boards, commissions, and committees deal with travel reimbursements.

Questions/Comments:

Roberta Opheim (OMHDD) asked if this travel policy applied to state employees.

Anne Smetak stated that the policy was for non-state employees only, as state employees are expected to use their agency's travel policy for reimbursement.

Motion: Approve the revised Travel/Meeting Reimbursement policy

Action: Motion – Korte Second – Johnson In Favor - All

d) Workplan Compliance Report for May

Mike Tessner (OIO) reported that of the nine workplan activities reviewed this month all were completed. There were no exceptions to report. The list of activities reviewed is attached to the Workplan Compliance report.

Questions/Comments:

Deb Kerschner (DOC) referred to page 63, for activity CM 2C.1, it states that there was an exception, but you are reporting no exceptions.

Mike Tessner (OIO) explained that CM2C.1 was reported as an exception in April 2018, but has since then been completed. The notation is simply our way to track the exception related to the original March 31, 2018 deadline.

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Commissioner Tingerthal (Minnesota Housing) suggested that it may be helpful to add the word “approved” in that column.

Motion: Approve Workplan Compliance Report

Action: Motion – Kerschner Second – Hardy In Favor - All

e) Adjustment to Workplan Activity

1) Person Centered Planning 4B.2 – Workforce report implementation plan and workplan

Adrienne Hannert (DHS) requested an adjustment on behalf of DHS and DEED. She provided the reason for the proposed adjustment and the new deadline.

Questions/Comments:

Commissioner Tingerthal (Minnesota housing) asked if DHS and DEED staff will be ready to discuss this more at the July Subcabinet meeting. Adrienne Hannert stated that they will be working with OIO staff on that agenda item.

Motion: Approve adjustment to the workplan activities

Action: Motion – Tessneer Second – Wieck In Favor – All

7) Informational Items and Reports

a) Workplan activity reports to be presented to Subcabinet

1) Employment 4A.2 – Employment Capacity Building Cohorts (MDE, DEED, DHS)

Tom Delaney and Jayne Spain (MDE) presented this report. There were no questions on the report.

8) Public Comments

Commissioner Tingerthal asked those who signed up for public comment to be speak to the Subcabinet.

Kim Pettman (Member of the public on the phone)

Highlights included:

- There is a housing crisis for people with disabilities, especially in Bloomington and Richfield.
- Request that people from Olmstead and Human Rights interact with people living at independent living facilities. Decisions are being made for individuals not with them.
- Subcabinet members should contact her for more details.

Commissioner Tingerthal (Minnesota Housing) stated that Minnesota Housing works closely with property managers, especially those who manage properties that have units affordable to people of low to moderate incomes. The *Working Together Conference* sponsored by Minnesota Multi-Housing Association is a series of workshops designed for property owners and managers. Staff from Minnesota Housing can take these ideas to the planning committee for this conference.

DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET**Jane Strauss (Member of the public)**

Highlights included:

- There is a housing crisis as stated earlier.
- The experiences her son has had indicate that schools do not work, do not do their job, do not teach skills for independence, and do not comply with ADA.
- Direct care workers are hard to find; especially males. It is a challenge to find workers who are competent, reliable and have a work ethic. Background check results can take longer than the law has established.
- Case managers have denied funding for items that should be approved.
- Interaction with law enforcement by people with disabilities is often a negative experience. More training of law enforcement would help.

Bradford Teslow (Member of the public)

Highlights included:

- The work of the Subcabinet is appreciated, especially in the area of employment for people with disabilities.
- There is a need for more trauma informed care.
- As co-chair of the Olmstead Community Engagement Workgroup he is thankful for the opportunity to work with such a diverse group.
- Announced that he is a graduate of the Governor's Council on Developmental Disabilities Partners in Policymaking[®] Class 35 and thanked Colleen Wieck for her support.

Lilly Spritz (Member of the public on the phone)

Highlights included:

- For the workgroup working on the Personal Care Assistant (PCA) shortage issue, there is also concern about homemaker assistance and hopes the workgroup looks at that as well.

Commissioner Tingerthal indicated the agency staff person who made the report on the workforce group was still in the room and asked if she would take that comment back to the group.

9) Adjournment

Commissioner Tingerthal adjourned the meeting at 4:20 p.m.

Next Subcabinet Meeting: Friday, June 22, 2018; 10:30 a.m. – 12:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

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Olmstead Subcabinet Meeting Agenda Item

June 22, 2018

Agenda Item:

5 (d)(1) Olmstead Plan 2018 Strategic Review Process

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

- Approval Needed
- Informational Item (no action needed)

Summary of Item:

This describes the process that will be followed to complete the Olmstead Plan 2018 Strategic Review that is called for on page 106 of the March 2018 Olmstead Plan.

This is an informational item. No action is needed.

Attachment(s):

5d1 - Olmstead Plan 2018 Strategic Review Process

Olmstead Subcabinet Meeting Agenda Item

[AGENDA ITEM 5d1]**Olmstead Plan 2018 Strategic Review Process****Requirement for the strategic review in 2018**

The Olmstead Plan requires the Subcabinet and State agencies undertake a strategic review of the Plan in 2018. This expectation was first added in the 2015 Olmstead Plan in light of the fact that so many of the measurable goals contemplate actions over a number of years.

The strategic review is to focus on:

- Results of the Quality of Life Survey
- Achievements in the measurable goals
- Feedback from people with disabilities, families, providers, counties and tribal governments
- Feedback from state agencies in the annual targets for measurable goals for subsequent periods.

This strategic review may indicate goals that need to continue, goals that need to be replaced, and goals that need to be added.

Structure of the strategic review

The Strategic Review will utilize the existing processes for the annual Olmstead Plan reviewing and refreshing of workplans and for updating and amending of the Olmstead Plan. The activities will include:

- OIO Compliance staff will complete an analysis of the effectiveness of workplan implementation, strategies implementation, and progress on measurable goals. The analysis will cover the time period of September 2015 through August 2018. This will be reviewed by the Subcabinet in September 2018.
 - This review is timely. Many goals have achieved the initial targets set in 2015 and may need to be extended over a defined number of years (2-3 years).
 - The analysis will include goals that have underperformed during the review period. Analysis of the strategies and workplans that have not produced the anticipated results will identify areas needing a fresh approach in order to achieve improved performance.
 - The analysis may also identify possible new goals based on lessons learned during the implementation period.
- Subcabinet agencies will utilize the Status Report during the annual process for reviewing and refreshing the Olmstead Plan workplans. This will be reviewed by the Subcabinet in October 2018.
- Subcabinet agencies will utilize the Status Report, the results of the 2018 Quality of Life Survey and public comments in their consideration of proposed changes to the goals and strategies to be included in the 2018 Annual Report. This will be reviewed by the Subcabinet in December 2018.
- Subcabinet agencies will draft proposed modifications of existing goals or strategies or create new goals and strategies for possible inclusion in the 2019 Olmstead Plan. Agencies will consider the analysis of workplans, the performance on the measurable goals, results of the 2018 Quality of Life Survey and public comments. The Olmstead Plan amendment process will take place from December 2018 to March 2019. This will be reviewed by the Subcabinet in March 2019.

Olmstead Subcabinet Meeting Agenda Item

June 22, 2018

Agenda Item:

6 (a) Prevention of Abuse and Neglect Recommendations

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

- Approval Needed**
- Informational Item (no action needed)**

Summary of Item:

The Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities outlines promising actions to prevent abuse and neglect for people with disabilities. The report was accepted by the Olmstead Subcabinet on January 29, 2018.

The Subcabinet directed staff from DHS, MDH, MDE and OMHDD to review the report and identify the recommendations that can be implemented by adding and updating existing strategies and workplan action items.

This report is the result of that review.

Attachment(s):

6a – Comprehensive Prevention of Abuse and Neglect – Agency Response to Subcabinet

Olmstead Subcabinet Meeting Agenda Item

[AGENDA ITEM 6a]**Comprehensive Prevention of Abuse and Neglect – Agency Response to Subcabinet**

The [Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities: Report](#)¹ outlines action steps to prevent abuse and neglect for people with disabilities. The report was accepted by the Olmstead Subcabinet on January 29, 2018. At the request of the Subcabinet, staff from Department of Human Services (DHS), Minnesota Department of Health (MDH), Minnesota Department of Education (MDE) and Ombudsman for Mental Health and Developmental Disabilities (OMHDD) reviewed the report and identified the recommendations that can be implemented by adding and updating existing strategies and workplan action items. These strategies and workplans will be reviewed at the June 22, 2018 Subcabinet meeting.

This document includes activities identified by the agencies that support the Recommendations from the Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities Report. The recommendations are found on pages 25 – 40 of the report and are included as an attachment to this report.

The identified agency activities that support the Recommendations include:

- Olmstead Plan Preventing Abuse and Neglect measurable goals;
- Strategies and workplan activities that are currently part of Olmstead Plan implementation; and
- Additional strategies and activities that are not currently part of Olmstead Plan implementation.

MINNESOTA DEPARTMENT OF HEALTH (MDH) ACTIVITIES**Current Olmstead Plan Goal**

Preventing Abuse and Goal 2 uses Hospital data on abuse and neglect to target prevention efforts to reduce occurrences.

Recommended Targeted Activities

The following activities will be targeted as prevention strategies:

- A. Create an accessible, plain language Bill of Rights for Supervised Living Facilities (SLF) and 245D. This Bill of Rights that can be tested with individuals and may be available in multiple formats. This will support recommendations 3a and 5b. Recommendation 3a calls for creating and conducting a campaign to educate family regarding abuse and neglect. Recommendation 5b calls for developing a plan to enhance provider education that include skills that lessen providers' own risk of engaging in abusive, harmful, and disrespectful behaviors toward people with disabilities.
- B. Develop training materials for providers to assist staff and families in communicating with individuals with disabilities about their rights as described in the Bill of Rights. This will support recommendations 3a and 5b. Recommendation 3a calls for creating and conducting a campaign to educate family regarding abuse and neglect. Recommendation 5b calls for developing a plan to

¹ The "Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities: Report" is available at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=DHS-298607

[AGENDA ITEM 6a]

enhance provider education that include skills that lessen providers' own risk of engaging in abusive, harmful, and disrespectful behaviors toward people with disabilities.

- Develop electronic, accessible versions of documents, forms, and instructional materials to post online for individuals with disabilities to use independently in order to become more aware of and exercise their rights. This supports recommendation 2a which calls for developing a strategy to teach and promote leadership, self-advocacy skills, and risk reduction education.
- Leverage social media, including Facebook, and other current technologies to broadly disseminate resources, reach diverse audiences, and increase awareness and understanding about bills of rights among communities at large. Recommendation 4a supported this effort to create and conduct a positive public awareness campaign focused on educating the public regarding abuse and neglect of people with disabilities.

DEPARTMENT OF HUMAN SERVICES (DHS) ACTIVITIES

Current Olmstead Plan Goal

Preventing Abuse and Neglect Goal 3 tracks repeat episodes of reported abuse and neglect. This data will be used to identify prevention strategies to reduce future occurrences of Abuse and Neglect. This supports recommendation 7a.

Recommended Targeted Activities

The following activities will be targeted as prevention strategies:

Provide the opportunity to focus on equality, leadership, and self-advocacy efforts for people with disabilities. Using positive supports decreases abuse and neglect. Person-centered practices are one component of positive supports. Person-centered practices allow people to express their preferences, control their planning, and choose the people who will support them. All of this means people have power and develop skills to advocate for themselves. Community inclusion and person-centered practices build natural supports; people with disabilities are all less vulnerable when they have people who care and pay attention to them. This activity supports recommendation 1a. The following activity will be targeted as prevention strategies:

- A. Train a new cohort of 14 individuals with disabilities in self-advocacy through a 12-month program of classroom training and fieldwork. Recommendation 1a is supported here which is to provide the opportunity to build upon existing goals and focus on equality, leadership, and self-advocacy efforts for people with disabilities. Using positive supports decreases abuse and neglect. Person-centered practices are one component of positive supports. (Workplan Activity PC 1C.1a)

Person-centered support planning includes helping people know their rights, have expectations about how they should be treated and understand what to do if those are violated. When the support planning process is person-centered, it addresses people's health and safety risks, and gives people the opportunity to make informed choices. A fully person-centered support plan includes a risk mitigation

[AGENDA ITEM 6a]

plan. This activity supports recommendation 1a, 2a, and 3b. To support person-centered support plan, the following will continue to be followed:

- B. Engage with people with disabilities, family members and guardians to provide information, tools, and resources to assist them to understand their options, assert their rights and plan for their future through person-centered practices. This will include strategies to reach ethnically and racially diverse audiences. Provide access to person-centered training via the College of Direct Supports and the Person-Centered Counseling curriculum. Report to the Subcabinet on the number of training activities and tools, the number of people trained and evaluation results when available.
- Recommendation 2a is also supported here to help develop a strategy, promote leadership, self-advocacy skills, and provide risk reduction education and outreach to people with disabilities. This also includes providing greater supports to those who rely on others to advocate for them. Training and safety planning tools will be included. This also supports recommendation 3b – Develop a strategy to help family members and other supporters to take actions steps to prevent abuse and neglect and lessen their own risk of perpetrating abuse and other forms of harm; Teach and promote supportive relationships based on equality, respect, etc. (Workplan Activity PC 1H)

DHS is also implementing workplans associated with the following strategy where recommendation 5b is supported:

- C. Develop Remediation Strategies for Providers and Professional Caregivers
- Collect and review data on reports of repeat maltreatment of the same type, and additional data available from the Minnesota Adult Abuse Reporting Center (MAARC).
 - Review data at individual-level to inform system level actions to remedy the effect of maltreatment.
 - Share remediation strategies effective at preventing repeat maltreatment.
 - Effective remediation may prevent repeat maltreatment.
 - Examples of individual remediation: adult protective services; recovery of assets; emergency assistance; victim services (sexual assault, domestic violence); medical evaluation and services; restraining order for removal of the perpetrator; prosecution of perpetrator; case management services; guardianship and conservatorship services; mental health treatment; representative payee services; home and community-based services
 - Examples of systems remediation: license holder responsible: licensing sanctions including fine, conditional license, corrective action order, etc.; individual responsible: training, retraining, coaching, suspension or termination, referral to background studies for disqualification.
 - Use data to identify patterns/ trends of abuse and neglect to inform communication alerts and remediation strategies

These strategies support Recommendation 5b. Work products from these workplans will be a reported to the Subcabinet beginning in July 2018.

MINNESOTA DEPARTMENT OF EDUCATION (MDE) ACTIVITIES

Current Olmstead Plan Goal

Preventing Abuse and Neglect Goal 4 uses data to target prevention efforts. This goal is to reduce the number of identified schools that have had three or more investigations of alleged maltreatment of a student with disabilities within the three preceding years. Goal 4 supports recommendations 1a, 3b, and 7a.

Recommended Targeted Activities

The following existing activities will be targeted as prevention strategies:

- A. The Minnesota System of Interagency Coordination (MnSIC) and MDE's Person Centered Practices Workgroup builds upon goals, strategies and workplans for development and implementation of person-centered practices focusing on equality, leadership and self-advocacy for students with disabilities. Core features of person-centered practices include: strengths-based, person and family-led, and the person has control over amount, scope and duration of services and chooses providers. This ties to recommendation 1a which is to build upon existing strategies focused on equality, leadership, and self-advocacy efforts for people with disabilities.
- B. MDE's School Safety and Technical Assistance Center implements education of school districts about the problem of bullying for all students, including students with disabilities, as per the Safe and Supportive Schools Act (Minnesota Statute § 121A.031, <https://www.revisor.mn.gov/statutes/?id=121A.031>) . This ties to recommendation 3a and 3b which is to create and conduct a campaign to education families and supporters and develop a strategy to take active steps to prevent abuse and neglect, and to teach and promote relationships.
- C. The Student Maltreatment Team collaborates with the Special Education Division to implement Positive Behavioral Interventions and Supports (PBIS) as both a response and preventative strategy in schools with an identified concern for maltreatment of students with disabilities. In addition, the Special Education Division supports statewide implementation of PBIS in schools. (Workplan Activity PR4 2d) This ties to recommendation 7a which is to create a comprehensive collection, tracking, sharing, and quality improvement system.

OMBUDSMAN FOR MENTAL HEALTH/DEVELOPMENTAL DISABILITIES (OMHDD) ACTIVITIES

OMHDD provides resources in the following areas: Client services, medical review, and civil commitment training. Recommendation 7a is supported by this goal to create a cross-system, comprehensive abuse and neglect data collection, tracking, sharing, and quality improvement system.

The following activities will be targeted as prevention strategies:

- A. The OMHDD Medical Review Team (MRT) receives approximately 850 reports of the death of a person with a disability each year. Each death is reviewed with the purpose of finding opportunities to improve the care delivery system. The MRT both reviews an individual's care and looks for

[AGENDA ITEM 6a]

patterns or trends. When the Medical Review Subcommittee (which includes a physician, coroner, psychiatrist, and nurse) identifies patterns or trends, they may: make recommendations to a provider or agency; issue a Medical update or Alert; make a recommendation for a system review by the Ombudsman; or consider the development of educational tools, for example a brochure about Suicide Prevention.

- B. The OMHDD will issue a series of summer and winter alerts regarding health and safety including MedWatch, the Food and Drug Administration Safety Information and Adverse Event Reporting. Alerts will target people with disabilities, families, providers, the public, county, and tribal human service agencies.

Table 1

This table provides a summary of the information provided in this report. For each Prevention of Abuse and Neglect Report Recommendations it lists the Olmstead Plan Goals and Target Activities that support the recommendation as well as the Agency responsible for the activities.

Prevention of Abuse and Neglect Recommendation	Olmstead Plan Preventing Abuse and Neglect Goal	Target Activities for Prevention of Abuse and Neglect	Agency
1a	4	Existing workplan activity PC 1B.8a – Continue MnSIC	MDE
	3	Existing workplan activity PC 1C.1a – Train cohort	DHS
1b			
2a	3	Existing workplan activity PC 1H – Provide access to PC training	DHS
	2	New initiative not currently in plan – Develop accessible documents	MDH
3a	2	New initiative not currently in plan – Plain language Bill of Rights	MDH
3b	4	New initiative not currently in plan	MDE
	3	Existing workplan activity PC 1H – Teach and promote respect	DHS
4a	2	New initiative not currently in plan – Social Media	MDH
5a			
5b	3	Existing workplan activities PR3 1A.5, 1A.6, 1B.1, 1B.2, 1B.3, 1B.4 – Provider Education	DHS
	2	New initiative not currently in plan – Bill of Rights	MDH
6a			
6b			
7a	3	Existing workplan activities PR3 1A.3, 1A.4, 1A.5, 1A.6 – Data collection of repeat abuse	DHS
	4	Existing workplan activity PR4 2D – PBIS	MDE
7b		Current initiative not currently in plan	OMHDD

[AGENDA ITEM 6a]**Attachment**

Below are the recommendations from the Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities: Report.

Recommendations

1a – Build upon existing goals, strategies, and workplans focused on equality, leadership, and self advocacy efforts for people with disabilities within Minnesota’s Olmstead Plan.

1b – Establish and implement a schedule to review state statutes, rules, and agency policies by the Guiding Principles and key elements of the Social Model of Disability and the Socio-Ecological Model of Vulnerability and Risk.

2a – Develop a strategy and tools to teach and promote leadership and self-advocacy skills and provide risk reduction education and outreach to people with disabilities. Adapt the strategy for individuals who need greater supports to self-advocate or rely on others to advocate for them. Include training materials and safety planning tools. Create a system of accountability for agencies and individuals.

3a – Create and conduct a campaign to educate families and other informal supporters about the problem of abuse and neglect of people with disabilities.

3b – Develop a strategy and tools to help family members and other informal supporters: 1) take active steps to prevent abuse and neglect and lessen their own risk of perpetrating abuse, neglect and other forms of harm and 2) teach and promote support relationships based upon equality, respect, self-determination and choice.

4a – Create and conduct a positive public awareness campaign focused on educating the general public about the problem of abuse and neglect of people with disabilities.

5a – Build upon provider education achievements from implementation of recommendation 5b. Develop a plan for expanding the targets for provider education. Conduct a system analysis of existing professional education curriculum, continuing education, and required annual training. Develop a multipronged strategy to integrate standardized education (5b) into advanced training for professionals and para-professionals, and distribute the necessary materials.

5b – Develop a plan to enhance provider education that includes knowledge and skills that lessen providers’ own risk of engaging in abusive, harmful, and disrespectful behaviors toward people with disabilities by engaging in relationships and support behaviors based on equality and respect.

6a – Build upon the Specialty Committee Global System Analysis to further assess and reform the existing abuse and neglect reporting, investigation, and response systems for children with disabilities and for adults with disabilities. Enhance the role of the criminal justice system and community-based victim advocates in the system of response. Create a system whereby all stakeholders—including people with disabilities and families—understand the role, processes, and rights of each response and “helping system.” Such a system should be collaborative, inclusive, trauma informed, and person-centered.

[AGENDA ITEM 6a]

6b – Ensure Minnesota has a statewide system of community-based, coordinated community response (CCR), targeting both people who have experienced abuse and neglect and offenders, using multi-agency, multi-disciplinary teams focused on the problem of abuse and neglect of people with disabilities.

7a – Create a cross-system, comprehensive abuse and neglect data collection, tracking, sharing, and quality improvement system.

7b – Establish measurable goals designed to achieve desired outcomes in each of the action areas. Create evaluation protocols designed to measure outcomes at the individual, relationship, organization, community, and state system levels.

Olmstead Subcabinet Meeting Agenda Item

June 22, 2018

Agenda Item:

6 (b) March 2018 Olmstead Plan – Workplan Revisions

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

- Approval Needed
- Informational Item (no action needed)

Summary of Item:

The Subcabinet agencies were asked to review the March 2018 Plan to determine if any workplan changes were needed. This document describes the process used and the result of the agency review.

This is an informational item. No action is needed.

Attachment(s):

6b – March 2018 Olmstead Plan – Workplan Revisions

Olmstead Subcabinet Meeting Agenda Item

[AGENDA ITEM 6b]**March 2018 Olmstead Plan - Workplan Revisions**

The March 2018 Olmstead Plan was submitted to the Court on March 29, 2018. Subcabinet agencies had 60 days to propose additions or adjustments to the workplans as a result of the Plan amendment process.

Subcabinet agencies were asked to:

- Review the March 2018 Olmstead Plan to identify any additions or adjustments needed to the current workplans based on Plan amendments.
- Review the Round 1 and 2 public input themes documents to identify any additions or adjustments needed to the current workplans.
- Review any proposed changes with the agency sponsor.
- Submit proposed workplans to OIO Compliance and indicate the changes to the workplans using track changes.
- Present the proposed workplan changes to the Subcabinet at the June 25, 2018 Subcabinet meeting.

Workplan Revisions

There are no proposed revisions to the Olmstead Plan workplans at this time.

Some agencies will be submitting updated workplans during the workplan review and refresh process taking place in September and October 2018.

Olmstead Subcabinet Meeting Agenda Item

June 22, 2018

Agenda Item:

6 (c) Workplan Compliance Report for June

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

- Approval Needed**
- Informational Item (no action needed)**

Summary of Item:

This is a report from OIO Compliance on the monthly review of workplan activities. There are no exceptions to report.

The Workplan Compliance Report includes the list of activities with deadlines in May that were reviewed by OIO Compliance in June and verified as completed.

Attachment(s):

6c - Workplan Compliance Report for June 2018

[AGENDA ITEM 6c]

Workplan Compliance Report for June 2018

Total number of workplan activities reviewed (see attached)	15	
• Number of activities completed	15	100%
• Number of activities on track	0	0%
• Number of activities reporting exception	0	0%

Exception Reporting

No activities are being reported as an exception.

Workplan Reporting for June (listed alphabetically)

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency response
CE 5D.1f	Provide quarterly updates to the Subcabinet on the status of the development of the Community Engagement Plan. The update will address progress on activities D.1a –D.1e above.	Strengthen the community engagement between members of the disability communities and the OIO and state agencies on matters impacting the implementation of the Olmstead Plan.	6/30/2018 (quarterly)	OIO	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.
CR 2B.3b	Report to Subcabinet on the number of trainings and the number of people participating. The report will also include an assessment of future training needs and the plan to meet those needs.	Mental health crisis and crisis respite providers will demonstrate competency in the delivery of services to individuals with co-occurring mental health and intellectual developmental disabilities and cultural and ethnic differences. Subcabinet will receive report.	6/30/2018 (annually)	DHS	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.
CR 3B.5	Continue to implement Forensic Assertive Community Treatment (FACT) team model. Report annually to the Subcabinet on implementation, analysis and recommendations for changes.	The FACT team model is determined to be a best practice for delivering mental health services to individuals exiting correctional facilities. The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	6/30/2018 (annually)	DHS	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency response
ED 2A	<p>Continue implementation of the Regional Low Incidence Disabilities* Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development. Specific focus are students with Developmental Cognitive Disorders (DCD) and Autism Spectrum Disorders (ASD). RLIPs will work in coordination with the statewide and regional ASD and DCD Communities of Practice (CoPs) to identify and implement evidence-based practices which support the inclusion of students with ASD and DCD in the most integrated setting. Annually collect and report to the Subcabinet on the number of students with DCD and ASD in the most integrated setting. Beginning with 2016-17 report, data for students with ASD and students with DCD in the most integrated setting will be reported separately.</p> <p>*A low incidence disability is one in which the rate of occurrence is small. In Minnesota, low incidence disabilities include those special education disability categorical areas with a child count of 10% or less of the total statewide special education enrollment. These areas include deaf or hard of hearing, blind/visually impaired, severely multiply impaired, traumatic brain injury, deaf-blind, physically impaired, or developmental cognitive disabilities: severe to profound range.</p>	<p>The RLIP projects, in coordination with the statewide regional ASD and DCD (CoPs), will demonstrate success in providing support for serving students in the most integrated setting, as measured by: (1) an annual increase in the percentage of students with ASD in the most integrated setting; and (2) an annual increase in the percentage of students with DCD in the most integrated setting. "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities for 80% or more of the school day.</p>	6/30/2018 (annually)	MDE	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency response
ED 3A.1	<p>Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR). Minnesota's SIMR is targeted toward increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time. Continue partnership with 4 school districts—Duluth, Minneapolis, Osseo, and St. Paul to identify evidence-based practices for improving outcomes for students with disabilities who are American Indian and Black. Focus groups with district administrators and Black and American Indian students with disabilities in these four school districts provided additional information pertaining to low levels of graduation rates.</p> <p>Annually report to the Subcabinet on statewide 6-year graduation rates for American Indian and Black students with disabilities.</p>	<p>Implementation of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for American Indian and Black students with disabilities. Increased graduation rates will increase the likelihood of students going on to post-secondary education.</p>	6/30/2018 (annually)	MDE	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.
ED 3A.2	<p>Annually collect and report to the Subcabinet on the statewide 4-year graduation rates for American Indian and Black students with disabilities.</p>	<p>Implementation of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for American Indian and Black students with disabilities. Increased graduation rates will increase the likelihood of students going on to post-secondary education.</p>	6/30/2018 (annually)	MDE	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency response
ED 4F	<p>Continue expansion of the implementation of the reintegration protocol for students with disabilities exiting MCF-Red Wing to support the return of students to their resident districts. Annually report to the Subcabinet the number of students with IEPs utilizing the reintegration protocol.</p>	<p>Use of the protocol will improve reintegration of students with disabilities to their resident district or to a more integrated setting. Education reintegration plans will be reflective of student and parent priorities, concerns, and considerations.</p> <ul style="list-style-type: none"> • During FY 16, twenty-one (21) students with an active Individualized Education Program (IEP) exited MCF-Red Wing to their resident district or other secondary educational setting. • During FY 17, the Reintegration Protocol was utilized with 27 twelve (12) students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting. This exceeded the target of twelve (12) students. • During Target for FY 18, the Reintegration Protocol will be utilized with eighteen (18) students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting. • Target for During FY 19, the Reintegration Protocol will be utilized with all students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting. 	6/30/2018 (annually)	DOC MDE	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency response
ED 6A	<p>Continue the MDE Assistive Technology (AT) Project. Disseminate an AT consideration framework for school district implementation. Annually collect and report to the Subcabinet the number of school districts using the framework.</p>	<p>The expected outcomes are: (1) The number of school districts implementing the AT consideration framework will increase; and (2) there will be an increase in the percentage of students for whom there is consideration of AT during the student’s IEP team meeting; and (3) a minimum of 8 new school districts per year will join the MDE AT Project. Cohorts of school districts in successive years will be trained and supported to use the AT consideration framework in order to increase the number of students who experience consideration of AT during IEP team meetings. The total number of school district cohorts to be trained in three years is planned to total 31 school districts, with an annual plan:</p> <ul style="list-style-type: none"> • For school year 2017-18, the AT Project will add 8 new school districts. • For school year 2018-19, the AT Project will add 10 new school districts. • For school year 2019-20, the AT Project will add 13 new school districts. <p>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.</p>	6/30/2018 (annually)	MDE	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.
ED 6E	<p>Establish a new baseline and annual goals for this strategy by sampling within each of the Year 1 school districts the use of the AT consideration framework. Establish baseline and annual goals and report to the Subcabinet.</p>	<p>MDE expects that there will be an increase in the number of IEPs for which the AT consideration framework will be used.</p>	6/30/2018 (annually)	MDE	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency response
EM 6A.2a	<p>Report to Subcabinet on status of recommendations made to DHS leadership on needed changes to state statute, federal waiver plans, and DHS policy manuals to align regulatory requirements, service descriptions and provider standards with the federal rule.</p>	<p>Individuals with disabilities will achieve integrated, competitive employment.</p>	6/30/2018	DHS	Verified as complete. Report included in June 2018 Subcabinet packet.
HC 3B.1b	<p>MDE, Vocational Rehabilitation, DHS, and other partners will:</p> <ul style="list-style-type: none"> o implement interagency coordination training for professionals o explore ways to increase successes and minimize challenges to adult health care access by transition age youth. <p>Report to the Subcabinet on the number of trainings provided and the number of people trained.</p>	<p>Successful transition from pediatric health care to adult health care will improve health care outcomes. There will be an increase in the level of access to adult health care by transition age youth.</p> <p>There are 76,735 youth with special health needs included in this strategy. According to the 2010 National Survey of Children with Special Health Care Needs 36,142 or (47.1%) of Minnesota youth with special health care needs receive the services necessary to make transitions to adult health care.</p> <p>Beginning in 2017 and each subsequent year the number will increase by 5%.</p> <ul style="list-style-type: none"> • 2017 = 52.1% (39,979) • 2018 = 57.1% (43,816) 	6/30/2018 (annually)	MDH DHS	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.
PS 1C.8	<p>Report to the Subcabinet annually on statewide plan implementation, analysis and recommendations for changes.</p>	<p>The “Statewide Plan” is a collaboration between DHS and MDE to build system capacity by engaging schools, providers, counties, tribes, people with disabilities, families, advocates, and community members. It provides the framework for communication and technical assistance to coordinate efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies. These actions will increase use of positive practices and supports across all settings, statewide. There will be a reduction in the use of restrictive procedures.</p>	6/30/2018 (annually)	DHS MDE MDH DOC	Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.

Activity	Key Activity	Expected Outcome	Deadline	Agency	Agency response
QL 5C	<p>OIO will monitor Quality of Life Survey implementation. Provide a monthly report to the Subcabinet on the progress of survey implementation. The report will address progress on the activities 5D – 5J below.</p>	<p>The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.</p>	<p>6/30/2018 (monthly)</p>	<p>OIO</p>	<p>Verified as complete for June 2018 occurrence. Report included in June 2018 Subcabinet packet.</p>
QL 5D	<p>Monitor the implementation of the Quality of Life Survey Administration Plan including: • Develop a detailed workplan that outlines project activities week-by-week throughout the project timeline. • Conduct weekly conversations with interviewers to ensure quality and validity and identify challenges as they arise and create solutions to address them.</p>	<p>The Subcabinet will review final report that compares the baseline findings to the follow-up survey results.</p>	<p>5/1/2018</p>	<p>OIO</p>	<p>Update included in Report for activity QL 5C.</p>
QL 5F	<p>Monitor the plan to recruit, train, and supervise interviewers. Priority for hiring will be: Show ability to responsibly implement interviews with fidelity. • Experience and/or comfortable working with people with disabilities and can conduct interviews in languages other than English. • Have the cultural competency to work with people of many different backgrounds. • Are geographically dispersed across the state</p>	<p>The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.</p>	<p>5/1/2018</p>	<p>OIO</p>	<p>Update included in Report for activity QL 5C.</p>

Olmstead Subcabinet Meeting Agenda Item

June 22, 2018

Agenda Item:

- 7 (a) *Workplan activity reports to be presented to Subcabinet*
- 1) *Employment 6A.2a – Status of recommendations to implement home and community-based services rule to support competitive integrated employment (DHS)*
 - 2) *Education 2A – Annual report on number of students with Developmental Cognitive Disability and Autism Spectrum Disorders in most integrated setting (MDE)*
 - 3) *Education 3A.1, 3A.2, 3A.3 – Annual report on 4-year and 6-year graduation rates of American Indian and Black students with disabilities (MDE)*
 - 4) *Education 4F – Annual report on students with disabilities exiting MCF – Red Wing utilizing a reintegration protocol*
 - 5) *Positive Supports 1C.8 – Annual report on implementation of Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports (DHS)*
 - 6) *Crisis Services 3B.5 – Annual report on implementation of Forensic Assertive Community Treatment teams (DHS)*
 - 7) *Quality of Life Survey 5C – Monthly report on survey implementation (OIO)*

Presenter:

Agency staff

Action Needed:

- Approval Needed
- Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity and will be presented to the Subcabinet.

Attachment(s):

7a1 – 7a7 Olmstead Plan Workplan - Report to Olmstead Subcabinet

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Employment
Strategy	Strategy 6: Implement the Home and Community Based Services (HCBS) rule in a manner that supports competitive, integrated employment
Workplan Activity	EM 6A.2a
Workplan Description	Report to Subcabinet on status of recommendations made to DHS leadership on needed changes to state statute, federal waiver plans, and DHS policy manuals to align regulatory requirements, service descriptions and provider standards with the federal rule.
Deadline	June 30, 2018
Agency Responsible	DHS
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

In January 2014, the federal Centers for Medicare & Medicaid Services (CMS) released a rule regarding home and community-based services (HCBS). The rule requires that people receiving publicly paid long-term services and supports receive supports in the most integrated setting with full access to the benefits of community living. The rule has requirements for person-centered planning, service settings and opportunities for involvement in the community.

The outcome of this item is to implement the HCBS rule in a manner that will provide an opportunity for individuals with disabilities to achieve integrated, competitive employment.

The item refers to Employment workplan activity EM 6A.2 that called for recommendations to be made to DHS leadership by September 30, 2017 about policy and guidance changes necessary for meeting the standards of the federal rule. This report provides a status update on those recommendations.

REPORT

The report below is organized by recommendations made to meet the standards of the HCBS rule and implementation in a manner that will support competitive, integrated employment and the status of each recommendation.

1. Recommendation: Develop necessary guidance to implement the three new employment services to bring waivers into compliance with HCBS Final Rule.

Partial compliance with the HCBS final rule was determined for the 1915c waiver plans reviewed (Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD)). The only service available

under the 1915c waivers to support people with employment is supported employment services. Supported employment service is a broadly defined service.

It was recommended to implement three new employment services that better describe specific evidence-based activities to increase competitive integrated employment and bring into full compliance.

Status: Since September 2017

- New employment services waiver amendment language was submitted on October 31, 2017. It was approved by the CMS on March 8, 2018.
- State level policy guidance in the form of Community Based Services Manual (CBSM) pages on employment exploration services, employment development services, and employment support services was developed and published for public comment
- Various transition tools and guidance have been posted on Minnesota's Employment First webpage
- Employment services will be implemented on July 1, 2018

2. Recommendation: Develop waiver amendment language for a revised Prevocational Services that can be submitted to the Centers for Medicare and Medicaid Services.

Changes to the service should include: 1) move community-based employment services to the new employment services; 2) expand Prevocational Services to the CAC and DD waivers; and 3) define criteria for center-based training and time limits.

Status: Staff continue to refine potential waiver amendment language for a revised Prevocational Services definition. An area of attention is on appropriate limitations to center-based training. On April 23, 2018, a Prevocational Services Stakeholder Workgroup Meeting was held where feedback on proposed limitations was gathered. DHS is working to submit this waiver language during the fall of 2018.

3. Recommendation: In consultation with stakeholders, develop recommendations for revisions to the definition of Day Training and Habilitation (DT&H) Services for consideration.

Changes to the service may include: 1) Essential skill development for individuals to experience community inclusion; 2) move community based employment services to the new employment services and center based employment services to Prevocational Services; and 3) expand DT&H to the CADI, BI, and CAC waivers.

Status: Staff have worked on waiver amendment language for a revised DT&H service definition. DHS plans to hold a stakeholder group meeting during the summer of 2018 where the waiver language for DT&H and Prevocational Services can be discussed.

**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 Number	ED 2A
Workplan Key Activity	<p>Continue implementation of the Regional Low Incidence Disabilities Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development. Specific focus are students with Developmental Cognitive Disability (DCD) and Autism Spectrum Disorders (ASD). RLIPs will work in coordination with the statewide and regional ASD and DCD Communities of Practice (CoPs) to identify and implement evidence-based practices which support the inclusion of students with ASD and DCD in the most integrated setting.</p> <p>Annually collect and report data on the number of students with DCD and ASD in the most integrated setting.</p>
Workplan Deadline	June 30, 2018 (annual report)
Agency Responsible	MDE
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

Regional Low Incidence Disabilities Projects (RLIPs) are funded through discretionary funds from MDE. These funds are disbursed 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 RLIPs 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) are provided to promote access to education for students with LI disabilities. RLIPs

[AGENDA ITEM 7a2]

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 is an annual increase in the percentage of students with DCD and ASD in the most integrated setting.

A. Results

The tables below show the number and percentage of students with ASD and DCD in the most integrated setting for the past four years. The “most integrated setting” refers to students receiving instruction in regular classes alongside peers without disabilities for 80% or more of the school day.

The data below shows an increase in the total population of students with ASD and DCD from 2016 to 2017. There was a slight decrease in the percentage of students with ASD in the most integrated setting and a slight increase in the percentage of students with DCD in the most integrated setting. Overall, the percentage of students with ASD and DCD in the most integrated setting, as part of the total population of students with ASD and DCD, has remained stable for the past four years. There has been no noticeable change in the overall percentage of students with ASD and DCD in the most integrated setting.

Students with Autism Spectrum Disorder (ASD) in the Most Integrated Setting

School Year	Total students with ASD	Number of students with ASD in most integrated setting	Percent of students with ASD in most integrated setting
2013 – 2014 (Baseline)	15,064	7,921	52.6%
2014 – 2015	15,552	8,147	52.4%
2015 – 2016	16,084	8,282	51.5%
2016 – 2017	16,782	8,534	50.9%

Students with Developmental Cognitive Disability (DCD) in the Most Integrated Setting

School Year	Total students with DCD	Number of students with DCD in most integrated setting	Percent of students with DCD in most integrated setting
2013 – 2014 (Baseline)	7,720	651	8.4%
2014 – 2015	7,541	627	8.3%
2015 – 2016	7,503	608	8.1%
2016 – 2017	7,552	652	8.6%

[AGENDA ITEM 7a2]**B. Activities**

The eight Regional Low Incidence Projects have a responsibility to support communities of practice for both DCD and ASD. The following is an update on current progress this year of activities from across the state. Of the children receiving special education services, 8.17% receive services under the categorical area of ASD and 7.58% are served under the categories of DCD and DCD-Severe Profound.

1. ***Tuition support to secure licensed staff on Individualized Education Program (IEP) Teams***

A critical factor in supporting students' educational placement in the most integrated setting is having licensed teachers with the competencies to provide service to those students. There are documented teacher shortages in all areas of special education, including teachers of students with developmental cognitive delays and autism spectrum disorder. To ameliorate those shortages, the RLIPs provide tuition support to candidates in teacher preparation programs.

Having licensed personnel on IEP teams provides the team with educated personnel that will help place the students in the most integrated setting with supports that allow them to access the school environment (including the lunch room, physical education, etc.) and curriculum at their level.

The *Minnesota Mentors Project* continued to pair protégés with mentors across five disability areas including ASD and DCD. Twenty-five mentors and 33 protégés participated in the program during Fiscal Year (FY) 18.

Targeted tuition support was provided to individuals across the state to support obtaining ASD and DCD licensure. For example, during FY 18 in Region 1 and 2, four staff received tuition support to obtain ASD licensure, and two staff are going to receive tuition support to obtain DD licensure. On May 11, 2018, a Recruitment and Tuition Support Meeting was held to:

- a) review the demographics and need for trained professionals;
- b) offer innovative student loan solutions;
- c) highlight lifetime earnings differences between BA & MA degree holders; and
- d) review the procedures for tuition support.

2. ***Autism Spectrum Disorders evaluation and educational strategies training***

It is critical that students with disabilities receive appropriate evaluations and services which address unique needs of the categorical disability. Professional development on both specific evaluative practice and educational strategies for children with ASD supports educators in providing appropriate services to students in ways that address the impact of their disabling condition.

- a) System of Technology to Achieve Results (STAR) Autism Support was made available to service providers across the state including training (August through October of 2017), coaching and ongoing support via the ASD communities of practice. An overview of the training is available www.zonesofregulation.com.

[AGENDA ITEM 7a2]

- b) From the evaluation summary our regional community of practice decided to follow up with an ASD Strategies Training. This included training and ongoing support via Zones of Regulation. See the description of the training [here](#).

3. Support to send regional representatives to State Community of Practice Meetings

A critical activity to support teachers in skill enhancement is participation in communities of practice (COPs), focusing on specific categorical disabilities. These COPs provide professional development on evidence-based and emerging practice, an opportunity to learn and practice new skills, and access to statewide specialists.

- a) Representatives across the state were supported to attend the State Autism Meetings in the fall and spring.
- b) In addition, they have provided substitutes for regional representatives to attend the State DCD Community of Practice Meetings via long distance technology.
- c) At these meetings their topics address providing access to their environments to facilitate students' access to their program's most integrated setting.

4. Non-Instructional supplies support for students with ASD

Students with ASD may have challenges in monitoring their own self-regulatory skills, which may result in behavioral outbursts. This activity is designed to gather data on supports to help students identify their own behavioral responses to the environment and develop strategies to address over-stimulation. The purpose is to gather data to prove the need for these students to monitor their self-regulation skills so they can remain in the most integrated setting.

5. Universal Design for Learning Teams

The pedagogical approach of universal design for learning (UDL) creates a classroom environment in which lessons are provided to students in multiple representation, with multiple means for engagement by a student and with multiple means of response. The framework of UDL provides supports for educators so that lessons are provided in a way that all students are able to engage in, and respond to curriculum in a way that addresses their own learning style and abilities, without the need to retrofit the lesson for students with disabilities. Using a UDL framework allows students with disabilities to engage in classroom work and respond to learning opportunities at the same time as, and in the same environment as other children.

- a) Teams were supported to ensure that the curriculum was presented in multiple means of representation, multiple means of action and expression and engagement.
- b) The teams will ensure students with ASD and DCD disabilities can remain in the most integrated setting.

[AGENDA ITEM 7a2]**6. Pragmatic Organization Dynamic Display (PODD) training**

PODD training was offered to support the serving of students with ASD and DCD in most integrated settings. PODD is an example of assistive technology that facilitates communication in a number of settings and contexts. More information can be found at www.novita.org.au/equipment/podd-communication-books/.

7. Making Connections

Children with DCD face challenges in developing social skills, including communication and life skills. The regional projects supported students with disabilities in participating in peer group activities, including opportunities to interact with other students in social settings, for example:

- a) Sponsoring events for students with DCD from rural districts to come together and meet with one another
- b) Lessons and workshops focusing on social skills and transition/life skills.

C. Next Steps

During the summer of 2018 MDE staff will reconvene a workgroup to revise a workplan for regional activities with selected districts. With MDE support, these school districts will:

1. Review current data on the number of students with ASD and/or DCD who are being served in the most integrated setting appropriate to their needs and related educational outcome data; and
2. Identify evidence-based practices in supporting students with ASD and/or DCD in the most integrated settings appropriate to their needs. This will continue and build upon the STAR and PODD trainings that were added during FY 18.

**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 Number	ED 3A.1, 3A.2, 3A.3
Workplan Key Activity	<p>Continue the implementation of the Individuals with Disabilities Education Act (IDEA) State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR).</p> <p>Minnesota’s SIMR is targeted toward increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time. Continue partnership with 4 school districts—Duluth, Minneapolis, Osseo, and St. Paul to implement evidence-based practices for improving outcomes for American Indian and Black students with disabilities.</p> <ul style="list-style-type: none"> • ED 3A.1: Annually report to the Subcabinet on statewide 6-year graduation rates for American Indian and Black students with disabilities. • ED 3A.2: Annually collect and report to the Subcabinet on the statewide 4-year graduation rates for American Indian and Black students with disabilities. • ED 3A.3: Align IDEA SPP/SSIP activities with activities related to increasing graduation rates for all students; submit federal SSP and SSIP plans to Office of Special Education Programs.
Workplan Deadline	June 30, 2018 (annual report)
Agency Responsible	MDE
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

This workplan strategy relates to improving graduation outcomes for students with disabilities. Minnesota is required to submit an annual State Performance Plan/Annual Performance Report (SPP/APR) to the federal Office of Special Education Programs (OSEP).

The SPP/APR includes 4-year graduation rates for all students with disabilities. Minnesota is required to report a State Identified Measurable Result (SIMR) as part of the SSIP plan; Minnesota’s SIMR is 6-year graduation rates for American Indian and Black students with disabilities. For purposes of Olmstead reporting, MDE provides both the 4-year and 6-year graduation rate data for American Indian and Black students with disabilities combined to the Subcabinet on an annual basis.

Minnesota's SPP/APR was submitted to OSEP on February 1, 2018. OSEP required no substantive changes to the report. The SSIP was submitted on April 2, 2018. OSEP feedback is forthcoming. This fulfills workplan activity ED 3A.3.

REPORT

Activities

During the 2017-18 school year, MDE has continued to work with the partner districts to implement Check & Connect¹ with fidelity. Check & Connect is an evidence-based practice that supports improving graduation outcomes for American Indian and Black students with disabilities. Selected staff from all four districts participated in annual Check & Connect training and coaching activities, provided by the University of Minnesota, designed for either mentors, administrators, or some combination of staff.

Currently 12 schools across the four partner districts are implementing Check & Connect as part of this project, an increase from eight schools at the end of the 2016-17 school year. As of February 2018, there were 55 mentors working with 209 students across the four districts. MDE teams continue to work with district teams to maintain services at current sites, add services at current sites, or add additional schools in the 2018-19 school year.

Expected outcomes of Check & Connect include increasing student attendance, persistence in school, credits accrual, and school completion while decreasing in truancy, behavior referrals, and other risk factors for dropping out of school. By addressing these factors with American Indian and Black students with disabilities it is expected that this program will support districts' ability to increase graduation outcomes for these students.

Changes to Calculations

As stated in the Overview, Minnesota's SIMR is the percentage of American Indian and Black students with disabilities, combined, who graduated in the 6-year cohort. In fall 2017, the U.S. Department of Education approved Minnesota's plan to implement the new regulations under the Every Student Succeeds Act (ESSA). As part of the new plan, Minnesota changed its approach to calculating graduation rates in two important ways that affect how the SIMR is calculated.

The first change is related to racial/ethnic groups. In the past, Minnesota reported rates based on five race/ethnic categories: American Indian, Asian/Pacific Islander, Black, Hispanic, and White. Moving forward students will be identified using one of seven racial/ethnic groups as defined at the federal level, replacing the earlier set of five groups: American Indian, Asian, Black, Hispanic, Native Hawaiian or Pacific Islander, White, and Two or more Races.

For example, students who report more than one racial/ethnic background (e.g., Black and White racial codes) are reported in the 'Two or more Races' group. It is important to note that

¹ Christenson, S. L., Stout, K., & Pohl, A. (2012). *Check & connect: A comprehensive student engagement intervention: Implementing with fidelity*. Minneapolis, MN: University of Minnesota, Institute on Community Integration.

[AGENDA ITEM 7a3]

students who report the 'Hispanic' ethnic code are always included in the Hispanic group; this is not a change from prior years and is based on the federal rules for identifying race and ethnicity. These changes affect the SIMR as some students who identify as American Indian and Black also report being part of other race/ethnicity groups. Because Minnesota collected race/ethnicity data in two different ways in the past, students who reported two or more races for other federal reporting purposes were reported in one of the 5 race/ethnicity categories for prior graduation reporting. To align Minnesota's reporting with federal race/ethnicity categories moving forward, these students are now reported in the 'Two or more Races' category and will not be included in the American Indian or Black race categories for SIMR reporting.

The second change is related to program-based student groups in three areas: special education, free or reduced price lunch, and English learners. Previously, a student was counted in one of these groups only if they were identified during their ninth grade year. That is, if students were in special education in their ninth grade year, they were counted as being in the special education cohort for graduation calculation purposes.

Moving forward, if students are in special education at any time during grades 9-12, they will be included in the special education cohort in graduation rate calculations. Under the previous calculation rules, students who were identified as receiving special education services after their ninth grade year would not have been included in the special education cohort. This change also has some slight effect on Minnesota's graduation rate calculations.

Based on these two changes, Minnesota adjusted the data reported for prior years' SIMRs in the SSIP report to OSEP and will be using the new calculations to report the SIMR moving forward. To show the differences between the old and new graduation calculations, this year's report includes prior years' graduation data with the old calculation, prior years' data with the new calculation, and current year data using the new calculation. Future SSIP and Olmstead Workplan reports will report the SIMR using only the new calculation.

Results

The tables below show the percent of American Indian and Black students with disabilities who graduated over the past three years. Two tables are included to compare the information using the old calculation data and the new calculation data.

- Table 1.1 reports the 4- and 6-year graduation rate using the old calculation data for 2014, 2015, and 2016.
- Table 1.2 reports the 4- and 6-year graduation rate using the new calculation data for those same three years (2014, 2015, 2016), and the new graduation rate calculation data for this year's graduation rate reporting (2017).

Minnesota continues to see a gradual increase in both 4-year and 6-year graduation rates for these students, in part due to the efforts partner districts and districts across the state to improve outcomes for students with disabilities.

Table 1.1

4 and 6 year graduation rates for American Indian and Black students - OLD Calculation

School Year	American Indian and Black students with disabilities		American Indian and Black Students—All		All Students	
	4-year	6-year	4-year	6-year	4-year	6-year
2013 - 2014	38.0%	53.3%	57.0%	60.6%	81.2%	82.9%
2014 - 2015	44.2%	55.0%	60.0%	66.1%	81.9%	84.6%
2015 - 2016	45.6%	56.7%	62.8%	67.8%	82.2%	85.7%

Table 1.2

4 and 6 year graduation rates for American Indian and Black students - NEW Calculation

School Year	American Indian and Black students with disabilities		American Indian and Black Students—All		All Students	
	4-year	6-year	4-year	6-year	4-year	6-year
2013 - 2014	41.0%	53.1%	58.2%	60.6%	81.4%	83.3%
2014 - 2015	51.6%	53.8%	60.0%	65.9%	82.0%	85.0%
2015 - 2016	43.5%	56.8%	62.4%	67.5%	82.5%	85.9%
2016 - 2017	44.6%	57.0%	62.7%	68.5%	82.7%	86.4%

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Lifelong Learning and Education
Strategy	Strategy 4 - Improve reintegration strategies for students returning back to resident schools.
Workplan Activity Number	ED 4F
Workplan Key Activity	Continue expansion of the implementation of the reintegration protocol for students with disabilities exiting MCF-Red Wing to support the return of students to their resident districts. Annually report to the Subcabinet the number of students with IEPs utilizing the reintegration protocol.
Workplan Deadline	6/30/18
Agency Responsible	DOC, MDE
Date Reported to Subcabinet	6/6/2018

OVERVIEW

The State has made it a priority for students with disabilities exiting the Minnesota Correctional Facility (MCF)-Red Wing to return to their resident school districts. A reintegration protocol has been adopted to plan their return.

Following the established reintegration protocol, the reintegration process begins approximately six months prior to a student's release and ends 90 days post release. Components of the protocol include:

- Student and family pre-transition inventories
- Reintegration planning team
- Supporting life skills plan
- Check & Connect mentoring
- Student developed reintegration project
- Receiving school participation
- Development of an education reintegration plan
- Aftercare conditions
- 90-day post-release follow-up

REPORT

Between July 1, 2017 and March 30, 2018, the reintegration protocol was utilized with 30 students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary education setting. With three months left in the fiscal year, this has already exceeded our target of eighteen (18) students.

[AGENDA ITEM 7a4]

Two barriers to the execution of the Olmstead Reintegration Protocol are related to the uncertainty of the date when a student will exit the MCF-Red Wing program and the ambiguity of living arrangements/placements upon his release. These are challenging for several reasons:

1. The date which students leave the Red Wing facility is not based on a set time frame; rather it is based on the student's progress through the prescribed programming. Thus, some students may exit the program after a few months, while others may remain in the program for two years or more.
2. Our families often move during the time that their student is in Red Wing, or students may move to a different living arrangement within the family upon release. These changes are often not verified until a few weeks before a student leaves Red Wing on furlough. Some examples are:
 - a. A student was planning to return to his home to live with his mom in District A but instead went to live with his dad in District B, because his mom moved out of state a few weeks before his release date.
 - b. Prior to entering Red Wing, a student used to live with his mother in District A but was scheduled to live with his brother in District B upon his release. However, a week before his furlough, his mother secured a better living arrangement and probation placed him with his mother who was now living in District C.
 - c. A student had previously attended school in District A. His family was in the process of moving, but the apartment was not ready, so the student needed to enroll in District B for approximately two months until the family could move to their new home, which was located in District C.
3. Some students move into group homes, residential treatment settings, or other types of supervised living after they leave Red Wing. Most of those placements result in a student leaving when a bed becomes available, so the timing often becomes last minute. School arrangements are made as quickly as possible in those circumstances.

The Olmstead Reintegration Plan needs to maintain a flexible time frame in order to best meet the needs of all the students in our facility. Reintegration Plans have been prioritized according to the anticipated furlough date. A calendar has been created with potential furlough dates to help with prioritizing students' reintegration needs.

A third barrier is related to summer releases. When students exit during the summer months, it is often difficult to connect with key transition people within the student's community school. Olmstead reintegration team planning continues throughout the summer months through connections with school district employees who work year-round, whenever possible.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Positive Supports
Strategy	Improve and increase the effective use of positive supports in working with people with disabilities.
Workplan Activity	PS 1C.8
Workplan Description	Report to the Subcabinet annually on statewide plan implementation, analysis and recommendations for changes.
Deadline	June 30, 2018 (annual report)
Agency Responsible	DHS, MDE, MDH, DOC
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

Minnesota's Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports ("Plan") was approved by the Olmstead Subcabinet on February 9, 2015. The Plan serves as a framework for implementing positive support practices statewide. The primary focus for implementation is training and technical assistance. The Plan is a collaboration between DHS, MDE and the Institute on Community Integration at the University of Minnesota, with participation from DEED and DOC in 2016.

In 2015, the Plan began with the following six implementation goals for coordinating efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies:

1. establish a technical assistance infrastructure;
2. design and implement strategies for data-based decision making and evaluation;
3. create a marketing plan to increase awareness of positive supports;
4. expand pre-service and align in-service training systems;
5. develop and maintain an inventory of policies related to restrictive practices and positive supports; and
6. expand interagency crisis prevention planning.

In 2017, the Plan was updated to include goals to increase the implementation of positive supports across agencies and decrease the use of restrictive procedures. The Plan's logic model was revised to summarize the expected outcomes related to the positive support implementation. The updated goals include:

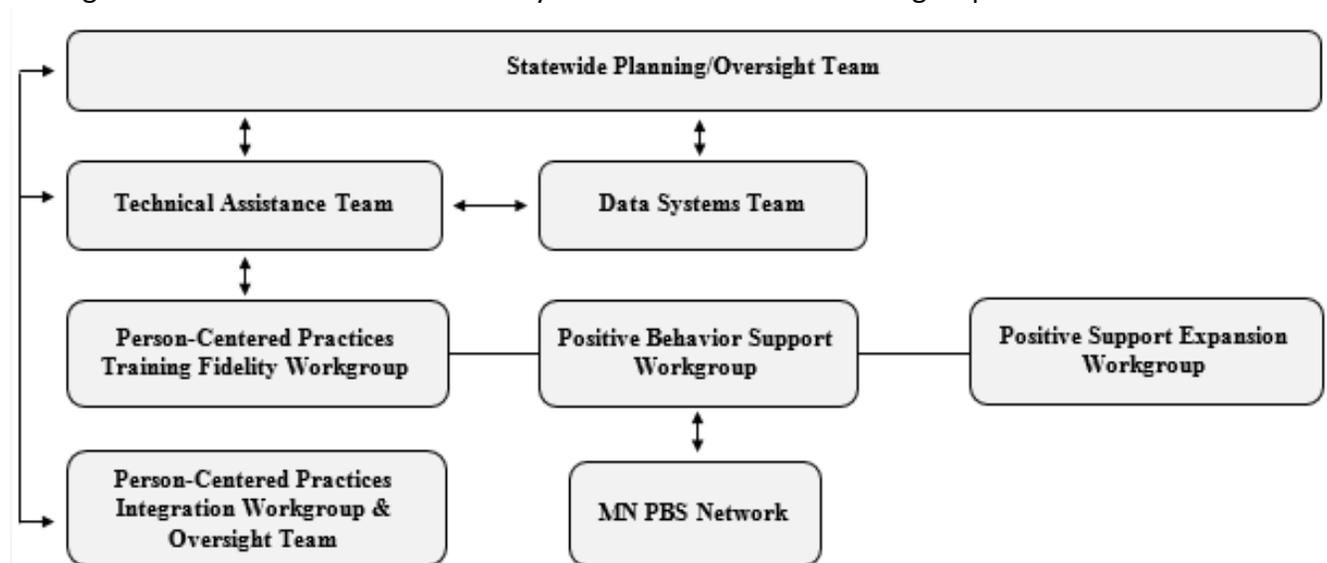
1. establish a positive support training system;
2. design and implement strategies for statewide evaluation;
3. expand awareness of positive supports across the state; and
4. create and maintain strategies for establishing policies and procedures encouraging positive supports.

[AGENDA ITEM 7a5]

Representatives from DHS and MDE serve on teams and workgroups that carry out the work of the Plan. Teams and workgroups are listed below.

- **Statewide Planning and Oversight Team** - provides oversight to the statewide process, receive recommendations from workgroups, and participate in resource related discussions.
- **Technical Assistance Team** - review progress of workgroups, discuss cross-collaboration issues, and finalize recommendations to statewide team.
 - **Person-Centered Practices Training Fidelity workgroup** - guide expansion of person-centered training, policy, data systems, public awareness, capacity building, standards of practice, and marketing of person-centered practices.
 - **Person-Centered Practices Integration workgroup** – provide oversight in the integration of practices into training, policy, and documentation systems and work with the Disability Services Division and county systems.
 - **Positive Behavior Support (PBS) workgroup** - guide expansion of PBS training, policy, data systems, public awareness, capacity building, standards of practice and marketing of positive behavior support practices.
 - **Positive Supports Expansion workgroup** - explore new positive supports and assist in planning for expansion and growth of training in new areas within the state.
 - **Minnesota Positive Behavior Support (MNPBS) Network** - stakeholder-driven team assists PBS workgroup to expand PBS training, policy, data systems, public awareness, capacity building, and marketing of positive behavior support practices.
- **Data Systems Team** – guide the creation of a statewide evaluation system using implementation science to guide data-based decision making.

The figure below is the communication system of the teams and workgroups.



[AGENDA ITEM 7a5]**REPORT**

The implementation status of each of the 2017 Plan goals is included below.

1. *Establish a positive support training system to build capacity for person-centered practices, family centered practices, positive behavior support, and other positive supports*

- Continued focus on person-centered practices and positive behavior supports.
- Expanded a regionally-based technical assistance infrastructure for lead agencies and providers to implement organization-wide person-centered practices and Positive Behavior Support.
 - 22 organizations in four regions participated (Metro cohort started in 2015, St. Louis County and West-Central region cohorts started in 2016, and Olmsted County cohort started in 2017).
 - The Metro cohort finished their 3-year training in January 2018. They are in the early stages of developing a community of practice with the four organizations and DHS around person-centered organizational change.
 - Statewide capacity for training regionally in person-centered practices was increased over the last year including:
 - eight individuals were trained as Person-Centered Thinking Trainers
 - four individuals were trained as Picture of a Life Person-Centered Planning Trainers
 - individuals were trained to be Positive Behavior Support coaches through participation in the cohort training. These trainings are conducted in-person and use telepresence to increase the likelihood of participation of out state participants.
- DHS has completed the first year (of a 3-year project) of implementing organization-wide person-centered practices. The Disability Services Division and Licensing Division are going through this organizational change together to create a more person-centered environment and ultimately statewide system.

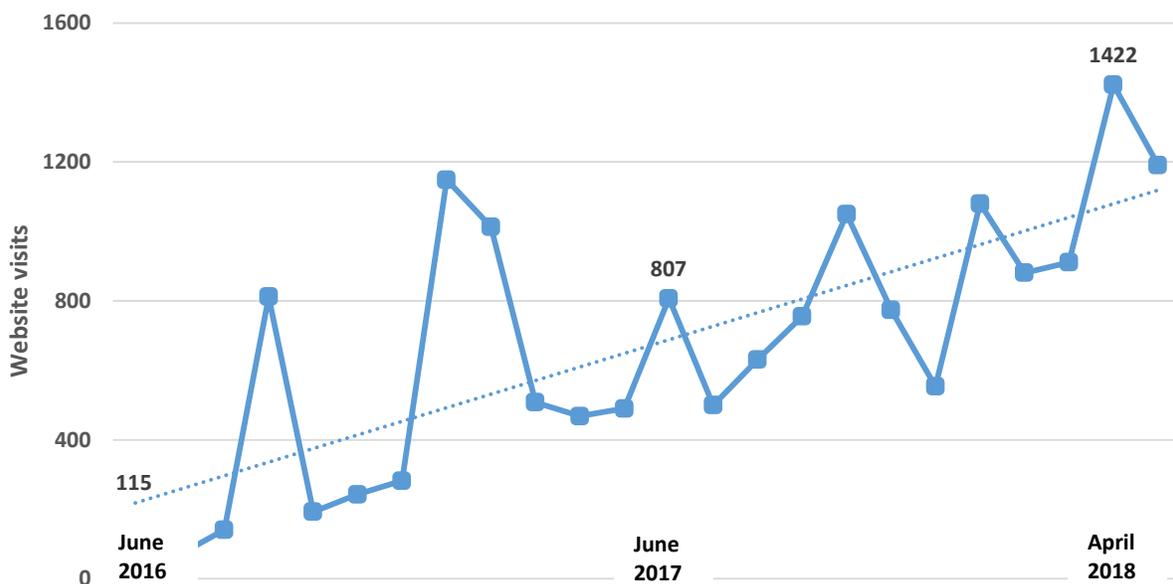
2. *Design and implement strategies for statewide evaluation to assess the effectiveness and fidelity of practices and align statewide data systems*

- Standardized tools (based on the data, systems and practices used by MDE with Positive Behavioral Interventions and Supports schools) are being used to evaluate organizations implementing person-centered practices and Positive Behavior Support.
 - Universal tools have been piloted and are in place for all organizations involved in the regional organization-wide person-centered practices/Positive Behavior Support implementation cohorts.
 - The tools use an implementation science framework and data-based decision making structure as organizations implement organizational-wide person centered practices and positive behavior support.
 - The secondary and tertiary tools are currently being piloted and revisited.
- DHS is in the beginning stages of integrating tools into their Person Centered Organizational Change work.

3. Expand awareness of positive supports across the state

- Held state-wide conferences to promote learning and capacity building in person-centered practices and Positive Behavior Supports.
 - Minnesota Person-Centered Gathering, November 7-8, 2017, Brooklyn Park
 - Minnesota Positive Behavior Support Collaborators Forum, May 9, 2018, Roseville
- Continued Expansion of Positive Supports webpage.
 - MNPSP.org offers positive supports resources, materials, and information housed in one location and aimed at a variety of audiences.
 - Highlights of new content added to the webpage:
 - Cohort training materials were added to ensure that participants had continued access to the training materials.
 - Examples from the field and selected positive support resources
 - An events calendar was added to share positive support practices events across the nation that are of interest to people.
 - The chart below shows the number of monthly visitors to MNPSP.org over the last 24 months (June 2016 to May 2018). The traffic has been gradually increasing. The marketing of the website has continued at Minnesota’s Person-Centered Gathering and Minnesota’s Positive Support Network Gathering. Website content is regularly added to provide new training materials, useful positive support resources, and events being held in Minnesota and nationally.

MNPSP.org website traffic has increased over the last 24 months (June 2016 to May 2018).



**each data point on the above chart is the number of total visitors in a month over the last 24 months*

[AGENDA ITEM 7a5]**4. *Create and maintain strategies for establishing policies and procedures encouraging positive supports***

- The inventory of Minnesota’s policies and best practices related to restrictive practices and positive supports includes participation from DHS, MDE, DEED, and DOC. All agencies will be asked to update the inventory annually to maintain updated content around policies, best practices, and key definitions.
- The person-centered practices workgroup finalized a proposed set of best practices for professionals who implement person-centered practices.
- The Positive Behavior Support workgroup is developing its proposal for best practices for professionals who implement Positive Behavior Support. The workgroup is currently receiving feedback from multiple areas of interest/practice before finalizing their proposal.

Analysis and Recommendations for Next Steps

The updated Plan will continue to create opportunities to implement positive support practices statewide and align with Olmstead workplan strategies and deliverables. There remains a primary focus on implementing training and technical assistance, but also a secondary focus of integrating evaluation statewide to make decisions and improvements to the work.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Crisis Services
Strategy	Strategy 3: Develop a set of proactive measures to improve the effectiveness of crisis services
Workplan Activity	CR 3B.5
Workplan Description	Continue to implement Forensic Assertive Community Treatment (FACT) team model. Report annually to the Subcabinet on the status of implementation, analysis and recommendations for changes.
Deadline	June 30, 2018 (annually thereafter)
Agency Responsible	DHS, DOC
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

Assertive Community Treatment (ACT) allows a person with mental illness to receive services in the most integrated community setting, stay out of the hospital, supports competitive employment, and independent community living. Forensic Assertive Community Treatment (FACT) is a specialized program that will serve people with severe mental illnesses who are transitioning and re-entering the community from correctional facilities. This is a highly underserved population with complex challenges that require a high level of treatment, rehabilitation and services in order to more successfully re-integrate back into their communities.

The 2015 legislature allocated resources to pilot one FACT team, and it was determined jointly by Department of Human Services (DHS) and the Department of Corrections (DOC) to locate this pilot in a metro county. Work began in 2015 to create a FACT team.

REPORT

Status of Implementation

Below is a list of completed activities since the June 2017 report.

- March – August 2017
 - FACT consultants came to Minnesota for the second FACT training on March 3rd
 - RADIUS¹ FACT Team continued to enroll consumers (2-3 per month)
 - RADIUS Services FACT Team continued bi-monthly consultation calls with DHS
 - RADIUS FACT Team continued monthly consultation calls with FACT consultants
 - Data collection continued
 - Initial data analysis of demographics was conducted

¹ RADIUS was previously known as South Metro Human Services.

[AGENDA ITEM 7a6]

- September – November 2017
 - One year TMACT fidelity review completed on September 11-12th
 - FACT consultants came to Minnesota for the Final FACT training on November 7th
 - FACT fidelity review completed by FACT consultants on November 8th
- December 2017 – June 2018
 - RADIAS FACT Team continued to enroll consumers (2-3 per month)
 - RADIAS FACT Team continued cross training with correction counterparts
 - Data collection continued

Analysis

- June 1, 2017 enrollment = 28 (55% capacity)
- September 2017 one year TMACT fidelity review – Score of 3.7 (Moderate Fidelity)
- November 2017 FACT fidelity review - Score of 4.47 (High Fidelity)
- June 1, 2018 enrollment = 67 (within full capacity range)

Recommendations for Changes

DHS and DOC have met all the enrollment goals set forth by the Subcabinet. However, the need and capacity for further FACT expansion is unknown at this time. The following activities have been done to further support the implementation of high fidelity FACT; quarterly administrative leadership meetings, additional development and education, continued advocacy of the program, additional financial support through grants, cross trainings, and resources provided from fidelity reviews.

Next Steps

- Continue collection and analysis of FACT data
- Continue collaboration
- Analyze data
- Complete TMACT and R-FACT fidelity reviews in Fall of 2019

As FACT continues to grow in capacity, the team will continue to collect data on multiple data points including demographics, engagement in treatment, and other outcome measures (i.e. fidelity reviews, psychiatric hospitalizations, return to correctional institutions, and residential stability). This information will inform whether building additional FACT team capacity is necessary.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Quality of Life Survey
Strategy	Strategy 5: Monitor the implementation of the Quality of Life Survey Administration Plan
Workplan Activity Number	QL 5C
Workplan Key Activity	OIO will monitor Quality of Life Survey implementation. Provide a monthly report to the Subcabinet on the progress of survey implementation. The report will address progress on the activities 5D – 5J below.
Workplan Deadline	June 30, 2018 (monthly thereafter)
Agency Responsible	OIO
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

OIO will implement the Quality of Life follow-up Survey as part of the longitudinal study to assess and track the quality of life for residents with disability. Quality of life will be measured through a field test survey instrumentation developed by the Center for Outcome Analysis tailored to meet the Minnesota Olmstead Plan’s requirements.

The Quality of Life instrument measures changes in quality of life as people with disabilities choose to move to more integrated settings. The survey will be used to measure changes in the lives of people with disabilities over time. The Quality of Life Baseline Survey was conducted in 2017-2018. The follow-up survey will assess a smaller group from the baseline data to indicate whether increased community integration and self-determination are occurring for people with disabilities.

REPORT

The progress on the workplan activities are included below.

QL	Key Activity	Deadline	Status for June 2018
5D	Monitor the implementation of the Quality of Life Survey Administration Plan including: <ul style="list-style-type: none"> • Develop a detailed workplan that outlines project activities week-by-week throughout the project timeline. • Conduct weekly conversations with interviewers to ensure quality and validity and identify challenges as they arise and create solutions to address them. 	Begin by May 1, 2018.	Deliverables are being monitored as we prepare to launch the follow-up survey.

[AGENDA ITEM 7a7]

QL	Key Activity	Deadline	Status for June 2018
5E	<p>Monitor the development and implementation of a protocol for Abuse and Neglect reporting</p> <ul style="list-style-type: none"> • Respondents in our sample are potentially vulnerable adults; there is a clear protocol for reporting abuse and neglect to the Minnesota Adult Abuse Report Center or Common Entry Point. • Regular connection with interviewers will occur to address any areas of concern immediately. 	Begin by June 1, 2018	Interviewer training will begin week of June 4, 2018 and topics including addressing any areas of concern immediately, will be included.
5F	<p>Monitor the plan to recruit, train, and supervise interviewers. Priority for hiring will be: Show ability to responsibly implement interviews with fidelity.</p> <ul style="list-style-type: none"> • Experience and/or comfortable working with people with disabilities and can conduct interviews in languages other than English. • Have the cultural competency to work with people of many different backgrounds. • Are geographically dispersed across the state 	Begin by May 1, 2018.	Interviewers have been determined and training will begin week of June 4, 2018.
5G	<p>Monitor the identification and completion of 500 follow-up interviews</p> <ul style="list-style-type: none"> • A representative random sample will be drawn from the 2,005 baseline survey participants. • Storage of private health care data will adhere to the data security plan approved by DHS IRB during the baseline survey administration. • Ensure Data Quality – All data used in both the recruiting and outreach process and through the survey and interview process will be live at all times. <ul style="list-style-type: none"> ○ Review weekly data to determine response rates from different settings and determine if changes are needed in the outreach plans. ○ Review data every other week, to analyze inter-rater reliability and determine if there are any patterns in responses that could indicate that survey interviewers are introducing bias and need additional training. ○ Provide a data summary on a monthly basis, to OIO for discussion about what findings are emerging. <p>Analyze Data – All data will be stored in a secured database and checked monthly for quality and validity.</p>	Begin by June 1, 2018.	Preparation to launch the follow-up survey has begun. Weekly calls have begun with The Improve Group to ensure that deliverables are being met.
5H	<p>Monitor the creation of the Olmstead Quality of Life Survey Report Develop Research Questions</p> <ul style="list-style-type: none"> • Develop research questions through a collaborative process with agency stakeholders to help focus the analysis and ensure there is consensus on analytical approaches. 	Develop by June 1, 2018	The research questions have been completed for the follow-up survey.

[AGENDA ITEM 7a7]

QL	Key Activity	Deadline	Status for June 2018
5I	<p>Monitor the creation of the Olmstead Quality of Life Survey Report</p> <p>Complete analysis</p> <ul style="list-style-type: none"> • The analysis will be focused on comparing survey score changes from the baseline across all relevant variables. The other component of this analysis will focus on measuring the impact different variables have on survey scores. • The report will highlight the major changes from baseline to follow-up. It will identify changes in survey module scores and scan for any significant changes in scores across service setting and region. • A comprehensive analysis of all relevant variables and include the results of the regression methodology that will be further developed in the planning stages of this work. • Data tables of all results will be included in the report. 	Complete analysis by November 30, 2018	On track to be reported by November 30, 2018
5J	Submit the Quality of Life Survey results final report to the Subcabinet.	Report by December 31, 2018	On track to be reported by December 31, 2018.

Olmstead Subcabinet Meeting Agenda Item

June 22, 2018

Agenda Item:

- 7 (b) *Workplan activity reports to be reviewed by the Subcabinet*
- 1) *Education 6A/6E – Annual report on the number of school districts using the Assistive Technology consideration framework (MDE)*
 - 2) *Health Care/Healthy Living 3B.1b – Annual report on trainings to increase successes to adult health care access by transition age youth (MDH)*
 - 3) *Crisis Services 2B.3b – Annual report on crisis trainings (DHS)*
 - 4) *Community Engagement 5D.1f – Quarterly report on Community Engagement Plan (OIO)*

Presenter:

Responsible agencies will be available to answer any questions Subcabinet members may have on these reports.

Action Needed:

- Approval Needed
- Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity. They will not be presented to the Subcabinet, however agency staff will be available to answers any questions Subcabinet members may have on these reports.

Attachment(s):

7b1 – 7b4 - Olmstead Plan Workplan - Report to Olmstead Subcabinet

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Lifelong Learning and Education
Strategy	Strategy 6: Expand effectiveness of Assistive Technology (AT) Teams Project
Workplan Activity Number	ED 6A, 6E
Workplan Key Activity	<ul style="list-style-type: none"> • ED 6A: Continue the MDE Assistive Technology (AT) Project. Disseminate an AT consideration framework for school district implementation. Annually collect and report to the Subcabinet the number of school districts using the framework. • ED 6E: Establish a new baseline and annual goals for this strategy by sampling within each of the Year 1 school districts the use of the AT consideration framework. Establish baseline and annual goals and report to the Subcabinet.
Workplan Deadline	June 30, 2018 (annual report)
Agency Responsible	MDE
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

This workplan strategy relates to increasing educators' skills and knowledge around ways to effectively consider Assistive Technology (AT) during student Individualized Education Program (IEP) meetings. To support the implementation of this strategy, MDE offers the AT Teams Project (ATTP), an intensive, three-year project to support schools and districts to meet their AT needs through a cohort design that includes professional development. Each district's AT Team includes 4 to 6 district employees; three of which must include a school administrator, general education teacher, and special education teacher. Other members may include special education related service providers, instructional coaches, information technology staff, or other identified educators as appropriate. Participants go on to serve as AT mentors and coaches in their districts.

AT Teams participate in annual face-to-face professional development and quarterly webinars to engage in coaching and report on progress for their district specific action plans. Ongoing professional development includes self-analysis of current performance in eight areas of assistive technology, as defined by the [Quality Indicators for AT](http://qiat.org) (QIAT) (<http://qiat.org>). Teams use the results of the QIAT to identify areas of strength and concern and to develop their goals.

REPORT

The AT Teams Project (ATTP) is a professional development activity that provides an opportunity for districts to evaluate their policies and procedures regarding district assistive technology using the QIAT matrices. The eight indicators are: consideration, evaluation, AT implementation, evaluation of effectiveness, professional development, administrative support, AT in the IEP, and AT in transition. From the self-evaluation, each team develops a goal with workplans to address an identified area of weakness. Teams participate in face-to-face meetings in the fall and spring and quarterly webinars to learn about various facets of AT for students birth to age 21.

The three-year cohort design is outlined below:

- Year One: ATTP teams identify area(s) of concern based on QIAT results which are used to develop goals and work plans. District work plans may include the need to create policies and procedures regarding IEP team consideration of AT, development of forms for teams to document AT consideration, and developing training plans for procedural implementation and form use.
- Year Two: ATTP teams work with school teams and administrators to provide staff training and pilot newly developed procedures and forms. Teams use feedback from pilot participants to refine the procedures and form(s).
- Year Three: ATTP Teams evaluate information gathered in Year Two to determine readiness to add additional sites into their AT consideration process and forms for scaling districtwide. Based on those results, ATTP Teams may refine or retool training and/or forms, provide more intensive coaching at pilot sites, and provide training to additional sites and develop materials to sustain on-going coaching and support for consideration of AT.

Results**1. Number of School Districts Using the QIAT Framework (ED 6A)**

In 2016-2017, 23 district teams participated in the ATTP. In 2017-2018, 21 districts participated in the ATTP. The number of teams participating and their cohort year are shown in Table 1.

Table 1 - Number of School Districts Participating in ATTP Teams by Cohort Training Year

School Year	Year 1 AT Team School Districts	Year 2 AT Team School Districts	Year 3 AT Team School Districts	Total School Districts
2016-2017 (Baseline)	8	7	8	23
2017-2018	8	7	6	21

The annual plan goal for 2017-2018 was to add 8 more school districts to the ATTP training cohorts as Year 1 teams in 2017-2018. That goal was met in 2017-2018 (see Table 1).

The ATTP teams completed the QIAT self-evaluation, all participating districts in the ATTP identified 'Consideration of AT' as an indicator of concern for which they have developed goals and work plans to address district needs. All district teams completed work outlined in the

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cohort phases described above and reported their results in poster sessions at the *Charting the C's* conference in April 2018. Results from information shared at the conference showed all districts designed or modified their district AT consideration forms and provided professional development. Some districts also developed assistive technology 'landing pages' on district websites to house information and training videos on their district AT consideration process. This addressed concerns expressed by ATTP teams in year two and three that new staff are provided with "on-demand" professional development on district AT consideration procedures and forms. Teams who surveyed case managers in their districts reported incremental growth in consideration of AT from year to year of the project.

2. AT Consideration Framework Use in School Districts (ED 6E)

In addition to reporting overall district implementation progress on their goals and workplans, ATTP team members report whether AT was actively considered in the IEP process for each IEP in which they participate. The number of IEPs that included active consideration of AT is included in Table 2

Table 2 - Percent of AT Team IEP Meetings Reporting Active AT Consideration

School Year	# AT Team IEP Meetings and AT Consideration Surveys	% AT Team IEP Meetings Reporting Active AT Consideration (SETT Framework)
2016-2017 (Baseline)	28	92.8%
2017-2018	274	94.9%

A 2016-2017 baseline for the number of students for whom there is active consideration of AT was established and approved by the Olmstead Subcabinet on August 28, 2017. The baseline and annual goals were incorporated into the March 2018 Olmstead Plan.

The 2017-2018 goal was for AT Teams in school districts to report 94% of IEP meetings as including active consideration of AT. The 2017- 2018 data will be included in the August 2018 Quarterly Report and will be reported as meeting the annual goal.

In 2017-2018, ATTP teams reported this information through the MDE *AT Consideration Survey*. A total of 274 surveys were completed with all district teams responding. Almost ninety-five percent (94.9%) of the completed surveys reported that the IEP teams did consider assistive technology. For the just over five percent (5.1%) that reported AT was not considered, ATTP team members stated that teams considered the student, environment, task(s), and/or tool(s) but not specifically in the context of AT.

The *AT Consideration Survey* provides IEP case managers and teams with:

- an explanation of how assistive technology consideration in the IEP process supports Minnesota's Olmstead Plan for the education of students with disabilities in the most integrated settings;

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- an explanation of how the *Student, Environments, Tasks and Tools (SETT) Framework* can help IEP case managers and IEP teams use information for considering students' needs for AT;
- the sequence and components of the *SETT Framework* to consider in determining a students' needs for AT as part of the IEP development process; and
- online survey capability for reporting active consideration of AT.

The *AT Consideration Survey* presents elements of the *SETT Framework* and prompts respondents to identify which components of active consideration occurred during the IEP meeting. Active consideration is defined as IEP team consideration of at least one element of the *SETT Framework* as measured by the *AT Consideration Survey*.

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Health Care and Healthy Living
Strategy	Strategy 3: Improve access to health care for people with disabilities
Workplan Activity Number	HC 3B.1b
Workplan Key Activity	MDE, Vocational Rehabilitation, DHS, and other partners will: <ul style="list-style-type: none"> ○ implement interagency coordination training for professionals ○ explore ways to increase successes and minimize challenges to adult health care access by transition age youth. Report to the Subcabinet on the number of trainings provided and the number of people trained.
Workplan Deadline	June 30, 2018 (annual report)
Agency Responsible	MDH, DHS
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

MDH, DHS and DEED and others who participate on the MN State Interagency Committee (MnSIC) are working together on a pilot project aimed to develop, coordinate, evaluate and refine a model of interagency coordination of transition services for students. The model formalizes and systematizes joint planning across agencies for students served by multiple agencies.

The goal of the pilot is to increase the use of interagency coordination and person-centered practices with a facilitated Individualized Education Plan (IEP) and annual plan process. The pilot focuses on twenty 14 – 21 year old students at two sites over a 2-year period. It outlines specific pre-meeting, during meeting and follow-up practices. One objective of the project is proactively incorporating health into the IEP and annual plan processes by involving a school nurse, public health nurse, or member of the student’s primary care clinic team, and ensuring inclusion of health related assessment and goals.

REPORT

Ongoing trainings and technical assistance have been provided to support efforts to increase successes and minimize challenges to adult health care access by transition age youth. As indicated in the summary tables below, 114 individuals participated in trainings and 44 staff participated in technical assistance.

[AGENDA ITEM 7b2]**Training Provided**

- **Interagency Transition IEP pilot – Year 2 training**
During the second year of the Interagency Transition IEP pilot, training was held for twenty West St. Paul interagency staff (i.e. Special education, county SWs, DEED). The training included information about the rationale of interagency coordination, review of roles and responsibilities of key staff, work flow process, sample scripting, meeting facilitation skills and fidelity measures.
- **Interagency Transition Pilot Presentation**
Presentations about the pilot were provided in Rochester and Little Falls. The presentation highlighted the importance of successful interagency coordination effecting successful transitioning of youth.
- **Convening a Community of Practice: Care Coordination for the Pediatric Population**
A half day kick off training session was held through collaboration of Children and Youth with Special Health Needs (CYSHN) and Health Care Home. Approximately 45 participants attended from around the state and from a variety of disciplines. The session promotes opportunities to network, share resources and expertise that promote effective care coordination plus professional and personal development. As a result, 250 people registered to stay involved in a Community of Practice.

Technical Assistance provided

Individualized technical assistance is being provided to five clinics in the state who received funding through the CYSHN Care Coordination Quality Improvement grant. This work includes:

1. Project aimed at improving the process of transition to adult health care for youth living with Sickle Cell Disease.
 - 8 staff at Children's Hospitals and Clinics, Metro Clinic
2. Project aimed at improving transition of adolescents to adult care.
 - 15 staff at Essentia Clinic in Duluth
 - Two pediatricians are leading this project with the plan to expand to the Department and then within Essentia.
3. Project aimed at identifying high risk and special needs youth and helping them navigate the complex health care system and linking to community resources.
 - 6 staff at Lakewood Health System in Staples
 - Identification of high risk/high need patients, improved care planning while working with the community.
4. Project aimed at care planning and community resource connections for children with Asthma and ADHD diagnoses.
 - 11 staff at Unity Family Health Care, Little Falls

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- Starting with a pediatrician's patients that meet this criteria and working closely with schools and social workers.
5. Project aimed at developing processes that assure effective coordination with community resources.
- 4 staff at Westside, West St Paul
 - Working with community resources, and the process of referral and closing the communication loop.

Trainings

Date/ Month	Training Topic	Location	Participants
April 4, 2017	Convening a Community of Practice: Care Coordination for the Pediatric Population	St Paul	45
May 3, 2017	Interagency Transition Pilot Presentation (Region 10 Community Transition Interagency Committee)	Rochester	25
August 1, 2017	Interagency Transition Pilot Year 2 Training	West St Paul	20
November 6, 2017	Interagency Transition Pilot Presentation	Little Falls	24

Technical Assistance

Technical Assistance Topic	Location	Participants
Transition to adult health care for youth living with sickle cell disease	Children's Hospitals and Clinics (Metro Clinic)	8
Transition of adolescents to adult health care	Essentia Clinic (Duluth)	15
Identifying high risk/special needs youth and navigating health care system and community resources	Lakewood Health System (Staples)	6
Care planning and community resource connections for children with asthma and ADHD	Unity Family Health Care (Little Falls)	11
Effective coordination with community resources	Westside (West St Paul)	4

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Crisis Services
Strategy	Strategy 2: Implement additional crisis services
Workplan Activity	CR 2B.3b
Workplan Description	<p>CR 2B.3a - Provide on-going training to mental health crisis and crisis respite providers. Trainings will include (but are not limited to) co-occurring mental health and intellectual and developmental disabilities and cultural and ethnic differences in the provision of mental health crisis services.</p> <p>CR 2B.3b - Report to Subcabinet (annually) on the number of trainings and the number of people participating. The report will also include an assessment of future training needs and the plan to meet those needs.</p>
Deadline	June 30, 2018 (annually)
Agency Responsible	DHS
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

Mental health crisis response services assist a person who is experiencing a mental health crisis to cope with that crisis and stay in their own home and community. Mental health crisis services include: mobile crisis response services, crisis assessments, crisis interventions and treatment plans, stabilization services, residential crisis services and the Text 4 Life program. Often these services are provided 24 hours a day, seven days per week, 365 days a year.

For the purpose of this training report, professionals and teams that provide these services will be referred to as mental health crisis service responders. The crisis interventions are face-to-face, short-term, and intensive mental health services. The responses to the intervention requests are immediate, take place in a community setting (home, workplace, school, etc.) and are provided by professionals trained in crisis intervention.

REPORT

DHS has provided ongoing trainings to mental health crisis service responders since April 2016. The competency-based trainings cover several topics including crisis response for people with traumatic brain injury and co-occurring mental health disorders, crisis services for veterans, and trauma-informed culturally responsive crisis interventions. The trainings are free of charge to mental health crisis service responders.

As shown in the table below, thirteen crisis trainings took place in 2017. The trainings were held throughout the state to serve the varying locations of the mental health crisis service responders. The trainings varied in size from 8 to 66 participants. Some trainings were offered in

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multiple locations, and almost all trainings are available online. This allows professionals the opportunity to participate in the trainings at their convenience.

In total, 450 people attended the 2017 trainings. Of those people, 241 attended trainings focused on the topics of cultural responsiveness and working with individuals who present with Intellectual and Developmental Disabilities (I/DD), Traumatic Brain Injury (TBI), and Autism during a mental health crisis. These are indicated with an asterisk in the table below.

Training participants have reported positive takeaways from these trainings. In particular, site visits and file reviews show that teams have adapted their assessment tools to reflect the learnings from these trainings

2017 Mental Health Crisis Response Services Trainings

Month	Training Topic	Location	Participants
February	Understanding multi-generational psychotherapy and trauma from a developmental lens	St. Paul and ITV	46
February	Culturally Responsive Mental Health Approaches Southeast Asian and East African Cultures	Edina	*21
March	Working with individuals with I/DD, TBI, and a co-occurring MH Disorder	Roseville	*44
June	American Association of Suicidology: Recognizing and Responding to Risk	Bemidji	38
June	American Association of Suicidology: Recognizing and Responding to Risk	Duluth	21
June	American Indians in Minnesota	St. Cloud	*66
July	LGBTTIQQA: Crisis Response (Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirit, Intersex, Queer, Questioning and Ally)	Eagan	*33
July	I/DD, Autism, and TBI in Crisis Response	Baxter	*14
August	American Association of Suicidology: Recognizing and Responding to Risk	Marshall	8
August	American Association of Suicidology: Recognizing and Responding to Risk	Rochester	24
September	Co-occurring substance use in crisis response	Willmar	20
October	Panel Discussion and Q & A for serving individuals with I/DD, TBI, and Autism Spectrum Disorder during a crisis response	St. Cloud	*63
November	Self-Care - Maintaining Health and Well Being: Building Resiliency and Mindfulness Practice	Eagan	52

* Included topics of cultural responsiveness

[AGENDA ITEM 7b3]**Future Training Needs**

During 2017 annual grant management site visits, DHS crisis staff gathered information from crisis programs to learn about training needs in preparation for the 2018 crisis training schedule.

Currently seven trainings are scheduled for 2018. The trainings are dispersed throughout the state. Subject matter includes several trainings on culturally responsive practices, historical trauma, as well as multiple trainings focused on the crisis response for people with intellectual or developmental disabilities or traumatic brain injury. The current 2018 training schedule is included below.

2018 Mental Health Crisis Response Services- Training Plan

Month	Training Topic	Location	Seats Available
April	Supporting individuals with DD and/or TBI during a crisis - 245D training	Detroit Lakes	50 seats (19 attended)
May	American Indians in Minnesota	Fond du lac	30 seats (38 attended)
June	Statewide Providers Meeting	Saint Cloud	100 seats
August	American Association of Suicideology	St. Paul	50 seats
October	Statewide Providers Meeting	Saint Cloud	100 seats
December	Self Harm + Homicidal Ideation	Greater Minnesota	50 seats
TBD	Supporting individuals with DD and/or TBI during a crisis - 245D training	TBD	

**OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET**

Topic Area	Community Engagement
Strategy	Strategy 5: The Community Engagement Workgroup will provide the OIO and the Subcabinet with recommendations regarding key elements of the Olmstead Plan as specified in the Charter.
Workplan Activity Number	CE 5D.1f
Workplan Key Activity	Provide quarterly updates to the Subcabinet on the status of the development of the Community Engagement Plan. The update will address progress on activities 5D.1a – 5D.1e.
Workplan Deadline	March 31, 2018 (quarterly)
Agency Responsible	OIO
Date Reported to Subcabinet	June 22, 2018

OVERVIEW

Community Engagement workplan activities 5D.1a through 5D.1f relate to the development of a Community Engagement Plan which is to be completed by November 30, 2018. The expected outcome of the Community Engagement Plan is to strengthen the community engagement between members of the disability communities and the OIO and state agencies on matters impacting the implementation of the Olmstead Plan.

REPORT

The table below includes the quarterly update on the progress of each of the workplan activities relating to the development of a Community Engagement Plan.

Workplan Activity	Update on Progress
<p>5D.1a - Develop a Community Engagement Plan with measurable and actionable strategies for advancing engagement between state agencies and people with disabilities.</p> <p>Deadline: November 30, 2018</p>	<p>The final charter authorizing the Olmstead Community Engagement Workgroup for 2018-2019 was approved by the Subcabinet on May 21, 2018.</p> <p>Of the 20 members listed in the approved charter, eight members are returning from last year's workgroup, and 12 are new members. A workgroup orientation is scheduled for Tuesday, June 26, and workgroup meetings are scheduled for the following dates:</p> <ul style="list-style-type: none"> • Tuesday, July 24 • Tuesday, August 28 • Thursday, September 20 • Thursday, October 18

[AGENDA ITEM 7b4]

Workplan Activity	Update on Progress
<p>5D.1b - Work with Subcabinet agencies to identify best practices and barriers to engagement.</p> <p>Deadline: November 30, 2018</p>	<p>OIO staff will conduct an environmental scan of existing engagement practices and barriers by administering a brief survey to Subcabinet agency staff by July 30, 2018.</p>
<p>5D.1c - Work with Department of Human Rights to develop tools and best practices to evaluate engagement efforts.</p> <p>Deadline: November 30, 2018</p>	<p>Under the State of Minnesota Civic Engagement Plan, Goal 4 states that “agencies will measure the effectiveness of meaningful engagement.” Working with the Civic Engagement Evaluation Advisory Group, OIO staff will create tools and evaluation metrics by November 30, 2018 to advance practices of meaningful engagement across Subcabinet agencies.</p>
<p>5D.1d - Obtain input on how to measure the effectiveness utilizing outcomes of engagement across all agencies.</p> <p>Deadline: November 30, 2018</p>	<p>OIO will work with the Community Engagement Workgroup by October 30, 2018, in partnership with Department of Human Rights’ Civic Engagement Evaluation Advisory Group, to obtain input on effective measurement of community engagement outcomes.</p>
<p>5D.1e - Align and partner with Department of Human Rights to develop evaluation measurements and metrics to assist OIO and subcabinet agencies in engagement work.</p> <p>Deadline: November 30, 2018</p>	<p>See update on Activity 5D.1c. Deliverable of evaluation tools and final Community Engagement Plan expected by November 30, 2018.</p>