Olmstead Subcabinet Meeting Agenda

Monday, September 24, 2018 • 3:00 p.m. to 4:30 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

a) Subcabinet meeting on August 27, 2018 **3**

5) Reports **[Agenda items 1-5d 3:00 – 3:10]**

a) Chair
b) Executive Director
c) Legal Office
d) Compliance Office

6) Action Items

a) Workplan Compliance Report for September **[3:10 – 3:15]** **13**

7) Informational Items and Reports

a) 2018 Strategic Review of Olmstead Plan Implementation **[3:15 – 4:00]** **19**

b) Workplan activity reports to be presented to Subcabinet **[4:00 – 4:25]** **75**

1) Transition Services 3D.1a – Status of cross-division/administration workgroup (DHS) **77**
2) Transportation 3F – Semi-annual report on engagement efforts on development of transportation opportunities (DOT) **79**
3) Crisis Services 2A.4 – Children's mental health services (DHS) **83**
4) Crisis Services 2F – Annual report on crisis services implementation (DHS) **87**
5) Community Engagement 5D.1f – Update on Community Engagement Plan (OIO) **91**
6) Quality of Life Survey 5C – Monthly report on implementation (OIO) **93**

8) Public Comments **[4:25 – 4:30]**

9) Adjournment

Next Subcabinet Meeting: October 29, 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

September 24, 2018

Agenda Item:

4) Approval of Minutes
a) *Subcabinet meeting on August 27, 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 August 27, 2018 Subcabinet meeting.

Attachment(s):

4a- Olmstead Subcabinet meeting minutes – August 27, 2018

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Olmstead Subcabinet Meeting Minutes

Monday, August 27, 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; Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD); Jan Malcolm, Minnesota Department of Health (MDH) arrived at 3:08 p.m.; and Roberta Opheim, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) arrived at 3:10 p.m.

   Designees present: Chuck Johnson, Department of Human Services (DHS); Deb Kerschner, Department of Corrections (DOC) Tim Henkel, Department of Transportation (DOT); and Daron Korte, Minnesota Department of Education (MDE)

   Guests present: Mike Tessneer, Rosalie Vollmar, Darlene Zangara, Diane Doolittle, and Sue Hite-Kirk , Olmstead Implementation Office (OIO); Ryan Baumtrog and Anne Smetak (Minnesota Housing); Erin Sullivan Sutton and Adrienne Hannert (DHS); Emily Jahr, Tom Delaney, Jayne Spain and Holly Anderson (MDE); Maura McNellis-Kubat (Office of Ombudsman for Mental Health and Developmental Disabilities); Darielle Dannen (DEED); Martha Burton Santibane and Mark Kinde (MDH); Kristie Billiar (DOT); Christina Schaffer (MDHR); Gerri Sutton (Met Council); Mary Kay Kennedy (Advocating Change Together); Susan O'Neil (Institute on Community Integration); Paul Williams (Metropolitan Consortium of Community Developers); Bradford Teslow (members of the public)

   Guests present via telephone: Kim Pettman (member 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 July 23, 2018**
      Commissioner Tingerthal asked if there are any changes needed to the minutes for the July Subcabinet meeting. No edits were requested.

      Motion: Approve July 23rd Subcabinet meeting minutes
      Action: Motion – Kerschner Second – Wieck In Favor - All

5) Reports

a) Chair

No report.

b) Executive Director

Darlene Zangara, Olmstead Implementation Office (OIO), provided an update on the Community Engagement Workgroup. A report on the status of the Quality of Life Survey is included in the August Quarterly Report.

c) Legal Office

No report.

d) Compliance Office

No report.

e) Housing Topic Presentation (DHS/MHFA)

Commissioner Tingerthal introduced the Housing topic. Housing is one of the most prominent topics of the Olmstead Plan. People with disabilities, their families and supporters have consistently identified housing as a priority area in the Olmstead Plan.

Commissioner Tingerthal introduced Paul Williams. Paul is currently President of Project for Pride in Living, representing the Metropolitan Consortium of Community Developers. He sat on the Governor's Task Force on Housing (GHTF) and served as co-chair of the Housing Stability work group. Paul will be giving us an overview of the Task Force goals that relate to the Housing topic area in the Olmstead Plan. Paul proceeded to describe each of the 30 recommendations. Copies of the report and infographic were distributed.

Erin Sutton Sullivan (DHS) and Ryan Baumtrog (Minnesota Housing) provided a summary of the public comments related to housing that were received over the past year through the Housing Task Force public input process and other public input provided to the agencies.

DHS and Minnesota Housing provided an overview of how the agencies are addressing the housing issues within the Plan and other housing activities planned or under future consideration.

Commissioner Tingerthal asked those who signed up for public comment on housing issues to address the Subcabinet.

Public Comment on Housing

Kim Pettman (member of the public)
Written copy of testimony was not provided. Kim invited meeting members and guests to follow up with her as needed. Highlights included:

- GHTF lacked people experiencing a problem being at the table. Within the Task Force Report, many things were left out, and many things were in there that shouldn't be.

- Ms. Pettman lives in a subsidized apartment and suggested that when building or rehabbing sites, to make sure physical accessibility features make sense.
- Ms. Pettman suggested that property management companies and owners should receive basic disability etiquette and sensitivity training.

Questions/Comments
Paul Williams responded to Ms. Pettman's first comment indicating public comment forums were held across the state. The Task Force had a lot of opportunity to talk to people impacted by those issues. He agreed they could have always done better.

Brad Teslow (member of the public)
Public Comment Form was provided. Copies were not distributed to Subcabinet members, but will be filed appropriately with the official meeting records. Highlights included:

- Housing for people with disabilities is a major concern in his community.
- Mr. Teslow was a GHTF panelist at the GHTF Regional Forum held at the University of Minnesota. Concerns brought up were safety, health and crime and that people with disabilities are vulnerable to losing their housing.
- Tent cities include people with disabilities and Native Americans are becoming more visible.
- He suggested the Department of Corrections (DOC), Department of Health (MDH), and possibly the Department of Human Services (DHS) work together on employment projects building houses. DOC currently has a project that allows for low risk inmates to build houses.

Questions/Comments
Deb Kerschner (DOC) stated the Affordable Homes Program is what Mr. Teslow referenced. Evaluations of that program are posted on the DOC website. Specifically, the information shows the impact of adding affordable homes in the state, as well as the impact on individuals in the program becoming employed in the construction industry.

Ms. Kerschner further stated that finding housing for the population being released from correctional facilities is extremely difficult. DOC and Minnesota Housing are working together with the Homeless Management Information System (HMIS) to better quantify the risk of homelessness that offenders face, both coming in and being released from correctional facilities. Commissioner Tingerthal said the Subcabinet looks forward to that research and the opening of Great River Landing in the North Loop. Great River Landing is located in downtown Minneapolis. It is an elevator building with 72 units and five stories. Great River Landing will provide affordable housing with intensive on-site support services for individuals who have histories of chronic unemployment, homelessness, trauma, poverty and incarceration.

Roberta Opheim (OMHDD) commented that difficulty in finding housing is often the result of incarceration coupled with mental illness. Arrest records are now on the internet and landlords do not want to take risks. Cities are putting more and more ordinances in place.

Commissioner Tingerthal reported that the GHTF Report included discussion about tenant screening and the need to establish best practices.

Collen Wieck (GCDD) referenced the Task Force Report …statewide review panel to evaluate regulations… (pg. 27, 3.5). She asked if anyone expressed the viewpoint that accessibility standards are too expensive. She also wanted to know if there will be representation on the panel to make sure building regulations and standards are not lowered, and accessibility standards are met. Commissioner Tingerthal indicated the rental and home ownership groups had discussions about this topic in the areas of storm water retention, cost of complying with various watershed requirements, and lot sizes and restrictions of the kind of housing that can be built.

Commissioner Malcolm (MDH) echoed Ms. Wieck's point about the importance of increasing the supply of accessible housing at all levels. She asked if there was discussion about universal design as a principle to make it easier to implement accessibility. Paul Williams stated that while it was discussed, the Task Force did not specifically recommend accessibility be built into design standards. Commissioner Tingerthal stated that Minnesota Housing has a well-developed set of standards around universal design. While they are not required, bonus points for competitively selected projects are given if projects include universal design.

Commissioner Tingerthal asked Mr. Williams if Ms. Pettman's suggestion of training for management companies and owners would be beneficial if it was built into Working Together curriculum. Minnesota Housing works with Minnesota Multi-Housing Association to host annual workshops that cover many rental housing issues. Expansion of the workshops could offer basic awareness of management, screening, and service issues around people with disabilities. Mr. Williams agreed this kind of training would be helpful to property management and service staff.

Roberta Opheim (OMHDD) expressed some of the challenges she has seen for people with mental illness who may have a chemical dependency background. Their mental health issues are cyclical. Her wish is for the concept of "detached townhomes" where more space between units is provided. This additional space might minimize complaints about seeing or hearing unusual behavior. While more supports are welcomed, for the most part, people want to be left alone.

Commissioner Tingerthal thanked the panel and Mr. Williams for his presentation. She reminded Task Force members that in the recent Legislative session, Minnesota Housing received additional authorization for housing infrastructure bonds; $30 million of which will be specifically for permanent housing for people with behavioral health needs. Minnesota Housing is also working with DHS, which also received funding from the bonding bill for projects providing more crisis services and transitional housing.

6) Action Items

a) Proposed Annual Goal – Transportation Goal Five (Met Council)

Mike Tessneer (OIO) reported that the March 2018 Olmstead Plan provided that annual goals be established for Transportation Goal Five. An annual goal is being proposed for this goal. Pending approval it will be incorporated into the August 2018 Quarterly Report.
Gerri Sutton (Met Council) presented the proposed annual goal.

Questions/Comments

Colleen Wieck (GCDD) asked for definitions of market areas 1, 2 and 3. She also wanted to know if the Transportation Accessibility Advisory Committee (TAAC) agreed with the proposal or what the process was for consulting with people with disabilities. Ms. Sutton explained that market area 1 is the most densely populated, highest employment areas (Minneapolis/St. Paul); market area 2 is a little less populated, a little less demand for services. [Market area 3 was not defined.] She indicated the transportation policy plan goes through an extensive public hearing process.

Assistant Commissioner Korte, (MDE) asked for a definition of the target population. Ms. Sutton stated she will get a definition and report back to the Subcabinet in September.

Motion: Approve the Proposed Annual Goal
Action: Motion – Korte Second – Kerschner In Favor - All

b) August 2018 Quarterly Report [4:00 – 4:30]

Mike Tessneer (OIO) reviewed the Executive Summary highlighting the areas where progress is being made and goals were met. Agency staff reported on the 7 goals that have been targeted for improvement (DHS, OIO, and MDH).

Erin Sullivan Sutton (DHS) reported on the DHS goals targeted for improvement:

- Transition Services 2 and 3 (pg. 27 and 30)
- Positive Supports 3A (pg. 46)
- Crisis Services 1 and 2 (pg. 51 and 53)

Questions/Comments

Roberta Opheim (OMHDD) reminded members that with regards to mechanical restraints, the number should be declining and not increasing. Eventually with person-centered planning, risk assessment and positive support plans, the number can be eliminated and not kept as is.

Darlene Zangara (OIO) reported on the OIO goal targeted for improvement:

- Community Engagement 2 (pg. 55) – Darlene Zangara (OIO)

Questions/Comments – None

Mark Kinde (MDH) reported on the MDH goal targeted for improvement:

- Preventing Abuse and Neglect 2 (pg. 56)

Questions/Comments – None

Commissioner Tingerthal commended agencies for bringing forward measures that aren't working and new ideas for making progress. With three years' worth of data on some of these measurements, she recognizes that agencies are better able to see where progress is being made, where there are obstacles, and then finding other ways to make gains. She thanked all agencies for their work.

Motion: Approve the Quarterly Report
Action: Motion – Malcolm Second – Wieck In Favor – All

c) Workplan Compliance Report for August

Commissioner Tingerthal reported that eight workplan activities were reviewed. There are no exceptions to report. The list of activities reviewed are attached to the report.

Motion: Approve August Compliance Report
Action: Motion – Johnson Second – Kerschner In Favor - All

d) Adjustment to Workplan Activity

1) Person-Centered Planning 4B.2 – Workforce report implementation plan/workplan (DHS/DEED)

Commissioner Tingerthal reported that (DHS) is requesting an adjustment on behalf of DHS and DEED. She provided the reason for the proposed adjustment and the new deadline.

Motion: Approve adjustment to the workplan activity
Action: Motion – None Second – None In Favor - All

7) Informational Items and Reports

a) **Workplan activity reports to be presented to Subcabinet**

1) **Education 3F – TRIO Student Support Services (MDE)**

Tom Delaney (MDE) presented this report. No action is needed.

Questions/Comments

Assistant Commissioner Korte (MDE) asked if the online training modules are only available to those enrolled at Normandale or if they are available to the general public. Jayne Spain (MDE) stated the modules are available to all Minnesotans.

Commissioner Tingerthal asked if there is any evidence of a trend in terms of the level of awareness or interest in post-secondary by families and students with disabilities. Ms. Spain indicated they continue to see that when the economy is doing well, more young people enter the work force. When the economy is not doing well, more students enroll in post-secondary settings.

2) **Quality of Life Survey 5C – Monthly report on implementation (OIO)**
Darlene Zangara (OIO) presented this report. No action is needed.

b) **Follow up from June 25, 2018 Subcabinet meeting – Workplan Activity Employment 6A.2**
Mike Tessneer (OIO) reported that response to a question asked at the June 25th meeting by Roberta Opheim is included in the packet. DHS staff was available at the meeting if further information is needed.

Questions/Comments
Roberta Opheim (OMHDD) asked a follow up question related to licensure of individuals hired for those who have Consumer Directed Community Supports (CDCS). If they do their own recruiting and hiring, are the workers under a waiver license? She asked how well that is being regulated. Commissioner Tingerthal stated that was not specifically looked at but can be followed up on at the September meeting.

8) Public Comments
Commissioner Tingerthal asked those who signed up for public comment to address the Subcabinet.

Kim Pettman (member of the public**)**
Written copy of testimony was not provided. Highlights included:

- Mentors/vendors or grantees do not understand accessibility and inclusion as it relates to the Americans with Disabilities Act (ADA) or the Minnesota Human Rights Act.
- Vendors and "contractees" working with large agencies should contact the state ADA coordinator, and have 1-3 hours of training in the areas of equality and disability etiquette.
- Vendors and "contractees" working with smaller agencies should go through the state ADA coordinator (MMB).

Questions/Comments
Commissioner Tingerthal stated these concerns would go back to the agencies.

Brad Teslow (member of the public)

Public Comment Form was provided and will be filed appropriately with the official meeting records. Copies were not provided to Subcabinet members, but will be filed appropriately. Highlights included:

- People in treatment facilities for substance use disorders and mental health issues have difficulty receiving services from methadone clinics.
- He has heard some individuals are transported to various clinics starting as early as 5:30 a.m. The transport can take more than two hours depending on how many individuals need services at one of the three methadone clinics. Negative behavioral issues can occur during this time because of delays in getting treatment.
- Treatment facilities should have positive support plans which support receiving medications onsite, successfully completing the program, and receiving assistance with housing.

Questions/Comments

Commissioner Tingerthal asked Mr. Teslow to clarify if he meant individuals completing methadone programs do not have a link to housing referrals. He stated it is difficult for patients to get their medications in a timely manner. If people do not successfully complete the program, he believes it is more difficult for them to receive housing assistance.

9) Adjournment

Commissioner Tingerthal asked if there was any other business to come before the Subcabinet.

Roberta Opheim (OMHDD) referenced the DHS Preventing Abuse and Neglect workplan. She requested seeing an aggregate report on the numbers and referrals from Minnesota Adult Abuse Reporting Center (MAARC), or if they could present at a future Subcabinet meeting. She noticed that calls went way up and is wondering if other reporting either went up, down or leveled off on a year-by-year basis. Her main concern is Abuse and Neglect Prevention Plan, Goal 1, to establish a public education campaign. Those numbers would be important in the development of a public education campaign.

Deputy Commissioner Johnson (DHS) stated a presentation on the numbers and analysis over the last couple of years would be developed. Commissioner Tingerthal will coordinate that for a future meeting.

Commissioner Tingerthal adjourned the meeting at 4:50 p.m.

Next Subcabinet Meeting: September 24, 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

September 24, 2018

Agenda Item:

6 (a) Workplan Compliance Report for September

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 August that were reviewed by OIO Compliance in September and verified as completed.

Attachment(s):

6a - Workplan Compliance Report for September 2018

[AGENDA ITEM 6a]

Workplan Compliance Report for September 2018

Total number of workplan activities reviewed (see attached)	9	
• Number of activities completed	9	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.

[AGENDA ITEM 6a]

Workplan Reporting for September (listed alphabetically)

Activity	Key Activity	Expected Outcome	Deadline	Agency	
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.	3/31/2018 (quarterly)	OIO	Verified as complete for September 2018 occurrence. Report included in September 2018 Subcabinet packet.
CM 2D.2	Maintain a monthly calendar to monitor and implement communication activities.	Audiences will be engaged in the Olmstead Plan implementation through communications.	8/31/2017* (monthly)	OIO	Verified as complete for September 2018 occurrence.
CR 2A.4	Using lessons learned from the pilot, recommend next steps to increase access to children's mental health crisis services in schools. This will include recruitment of racially and ethnically diverse service providers. Report to Subcabinet on status of increasing access to children's mental health services and recommendations for next steps.	Increased access to children's mental health crisis services in schools will improve the likelihood that the crisis will be resolved in school and if it is necessary for them to leave, they will experience a timely return. Pilot project will be implemented and a plan will be developed to expand it statewide.	9/1/2018	DHS MDE	Verified as complete. Report included in September 2018 Subcabinet packet.
CR 2F	Implement crisis services reform to develop effective, efficient structure of service delivery. • Establish a process for evaluation and continuous improvement. • Develop recommendations on referral and triage system. • Annually report to the Subcabinet the status of implementation.	Reform will lead to timely response and management of personal crisis, access to crisis placements and services when needed and reintegration into the community following a crisis.	9/30/2018* (annually)	DHS	Verified as complete for September 2018 occurrence. Report included in September 2018 Subcabinet packet.
PC 4B.2	Develop implementation plan and workplan based upon recommendations. Submit implementation plan and workplan to Subcabinet for review.	Subcabinet will review for approval the implementation plan that defines strategies and sequence of workplan activities. Possible extension of the Workgroup or subset of Workgroup.	10/31/2018 ~~9/30/2018~~ (Adjusted 8/18)	DHS DEED	On track for October 2018 completion.

Activity	Key Activity	Expected Outcome	Deadline	Agency	
QL 5C	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.	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	6/30/2018 (monthly)	OIO	Verified as complete for September 2018 occurrence. Report included in September 2018 Subcabinet packet.
TS 3D.1a	Report to the Subcabinet on the status of the efforts of the cross division, cross administration working group.	People at AMRTC and MSH will be discharged in a timely manner.	9/30/2018	DHS	Verified as complete. Report included in September 2018 Subcabinet packet.
TR 3E	On a quarterly basis, MnDOT and the Met Council will dedicate time on their agenda to discuss progress on transportation goals and workplan development.	MnDOT and Met Council will review progress of Olmstead transportation goals and workplans on a quarterly basis.	6/30/2017* (quarterly)	MnDOT, Met Council	Verified as complete for September 2018 occurrence.
TR 3F	Provide a semi-annual report to the Subcabinet on engagement efforts and the development of transportation opportunities.	Provide a consistent forum to engage Subcabinet partners, people with disabilities and their families and other key stakeholders in the development of transportation opportunities.	3/31/2018 (semi-annually)	MnDOT, Met Council	Verified as complete for September 2018 occurrence. Report included in September 2018 Subcabinet packet.

Olmstead Subcabinet Meeting Agenda Item

September 24, 2018

Agenda Items:

7(a) 2018 Strategic Review of Olmstead Plan Implementation

Presenter:

Agency Sponsors and Leads

Action Needed:

☐ Approval Needed

☒ Informational Item (no action needed)

Summary of Item:

This is a draft of the 2018 Strategic Review of Olmstead Plan implementation. This report includes a review of plan implementation over a three year period. It includes the status of the measurable goals, major accomplishments through workplan implementation and areas of consideration for future implementation.

Attachment(s):

7a – 2018 Strategic Review of Olmstead Plan Implementation

[AGENDA ITEM 7a]

2018 Strategic Review of Olmstead Plan Implementation

To be reviewed by the Olmstead Subcabinet

on September 24, 2018

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I. PURPOSE OF REPORT

Minnesota's Olmstead Plan was first adopted in 2015. It was a groundbreaking document that represented years of effort. The Plan's ultimate success will be measured by the number of people with disabilities who have the opportunity to live close to friends and family, work in competitive integrated employment, be educated in integrated school settings, and fully participate in community life based on their abilities and preferences.

The Olmstead Plan, in the "Updating and Extending the Olmstead Plan" section, sets forth the expectation of a strategic review of Plan implementation in 2018. This performance improvement process reviewed Plan implementation from September of 2015 through August of 2018. Examining Plan implementation over a three-year period allowed us to take stock of significant accomplishments in measurable goals and strategies and associated workplans. Most importantly, the review identified the progress or lack of progress on measurable goals that relate to the improvement in the lives of people with disabilities.

Results of this review are included in this report. The report is organized into the thirteen topic areas included in the Olmstead Plan. Each topic area includes the measurable goals in that area and the status of each goal. Goals are identified as making progress or not making progress toward the overall goal, based on the performance so far. Some goals are identified as in process. This means there is not yet sufficient data to determine progress, or that data is not yet available to determine progress.

Also included in each topic area is a review of major accomplishments achieved through the workplan implementation. Workplan activities are intended to support the strategies and measurable goals by altering policy and practice to conform to the values and expectations of the Olmstead Plan.

This report identifies areas of consideration where more progress could be made through changes in workplans, strategies, or measurable goals. Lessons learned from this review may be applied during the Workplan review and refresh in October and the Olmstead Plan amendment process occurring from December 2018 through March 2019. This will provide opportunity to build on successes or make course corrections to improve Plan performance.

II. MEASURABLE GOALS AND WORKPLAN IMPLEMENTATION

This section includes the status of the measurable goals by topic area. The goals are identified as having one of three statuses: making progress toward the overall goal, not making progress toward the overall goal, and in process. A chart is included for those goals that have sufficient data. Following the measurable goals, is a summary of critical workplan products that improved service and policy implementation focused on improved Plan implementation and ultimately improved outcomes for people with disabilities for some topic areas.

Summary of Goals – 2018 Strategic Review	Number of Goals
Making progress toward overall goal	18
Not making progress toward overall goal	8
In process	21
Goals Reported	**47**

PERSON-CENTERED PLANNING GOAL ONE: **By June 30, 2020, plans for people using disability home and community-based waiver services will meet protocols. Protocols are based on the principles of person-centered planning and informed choice. [Revised March 2018]**

RESULTS: The goal for plans to meet person-centered planning and informed choice protocols is **in process.** This goal was revised in March 2018. There is not yet sufficient data to determine progress on the overall goal.

The table below indicates the presence of the eight required elements in the case files reviewed.

1. The support plan describes goals or skills that are related to the person's **preferences**.
2. The support plan includes a global statement about the person's **dreams and aspirations**.
3. Opportunities for **choice** in the person's current environment are described.
4. The person's current **rituals and routines** are described.
5. **Social**, leisure, or religious **activities** the person wants to participate in are described.
6. Action steps describing what needs to be done to assist the person in achieving his/her **goals** or skills are described.
7. The person's preferred **living** setting is identified.
8. The person's preferred **work** activities are identified.

Time Period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Baseline April – June 2017	74%	17%	79%	62%	83%	70%	80%	71%
Quarter 1 July – Sept 2017	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
Quarter 2 Oct – Dec 2017	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
Quarter 3 Jan – March 2018	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%

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

A) INPUT INTO MAJOR LIFE DECISIONS

RESULTS: The goal to increase the percent of people reporting they have input into major life decisions is **in process.** There is not yet sufficient data to determine progress on the overall goal.

Time Period	Number Surveyed	Percent reporting they have input into major life decisions
Baseline (2014 survey)	--	40%
2015 Goal (2015 survey)	400	**44.3%**
2016 Goal (2016 survey)	427	**64%**

B) INPUT IN EVERYDAY DECISIONS

RESULTS: The goal to increase the percent of people reporting they have input in everyday decisions is **in process**. There is not yet sufficient data to determine progress on the overall goal.

Time Period	Number Surveyed	Percent reporting they have input in everyday decisions
Baseline (2014 survey)	--	79%
2015 Goal (2015 survey)	400	**84.9%**
2016 Goal (2016 survey)	427	**87%**

C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS

RESULTS: The goal to increase the percent of people reporting they are always in charge of their services is **in process**. There is not yet sufficient data to determine progress on the overall goal.

Time Period	Number Surveyed	Percent reporting they are always in charge of their services and supports
Baseline (2014 survey)	--	65%
2016 Goal (2016 survey)	1,962	**72%**

Major Accomplishments of Person-Centered Planning workplan implementation

- **Person-Centered, Informed Choice and Transition Protocol**
  The Person-Centered Planning, Informed Choice, and Transition Protocol was approved by the Subcabinet in February 2016. Revisions to the protocol were approved in March 2017. This document sets the parameters to be followed in supporting individuals with disabilities in making decisions about how they are integrated into the community of their choice and the services that support that integration. The process includes sample audits to set a baseline and monitor progress on implementation of the protocol.

- **Person-Centered Practices training initiatives**
  Agencies developed comprehensive training components to increase the awareness and understanding of people with disabilities, their families, and supporters in person-centered practices. Additionally, training and technical assistance was developed and made available to lead agencies, schools, and providers across the state. The purpose of this training and technical assistance was to increase awareness, understanding, and technical skill in the use of person-centered practices in the design and implementation of services and supports for people with disabilities.

- **Disability Hub website**
  Disability Hub MN is a free statewide resource network that helps people with disabilities solve problems, navigate the service system and plan for the future. Since launched by the Minnesota Department of Human Services in 2006, Disability Linkage Line, now Disability Hub, has evolved to offer more tools and services so people with disabilities can get up-to-date information about community resources, including work, housing and benefits. More than 30,000 people used the service in 2016.

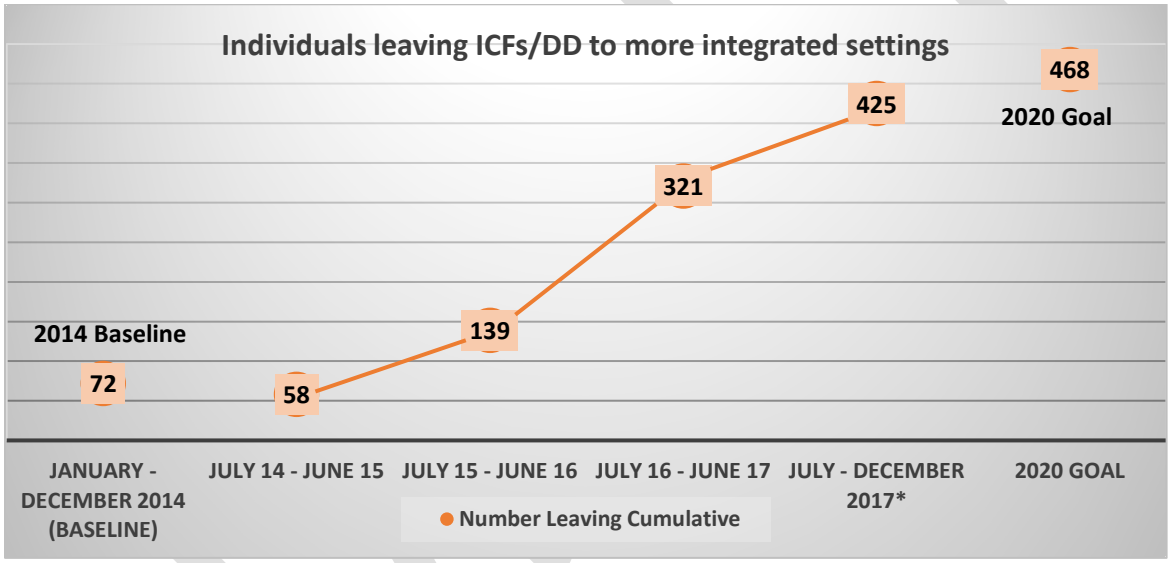
TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings[i] will be 7,138.

Overall Goals for the number of people moving from: **(A)** ICFs/DD; **(B)** nursing facilities; and **(C)** other segregated housing to more integrated settings are set forth in the following table.

Setting	2020 Goal
(A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	468
(B) Nursing Facilities (NF) under age 65 in NF > 90 days	4,470
(C) Segregated housing other than listed above	2,200
Total	**7,138**

A) INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICFs/DD)

RESULTS: The goal to increase the number of people moving from an ICF/DD to a more integrated setting is **making progress** toward the overall goal.

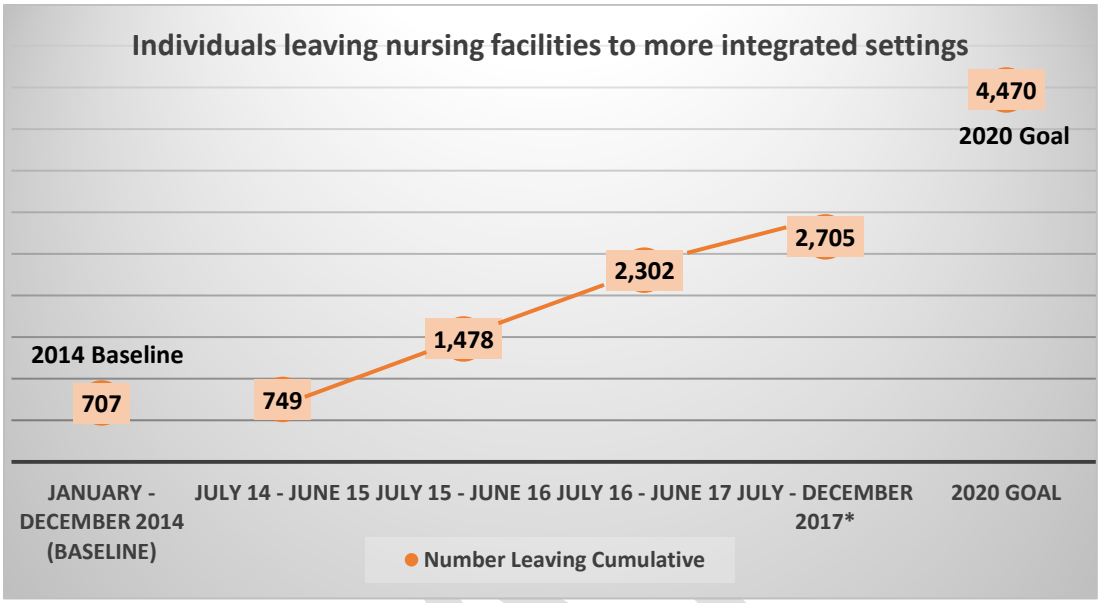


Time period	Total number of individuals leaving	Transfers[ii] (-)	Deaths (-)	Net moved to integrated setting
Baseline (Jan – December 2014)	--	--	--	**72**
2015 Goal (July 2014 – June 2015)	138	18	62	**58**
2016 Goal (July 2015 – June 2016)	180	27	72	**81**
2017 Goal (July 2016 – June 2017)	263	25	56	**182**
2018 Goal 2 Qtrs (July – Dec 2017)	129	3	22	**104**

UNIVERSE NUMBER: In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

B) NURSING FACILITIES

RESULTS: The goal to increase the number of people under age 65 in a nursing facility for more than 90 days moving to a more integrated setting is **making progress** toward the overall goal.

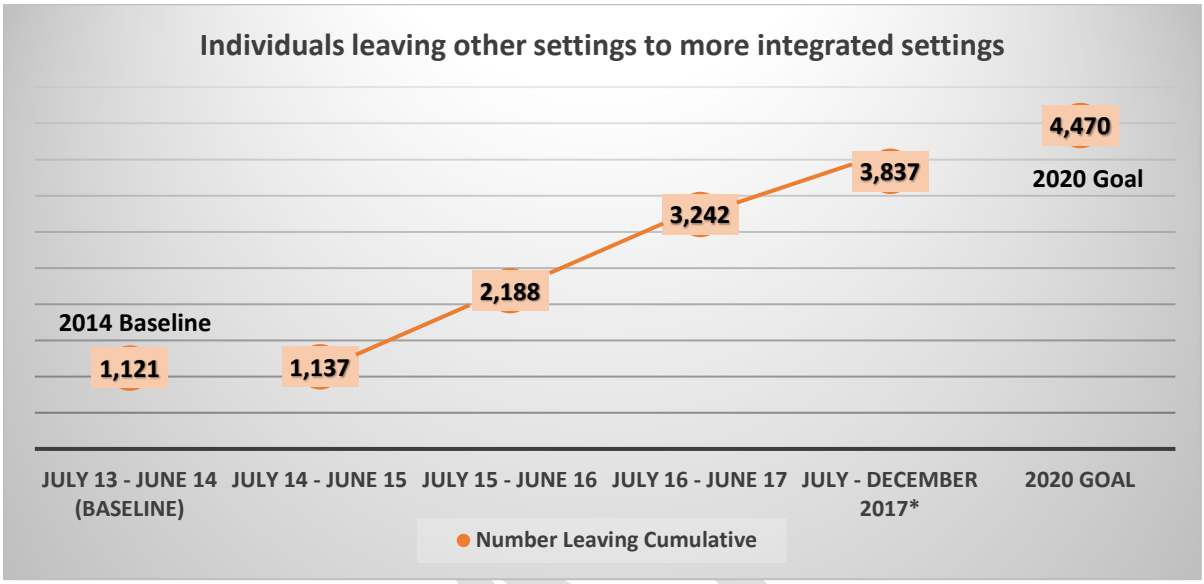


Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
Baseline (Jan – December 2014)				707
2015 Goal (July 2014 – June 2015)	1,043	70	224	**749**
2016 Goal (July 2015 – June 2016)	1,018	91	198	**729**
2017 Goal (July 2016 – June 2017)	1,097	77	196	**824**
2018 Goal – 2 Qtrs (July – Dec 2017)	540	35	102	**403**

UNIVERSE NUMBER: In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days.

C) SEGREGATED HOUSING

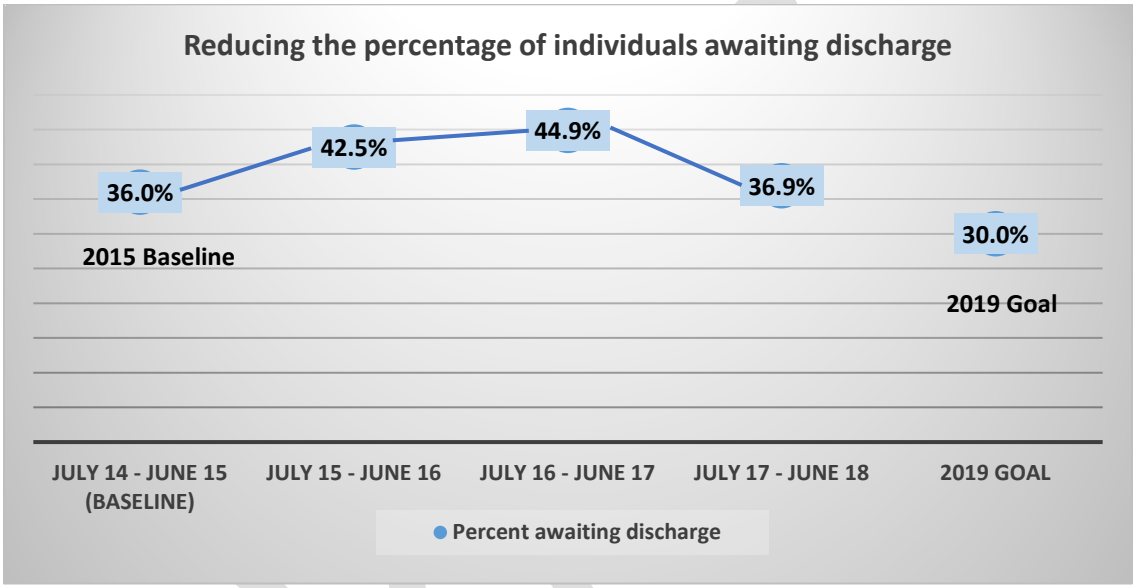
RESULTS: The goal to increase the number of people moving from other segregated settings to a more integrated setting is **making progress** toward the overall goal.



Time period	Total moves	Receiving Medical Assistance (MA)			
		Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
Baseline (July 2013 – June 2014)	5,694	1,121	--	--	--
2015 Goal (July 2014 – June 2015)	5,703	**1,137** (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Goal (July 2015 – June 2016)	5,603	**1,051** (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Goal (July 2016 – June 2017)	5,504	**1,054** (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Goal - 2 Qtrs (July – December 2017)	2,842	**595** (20.9%)	226 (8.0%)	1,776 (62.5%)	245 (8.6%)

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting[iii] will be reduced to 30% (based on daily average). [Revised February 2017]

RESULTS: The goal to reduce the percent of people under mental health commitment at AMRTC who are awaiting discharge is **not making progress** toward the overall goal.



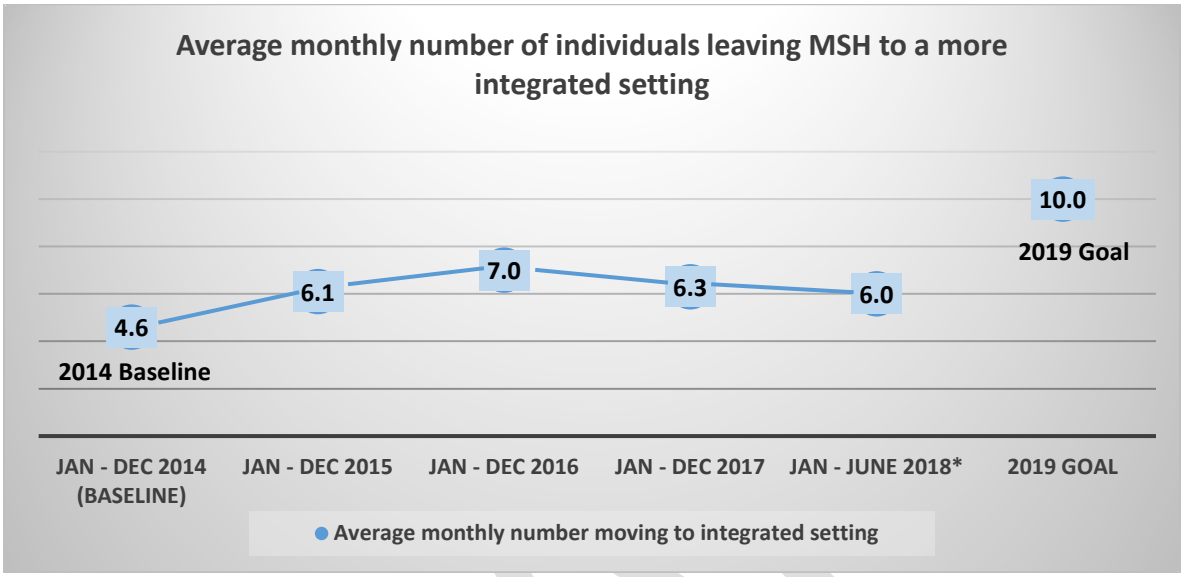
Time period	Percent awaiting discharge (daily average)	
Baseline (July 2014 – June 2015)	Daily Average = 36.0%	
2016 Goal (July 2015 – June 2016)	Daily Average = 42.5%[1]	
	Mental health commitment	**Committed after finding of incompetency**
2017 Goal (July 2016 – June 2017)	**44.9%**	29.3%
2018 Goal (July 2017 – June 2018)	**36.9%**	23.8%

UNIVERSE NUMBER: In Calendar Year 2017, 383 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 91.9.

[1] This data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported for the two categories.

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting will increase to 10 individuals per month. [Revised February 2017]

RESULTS: The goal to increase the average monthly number of individuals leaving MSH to a more integrated setting is **not making progress** toward the overall goal.



Time period	Total number of individuals leaving	Transfers[iv] (-)	Deaths (-)	Net moved to integrated setting
Baseline (January – December 2014)	--	--	--	Average = 4.6
January – December 2015	188	107	8	73 Average = 6.1
2016 Goal (January – December 2016)	184	97	3	84 **Average = 7.0**
2017 Goal (January – December 2017)	199	114	9	76 **Average = 6.3**
2018 Goal Quarter 1 and 2 (January – June 2018)	117	79	2	36 **Average = 6.0**

UNIVERSE NUMBER: In Calendar Year 2017, 581 patients received services at MSH. This may include individuals who were admitted more than once during the year. The average daily census was 358.4.

TRANSITION SERVICES GOAL FOUR: **By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.]** **[Revised March 2018]**

RESULTS: The goal for adherence to transition protocols is **in process.** This goal was modified in March 2018. There is not yet sufficient data to determine progress on the overall goal.

The plan is considered to meet the transition protocols if all ten items below (from "My Move Plan" document) are present:

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?
6. How the person will get his or her belongings.
7. Medications and medication schedule.
8. Upcoming appointments.
9. Who will provide support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes.
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis.

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	12 of 23 **(52.2%)**
Baseline – Qtr 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 **(68.2%)**
Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	15 of 17 **(88.2%)**

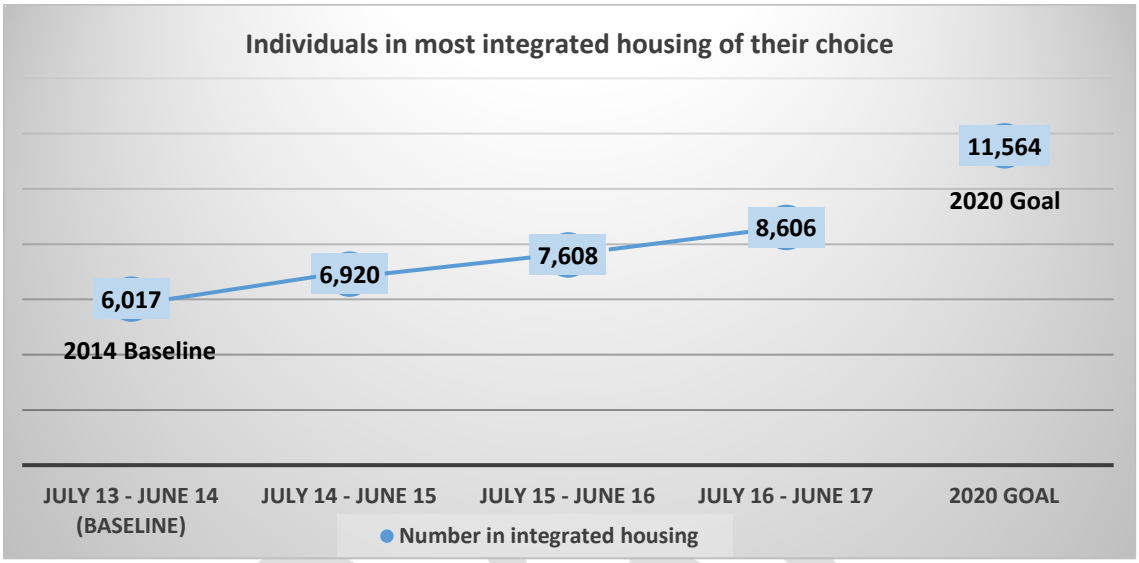
Major Accomplishments of Transition Services workplan implementation

- **Person-Centered, Informed Choice and Transition Protocol**
  The Person-Centered Planning, Informed Choice, and Transition Protocol was approved by the Subcabinet in February 2016. Revisions to the protocol were approved in March 2017. This document sets the parameters to be followed in supporting individuals with disabilities in making decisions about how they are integrated into the community of their choice and the services that support that integration. These parameters are critical for supporting individuals, family members, and supporters who are doing transition planning from a segregated to integrated setting. The agency monitors progress on the use of this process through routine audits.

- **Person-Centered Practices training initiatives**
  Agencies developed comprehensive training components to increase the awareness and understanding of people with disabilities, their families, and supporters in person-centered practices. Additionally, training and technical assistance was developed and made available to lead agencies, schools, and providers across the state. The purpose of this training and technical assistance was to increase awareness, understanding, and technical skill in the use of person-centered practices in the design and implementation of services and supports for people with disabilities.

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

RESULTS: The goal to increase the number of individuals living in the most integrated housing with a signed lease is **making progress** toward the overall goal.



Time period	People in integrated housing	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	6,017	--	--
2015 Goal (July 2014 – June 2015)	6,920	+903	**903 (15%)**
2016 Goal (July 2015 – June 2016)	7,608	+688	**1,591 (26.4%)**
2017 Goal (July 2016 – June 2017)	8,606	+998	**2,589 (43%)**

Major Accomplishments of Housing and Services workplan implementation

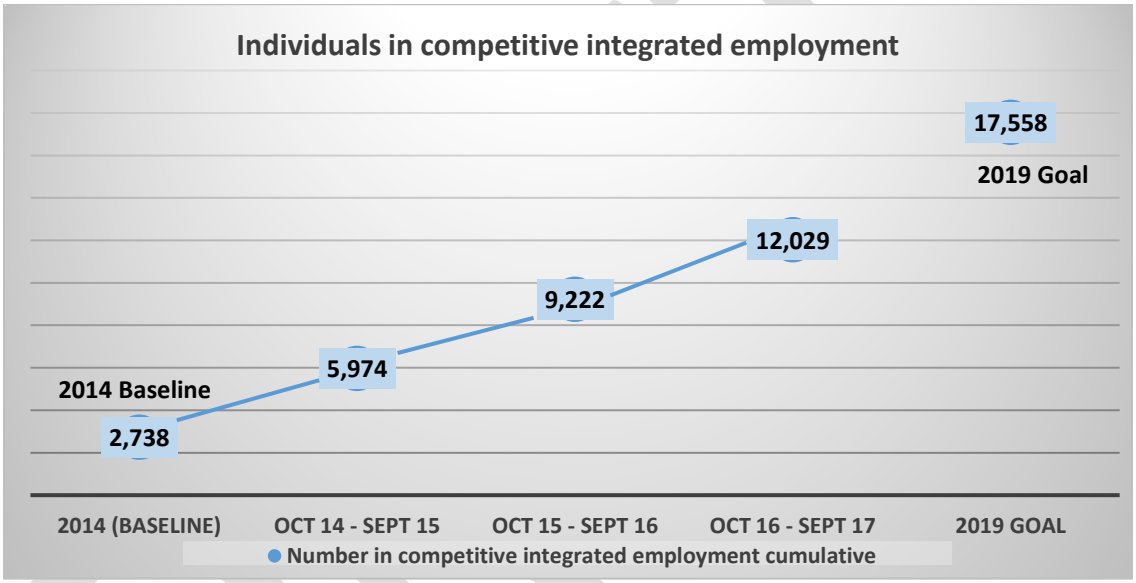
- **Housing Support (Group Residential Housing reform)**
  Housing Support policy changes will promote choice and access to integrated settings by giving people more control regarding the county in which they prefer to live, removing barriers to working, and separating the service payment from the housing payment so people can have informed choice of housing and services.

- **Housing Link website**
  HousingLink is a website designed to provide information, resources, and support to people seeking housing. In 2016, Minnesota Housing and HousingLink implemented a plan to raise awareness about the website and gathered feedback on needed enhancements. Enhanced features and accessibility improvements were made to HousingLink based on the received feedback.

- **Housing Benefits 101**
  Housing Benefits 101 housing planning tool was created in 2016. It is a free web-based tool that can help people with disabilities decide where they want to live. At HB101.org individuals can explore their individual housing goals, learn more about housing options, learn more about services and programs to support them in their homes, and create a plan to reach their individual goals.

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals[2] receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

RESULTS: The goal to increase the number of individuals receiving VRS and SSB services who are in competitive integrated employment is **making progress** toward the overall goal. It should be noted that although the progress is being made on the goal increasing the number of individuals achieving competitive integrated employment VRS and SSB are required to institute the "order of selection process". An order of selection process is required when VRS and SSB cannot serve all persons with disabilities who are seeking services. The order of selection process defines a priority system for who will be served first.



	Number of Individuals Achieving Employment Outcomes		
Time period Federal Fiscal Year (FFY)	**Vocational Rehabilitation Services (VRS)**	**State Services for the Blind (SSB)**	**Total**
Baseline (2014)	--	--	**2,738**
2015 Goal (October 2014 – Sept 2015)	3,104	132	**3,236**
2016 Goal (October 2015 – Sept 2016)	3,115	133	**3,248**
2017 Goal (October 2016 – Sept 2017)	2,713	94	**2,807**

[2] "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

EMPLOYMENT GOAL TWO: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,000 over baseline to 11,137 in competitive integrated employment. [Revised March 2018]

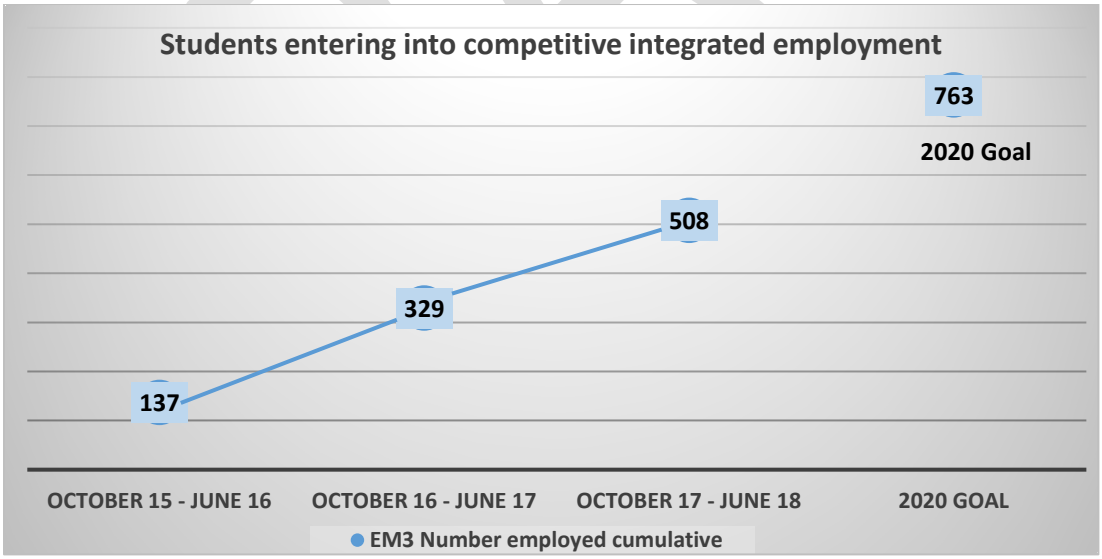
RESULTS: The goal to increase the number of individuals receiving Medical Assistance (MA) services who are in competitive integrated employment is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

MA Recipients (18 -64) in Competitive Integrated Employment (CIE)

Time period	Total MA recipients	Number in CIE ($600+/month)	Percent of MA recipients in CIE	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	50,157	6,137	12.2%	--	--
2016 Goal (July 2014 – June 2015)	49,922	6,596	13.2%	459	459
2017 Goal (July 2015 – June 2016)	52,383	8,203	15.7%	1,607	**2,066**

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

RESULTS: The goal to increase the number of students that enter into competitive integrated employment is **making progress** toward the overall goal.



Time period	Number of students with DCD, ages 19-21 that enter into competitive integrated employment
2016 Goal (October 2015 to June 2016)	**137**
2017 Goal (October 2016 to June 2017)	**192**
2018 Goal (October 2017 to June 2018)	**179**

EMPLOYMENT GOAL FOUR: By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82. [Adopted February 2017]

RESULTS: The goal to increase the number of employed peer support specialists is **in process**. There is not yet sufficient data to determine progress towards the overall goal.

Time period ending	Number of employed peer support specialists	Increase over baseline
Baseline (As of April 30, 2016)	16	---
2017 Goal (As of December 31, 2017)	46	**30**

Major Accomplishments of Employment workplan implementation

- **Employment First policy**
  In 2015, DEED, MDE, and DHS collaborated with a group of community stakeholders to develop the Minnesota Employment First Policy. Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose competitive integrated employment or they may not object to moving to competitive integrated employment, or they may choose segregated employment.

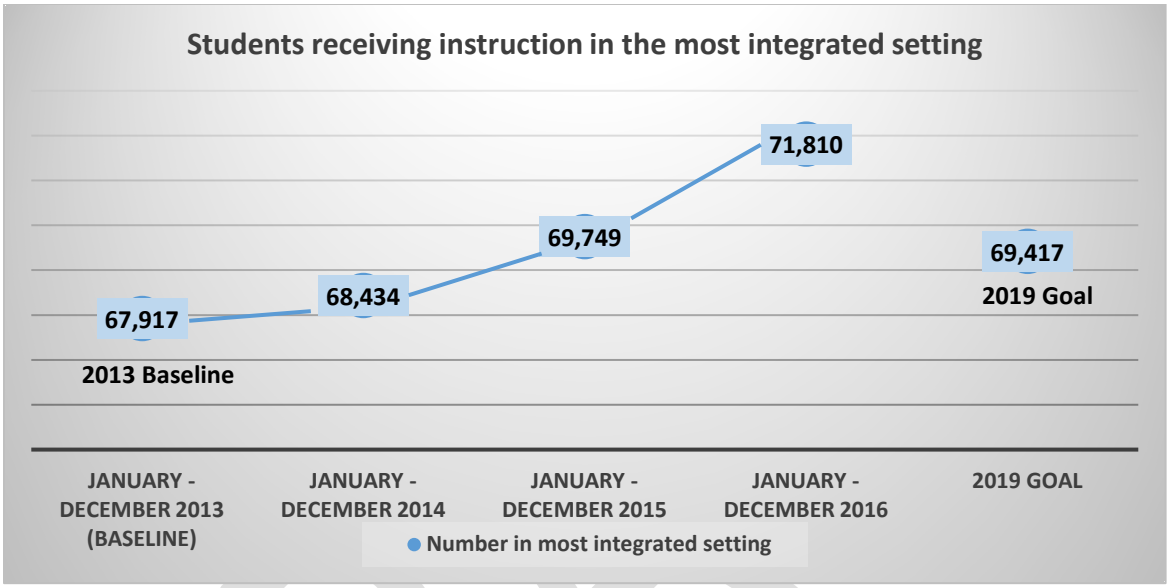
- **Workforce Innovation and Opportunity Act (WIOA) implementation**
  WIOA is landmark legislation that is designed to strengthen and improve our nation's public workforce system and help get Americans, including youth and those with significant barriers to employment, into high-quality jobs and careers and help employers hire and retain skilled workers. Implementation of WIOA began in Minnesota in 2016. DEED, MDE and DHS collaborate to ensure students with disabilities exiting school and other adults with disabilities have access to competitive integrated employment as a first option over segregated employment settings.

- **Employment waiver services changes**
  DHS proposed changes to support competitive integrated employment to Center for Medicaid Services (CMS). The changes to the federal Medicaid waiver plan included revised employment service definitions. The changes have been approved and are now being implemented.

- **Increased employment of peer support specialists**
  Certified Peer Support Specialists are individuals with lived experience with mental illness who are trained and certified to work as professionals in the delivery of mental health services. Certified Peer Support Specialist (CPS) services are a Medicaid reimbursable service in Adult Rehabilitative Mental Health Services (ARMHS), Intensive Rehabilitative Intensive Services (IRTS), Assertive Community Treatment (ACT) teams and crisis services. Increases in the number of individuals employed as a CPS successfully achieved the 2017 goal.

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

RESULTS: The goal to increase the number of students receiving instruction in the most integrated settings is **making progress** towards the overall goal. The 2019 overall goal has been reached. It should be noted that although the goal is making progress for number of students, the percent only increased from 62.1% to 62.3%. This was due to an increase in total number of students with disabilities during the time period.



Time period	Total number of students with disabilities (ages 6 – 21)	Students with disabilities in most integrated setting (percentage)	Change from baseline
Baseline (January – December 2013)	109,332	67,917 (62.11%)	--
January – December 2014	110,141	68,434 (62.1%)	517
2015 Goal (January – December 2015)	112,375	69,749 (62.1%)	**1,832**
2016 Goal (January – December 2016)	115,279	71,810 (62.3%)	**3,893**

EDUCATION GOAL TWO: By June 30, 2020, the number of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase by 492 (from 2,107 to 2,599). [Revised February 2017 and March 2018]

Baseline: Based on 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDS), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,107 enrolled in the fall of 2014 into an integrated postsecondary institution.

RESULTS: The goal to increase the number of students enrolling in an integrated postsecondary education setting in the fall after graduation is **in process.** This goal was revised in March 2018. Progress on this goal has not yet been reported.

EDUCATION GOAL THREE: By June 30, 2020, 96% of students with disabilities in 31 target school districts will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. The framework to measure active consideration will be based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004. [Adopted June 2016 and Revised March 2018]

RESULTS: The goal to increase the percent of students who have active consideration of assistive technology during their annual IEP team meeting is **in process**. This goal was revised in March 2018. There is not yet sufficient data to determine progress towards the overall goal.

Time period	Number of student IEP team meetings	Number with active consideration of AT	Percent with active consideration
Baseline (October – December 2016)	28	26	92.8%
2018 Goal (July 2017 – June 2018)	274	260	**94.9%**

Major Accomplishments of Education workplan implementation

- **Expansion of Positive Behavioral Interventions and Supports**
  One barrier that prevents students with disabilities from receiving instruction in the most integrated setting is the use of restrictive procedures. Positive Behavioral Intervention and Supports (PBIS) has proven effective in reducing the use of restrictive procedures, which results in increased access of students to the most integrated setting.

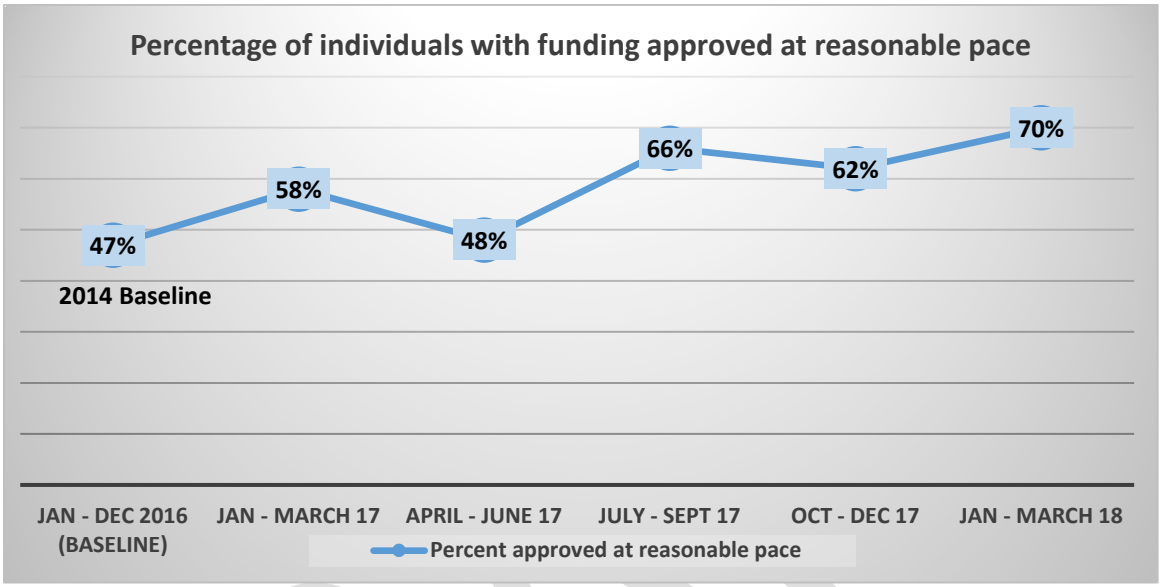
- **Reintegration protocol**
  The State has made it a priority for students with disabilities exiting Minnesota Correctional Facility (MCF)-Red Wing to return to their resident school district. A reintegration protocol has been adopted to plan their return. Use of the Reintegration Protocol was finalized and MCF-Red Wing began using it on July 1, 2016 for all new students with disabilities and those who will be at MCF-Red Wing for six or more months.

- **Assistive Technology Teams project**
  The Assistive Technology Teams project objective is to ensure teams consider the use of assistive technology in school to improve educational outcomes. Participating Assistive Technology (AT) Teams reported actual consideration of assistive technology during all IEP team meetings reported in survey data during the 2016-17 school year. Actual consideration rates included both active consideration by the IEP team, and the times when AT Team leads provided additional prompting.

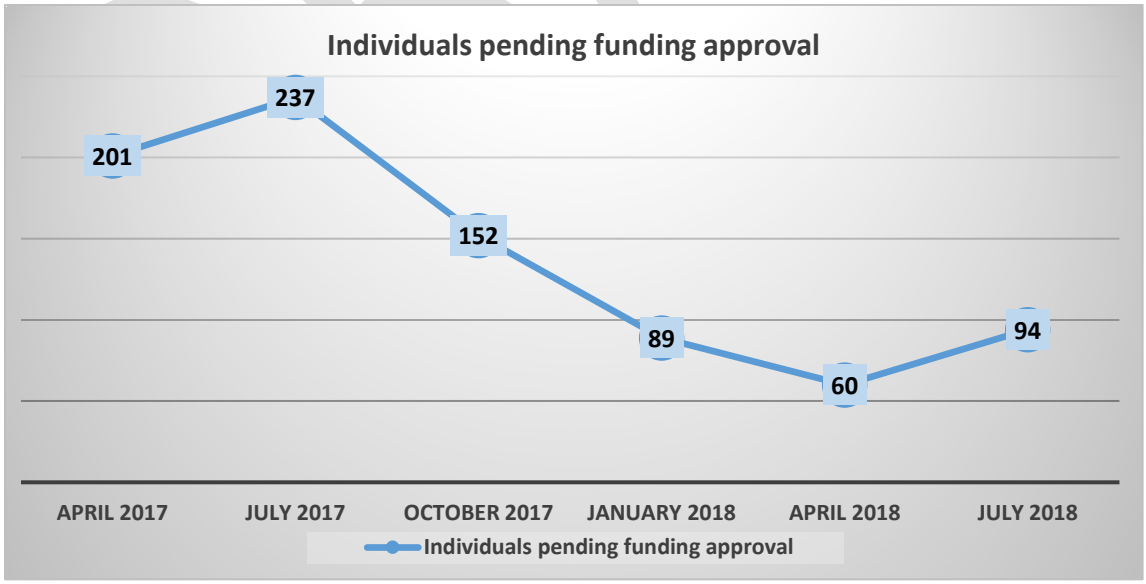
- **Statewide Longitudinal Education Data System (SLEDS)**
  Prior to the adoption of the SLEDS data the agency used a voluntary sample process to determine student enrollment in the post-secondary education system. The SLEDS data system provides a more complete data set and is more valid and reliable.

TIMELINESS OF WAIVER FUNDING GOAL ONE: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver. [Revised March 2018]

RESULTS: The goal to increase the number of individuals with funding approved at a reasonable pace is **making progress** toward the overall goal.



RESULTS: The goal to decrease the number of individuals pending funding approval is **making progress** toward the overall goal. It should be noted that the number of individuals pending funding approval rose slightly in the last quarter reported.



Individuals with funding approved at a reasonable pace

Time Period	Total number of people assessed	Reasonable Pace (Funding approved within 45 days)	
		Number of individuals	Percentage of individuals
January – December 2016 (Baseline)	1,500	707	47%
January – March 2017	409	237	58%
April – June 2017	506	241	48%
July – September 2017	448	293	66%
October – December 2017	367	229	62%
January – March 2018	389	272	70%

Individuals pending funding approval

Point in time	Total number of people pending funding approval
April 1, 2017	201
July 1, 2017	237
October 1, 2017	152
January 1, 2018	89
April 1, 2018	60
July 1, 2018	94

Major Accomplishments of Timeliness of Waiver Funding workplan implementation

- **Urgency categorization system and reasonable pace guidelines**
  A new urgency categorization system and reasonable pace guidelines for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The new system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace standards have been established for each of these categories. These changes allow the Subcabinet to monitor the number of people seeking funding and the timeliness of access to funding.

- **Increased flexibility in allocation of waiver funding**
  In order to increase efficiency in timeliness of access to waiver funding DHS sought and received authority to allocate funds with increased flexibility. This allows the timely allocation of funding to an area in need from an area that is not presently in need.

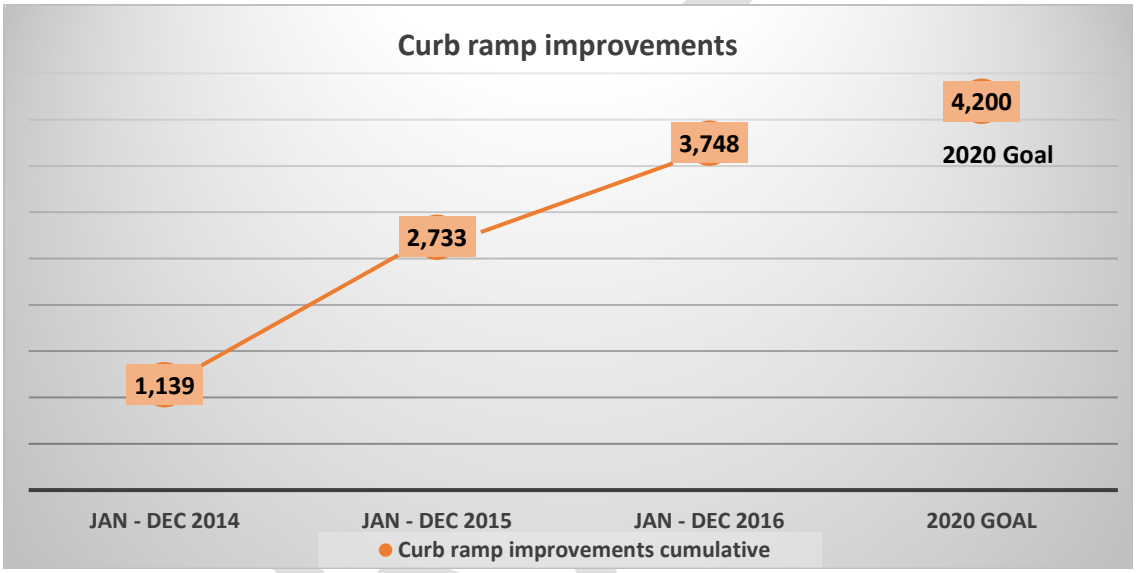
- **Elimination of Community Access for Disability Inclusion (CADI) waiver waiting list**
  People's access to CADI waiver funding was improved resulting in the elimination of the waiting list.

TRANSPORTATION GOAL ONE: **By December 31, 2020 accessibility improvements will be made to (A) 4,200 curb ramps (increase from base of 19% to 38%); (B) 250 accessible pedestrian signals (increase from base of 10% to 50%); and (C) by October 31, 2021, improvements will be made to 30 miles of sidewalks. [Revised February 2017]**

A) Curb Ramps

Overall Goal: By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps bringing the percentage of compliant ramps to approximately 38%.

RESULTS: The goal to increase the number of improvements to curb ramps is **making progress** toward the overall goal.

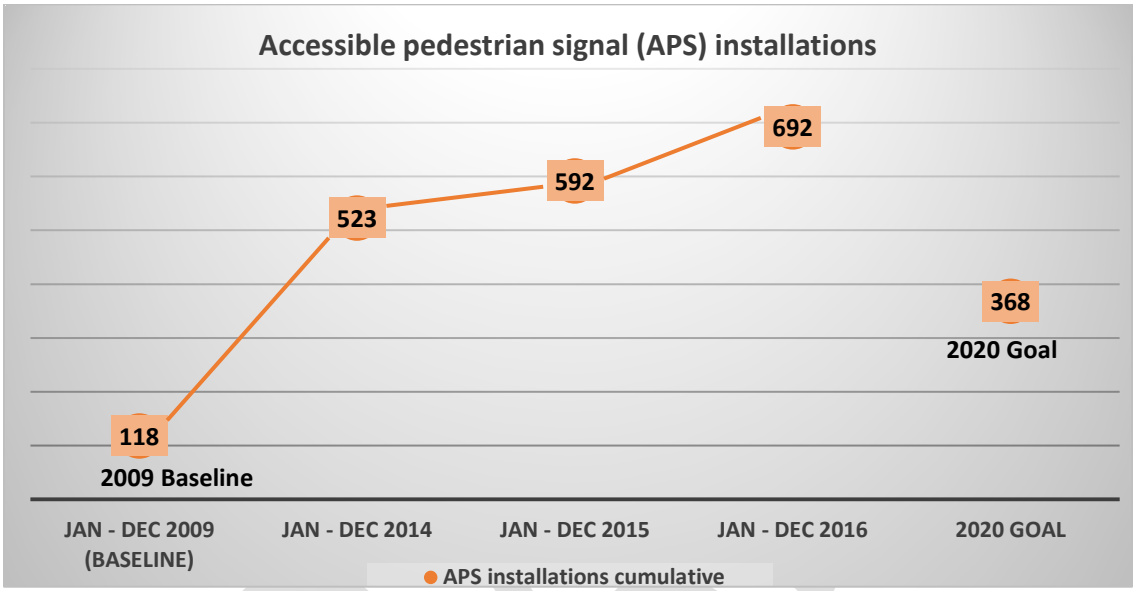


Time period	Curb ramp improvements	Total curb ramp improvements	PROW compliance rate
Baseline (January – December 2012)	Baseline	Baseline	19%
January – December 2014	1,139	**1,139**	24.5%
January – December 2015	1,594	**2,733**	28.5%
January – December 2016	1,015	**3,748**	35.0%

B) Accessible Pedestrian Signals

Overall Goal: By December 31, 2020 accessibility improvements will be made to 250 accessible pedestrian signals (increase from base of 10% to 50%).

RESULTS: The goal to increase the number of APS installations is **making progress** toward the overall goal. The 2020 overall goal has been reached.

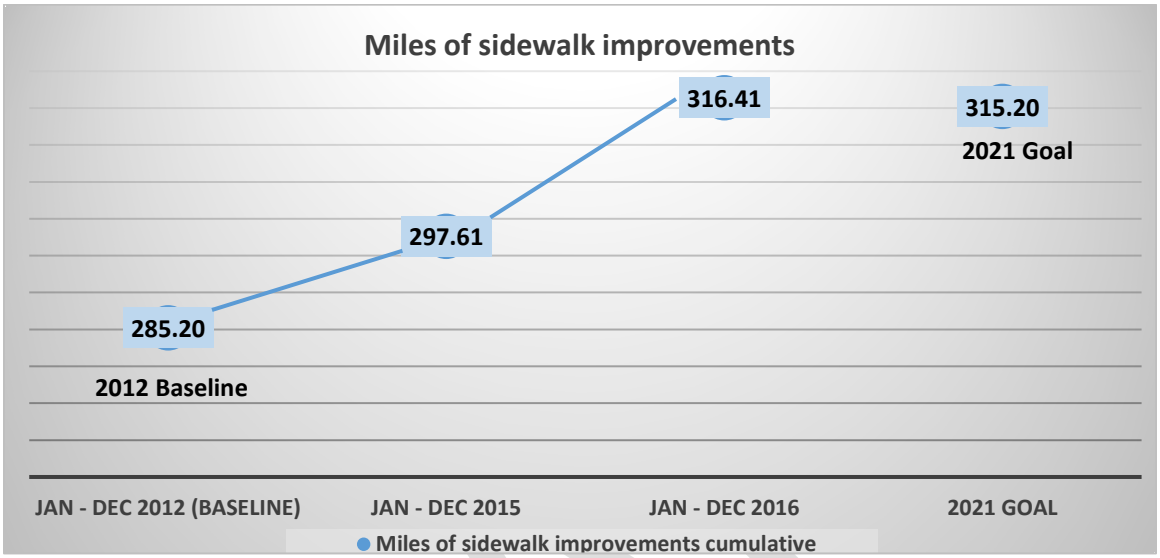


Time period	Total APS in place	Increase over previous year	Increase over 2009 baseline
Baseline (January – December 2009)	118 of 1,179 APS (10%)	N/A	Baseline
2015 Goal (January - December 2014)	523 of 1,179 APS (44%)	N/A	405
2016 Goal (January - December 2015)	592 of 1,179 APS (50%)	**69**	474
2017 Goal (January - December 2016)	692 of 1,179 APS (59%)	**100**	574

C) Sidewalks

Overall Goal: By October 31, 2021 improvements will be made to 30 miles of sidewalks.

RESULTS: The goal to increase the number of sidewalk improvements is **making progress** toward the overall goal. The 2021 overall goal has been reached.



Time period	Sidewalk improvements	Total improvements to date	PROW compliance rate
Baseline (January – December 2012)	N/A	0	46%
January - December 2015	**12.41 miles**	12.41	47.3%
2017 Goal (January - December 2016)	**18.8 miles**	31.21	49%

TRANSPORTATION GOAL TWO: By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase). [Revised February 2017]

RESULTS: The goal to increase the annual number of service hours is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time Period	Service Hours	Change from previous year	Change from baseline
Baseline (January – December 2014)	1,200,000	N/A	N/A
January - December 2015	1,218,787	18,787	18,787
2017 Goal (January - December 2016)	1,454,701	**235,914**	254,701

TRANSPORTATION GOAL THREE: By 2025, expand transit coverage so that 90% of the public transportation service areas in Greater Minnesota will meet minimum service guidelines for access. [Revised February 2017 and March 2018]

Baseline:
In December 2016, the percentage of public transportation in Greater Minnesota meeting minimum service guidelines for access was 47% on weekdays, 12% on Saturdays and 3% on Sundays.

Percentage of public transportation meeting minimum service guidelines for access	
Weekday	47%
Saturday	12%
Sunday	3%

RESULTS: The goal to expand transit coverage in Greater Minnesota is **in process**. This goal was revised in March 2018. Progress on this goal has not yet been reported.

TRANSPORTATION GOAL FOUR: By 2025, transit systems' on time performance will be 90% or greater statewide. [Revised February 2017]

RESULTS: The goal to meet the 2025 on time performance goal is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

On-time performance by service level

Time period	Transit Link	Metro Mobility	Metro Transit	Greater Minnesota	Combined average
Baseline Jan – Dec 2014	97%	96.3%	86%	76%	**88.8%**
Jan – Dec 2016	98.5%	96.8%	87.1% • Bus…….. 85.1% • Green light rail…. 82.9% • Blue light rail…….. 87.2% • Commuter rail….. 93.2%	76%	**89.6%**

TRANSPORTATION GOAL FIVE: By 2040, 100% percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area. [Adopted March 2018]

Baseline: The percentage of target population served by regular route level of service for each market area is as follows: Market Area 1 = 95%; Market Area 2 = 91%; and Market Area 3 = 67%.

RESULTS: The goal to increase the level of service is **in process**. This goal was adopted in March 2018. Progress on this goal has not yet been reported.

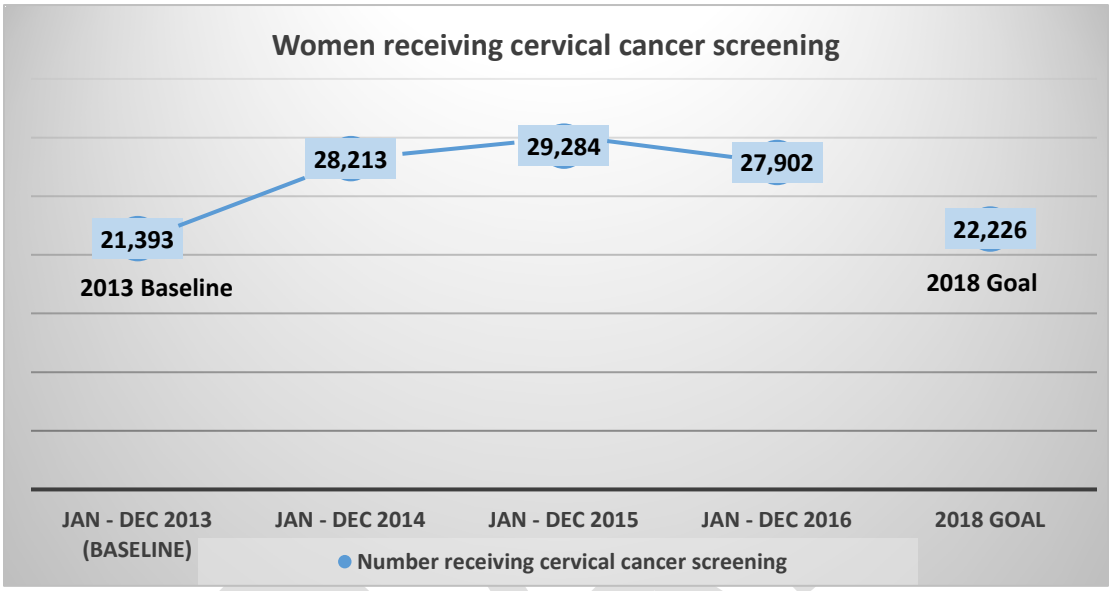
Major Accomplishments of Transportation workplan implementation

- **Regional Transportation Coordinating Councils**
  The agency is developing a statewide framework of Regional Transportation Coordinating Councils (RTCCs) in Greater Minnesota and the Metro Area. Councils will coordinate transportation providers and service agencies to fill transportation gaps, provide more service, streamline access to transportation and provide customers more options of where and when to travel.

  The RTCCs will break down transportation barriers and offer a seamless system of transportation services. They will be responsible for coordinating transportation services through a network of existing public, private and non-profit transportation providers

HEALTHCARE AND HEALTHY LIVING GOAL ONE: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care[3] focusing specifically on cervical cancer screening will increase by 833 people compared to the baseline. [Revised March 2018]

RESULTS: This goal is **making progress** toward the overall goal. The 2018 overall goal has been reached.



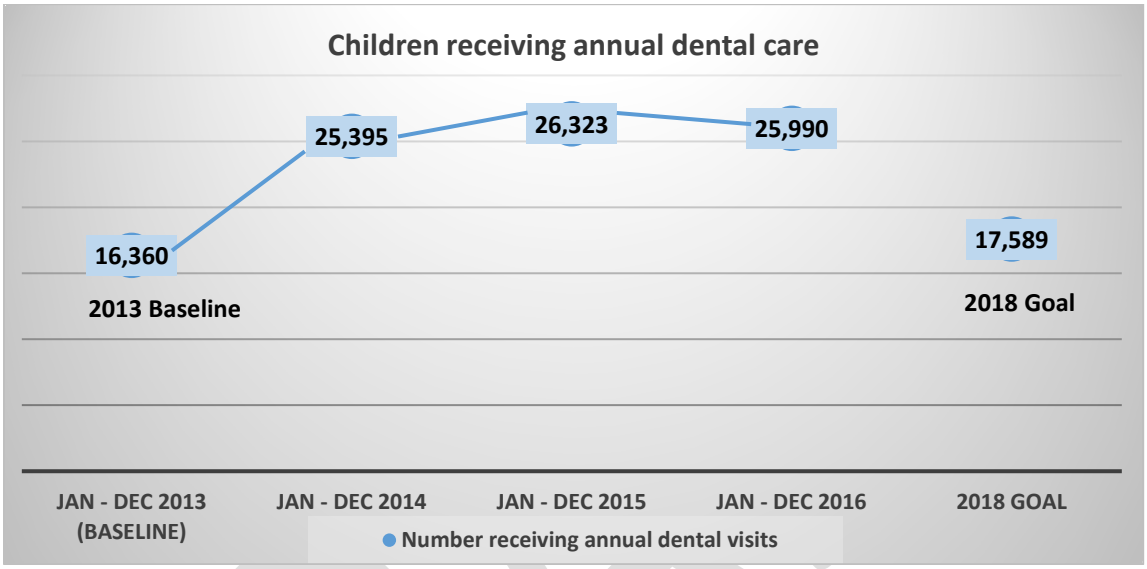
Time period	Number receiving cervical cancer screenings	Change from previous year	Change from baseline
Baseline (January – December 2013)	21,393	Baseline Year	Baseline Year
January – December 2014	28,213	6,820	6,820
January – December 2015	29,284	1,071	7,891
2016 Goal (January – December 2016)	27,902	<1,382>	**6,509**

[3] Appropriate care will be measured by current clinical standards.

HEALTHCARE AND HEALTHY LIVING GOAL TWO: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by (A) 1,229 children and (B) 1,055 adults over baseline.

A) CHILDREN ACCESSING DENTAL CARE

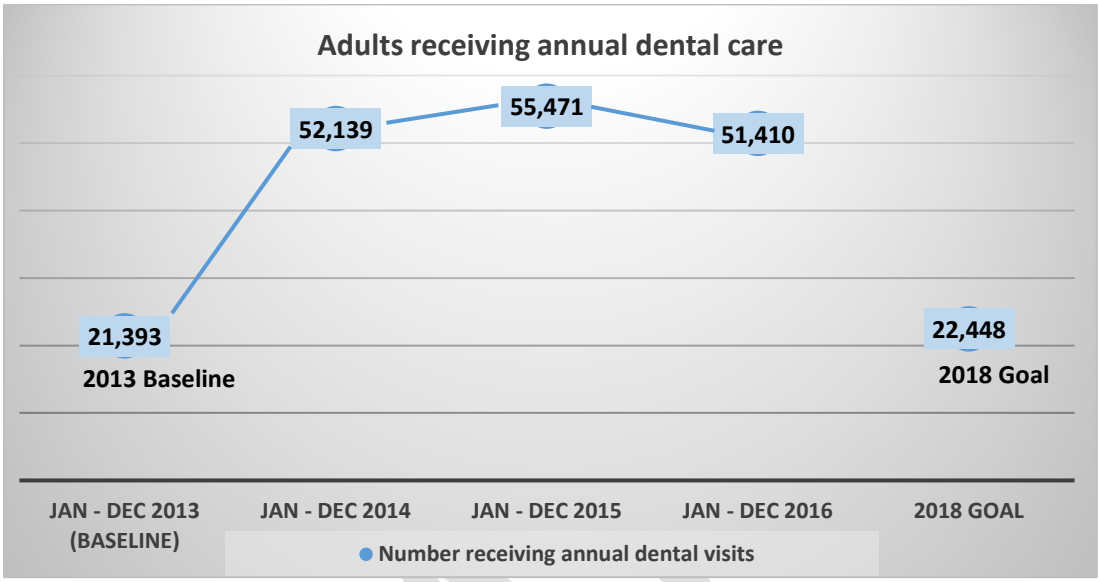
RESULTS: The goal is **making progress** toward the overall goal. The 2018 overall goal has been reached.



Time period	Number of children with disabilities who had annual dental visit	Change from previous year	Change from baseline
Baseline (January – December 2013)	16,360	Baseline Year	Baseline Year
January – December 2014	25,395	9,035	9,035
January – December 2015	26,323	928	9,963
2016 Goal (January – December 2016)	25,990	<333>	9,630

B) ADULTS ACCESSING DENTAL CARE

RESULTS: The goal is **making progress** toward the overall goal. The 2018 overall goal has been reached.



Time period	Number of adults with disabilities who had annual dental visit	Change from previous year	Change from baseline
Baseline (January – December 2013)	21,393	Baseline Year	Baseline Year
January – December 2014	52,139	30,746	30,746
January – December 2015	55,471	3,332	34,078
2016 Goal (January – December 2016)	51,410	<4,061>	30,017

Major Accomplishments of Health Care and Healthy Living workplan implementation

- **Behavioral health homes**
  Behavioral health home model is a person-centered medical care model. The model provides a focused effort to serve the whole person across primary care, mental health, substance use disorder treatment, long-term services and supports, and social service components of our health care delivery system

  At the end of June 2017, there were 26 providers across the State of Minnesota that were certified to provide behavioral health home (BHH) services. In addition, DHS has four (4) providers that are undergoing the certification process to provide BHH services. One of the certified providers includes a clinic for Latino Youth.

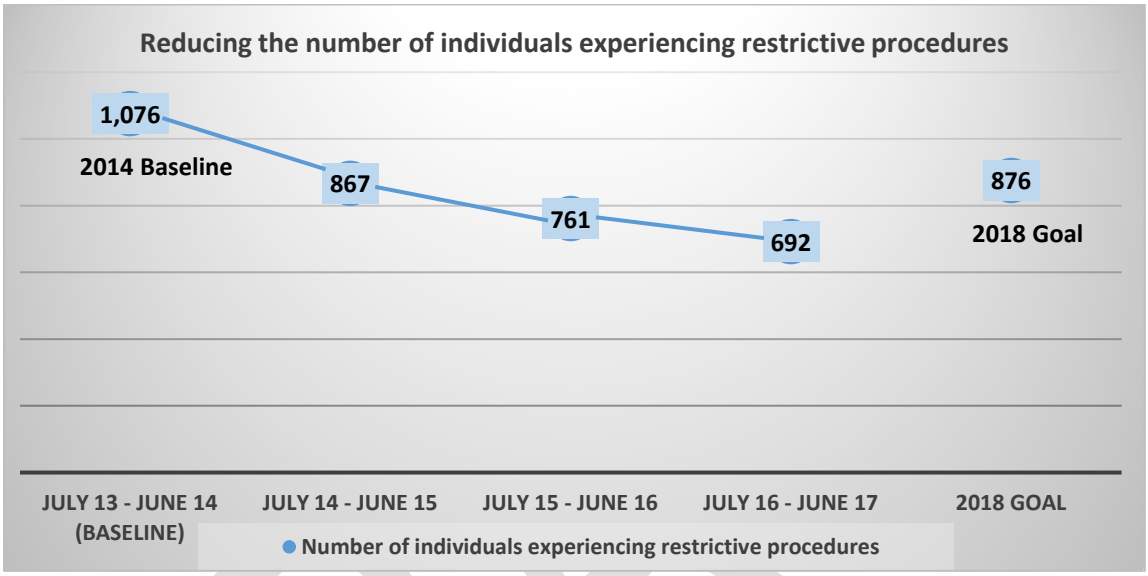
- **Health care homes**
  Health care home models have demonstrated improved overall health for people with severe mental illness. Beginning in 2015 efforts by DHS to increase the number of health care clinics certified as heath care homes resulted in increases in certified clinics. During 2016, 22 clinics

became certified totaling 53% of health care clinics certified. Additionally there are another 39 clinics working toward certification.

- **Increased access to dental services by adults and children with disabilities.**
  In 2016, MDH and DHS held a mid-course review of the Oral Health State Plan (OHSP). MDH and DHS reviewed the current OHSP and worked collaboratively to revise the plan's objectives and strategies to include people with disabilities, mental illness, and special health care needs. During the reporting years of 2013 through 2016 the goal of increasing access to dental care for adults and children has been achieved.

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

RESULTS: The goal to reduce the number of individuals experiencing restrictive procedures is **making progress** toward the overall goal. The 2018 overall goal has been reached.

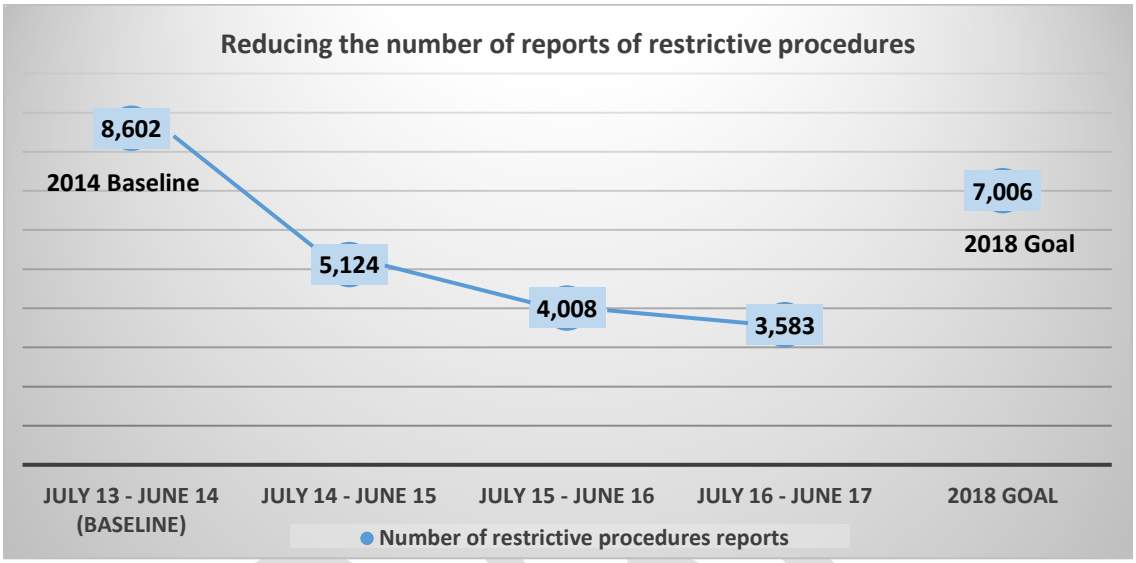


Time period	Individuals who experienced restrictive procedure	Reduction from previous year
Baseline (July 2013 – June 2014)	1,076 (unduplicated)	Baseline
2015 Goal (July 2014 – June 2015)	867 (unduplicated)	**209**
2016 Goal (July 2015 – June 2016)	761 (unduplicated)	**106**
2017 Goal (July 2016 - June 2017)	692 (unduplicated)	**69**

UNIVERSE NUMBER: In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

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

RESULTS: The goal to reduce the number of reports of restrictive procedures is **making progress** toward the overall goal. The 2018 overall goal has been reached.



Time period	Number of BIRF reports	Reduction from previous year
Baseline (July 2013 – June 2014)	8,602	Baseline
2015 Goal (July 2014 – June 2015)	5,124	**3,478**
2016 Goal (July 2015 – June 2016)	4,008	**1,116**
2017 Goal (July 2016 – June 2017)	3,583	**425**

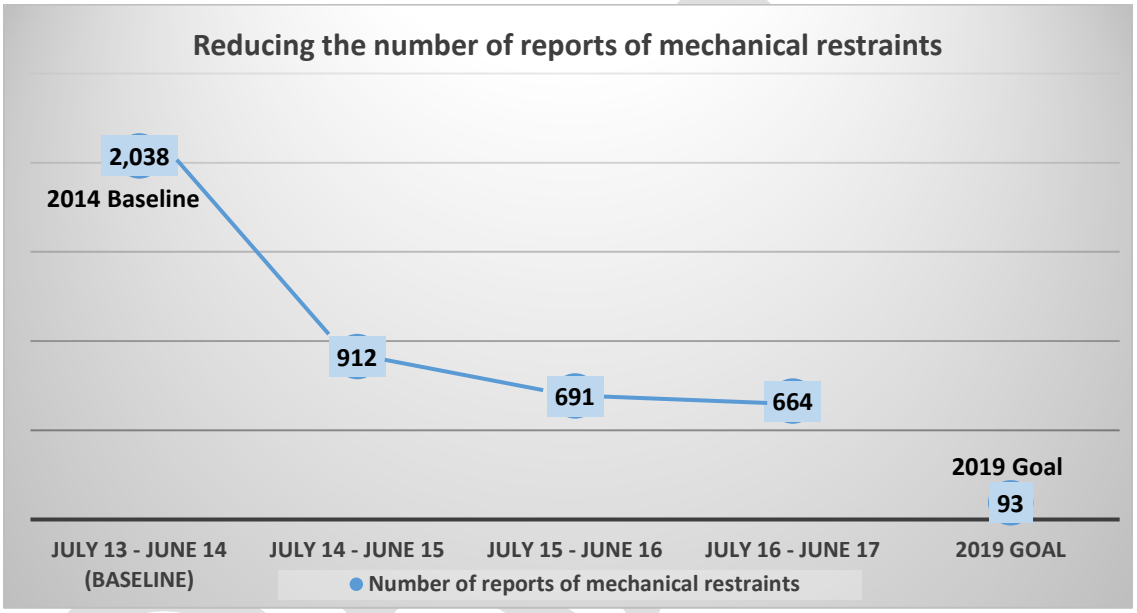
UNIVERSE NUMBER:
In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

POSITIVE SUPPORTS GOAL THREE: **Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544[vi], with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).**

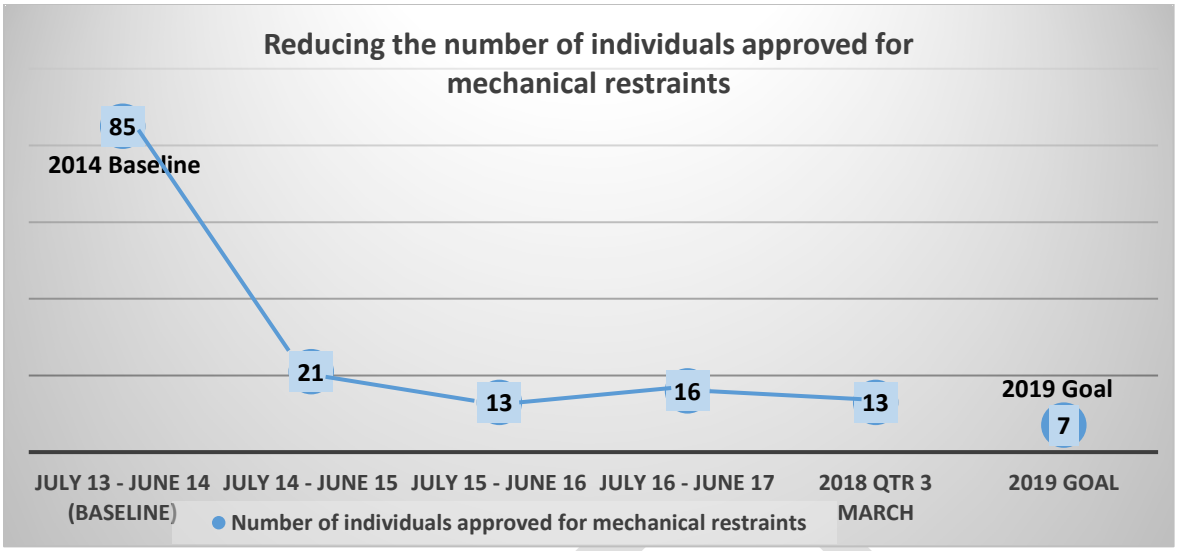
- **By December 31, 2019, the emergency use of mechanical restraints will be reduced to (A) < 93 reports and (B) < 7 individuals.**

RESULTS:

(A) The goal to reduce the number of reports of mechanical restraints is **not making progress** toward the overall goal.



(B) The goal to reduce the number of individuals approved for mechanical restraints is **making progress** toward the overall goal.



Time period	(A) Number of reports during the time period	(B) Number of individuals at end of time period
Baseline (July 2013 – June 2014)	2,038	85
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Quarter 1 (July – Sept 2017)	192	15
2018 Quarter 2 (Oct – Dec 2017)	167	13
2018 Quarter 3 (Jan – March 2018)	158	13

POSITIVE SUPPORTS GOAL FOUR: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services. [Revised February 2017]

RESULTS: The goal to reduce the number of students experiencing restrictive procedures is **in process**. There is not yet sufficient data to determine progress towards the overall goal.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	147,360	3,034 (2.1%)	N/A
2017 Goal 2016-17 school year	151,407	**3,476 (2.3%)**	**+ 442 (0.2%)**

POSITIVE SUPPORTS GOAL FIVE: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive

procedures per student who experienced the use of restrictive procedures in the school setting. [Revised February 2017]

RESULTS:

The goal to reduce the number of restrictive procedures incidents per student is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline (2015-16 school year)	22,028	3,034	7.3	N/A
2017 Goal 2016-17 school year	24,285	3,476	7.0	**+ 2,257 incidents <0.3> rate**

Major Accomplishments of Positive Supports workplan implementation

- **Expansion of Positive Behavioral Interventions and Supports**
  Under the training and competency requirements of the new positive supports rule, providers and their staff became better equipped to implement positive support strategies and reduce/avoid the use of restrictive interventions. Through prohibition on the use of restrictive procedures, except in emergencies, and the expansion of these prohibitions across more providers, the number of uses has steadily decreased.

- **Tracking of use of restrictive procedures**
  The agency developed data tracking to determine the number of people subjected to emergency use of restraint, total number of restraints utilized, number of individuals approved for the use of prohibited mechanical restraint, and the total number of approved prohibited mechanical restraints utilized. This data provides indication of how well service providers are adopting the effective use of positive support practices.

- **Technical assistance for positive supports implementation**
  Beginning in 2015 agencies provided intensive technical assistance to lead agencies, schools, and providers in support of increasing competency in the delivery of positive supports. This included training, onsite technical assistance, and web based instruction.

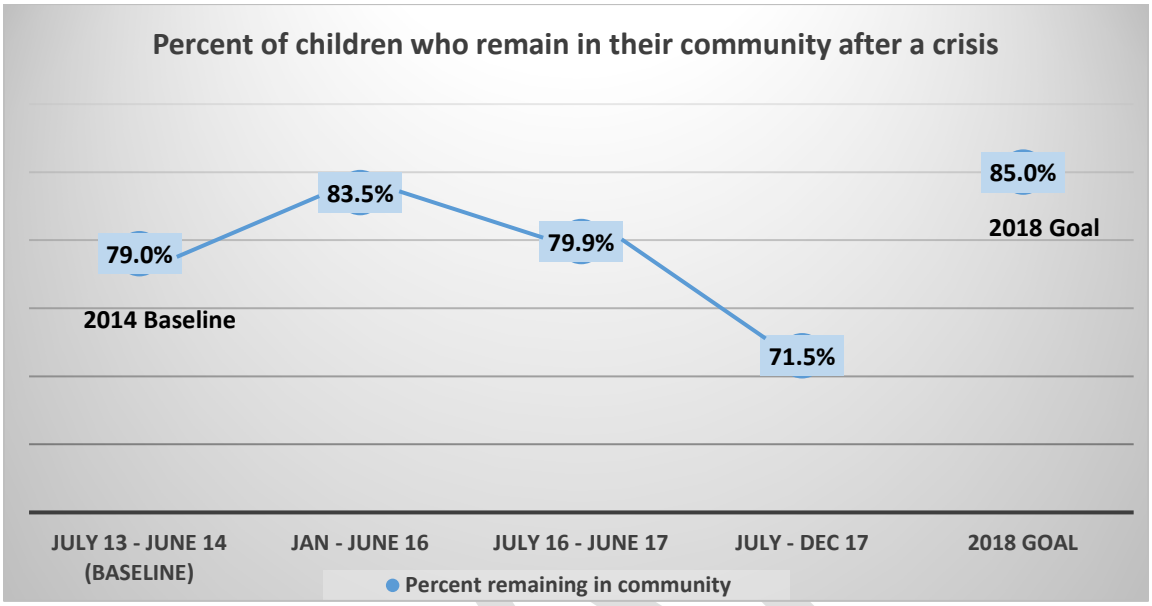
  Additionally DHS established the External Program Review Committee (EPRC) to provide technical assistance and oversight to providers serving individuals temporarily utilizing prohibited mechanical restraints.

- **Reporting on seclusion**
  During 2016, the restrictive procedure statute was amended to add “seclusion” as a specific area of focus. This requires annual reporting on the use of seclusion to the Restrictive Procedures Stakeholders Workgroup and to the legislature.

- **Elimination of prone restraint in Minnesota schools**
  Due in large part to the efforts by MDE and the Restrictive Procedures Stakeholders Workgroup the use of prone restraint was significantly reduced during the 2014-15 school year and has now been eliminated in the school setting.

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

RESULTS: The goal to increase the percent of children who remain in their community after a crisis is **not making progress** toward the overall goal.

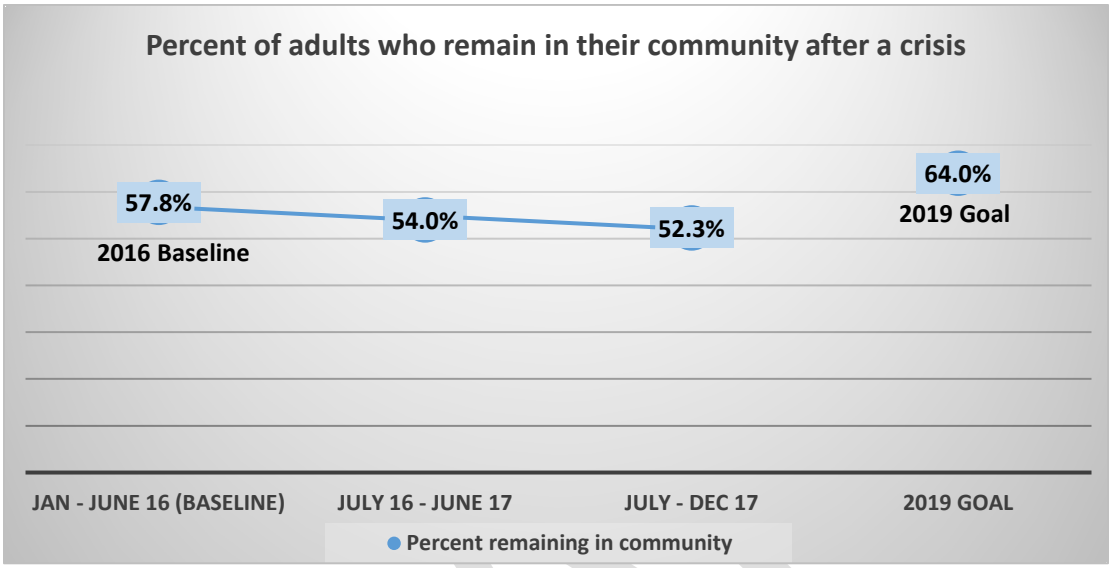


Time period	Total Episodes	Community	Treatment	Other
Baseline (July 2013 – June 2014)	3,793	79%	--	--
2016 Goal (January – June 2016)	1,318	**1,100 (83.5%)**	172 (13.2%)	46 (3.5%)
2017 Goal (July 2016 – June 2017)	2,653	**2,120 (79.9%)**	407 (15.3%)	126 (4.8%)
2018 Goal – Semi-annual (July – December 2017)	1,176	**841 (71.5%)**	210 (17.9%)	125 (10.6%)

- Community = emergency foster care, remained in current residence (foster care, self or family), remained in school, temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, residential treatment (Children's Residential Treatment).
- Other = children's shelter placement, domestic abuse shelter, homeless shelter, jail or corrections, other.

CRISIS SERVICES GOAL TWO: By June 30, 2019, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more. [Revised February 2017]

RESULTS: The goal to increase the percent of adults who remain in their community after a crisis is **not making progress** toward the overall goal.

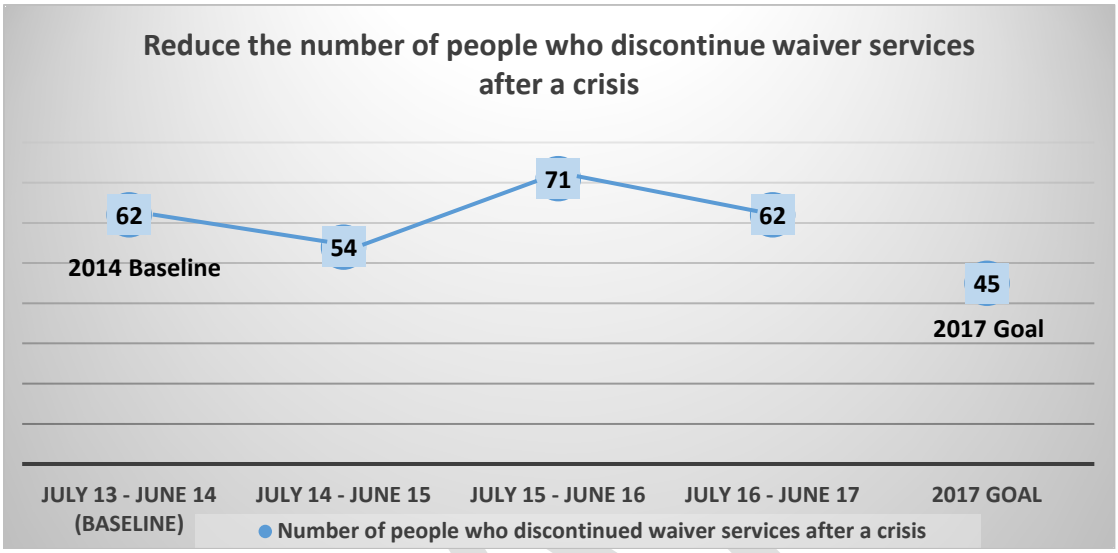


Time period	Total Episodes	Community	Treatment	Other
Baseline (January – June 2016)	5,206	3,008 (57.8%)	--	--
2017 Goal (July 2016 – June 2017)	10,825	**5,848 (54.0%)**	3,444 (31.8%)	1,533 (14.2%)
2018 Goal – Semi-annual (July – December 2017)	5,498	**2,874 (52.3%)**	1,673 (30.4%)	951 (17.3%)

- Community = remained in current residence (foster care, self or family), temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, intensive residential treatment (IRTS)
- Other = homeless shelter, jail or corrections, other.

CRISIS SERVICES GOAL THREE: By June 30, 2017, the number of people who discontinue waiver services after a crisis will decrease to 45 or fewer. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.) [Revised February 2017]

RESULTS: The goal to reduce the number of people who discontinue waiver services after a crisis is **not making progress** toward the overall goal. The 2017 overall goal was not met.



Time period	Number of people who discontinued disability waiver services after a crisis
Baseline (July 2013 – June 2014)	62 (unduplicated)
2015 Goal (July 2014 – June 2015)	54 (unduplicated)
2016 Goal (July 2015 – June 2016)	71 (unduplicated)
2017 Goal (July 2016 – June 2017)	62 (unduplicated)
2018 Quarter 1 (July – September 2017)	17 (duplicated)
2018 Quarter 2 (October – December 2017)	17 (duplicated)

CRISIS SERVICES GOAL FOUR: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home. [Revised February 2017]

A) STABLE HOUSING

Overall Goal

- By June 30, 2018, the percent of people who are housed five months after discharge from the hospital will increase to 84%.

RESULTS: The goal to increase the percent of people who are housed five months after discharge from the hospital is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

		Status five months after discharge from hospital					
Time period	**Discharged from hospital**	**Housed**	**Not housed**	**Treatment facility**	**Not using public programs**	**Deceased**	**Unable to determine type of housing**
Baseline (July 2014 – June 2015)	13,786	11,290	893	672	517	99	315
		81.9%	6.5%	4.9%	3.7%	0.7%	2.3%
2017 Goal (July 2015 – June 2016)	15,027	**11,809**	1,155	1,177	468	110	308
		78.6%	7.7%	7.8%	3.1%	0.7%	2.1%

- **"Housed"** is defined as a setting in the community where DHS pays for services including ICFs/DD, Single Family homes, town homes, apartments, or mobile homes.
  [NOTE: For this measure, settings were not considered as integrated or segregated.]
- **"Not housed"** is defined as homeless, correction facilities, halfway house or shelter.
- **"Treatment facility"** is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICFs/DD.

B) COMMUNITY SERVICES

Overall Goal

- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

RESULTS: The goal to increase the percent of people who receive appropriate community services within 30-days from a hospital discharge is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time period	**Number of people who went to a hospital due to crisis and were discharged**	**Number and percentage of individuals who received community services within 30-days after discharge**	
Baseline (July 2014 – June 2015)	13,786	12,298	**89.2%**
2017 Goal (July 2015 – June 2016)	15,027	14,153	**94.2%**

CRISIS SERVICES GOAL FIVE: By June 30, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days. [Revised February 2017 and March 2018]

Baseline: From July 2015 – June 2016, of the people on Medical Assistance who were referred for clinically appropriate crisis services, 85.4% received those services within 10 days. The average number of days was 2.3.

Annual Goals to increase the percent of people receiving crisis services within ten days:

- By June 30, 2018, the percent of people who receive crisis services within 10 days will increase to 87%.

RESULTS: This goal is **in process.** This goal was revised in March 2018. Progress on this goal has not yet been reported.

Major Accomplishments of Crisis Services workplan implementation

- **Monitoring crisis services for adults and children**
  DHS implemented increased crisis service capacity. The initial data system measured a small sample of people with disabilities accessing crisis services. The agency developed a data system that tracks the use of publicly funded crisis services across all disabilities and ages.

- **Forensic ACT team model**
  The Forensic Assertive Community Treatment (FACT) team model is determined to be best practice for delivering mental health services to individuals exiting correctional facilities. The FACT 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. The FACT model was designed and implemented through a collaboration between DHS and DOC.

- **Implementation of additional crisis services to state-wide**
  During 2016 through 2018 DHS expanded 24/7 mental health crisis services to all parts of the state. This will include racially and ethnically diverse service providers.

- **Addition of the Common Entry Point technical assistance service**
  DHS developed a technical assistance option through the Common Entry Point operated by Direct Care and Treatment. Individuals who are class members to the Jensen settlement agreement and are in crisis or who may be at risk of losing their home may be referred for technical assistance.

COMMUNITY ENGAGEMENT GOAL ONE: **By June 30, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members. [Revised February 2017 and March 2018]**

RESULTS: The goal to increase the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time Period	Number of individuals on Boards and Commissions with a disability	Number of individuals on Olmstead Subcabinet workgroups with a disability	Total number
Baseline (As of June 30, 2017)	159	16	175
2018 Goal (As of July 31, 2018)	171	26	**197**

COMMUNITY ENGAGEMENT GOAL TWO: **By June 30, 2020, the number of individuals with disabilities involved in planning publicly funded projects identified through bonding bills will increase by 5% over baseline. [Adopted March 2018]**

Annual Goal to increase the number of individuals involved in planning publicly funded projects:

- By April 30, 2018, establish a baseline and annual goals

RESULTS: The goal is **not making progress** toward the overall goal. It is not possible to establish a baseline or maintain consistency with a tracking system. A new proposed goal and strategies are expected to be presented to the Subcabinet in December 2018.

Major Accomplishments of Community Engagement workplan implementation

- **Communication plan**
  Beginning in 2016 the OIO began informing community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. As of 2018, the OIO has adopted various methods to provide current information about the implementation of the Olmstead Plan. These include monthly newsletters, routine posts on Facebook, and periodic broad email communications.

- **Public input process**
  The OIO has established public input processes monthly at the Olmstead Subcabinet meetings and annually during the update and extending of the Plan.

- **Community Engagement Workgroup**
  The Subcabinet approved a charter to establish the Community Engagement Workgroup. Workgroup membership is primarily people with disabilities and family members. The Workgroup is providing input into improving the Olmstead communication and community engagement practices.

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

- A comprehensive information and training program on the use of the Minnesota Adult Abuse Reporting Center (MAARC).
- Recommendations regarding the feasibility and estimated cost of a major "Stop Abuse" campaign, including an element for teaching people with disabilities their rights and how to identify if they are being abused.
- Recommendations regarding the feasibility and cost of creating a system for reporting abuse of children which is similar to MAARC.
- Utilizing existing data collected by MDE, DHS, and MDH on maltreatment, complete an analysis by type, type of disability and other demographic factors such as age and gender on at least an annual basis. Based upon this analysis, agencies will develop informational materials for public awareness campaigns and mitigation strategies targeting prevention activities.
- A timetable for the implementation of each element of the abuse prevention plan.
- Recommendations for the development of common definitions and metrics related to maltreatment across state agencies and other mandated reporters. **[Adopted June 2016]**

RESULTS: This goal is **making progress** toward the overall goal. The 2016 goal was complete.

The Abuse and Prevention Plan was approved by the Olmstead Subcabinet on September 28, 2016. One of the recommendations in the Plan is the appointment of a Specialty Committee to oversee the Abuse and Prevention Plan. A charter for the Specialty Committee was reviewed and conceptually approved by the Olmstead Subcabinet on October 24, 2016. The charter clarifies which of the Plan recommendations will be the responsibility of the Specialty Committee, and which will be the responsibility of the state agencies.

The Specialty Committee process began with an orientation meeting on June 20, 2017, followed by seven meetings held July through November of 2017. The Specialty Committee presented the Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities to the Olmstead Subcabinet on January 29, 2018. The Subcabinet reviewed and accepted the report and directed that staff from DHS, MDH, MDE and OMHDD review the report and identify the recommendations that can be implemented by adding and updating existing strategies and workplan items. Following Subcabinet approval of changes to strategies and workplans, The Subcabinet expects to work with members of the Specialty Committee and others to identify recommendations that might be best addressed through broader community action.

PREVENTING ABUSE AND NEGLECT GOAL TWO: By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline. [Adopted June 2016 and Revised March 2018]

Baseline: From 2010-2014, there were a total of 199 hospital treatments that reflect abuse and/or neglect to a vulnerable individual. The calculated annual baseline is 40 (199/5 years =40).

Annual Goal:

- By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline.

RESULTS: The goal is **not making process** toward the overall goal. The data source was determined to be unreliable for this purpose. A new proposed goal and strategies are expected to be presented to the Subcabinet in December 2018.

PREVENTING ABUSE AND NEGLECT GOAL THREE: By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.
[Adopted June 2016 and Revised March 2018]

Baseline:
From July 2015 – June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4%) had a repeat episode of the same type of abuse or neglect within six months.

Annual Goals:

- By December 31, 2018, the number of people who experience more than one episode will be reduced by 5% compared to baseline

RESULTS: This goal is **in process.** This goal was revised in March 2018. Progress on this goal has not yet been reported.

PREVENTING ABUSE AND NEGLECT GOAL FOUR: By July 31, 2020, the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years will decrease by 50% compared to baseline. The number of students with a disability who are identified as alleged victims of maltreatment within those schools will also decrease by 50% by July 31, 2020. [Adopted June 2016 and Revised March 2018]

Baseline:
From July 2013 to June 2016, there were 13 identified schools that had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years. There were 66 students with a disability who were indentified as alleged victims of maltreatment within those schools:

Annual Goals to reduce the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years and the number of students with a disability who are indentified as alleged victims of maltreatment within those schools:

- By July 31, 2018, the number of identified schools and students will decrease by 10% from baseline

RESULTS: This goal is **in process.** This goal was revised in March 2018.Progress on this goal has not yet been reported.

Major Accomplishments of Preventing Abuse and Neglect workplan implementation

- **Comprehensive Plan for Prevention of Abuse and neglect of People with Disabilities**
  In 2017 the Subcabinet approved a charter to establish the Abuse and Neglect Specialty Committee who was charged with developing recommendations for a comprehensive plan for the prevention of abuse and neglect. Recommendations were presented to the Subcabinet in early 2018. Agencies have identified key elements of the recommendations to be implemented.

- **Minnesota Adult Abuse Reporting System (MAARC system)**
  The MAARC system was initiated in 2016. The system accepts and makes required referrals for reports of suspected maltreatment of a vulnerable adult. Reports are screened and immediately referred to the county for emergency protective services. Each report is evaluated and when appropriate immediately referred to law enforcement, medical examiner, and Ombudsman. All reports are forwarded to the lead investigative agency responsible to act.

QUALITY OF LIFE SURVEY

The Quality of Life Survey is designed to be a longitudinal survey, which means participants will be re-surveyed in the future. The Quality of Life Baseline Survey was conducted between February and November 2017. At completion, 2,005 people, selected by random sample, participated in the survey. This survey was designed specifically for people with disabilities of all ages in all settings. In Minnesota, the survey was targeted to people who are authorized to receive state-paid services in potentially segregated settings. This survey sought to talk directly with individuals to get their own perceptions and opinions about what affects their quality of life.

The Olmstead Plan Quality of Life Survey Baseline Report was accepted by the Olmstead Subcabinet on March 26, 2018. Key baseline results were included in the May 2018 Quarterly Report and the full report was attached as an exhibit.

It is expected that subsequent Quality of Life Surveys will be conducted two or three times during the following three years to measure changes from the baseline. The next survey will be completed in December of 2018. Future surveys are subject to adequate funding.

Major Accomplishments of Quality of Life Survey workplan implementation

- **Quality of Life Survey Baseline Report**
  Beginning in 2015 the OIO selected a quality of life survey tool, selected a vendor, and completed the baseline Quality of Life Survey. The baseline survey was presented to the Subcabinet and made available to the public in late 2017. The next phase of the survey began in mid-2018 and is projected to be completed and submitted to the Subcabinet in December 2018.

III. AREAS FOR CONSIDERATION

This section identifies areas for consideration where more progress could be made through changes in workplans, strategies, or measurable goals. Lessons learned from this review may be applied during the Workplan review and refresh in October and the Olmstead Plan amendment process occurring from December 2018 through March 2019. This will provide opportunity to build on successes or make course corrections to improve Plan performance.

The following are identified areas to consider when modifying measurable goals and strategies as well and associated agency workplans.

- **AMEND OR ADD NEW MEASURABLE GOALS**

  The Plan anticipates that over time measurable goals will need to be refined or new goals added. Goals are to be concrete and reliable, realistic, strategic, and specific with reasonable timeframe. In some instances goals have been met, however the goal has not been amended.

  Once achieved, goals should be examined and amended based on analysis of what is possible and practical. Goals serve as a mechanism to focus the agency's efforts to achieve outcomes and to allow that the agency can be held accountable to the public.

  Example: Positive Supports Goal 1 and 2 have both performed beyond the expected overall goal well in advance of the expected 2018 goals. By re-examining these goals and the performance and setting a new goal it is possible to further reduce the number of people experiencing emergency manual restraint and the number of times the emergency intervention is applied.

- **CONSIDER NEW OR INNOVATIVE STRATEGIES TO IMPROVE PERFORMANCE FOR MEASURABLE GOALS THAT ARE NOT PROGRESSING**

  Goals that are not progressing may continue with the same or similar strategies and workplans. These efforts may and often have demonstrated some progress but have not sufficiently improved progress to meet the desired goals. These goals are targeting improvement on very complex issues that have resisted multiple efforts to improve outcomes.

  After multiple years of efforts that have not achieved the desired performance it is likely that a new approach may be helpful.

  Example:

  1) The Olmstead Plan strives to increase employment and post-secondary enrollment for students with disabilities exiting school. The current approach is to address these as two separate efforts. However it appears that they are in fact related. When there are high rates of employment the enrolment in post-secondary school declines and conversely when employment opportunities lessen enrollment increases.

     By examining these as interrelated items it may present different strategies and workplans that could improve performance.

  2) Timely discharges from AMRTC and MSH have consistently not met performance rates. The primary focus of efforts has been to improve collaborative work across the relevant

stakeholders. This has resulted in improvement in performance but not sufficient to meet the goals.

A different outcome may be achieved by providing early intervention with people who are or maybe at risk of admission/re-admission to these programs. Once identified more robust interventions could be engaged to stabilize the individual and reduce the need for admission.

- **MODIFY EXISTING OR ADD NEW WORKPLANS**
  "The Olmstead Plan is not intended to be a static document that simply establishes a one-time set of goals for state agencies as they provide services for people with disabilities. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet's vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings." (page 106 of the 2018 Olmstead Plan)

  In order that the Plan serve as a "vital dynamic road map" agencies may find routine revision and updating of workplans may result in identifying where more progress can be made. In some instances major workplan products have been achieved but the next steps have not been established as new workplan items in the Plan.

  Example: After the Subcabinet accepted the recommendations from the Comprehensive Plan for the Prevention of Abuse and Neglect agencies identified a number of initiatives that addressed elements of the recommendations. These could be developed into workplans and included in the Plan as a natural evolution of the initial effort to develop the Comprehensive Plan for the Prevention of Abuse and Neglect.

- **STRATEGICALLY USE WORKPLANS TO IMPROVE THE OLMSTEAD PLAN**
  During the past three years **workplans** have provided valid and reliable data and new insights in to how to best approach achieving a goal, how to best measure progress, or when to abandon a strategy. Workplans should be used to examine key goals in the plan or new goals where more information is needed for considering an amendment to the Plan.

  Example: Minnesota has exerted a considerable effort to study health care outcome disparities across ethnically and racially diverse groups. Once identified data is gathered and analyzed to determine how to effectively intervene to lessen or eliminate the disparity. Unfortunately these efforts typically do not recognize the health care outcome disparities experienced by people with disabilities.

  Agencies could adopt a practice of analyzing these existing studies over time and to include people with disabilities when appropriate. Over time this practice should provide actionable data indicating where disparities for people with disabilities exist and how to best address them.

ENDNOTES

[i] This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options also reported under Housing Goal One.
[ii] Transfers refer to individuals exiting segregated settings who are not going to an integrated setting. Examples include transfers to chemical dependency programs, mental health treatment programs such as Intensive Residential Treatment Settings, nursing homes, ICFs/DD, hospitals, jails, or other similar settings. These settings are not the person's home, but a temporary setting usually for the purpose of treatment.
[iii] As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.
[iv] "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.
[v] "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.
[vi] Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.

Olmstead Subcabinet Meeting Agenda Item

September 24, 2018

Agenda Item:

7(b) Workplan activity reports to be presented to Subcabinet

1) *Transition Services 3D.1a – Status of cross-division/administration workgroup (DHS)*
2) *Transportation 3F – Semi-annual report on engagement efforts on development of transportation opportunities (DOT)*
3) *Crisis Services 2A.4 – Children's mental health services (DHS)*
4) *Crisis Services 2F – Annual report on crisis services implementation (DHS)*
5) *Community Engagement 5D.1f – Quarterly report on Community Engagement Plan (OIO)*
6) *Quality of Life Survey 5C – Monthly report on 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):

7b1 – 7b6 Olmstead Plan Workplan - Report to Olmstead Subcabinet

[AGENDA ITEM 7b1]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Transition Services
Strategy	Increase service options for individuals making transitions
Workplan Activity	TS 3D.1a
Workplan Description	Report to the Subcabinet on the status of the efforts of the cross division, cross administration working group.
Deadline	September 30, 2018
Agency Responsible	DHS
Date Reported to Subcabinet	September 24, 2018

OVERVIEW

Individuals under mental health commitment have complex mental health and behavioral support needs. When they move to the community, they may require 24 hour per day staffing or 1:1 or 2:1 staffing. Common barriers that can result in delayed discharges include a lack of housing options and housing providers no longer accepting applications for waiting lists.

Community providers often lack capacity to serve individuals who exhibit behaviors such as:

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;
- High risk for self-injury (i.e. swallowing objects, suicide attempts); and
- Unwillingness to take medication in the community.

Olmstead Plan Transition Services Goals 2 and 3 measure transition to community settings for people who have been at Anoka Metro Regional Treatment Center (AMRTC) and those discharging from Minnesota Security Hospital (MSH). These goals show that there continues to be progress toward increasing the number of people who are able to move to the community.

The Olmstead August 2018 Quarterly report reported that from July 2017 – June 2018 the annual average of individuals under mental health commitment at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the community awaiting discharge was 36.9%. While this did not meet the annul goal of less than or equal to 32%; it was a decrease from the previous year which reported 44.9% as an annual average from July 2016-June 2017.

There is also progress at MSH. From April to June 2018, an average of 7 individuals per month moved to a more integrate setting. This is an increase from the previous two quarters (averaging 5 and 6.3 individuals). The 2018 annual goal is 9 individuals moving to more integrated settings per month.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies,

and any needed efficiencies that could be developed between AMRTC and MSH to support movement to the community. Counties and community providers will be consulted and engaged in this effort as well. DHS will report back to the Olmstead Subcabinet on these efforts annually starting December 31, 2018.

REPORT

To help address barriers to transition to home and community-based services, DHS has established a Transition to Community Work Group. This group is made up of DHS staff from several divisions including: Adult Mental Health, Disability Services, Direct Care and Treatment, Anoka Metro Regional Treatment Center and the Minnesota Security Hospital in St. Peter. Planning meetings, cross trainings and technical assistance for one another are among the specific activities that have occurred across divisions at DHS to support the successes of individuals ready to move to more independence in the community.

The landscape of disability services in the community has changed drastically for providers in the past 5 years. In 2013, Transition to Community funding was approved by the Minnesota State Legislature. In 2014, the Disability Waiver Rate System came into effect. And in 2015, the Positive Support Rule was adopted. There has been an increase in people who have been demitted from community providers now competing with people leaving AMRTC and MSH all needing independent living options in the community. Current housing shortages and workforce shortages further complicate this considerably.

To address the difficulty in finding community placements for individuals leaving AMRTC and MSH, DHS has put the following processes into place:

1. Support lead agencies to access funding for people who are waiver-eligible through this new legislation.
2. Increase county/tribal case worker involvement: implementing county collaborative meetings at AMTRC and MSH, clarifying county and DHS staff roles and expectations in discharge planning.
3. Highlight DHS oversight authority with discharge planning process.
4. Implement collaborative work across policy areas within DHS to speed up the waiver determination process.

Specifically, MSH and AMRTC staff are working with county agencies directly on specific discharge planning. The MSH Director has reached out to Hennepin County leadership to reconvene regular meetings to discuss patient transitions to the community. This type of planning currently occurs at AMRTC with county staff. Through this increased collaboration, frequent communication, and clarification of roles and duties, it is hoped that these efficiencies will impact the ability for people with disabilities living in institutions to successfully transition their lives in the community.

[AGENDA ITEM 7b2]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Transportation
Strategy	Strategy 3: Improve the ability to assess transit ridership by people with disabilities
Workplan Activity Number	TR 3F
Workplan Key Activity	Provide a semi-annual report to the Subcabinet on engagement efforts and the development of transportation opportunities.
Workplan Deadline	March 31, 2018 (semi-annually)
Agency Responsible	MnDOT and the Metropolitan Council
Date Reported to Subcabinet	September 30, 2018

OVERVIEW

Throughout the year, Metropolitan Council and MnDOT conduct a series of outreach activities to engage people with disabilities and their families and other key stakeholders in the development of transportation opportunities.

REPORT

The engagement efforts conducted by Metropolitan Council and MnDOT are listed below.

METROPOLITIAN COUNCIL ENGAGEMENT EFFORTS

September 2018 newsletter

- Updates on service and online resources

Preparing for Fall Metro Mobility Community Conversation – set for Oct. 24, 2018

- Promoting through communications channels
- Connecting with service providers and past attendees

General engagement

- Proactive interactions with organizations who provide services to or advocate for people with disabilities for potential future engagement activities.
- Proactive interactions with people in the disability community who have expressed interest in hosting or facilitating small-group engagement. Future opportunities.

Agency transition outreach

- Approximately 10 in-person and webinar trainings with human services agencies whose clients are involved in the service-provider switch.

MNDOT ENGAGEMENT EFFORTS

Onboard survey

- The 2017 on-board voluntary survey, conducted by the small urban systems, in Greater Minnesota asked people to identify if they have a disability. The question allows MnDOT to gain a better understanding of who uses public transit systems and how service changes may impact the disability population.
- Key findings from the 2017 survey:
    - The Greater Minnesota Transit Survey, conducted in fall 2015, yielded a total of 5,297 valid responses from riders of 44 transit systems. More than half of respondents represent rural service types, and more than one-third represent urbanized services.
    - Thirty-nine percent of respondents report identifying as someone with a disability, while 19% report having a physical condition that requires assistance to use transit.
    - When given the choice to select desired improvements to transit, 42% selected longer service hours and 24% selected increased reliability (transit arriving on-time). A large percent (18%) of respondents selected "Other (please specify)." Comments listed under this response consist mainly of a desire for longer hours of service or provision of service on weekends.
    - Half of respondents' (50%) earnings lie within the lowest category of household income available as a response—under $25,000. Only 8% of respondents have a household income higher than $49,000.
    - Seventy-eight percent of respondents are white. Black/African-American, Mixed/Other, Asian, and Hispanic respondents range from shares of 3% to 7%.
    - More than half (59%) of respondents do not have a driver's license.
- The final report on the survey can be found here: http://www.dot.state.mn.us/transitinvestment/pdf/transit-user-preferences.pdf

Regional Transportation Coordinating Councils (RTCC)

- RTCC applications are required to provide detail on how the public, including individuals with disabilities will be involved in the development and ongoing work of the RTCC.
- The application for Greater Minnesota RTCCs closed March 31, 2018. Planning grants were awarded to 10 proposals and the monies became available July 1, 2018.
- The grant requires a position on each RTCC board be held by an individual with a disability.

[AGENDA ITEM 7b2]

5 Year System Plans

- In July 2018, MnDOT began work with 30 rural public transit providers in Greater Minnesota to develop system-specific five year plans. The plans will document the current transit services and identify the unmet needs. The plans will outline the investments in maintaining existing service, service expansion, and capital improvements.
- All systems will involve their Advisory Groups in plan development to ensure the local challenges and needs are addressed.
- MnDOT is require providers to encourage diversity within the advisory groups including representation from the disability communities. The requirements are laid out State of Minnesota Department of Transportation Office of Transit and Active Transportation Title VI Program: FTA.

[AGENDA ITEM 7b3]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Crisis Services
Strategy	Implement Additional Crisis Services
Workplan Activity	CR 2A.4
Workplan Description	Using lessons learned from the pilot, recommend next steps to increase access to children's mental health crisis services in schools. This will include recruitment of racially and ethnically diverse service providers. Report to Subcabinet on status of increasing access to children's mental health services and recommendations for next steps.
Deadline	September 1, 2018
Agency Responsible	DHS, MDE
Date Reported to Subcabinet	September 24, 2018

OVERVIEW

To increase access to crisis services for children, four school districts participated in a pilot project with mental health mobile crisis response teams. Mobile crisis response teams provide crisis assessments and intervention services to those in mental health crisis. Services are available 24 hours a day, seven days per week, 365 days a year. The goal of the pilot was to partner mobile crisis response teams with schools so that a child experiencing a mental health crisis could remain in a school setting, creating as few disruptions as possible.

Four school districts participated in the pilot: Minneapolis School District, Moorhead School District, Pipestone School District, and Bemidji Regional Interdistrict Council; along with their four respective mobile crisis response teams: Hennepin Children's Crisis, Lakeland Mental Health Center, Solutions Behavioral Health, Pipestone South West Mental Health Center and White Earth Nation. The pilot took place during the 2017 school year.

REPORT

The Department of Human Services (DHS) and the Department of Education (MDE) worked with mobile crisis response teams and selected school districts on the pilot. The pilot was conducted to determine obstacles for mobile crisis teams in providing services to school-age children and youth with complex disabilities (i.e. Autism Spectrum Disorder and Developmental Cognitive Disabilities) in school settings. Addressing these obstacles could lead to improved access to mental health crisis services for children as well as less dependency on emergency services.

Administrators and supervisors from the schools and mobile teams participating in the pilot were brought together for a kick off meeting. During this meeting DHS and MDE discussed roles and expectations of the participants as well as the data collection process. Following the meeting, participants were expected to submit collaboration plans so DHS and MDE could learn

how and when participants planned to collaborate with community partners at the local level to increase access to crisis services for children in their respective communities. Pilot implementation school districts were given the name and contact information of the local crisis response team and encouraged to reach out to the team to address children's mental health needs. Mobile crisis teams were given school district contact information as well. Crisis response teams provided a face-to-face assessment and follow-up with each call received from the school districts. Schools were asked to report all referrals to mobile crisis response through a reporting tool provided by DHS. All mobile crisis response (in and out of the school setting) are collected and recorded in a data system owned by DHS.

Findings

DHS and MDE conducted exit interviews with participating school districts. On the whole the schools were pleased with the services the mobile crisis teams provided. However, schools reported that if a situation escalated beyond the school's own in-house mental health services, often it was necessary to contact emergency services and not mobile crisis teams.

Additionally, schools preferred to use services that were more immediate; namely their own school-based services and emergency services. While mental health mobile crisis teams provide services within one hour of contact, due to competing calls and limited team members, the response is not as immediate as a call to 911 and is not designed to be. Furthermore, parental consent is required in order for a school to contact a mobile crisis response team for services when the child is not at imminent risk. Parental consent is not required in order to place a call to 911. Due to the timeliness of mental health crisis situations, this additional step often led schools to contact emergency services when a situation escalated beyond their capacity.

Challenges of Pilot

Participating school districts were asked to report on the instances in which they contacted mobile crisis teams for assistance. The participating schools were asked to report data into a survey that was submitted to DHS. School districts reported information on a total of 3 students. Mobile Crisis Teams reported their data into the Mental Health Management System (MHIS) with tDHS. This limited data reported to DHS throughout the course of the pilot made it difficult to capture the frequency that school districts were contacting crisis response teams. Multiple efforts to engage districts on reporting and the data collection were made, but the participation in the pilot was voluntary and no additional resources were provided to districts in exchange for their participation. School districts were asked to carry out additional work without additional resources provided. The very limited data entered by the school districts indicates that the pilot in its current form was not useful for the school disticits and there are barriers to address before attepting another such program.

Recommendations

Statewide implementation is not recommended. Sufficient information was not reported to DHS throughout the pilot and exit interviews reported that the service was under-utilized by pilot participants. To further understand the needs of school-based mental health services

additional data is needed and resources need to be devoted to schools to ensure data collection. The exit interviews found that when schools contacted mobile crisis, the schools found the service helpful, but that overall few calls were made for the service.

[AGENDA ITEM 7b4]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Crisis Services
Strategy	Implement additional crisis services
Workplan Activity	CR 2F
Workplan Description	Implement crisis services reform to develop effective, efficient structure of service delivery. • Establish a process for evaluation and continuous improvement. • Develop recommendations on referral and triage system. • Annually report the status of implementation to the Subcabinet.
Deadline	September 30, 2018 (annual)
Agency Responsible	DHS
Date Reported to Subcabinet	September 24, 2018

OVERVIEW

There are three primary ways that the Department of Human Services (DHS) is pursuing the crisis goals of the Olmstead plan: preventing personal crisis, managing crisis situations, and accelerating a person's return to the community after a crisis. Additionally, DHS is working to increase the availability of crisis technical assistance in the community. Much of the person-centered and positive supports Olmstead Plan workplan activities can be considered prevention work. This report provides an annual update on several specific activities related to managing crisis situations and accelerating a person's return to the community after a crisis.

REPORT

The status of implementation of several areas related to crisis services are included below.

Mobile Crisis Teams

Mobile Crisis teams are operating 24 hours per day, 7 days per week for children and adults throughout all 87 counties. Crisis providers are also provided access to in-person and or web-based DHS sponsored trainings on co-occurring intellectual and developmental disabilities and mental illness.

All mobile crisis teams have access to 24/7 consultation to address crises when individuals may have co-occurring diagnoses (mental illness and intellectual/developmental disability). Crisis teams that have utilized the service find it helpful to better serve this population.

Universal Crisis Number

DHS is currently piloting a universal phone number in the Metro area for individuals to access their local mobile crisis teams. An individual can dial **CRISIS (starstar274747) from a mobile phone and be routed (using intelligent call forwarding) to their local mobile crisis team from

anywhere in the Metro area. DHS has been working with metro crisis teams to monitor call volume and other data points over the last several months. Once enough data has been collected and the pilot phase is complete the number will expand statewide.

Single Point of Entry

Beginning in 2014, DHS staff identified an increase in calls about people losing their residential placements. Sometimes multiple people (e.g., case manager, guardian, hospital discharge planner, advocate, etc.) called about the same person. At other times one caller contacted multiple DHS staff about the person. Callers occasionally received conflicting information or became frustrated when they were asked to call someone else. Responses from multiple sources resulted in inefficient service provision, duplication of efforts and frustration for callers about the number of people they needed to contact before they received assistance.

In late 2014, DHS embarked on a Continuous Improvement project. The goal of the project was to develop a solution with:

- No wrong door;
- Capacity for sharing information across DHS divisions;
- Timely and coordinated responses;
- Ongoing technical assistance to case managers, if needed by the case manager; and
- Intensive support if needed to remove obstacles caused by DHS procedures.

In February 2015, DHS piloted a Single Point of Entry (SPE) process with a target population of people with developmental disabilities or related conditions who had lost their residential placement or were at risk of losing their residential placement and needed a coordinated response to resolve their crisis.

A streamlined referral process was implemented in April 2018. Lead agency staff now initiate referrals for any of the following services:

- Community Support Services (CSS) mobile teams;
- CSS crisis homes;
- Minnesota Life Bridge (MLB); and
- Minnesota State-Operated Community Services (MSOCS) residential and vocational services.

All referrals are discussed at daily triage team meetings involving that include staff from Disability Services, Direct Care and Treatment Central Preadmission, Community Support Services, Minnesota Life Bridge, Minnesota State Operated Community Services, and Successful Life Project (Jensen class member support team) and Behavioral Health. The triage team assigns an SPE eligible person to an appropriate DHS team and designates a primary DHS contact person who follows up with the case manager, makes regular contacts, and documents contacts in CareManager. DHS staff with subject matter or policy expertise are available for consultation if there are internal barriers to successful placement that are caused by DHS policies or procedures.

Implementation of Single Point of Entry has created efficiencies in information-sharing across program areas and reduced the duplication of effort that occurred when one program area was unaware that another program area was working to resolve the same person's crisis. Daily triage meetings provide a forum for discussing referrals and suggesting resources. Lead agencies report the streamlined referral process for DHS-operated crisis, residential and vocational is easy to use. Case managers of people have told DHS staff they appreciate the technical assistance their assigned DHS staff person provides.

Building provider capacity

DHS is continuing to find ways to increase local provider capacity to apply Positive Behavior Support (PBS) principles and practices to avert crises and support people returning to their homes and communities from crisis settings.

DHS, in cooperation with the University of Minnesota, is creating regional capacity for developing and mentoring PBS professionals through a multi-year process including:

- intensive training for local PBS facilitators and PBS mentors; and
- On-line training and in-person technical assistance with implementing organization-wide PBS tools based on the College of Direct Support PBS courses.

Four regional cohorts (consisting of 21 provider and local lead agency organizations) are currently participating in this capacity development process. As of June 30, 2018, a total of 63 individuals statewide were trained as PBS facilitators.

Crisis respite capacity

DHS is currently expanding availability of short-term, residential crisis services in their community for people with intellectual or developmental disabilities. As of September 2018, there were 39 of the 44 beds licensed and 5 beds were not yet licensed.

[AGENDA ITEM 7b5]

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	September 24, 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 related to the development of a Community Engagement Plan.

Workplan Activity	Update on Progress
5D.1a - Develop a Community Engagement Plan with measurable and actionable strategies for advancing engagement between state agencies and people with disabilities. **Deadline:** November 30, 2018	The charter authorizing the Olmstead Community Engagement Workgroup for 2018-2019 was approved by the Subcabinet on May 21, 2018. The workgroup met in July and August and are scheduled to meet in September and October as well. The workgroup and OIO staff have worked on various components of the Community Engagement Plan. The overall vision, pillars and communications strategies have been reviewed and identified. The evaluation tool is being developed. The development of the plan is on track.

Workplan Activity	Update on Progress
5D.1b - Work with Subcabinet agencies to identify best practices and barriers to engagement. **Deadline:** November 30, 2018	OIO met with engagement staff at the Department of Health (MDH) and Human Rights (MDHR) to review and discuss the State's Community Engagement plans and lessons learned. After extensive review, it was determined that OIO's work will be aligned with the Governor and Human Rights' Diversity and Inclusion – Civic Engagement Plan. OIO invited Subcabinet agency representatives to participate in the Community Engagement Workgroup meetings. A meeting will be held with Subcabinet agency representatives in October 2018 to begin discussions for collaborations and pilot project work.
5D.1c - Work with Department of Human Rights to develop tools and best practices to evaluate engagement efforts. **Deadline:** November 30, 2018	OIO staff collaborated with MDHR regarding development of an evaluation tool. MDHR contracted with the Improve Group to work with OIO. This activity is ongoing. 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.
5D.1d - Obtain input on how to measure the effectiveness utilizing outcomes of engagement across all agencies. **Deadline:** November 30, 2018	The Improve Group has conducted a series of activities with the Community Engagement Workgroup to reach an understanding, a consensus and model for measuring community engagement. This activity is in progress.
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. **Deadline:** November 30, 2018	See update on Activity 5D.1c. Deliverable of evaluation tools and final Community Engagement Plan is expected by November 30, 2018.

[AGENDA ITEM 7b6]

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	September 24, 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 of whether increased community integration and self-determination are occurring for people with disabilities.

REPORT

QL	Key Activity	Deadline	Status for September 2018
5D	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.	Begin monitoring implementation of QOL Survey administration plan by **May 1, 2018.**	Deliverables are being monitored on a monthly basis and were met during the month of August.

QL	Key Activity	Deadline	Status for September 2018
5E	Monitor the development and implementation of a protocol for Abuse and Neglect reporting • 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 monitoring protocol for abuse and neglect reporting by **June 1, 2018**	Interviewer training has been completed. The outreach includes interviewers scheduling the interviews.
5F	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	Begin monitoring recruiting, training and supervising interviewers by **May 1, 2018**.	Interviewers are actively scheduling and conducting interviews. As of August 31, 2018, 32.6% were interviewed or have an interview scheduled. The breakdown includes: • 1,294 calls made • 611 participants reached • 198 consents obtained • 163 interviewed • An additional 25 interviews scheduled •

[AGENDA ITEM 7b6]

QL	Key Activity	Deadline	Status for September 2018
5G	Monitor the identification and completion of 500 follow-up interviews • 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. o Review weekly data to determine response rates from different settings and determine if changes are needed in the outreach plans. o 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. o Provide a data summary on a monthly basis, to OIO for discussion about what findings are emerging. Analyze Data – All data will be stored in a secured database and checked monthly for quality and validity.	Begin monitoring the completion of 500 surveys by **June 1, 2018.**	Weekly calls continue with The Improve Group to ensure that deliverables are being met. Monthly meetings are being held with the QOL Advisory Committee to discuss deliverables and any other concern as needed. The representative random sample has been pulled. Finalization of regression models is in progress.
5H	Monitor the creation of the Olmstead Quality of Life Survey Report Develop Research Questions • Develop research questions through a collaborative process with agency stakeholders to help focus the analysis and ensure there is consensus on analytical approaches.	Develop research questions by **June 1, 2018**	The research questions have been completed for the follow-up survey.

QL	Key Activity	Deadline	Status for September 2018
5I	Monitor the creation of the Olmstead Quality of Life Survey Report Complete analysis • 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 to the Subcabinet by **December 31, 2018**	On track to be reported by December 31, 2018.