

Olmstead Subcabinet Meeting Agenda

Monday, October 29, 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 September 24, 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) Direct Care and Support Services workforce Workplans [3:10 – 3:40] 15
- b) Olmstead Plan 2018-2019 Workplans [3:40 – 4:00] 27
- c) Workplan Compliance Report for October [4:00 – 4:05] 133

7) Informational Items and Reports

- a) Workplan activity reports to be presented to Subcabinet 139
 - 1) Community Engagement 1D/1E – OIO community contacts [4:05 – 4:10] 141
 - 2) Quality of Life Survey 5C – Monthly report on implementation (OIO) [4:10 – 4:15] 143
- b) Workplan activity reports to be presented to Subcabinet (carried over from September) 147
 - 1) Crisis Services 2A.4 – Children’s mental health services (DHS) [4:15 – 4:20] 149
 - 2) Crisis Services 2F – Annual report - crisis services implementation (DHS) [4:20 – 4:25] 153

8) Public Comments [4:25 – 4:30]

9) Adjournment

Next Subcabinet Meeting: November 26, 2018 – 3:00 p.m. – 5:00 p.m.

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

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Olmstead Subcabinet Meeting Agenda Item

October 29, 2018

Agenda Item:

- 4) *Approval of Minutes*
a) *Subcabinet meeting on September 24, 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 September 24, 2018 Subcabinet meeting.

Attachment(s):

4a- Olmstead Subcabinet meeting minutes – September 24, 2018

Olmstead Subcabinet Meeting Minutes

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**Action: N/A**

Commissioner Tingerthal welcomed everyone and provide meeting logistics.

2) Roll Call**Action: N/A**

Subcabinet members present: Mary Tingerthal, Minnesota Housing; Emily Piper, Department of Human Services (DHS); Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD); Roberta Opheim, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD)

Subcabinet members on the phone: Shawntera Hardy, Department of Employment and Economic Development (DEED)

Designees present: Gil Acevedo, Minnesota Department of Health (MDH); 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, Dan Kitzberger and Anne Smetak (Minnesota Housing); Erin Sullivan Sutton, Alex Bartolic, Sarah Knoph, Adrienne Hannert, Carol LaBine, Crystal Fairchild and Samantha Holte (DHS); Emily Jahr, Tom Delaney and Holly Anderson (MDE); Maura McNellis-Kubat (OMHDD); Danielle Dannen (DEED); Mark Kinde (MDH); Kristie Billiar (DOT); Christina Schaffer (MDHR); Gerri Sutton (Met Council); Mary Kay Kennedy (Advocating Change Together); Susan O' Nell (Institute on Community Integration - University of Minnesota); Beth Fondell, University of Minnesota, Institute on Community Integration; Bradford Teslow, Noah McCourt and Michelle Gross (members of the public)

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 August 27, 2018**

Commissioner Tingerthal asked if there were any changes needed to the minutes for the August Subcabinet meeting. No edits were requested.

Motion: Approve August 27th Subcabinet meeting minutes

Action: Motion – Henkel

Second – Wieck

In Favor - All

5) Reports

There were no reports from the Chair, Executive Director, Legal Office or Compliance Office.

6) Action Items

a) Workplan Compliance Report for September

Mike Tessneer reported that 9 workplan activities were reviewed. There were no exceptions to report. The list of activities reviewed are attached to the Workplan Compliance report.

Questions/Comments

Colleen Wieck (GCDD) asked about availability of full reports on item CR 2F listed on the Workplan Reporting for September. Commissioner Tingerthal stated the report is included in the packet and staff are here to report on the item.

Motion: Approve September Compliance Report

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

7) Informational Items and Reports

a) 2018 Strategic Review of Olmstead Plan Implementation

Commissioner Tingerthal introduced the 2018 Strategic Review.

- Minnesota's Olmstead Plan was first adopted in 2015. At that time the expectation was that the Plan would be continually updated and extended. Previously, this year, we agreed to a process to review the plan. Now, with three years' worth of data, we are looking at not just whether the individual goals have reached the measuring point, but we need to look at the entire plan, look at all the data, and take an assessment of how are we doing overall with all of the goals?
- Over the last several months, our compliance staff has been meeting with staff from each of your agencies, to look at those three-year accomplishments. The discussion included whether it seems like we're on track with each of the individual goals. And if we're not going to accomplish a goal that's stated in the plan, whether there are things that need to be done differently.
- Lessons learned from this review should be considered 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.

Mike Tessneer (OIO Compliance) walked through the highlights of the review as compiled in the report and identified specific areas where we will be expecting proposed changes to the Plan or workplans. A supplemental handout was distributed to help in the review of Section II of the report. (page 26 of 96)

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Mr. Tessneer explained how to read the supplemental handout that shows the progress of each goal as it relates to the overall goal. It includes the baseline and the overall goal as well as where we are at right now with the data that we have. The goals were given a status depending on how they were progressing.

- Eighteen goals are making progress toward achieving the overall goal on schedule. Nine have already achieved their overall goals.
- Nine goals are progressing at some level but need improvement.
- Twenty goals are in process. In process means that there is either no verifiable data reported thus far or there is insufficient data to determine whether progress has been made. Twelve of these goals appear to be moving in the right direction, two need improvement, and six have not been reported yet.

Mr. Tessneer then walked through the report by topic area. The status of the goal was reviewed and the major accomplishment of workplan activities were summarized. Questions and comments for each topic area are noted below.

Person Centered Planning Goal One (pg. 26)

Roberta Opheim (OMHDD) asked if all of the counties have had audits completed for the person-centered planning Goal One. Alex Bartolic (DHS) responded that there are seven counties remaining before all the counties have been audited.

Deb Kerschner (DOC) pointed out that the goal doesn't include a target number and asked if the assumed goal is 100%. Commissioner Tingerthal affirmed the goal to be 100%.

Transition Services Goal Two (pg. 32)

Commissioner Piper (DHS) asked if there was a way to capture the fact that more people are moving in and out. Changes in the 48-hour Rule have resulted in success of many more people being at Anoka Metro Regional Treatment Center (AMRTC) for significantly less time for treatment than in the past. She wants to be clear about what the measurement means and does not mean.

Mike Tessneer stated that part of the suggestions at the end of the report include modifying workplans to more carefully examine the data that is available. That may end up leading to changing the measurable goal.

Commissioner Tingerthal stated that this goal may need a two-part measure. In this case, the current measurement plus a measure that shows the turnaround time and more accurately reflects that AMRTC is serving more people. Roberta Opheim (OMHDD) suggested more

details with the data in this area. Commissioner Tingerthal reminded the Subcabinet that more detailed reporting is found in the quarterly reports.

Housing and Services Goal One (pg. 36)

Commissioner Tingerthal (Minnesota Housing) stated the Section 811 program and housing infrastructure bonds have allowed us to build more permanent supportive housing and have been instrumental in progressing on this goal. This should be included in the report.

Employment Goal Two (pg. 39)

Deb Kerschner (DOC) asked for clarification on why the status of this goal was in process due to insufficient data when there are two years of data. Mike Tessneer agreed that because there are two data points, a chart can be added and a determination of making progress can be made. That edit will be made to the document.

Employment Goal Three (pg. 39)

Roberta Opheim (OMHDD) asked for clarification of baseline number of students with developmental cognitive disabilities, or the universe of students, so that a better determination of progress with this goal can be made. Tom Delaney (MDE) stated that setting a future goal number is challenging, because there is no way to know the number of students with disabilities that will be in the education system in future years. Therefore, in reporting to the Subcabinet, both numbers and percentages are used.

Colleen Wieck (GCDD) addressed Commissioner Hardy (DEED) asking her to review the major accomplishments section to capture state match for federal grants and other DEED grants. Commissioner Hardy confirmed federal grants for Category One, as well as competitive grants focused on getting individuals into the workforce and connected to a career pathway. Commissioner Tingerthal stated that OIO will work with DEED to identify some specific accomplishments in the Employment area.

Commissioner Hardy (DEED) also noted that unless additional funding is received, next year DEED may be faced with a Category One wait list again. Categories Two, Three and Four are currently closed.

Education Goal Three (pg. 42)

Deb Kerschner (DOC) asked for a metric result rather than active consideration. Tom Delaney (MDE) explained they use the Student, Environments, Tasks and Tools (SETT) framework to survey Individualized Education Program (IEP) teams on a number of elements. It does have a quantitative layer that is MDE's best way of operationalizing the concept of active consideration. Ms. Kerschner stated she would like to keep challenging the boundaries, knowing the universe of children who could benefit could possibly be a lot larger. Mr.

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Delaney stated that while they maintain 96%, the number of school districts and students with disabilities will increase. Commissioner Tingerthal emphasized the importance of increased numbers for next year's goals.

Roberta Opheim (OMHDD) asked if assistive technology equipment discussed at IEPs is actually provided and whether it is beneficial to students. She suggested embedding a measure of this into the goal. Mr. Delaney stated that MDE recognizes this as another continuous improvement metric that could be another measure of this activity. Colleen Wieck (GCDD) asked if active consideration is a federal requirement. Mr. Delaney explained that all students should be receiving active consideration of assistive technology. MDE's challenge is operationalizing the federal definition.

Timeliness of Waiver Funding Goal One (pg. 44)

Deb Kerschner (DOC) questioned why the term "reasonable pace" was used in the goal, instead of funding approved within 45 days, as included in the graph. Commissioner Tingerthal explained that it was determined to use this phrase because the number of days used to determine reasonable pace may change over time.

Robert Opheim (OMHDD) expressed concern that she has been hearing from people that counties are discouraging applicants by not providing assessments and placing applicants on their own waiting list. Alex Bartolic (DHS) encouraged reporting of specific situations to DHS so that technical assistance can be provided. DHS does over 140,000 assessments in a year. Instructions to the counties are clear that if someone is interested in services, whether on medical assistance or not, they should have access to an assessment.

Transportation (pg. 46)

Colleen Wieck (GCDD) asked if progress for the curb cuts was mostly due to legislative appropriations. Kristie Billiar (DOT) stated that anytime there is a roadway project that meets the definition of alterations as defined by the Department of Justice and Federal Highway Administration, curb cuts are included as part of the project.

Health Care and Healthy Living Goal Two (pg. 52)

Colleen Wieck (GCDD) stated that she has reviewed the Oral Health Care Plan and cannot find mention of disabilities. She would like to see that included in future revisions of the Oral Health Care Plan.

Commissioner Piper (DHS) stated that when looking at the oral health goal, Minnesota has one of the lowest access rates for kids. While she appreciates seeing progress, this remains a

challenging area. Commissioner Tingerthal emphasized this is an example where recalibration of annual goals is needed.

Positive Supports Goal Three (pg. 58)

Roberta Opheim (OMHDD) asked for clarification of where the number 13 [on summary chart] came from. Commissioner Tingerthal explained that more detailed data for this goal is provided in the quarterly reports.

Positive Supports Goal Four (pg. 58)

Commissioner Tingerthal pointed out the summary chart indicates “being in process” and the summary sheet indicates “needs improvement”. The incorrect reference should be corrected.

Crisis Services (pg. 61)

Roberta Opheim (OMHDD) asked if a survey had been done to determine the number of crisis beds that are needed. Alex Bartolic (DHS) stated the need for beds is a reflection of how robust the community provider system is. There are plenty of beds if people are only using them for 90 days, but they are not. Their findings are that the workforce shortage is adding more pressure. DHS is seeing admission notices every day simply because providers cannot hire staff. This is part of a bigger question, and DHS is trying to determine how to stabilize services in the meantime.

Ms. Opheim further asked about current funding and process to build brick and mortar crisis service facilities for those who are unable to draw Medicare, Medicaid or other funds. Commissioner Piper explained that a Request for Proposals is out right now for crisis facility grants. These need to demonstrate a sustainable financial model specific to the crisis service model. It is not the intention of the state to subsidize ongoing local communities’ bonding projects for the crisis services. Commissioner Tingerthal stated this is somewhat similar to Minnesota Housing’s dilemma with permanent supportive housing. There is no one source providing ongoing funding, or guarantees of operational funding. Ms. Opheim emphasized that funding needs to be sustained as the problem related to crisis beds is that no one want to pay for them. The purpose of a crisis bed is to have an empty bed when the crisis comes. Ms. Bartolic explained there are different funding sources for different types of services. At this time, crisis funding is negotiated for community-based services. This can include a very high absence of utilization factor to account for the fact that it’s not 100% coverage.

Commissioner Piper (DHS) suggested that the major accomplishment area should be reworded to use person-centered and person-forward language.

General discussion about the Strategic Review document included:**Internal and external versions**

- Deb Kerschner (DOC) expressed her excitement in memorializing the work of the agencies with three years' worth of data and seeing how far they have come. She asked if the Subcabinet will see the final version of this document after revisions have been made. She offered to provide some thoughts on format to make the final document more polished.
- Colleen Wieck (GCDD) asked for the document to remain in draft form at this time to capture all revisions including reasons why goals were achieved or not.
- Commissioner Piper (DHS) stated this document provides an opportunity for agencies to tell their stories. With the transition of Governors, this is a perfect way to highlight and inform a new leadership team of the work that's been accomplished and to advocate the continuity moving forward.
- Commissioner Tingerthal indicated that the report is intended to be a working document for the agencies. If it is the desire of the Subcabinet to work towards a final version(s) for external purposes, comments heard at this meeting will be noted and reviewed. We can also add additional accomplishments if the agencies want to submit those.
- Commissioner Tingerthal pointed out that the Strategic Review could be used as a transition document calling out vulnerabilities such as lack of funding. Commissioner Piper (DHS) stated the need to define what is meant by a vulnerability. If lack of funding is considered a vulnerability, DHS's operating budget is not funded beyond the biennium.
- She suggested a more appropriate timeline for a finalized version might be after workplan revisions in October. More consideration is needed on how this Strategic Review can be sheared with the public as part of the 2019 Plan revision process.

Readability

- Roberta Opheim (OMHDD) expressed concern that the current version posted on the website does not meet the state's readability factor. Commissioner Tingerthal stated that leading up to the Plan amendment process, information in this report can be reframed in a more "plain language" version. Darlene Zangara (OIO) stated that part of the Communication Plan is to have versions of all documents and reports formatted and designed for readability by the general public.

Insufficient data

- Ms. Kerschner (DOC) pointed out that throughout the report there is confusion of what is meant by insufficient data.

Standardized format of goals

- Ms. Wieck recommended a simple, standardized format for the goals. Some goals use numbers, some use percentages and some use both. Ms. Opheim and Ms. Kerschner suggested more use of visuals for readability purposes.

Universe numbers

- Ms. Opheim and Ms. Kerschner suggested that universe numbers be included where applicable for better clarification of progress measurements. Commissioner Tingerthal stated that universe numbers have been used in quarterly reports when they are legitimate, verifiable numbers. Universe numbers, however, are not always available. Insertion of more universe numbers will be considered more in revising this report.

Recalibration or elimination of goals already achieved

- Deb Kerschner (DOC) commented that to categorize a goal that has already reached the overall goal as making progress is confusing. She suggested adding a new category to those goals that have already been achieved. Those goals should be revisited and recalibrated. Commissioner Tingerthal agreed that a new category would be appropriate. She encouraged the Subcabinet to further discuss for goals that have been reached, whether they should be recalibrated or eliminated.

Roberta Opheim (OMHDD) stated that in the beginning, it wasn't clear how progress on the goals would go. Now that there is several years of data, it is her hope that these goals would be recalibrated.

Commissioner Tingerthal suggested that in the interest of time, the reporting on the 2018 Strategic Review of Olmstead Plan Implementation should conclude. The remainder of goals are in process or in need of establishing new goals.

Commissioner Tingerthal stated that one workplan activity report will be presented followed by members of the public who want to provide comment.

b) Workplan activity reports to be presented to Subcabinet**1) Transition Services 3D.1a – Status of cross-division/administration workgroup;**

Claire Wilson, Wade Brost and Carol Olson (DHS) provided a brief update on this activity.

Questions/Comments

Roberta Opheim (OMHDD) asked if any work has been done with the counties to prevent the number of civil commitments, or if this might be a strategy to adjust going forward.

Claire Wilson (DHS) stated there is continuous improvement work, one thing is to look at areas such as failing to identify how people could be appropriately served, as well as

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enhancing access. Commissioner Piper (DHS) added that it depends on each county. Larger counties tend to be more sophisticated in strategies to improve community services and avoid unnecessary admissions. Anoka, for example, takes a more sophisticated approach, however they are seeing over 40% increases from last year because of the number of people that are accessing AMRTC from jail. Additionally, under the best circumstances, people trying to get provisional discharge out of Anoka or MSH have very complex service and support needs that must be addressed to find community placement.

8) Public Comments

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

Brad Teslow (member of the public)

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

- Subcabinet for helping people with disabilities;
- Department of Human Rights, the facilitator, and the Improve Group;
- DOC for information forthcoming on the offender work program;
- DHS and MDH for work on compliance for providers;
- His peers for getting involved; and
- St. Paul Police Department for establishment and improvement of their mental health unit and planned training on trauma informed care.

Noah McCourt (member of the public)

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

- One issue that arose during his first city council campaign - was he too disabled to hold public office?
- Another issue he experienced involved a police altercation – was I not disabled enough?
- He is interested in seeing data and protocols for individuals with intellectual and cognitive disabilities; and
- The Olmstead Plan lacks of focus on law enforcement and public safety such as EMT's, firefighters, etc. He is requesting consideration during the upcoming annual amendment process to consider including Department of Public Safety.

Michelle Gross (member of the public)

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

- Concern about the issue of intersection between people with disabilities and law enforcement;

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- People with disabilities are 2.5 times more likely to be victims of a violent crime, and more than 3 times more likely to be the victims of a serious crime;
- Of the people killed by law enforcement, 50% are experiencing a mental health crisis; people with disabilities are 16 times more likely to be killed or injured in an encounter with law enforcement;
- She is requesting consideration during the upcoming annual amendment process to include law enforcement and public safety issues; and
- Two areas of statewide bodies that could assist are the Public Safety Commission and the Minnesota POST Board.

Commissioner Tingerthal suggested that these comments be taken back to the state agencies and come back with a recommendation of where it fits in the Olmstead Plan. Law Enforcement is a local, rather than a state function; any influence might be limited. An approach might be to include these issues within the Preventing Abuse and Neglect goal.

9) Adjournment

Commissioner Tingerthal asked if there was any other business to come before the Subcabinet. There was none. She adjourned the meeting at 4:43 p.m.

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

October 29, 2018

Agenda Item:

6 (a) Direct Care and Support Services workforce workplans

Presenter:

Erin Sullivan Sutton (DHS) and Darielle Dannen (DEED)

Action Needed:

- ☒ Approval Needed
- ☐ Informational Item (no action needed)

Summary of Item:

Attached is a proposed workplan for the implementation of the Direct Care and Support Services Workforce Report recommendations that were presented to the Subcabinet in July 2018. The workplan needs to be reviewed for approval by the Subcabinet.

Attachment(s):

Olmstead Plan Workplan – Direct Care and Support Services workforce workplans

Olmstead Plan Workplan – Direct Care and Support Services Workforce

Executive Sponsors: Claire Wilson (DHS) and Jeremy Hanson Willis (DEED)

Leads: Erin Sutton-Sullivan (DHS) and Danielle Dannen (DEED)

GOAL:

Expand, diversify and improve the pool of workers who provide direct care and support services in order to produce meaningful progress toward alleviating the direct care and support workforce shortage in Minnesota.

STRATEGIES:

1. Increase worker wages and/or benefits
 - Provide a livable wage to enhance job satisfaction and retention, and address statutory limits on reimbursement rates that make it difficult for providers to pay direct care and support staff a livable wage.
 - Assess the potential of creating an employee pool group consisting of direct care and support professionals throughout the state to achieve the best possible health coverage at the most affordable price.
2. Expand the worker pool
 - Expand the worker pool to non-traditional candidates.
 - Explore options to address transportation barriers for direct care workers and the people who depend on their services.
 - Provide resources to help organizations utilize recruitment and retention strategies known to increase the quality of candidates hired.
 - Develop a service corps through partnerships with colleges, universities, and/or private partners.
 - Develop apprenticeship opportunities
3. Improve the workforce by enhancing training for direct care and support professionals
 - Assess the value of developing a training and scholarship program consistent with DEED's career pathway model.
 - Promote use of existing training and development options.
4. Increase job satisfaction (including quality of the job)
 - Ensure access to effective supervision.

[AGENDA ITEM 6a]

5. Raise public awareness by promoting direct care and support careers
 - Leverage Minnesota's career, training, and business services to develop a statewide recruitment and promotional plan to attract jobseekers to direct care worker careers.
 - Create a recruitment and retention guide, promotional materials, and public service announcements on direct care and support careers targeted to potential workers.
 - Develop an educational awareness plan on direct care and support careers targeted to high school students.
6. Promote service innovation
 - Identify and promote the use of technology solutions.
 - Examine possible policy or regulatory barriers to the employment of potential workers or the accessibility of services by the people who need them.
7. Enhance data collection
 - Gather and report longitudinal direct care and support workforce data across long-term services and supports in Minnesota.
 - Identify ongoing data needs for monitoring workforce issues.
 - Gather and report annual direct care and support workforce data across service types and populations receiving long-term services and supports.
 - Monitor improvements or worsening of the workforce issues based on baseline data.
 - Provide funding to allow monitoring of the relationship between critical incidents, recidivism of institutionalization, and emergency room visits based on reductions or increases in vacancy and turnover rates.
 - Articulate an ideal monitoring system and data needs, determine existing data sources, determine gaps.

Strategy 1: Increase worker wages and/or benefits

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.1	Conduct analysis for a competitive workforce wage adjustment for Direct Care Workers (DCW) providing Home and Community Based Services (HCBS), with options for a one-time increase in compensation and indexed adjustments every two years. This will be based on the average of the Bureau of Labor Statistics Occupational Classifications (SOC) codes for similarly skilled/educated occupations and include total compensation. In addition, conduct analysis for bringing all DCW base wages up to the level of the highest DCW base wage, as the highest priority for wage increases. Provide analysis of these changes on Waiver services, Personal Care Assistants (PCA) and Home Care Nursing. Provide analysis to DHS leadership.	HCBS rates will keep pace with economic changes. Rates will be adjusted to reflect price inflation and wage changes from every five years to every two years. These changes will enable the state to address challenges in attracting and retaining quality direct care staff to meet the demands of people needing support across the state.	Provide analysis to DHS leadership by January 31, 2019	DHS
A.2	Conduct analysis of Personal Care Assistant (PCA) reimbursement rates to allow for differentiation of rates based on the level of training and care required by the person receiving services. Provide analysis to DHS leadership.	PCA rates will be responsive to meet the needs of people across the state.	Provide analysis to DHS leadership by January 31, 2019	DHS
A.3	Provide analysis and technical assistance to stakeholders who are interested in building support for legislation. (Reimbursement rates and some DCW compensation rates are regulated in Minnesota through statute.)	Stakeholders will have sufficient understanding on reimbursement rates and DCW compensation rates in order to form recommendations for implementing a cost-based rate framework for Personal Care Assistance (PCA) services. This will help address the unprecedented challenges the state is experiencing in attracting and retaining quality staff needed to support people in their homes and community.	Complete technical assistance by June 30, 2019	DHS

[AGENDA ITEM 6a]

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.4	Provide analysis to DHS leadership for an annual Direct Care Workforce study that will assess the health of the labor market for Medicaid funded home and community based services.	Policy makers, people with disabilities and service providers will be informed of HCBS direct care labor market trends and provider costs over time.	Provide analysis to DHS leadership by January 31, 2019	DHS
B.1	In partnership with the University of Minnesota's Institute on Community Integration (ICI) and major HCBS provider trade associations, conduct a sample-based provider survey on direct care workforce in Minnesota. Report to the Subcabinet the results of the survey. The report will include: - the number of direct care workers employed full-time and part-time; - average wage for direct care staff and supervisors; - access to and utilization of benefits for workers; and - retention of staff.	Report on reimbursement rate for HCBS for services will be available to interested parties, including legislators, state agencies, providers, researchers, advocates and people who use services and their allies as they consider strategies to address workforce pressures.	Report to the Subcabinet by May 31, 2019	DHS, ICI
B.2	During the provider survey (in B.1), ICI will pilot a survey of direct care workers. Report to the Subcabinet on results of this survey.	Report on direct care worker survey will be available to understand the workforce issues from the perspective of the worker, rather than the providers.	Report to the Subcabinet by May 31, 2019	DHS, ICI
C.1	Convene a group of experts to explore options to maximize the purchasing power of Direct Care Workers (DCWs) for benefits. Report to the Subcabinet on the outcomes of the discussion.	Identify options to maximize the purchasing power of DCWs for benefits.	Report to the Subcabinet by March 31, 2019	DEED

Strategy 2: Expand the worker pool

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Promote Direct Support Connect through mailings, social media and personal contacts to increase awareness of the PCA workforce shortage and recruit potential workers. The focus will be on new immigrants, students and non-traditional candidates. Outreach will be coordinated with • New refugee programs • Minnesota State colleges/universities • University of Minnesota • Private college consortiums • Advocacy groups Annually report to the Subcabinet on recruitment efforts.	There will be an increase of new immigrants, students and non-traditional workers entering the Direct care workforce.	Report to Subcabinet on recruitment efforts beginning September 30, 2019 and annually thereafter	DHS
B	DHS will provide marketing materials promoting Direct Support Connect to DEED to make available at CareerForce (Workforce) Centers throughout the State of Minnesota. The purpose is to increase awareness of the PCA workforce shortage and recruit potential workers	More workers will register on Direct Support Connect through information received at CareerForce Centers. There will be an increase of people entering the direct care workforce.	Provide materials to DEED by June 30, 2019	DHS, DEED
C	Complete a legislative report on a transportation study related to the Waiver Transportation service. • Examine conclusions reached by MnCOTA (Minnesota Council on Transportation Access) concerning employment related transportation barriers faced by youth and low-income adults. • Work with MnDOT and the Met Council to propose strategies to overcome barriers including ideas such as van pools, car sharing, and greater access to public transportation. Report to the Subcabinet on the summary of the legislative report and recommendations for improving transportation access for people.	The study will include recommendations for service rates. The legislative report will include recommendations about other strategies that could provide greater access to transportation for direct care workers as well.	Report to the Subcabinet by May 31, 2019	DHS, DOT

[AGENDA ITEM 6a]

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
D	HealthForce Minnesota/Minnesota State will identify potential members of service corps: • High school juniors/seniors interested in health careers (high school credit). • Post-secondary students interested in health careers (credits/credentials) and in other academic areas e.g. This group would be provided with the potential of tuition forgiveness or scholarships for part time work commitment. Annually report to the OIO on the status of this activity.	Development of a direct Support service will increase the number of direct care workers available to support people with disabilities.	Report on status by July 31, 2019 and annually thereafter	DHS, Health Force Minnesota

Strategy 3: Improve the workforce by enhancing training for direct care and support professionals

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.1	Health Force Minnesota/Minnesota State Pathway Development Team will identify competencies required, available training, gaps in training, barriers/challenges to expanding training, and plan to develop an identified pathway. DEED's Employment and Training Program staff will provide technical assistance when necessary. Report to the Subcabinet on identified gaps and barriers and recommendations to address them.	Recommendations can be used to develop additional trainings for DCWs.	Report to the Subcabinet by June 30, 2019	DEED, DHS, Healthforce MN/ MN State
A.2	Work with Minnesota State to develop and offer courses/trainings throughout Minnesota, based on recommendations above. Annually report to the Subcabinet on status of training development.	Direct care workers will have access to quality training statewide resulting in better services for people with disabilities.	Report to Subcabinet by August 31, 2019 and annually thereafter	DHS, MN State

[AGENDA ITEM 6a]

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
B	Compile list of existing training and development options such as: PCA Choice, Service Employees International Union (SEIU), DHS Individual PCA training, agency Qualified Professionals, etc. Publicize the list of training resources to employers (agencies and individuals) and direct care and support professionals.	Direct care workers will have access to quality training statewide resulting in better services for people with disabilities.	Publicize list of trainings by January 31, 2019	DHS

Strategy 4: Increase job satisfaction (including quality of the job)

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Provide information to agencies on strategies to expedite hiring and onboarding processes for PCAs to reduce time lag, from initial recruitment of first time workers to deployment. Annually report to OIO on status of this activity.	People with disabilities will experience a decrease in wait time for hiring and onboarding of new staff. This will also impact the availability of emergency staff for both traditional agencies and PCA Choice.	Report status by August 31, 2019 and annually thereafter	DHS

[AGENDA ITEM 6a]**Strategy 5: Raise public awareness by promoting direct care and support careers**

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Create materials to promote PCA careers including a recruitment and retention guide, marketing materials and potential public service announcements. - Analyze existing materials; - Modify existing materials if necessary; - Create new materials if needed	A package of materials will be available to market PCA careers. There will be an increase of direct care workers available to support people with disabilities.	Materials will be available by June 30, 2019	DHS, key stakeholders
B	Conduct a social media campaign to promote awareness of PCA careers and Direct Support Connect.	There will be an increase of direct care workers available to support people with disabilities.	Complete campaign by June 30, 2019	DHS
C.1	DHS will provide a list of PCA and DCW employers contact information to DEED.	DEED will have contact information to add to the CareerForce platform.	Provide list of employers by March 31, 2019	DHS
C.2	Conduct outreach to PCA and DCW employers as the CareerForce platform is developed to support online healthcare networking collaborations.	Job seekers will have a greater awareness of direct support and career pathways. There will be an increase of direct care workers available to support people with disabilities.	Outreach will begin by June 30, 2019	DEED
C.3	Encourage the involvement of PCA and DCW employers to join job and career fairs to expand recruitment efforts to additional job seekers.	Job seekers will have a greater awareness of direct support and career pathways. There will be an increase of direct care workers available to support people with disabilities.	Outreach will begin by June 30, 2019	DEED
D	Report to the Subcabinet on the efforts to promote awareness of PCA and DCW careers and the Direct Support Connect website completed in activities 5A – 5C.3 above.	More people will be aware of Direct Support Connect. There will be an increase of direct care workers available to support people with disabilities.	Report to Subcabinet by December 31, 2019	DHS, DEED

[AGENDA ITEM 6a]

Strategy 6: Promote service innovation

6	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Promote the use of assistive technology (AT), through regional meetings with case managers and conference presentations. Continue participation in a workgroup to develop improvements in the service planning process and the use of technology will be an essential component of that planning. Continue to work with industry representatives on a major initiative directed toward increasing the use of technology as a response to the workforce shortage. Promote the Minnesota Guide to Assistive Technology website (https://mn.gov/admin/at/), which supports people through the process of identifying how AT can help meet their support needs. Report to the Subcabinet on the status of these activities.	Including discussion of how technology might be used to meet a person's desired outcomes during service planning will increase awareness, and use of AT. DHS provides care planners with resources to support the technology discussion. The expected outcome is an increase in the use of assistive technology and targeting use of human assistance (staff) where most needed.	Report to the Subcabinet by July 31, 2019 and annually thereafter	DHS, STAR, MDE,
B	Expand the use of monitoring technology to support service planning with the goal of increasing community living, employment, and participation in meaningful activities or reducing staffing as appropriate. Report the status of this activity.	Properly deployed monitoring technology can support people to live more independently and to appropriately reduce the need for staff in some situations.	Report status by June 30, 2019	DHS,

[AGENDA ITEM 6a]

6	Key Activity	Expected Outcome	Deadline	Agency/ Partners
C	Design and market Life Sharing supports as a relationship based service models, for interested people with disabilities and people/families who want to provide support. (Life Sharing will make it possible for a person with a disability to live with a person who is willing to support them, and share experiences. It communicates mutuality: a real community life, not a service life, is the expectation.) Pursue CMS proposal if needed. Annually report to Subcabinet on the status of the service model.	Expanded community based residential options will be available for people with disabilities.	Report on status by July 31, 2019 and annually thereafter	DHS

Strategy 7: Enhance data collection.

7	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Inventory existing data sources to determine gaps in data on the direct care workforce in Minnesota. Report to the Subcabinet.	This report focuses on publicly available data or data that DEED has the ability to compile for public release to inventory gaps in data on the direct care workforce in Minnesota. It only inventories <i>population level data</i> from surveys and administrative data sources such as Unemployment Insurance (UI) wage records.	Report to Subcabinet by January 31, 2019	DEED, DHS
B	Analyze incident report data (submitted to DHS) for the MA population to determine whether if admissions of people to hospitals or long-term care facilities may be due to lack of direct care workers. If so, compile and track the number and type of incidents, associated costs if incident resulted in visit to provider/specialty/hospital. Report findings to the Subcabinet.	There will be a better understanding of the impact on direct care worker staffing shortages on unnecessary hospitalizations/nursing home admissions.	Report findings to the Subcabinet by July 31, 2019	DHS

Olmstead Subcabinet Meeting Agenda Item

October 29, 2018

Agenda Item:

6 (b) Olmstead 2018-2019 Workplans

Presenter:

Agency Sponsors and Leads

Action Needed:

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

Summary of Item:

This document is the result of the annual review and refresh of the workplans.

All 2017-2018 workplan activities are included in this document.

The last column indicates the status of each activity and includes:

- *Complete - Activities that were completed and not reoccurring are shaded in gray. They will be removed from the final approved version of the 2018-2019 workplans.*
- *Continue reoccurrence – The activity will reoccur on the new deadline indicated with track changes*
- *Discontinue – The activity or reoccurrence will discontinue. The reason is noted. The activity will be removed from the final approved version of the 2018-2019 workplans.*
- *Modified activities – Changes to the activity are indicated with track changes.*
- *New activities – New activities are indicated with track changes.*

Once the Subcabinet approves the completed workplan activities will be combined into a document and posted on the website for reference.

Attachment(s):

- *Olmstead Plan Workplans*

Olmstead Subcabinet Meeting Agenda Item

Olmstead Plan Workplans Draft

For Review by the Subcabinet

on October 29, 2018

All 2017-2018 workplan activities are included in this document.

The last column indicates the status of each activity and includes:

- Complete - Activities that were completed and not reoccurring are shaded in gray. They will be removed from the final approved version of the 2018-2019 workplans.
- Continue reoccurrence – The activity will reoccur on the new deadline indicated with track changes
- Discontinue – The activity or reoccurrence will discontinue. The reason is noted. The activity will be removed from the final approved version of the 2018-2019 workplans.
- Modified activities – Changes to the activity are indicated with track changes.
- New activities – New activities are indicated with track changes.

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Olmstead Plan Workplan – Person-Centered Planning

March 2018 Plan Goals (page 35)

Executive Sponsor: Chuck Johnson (DHS)
Lead: Erin Sullivan Sutton (DHS)

GOAL ONE:

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

GOAL TWO:

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

STRATEGIES:

1. Broaden the effective use of person-centered planning principles and techniques for people with disabilities
2. Evaluate the effectiveness of person-centered planning principles and techniques
3. Incorporate assistive technology assessment into person-centered planning processes
4. Expand, diversify and improve Minnesota's direct service workforce

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

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.5	Host Housing Best Practices Forums to provide tools and skills in developing individualized housing solutions, including finding and maintaining housing. Report to the Subcabinet annually on the number of trainings and attendees.	Person-centered practices and informed choice are necessary for persons with disabilities to exercise personal preferences in housing, employment, education and other services and supports. Lead agencies and providers need a complete understanding of the principles of person-centered practices and informed choice to effectively fulfill their responsibilities.	Report to Subcabinet by January 31, 2019 and annually thereafter	DHS	Complete for January 2018 occurrence. Report included in January 2018 SC packet. Continue reoccurrence
B.6b	Create toolkit for lead agency supervisors to use to train and support their staff in developing person-centered practice skills.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols	Disseminate toolkit by March 31, 2018	DHS , Lead agencies	Complete
B.8a	Continue second year pilot of Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model in two community areas during the 2017-2018 school year. This incorporates person-centered planning practices into the Individualized Education Program (IEP) process.	Students will experience person-centered practices in their educational experience.	Complete pilot by June 30, 2018	MDE, DEED, DHS, MDH	Complete
B.8b	Gather input from students with disabilities and their families on their experience of the model. The evaluations will inform potential improvements to the model.	Students and families provide input on the model. Modifications may occur to the models based on the input.	Complete evaluations by July 31, 2018	MDE, DEED, DHS, MDH	Complete

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
<u>B.8c</u>	<u>Launch the second phase of the pilot of the Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model in three community areas during the 2019-20 school year. This incorporates person-centered planning practices into the Individualized Education Program (IEP) process. The cohorts will be supported with tools and practices learned from the first round of pilot programming.</u>	<u>Students will experience person-centered practices in their educational experience. There will be an increase in the number/percentage of students with IEPs receiving instruction in the most integrated setting.</u>	<u>Complete second phase of pilot by June 30, 2020</u>	<u>MDE</u>	<i>Adding new activity as the next step to B.8a</i>
B.12a	Convene stakeholder engagement sessions to provide input on curriculum development for mental health providers on person and family centered approach in the context of mental health and co-occurring disorders. Sessions will specifically target racially and ethnically diverse and underserved populations. Report to the Subcabinet on the learnings from the sessions.	People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.	Report to Subcabinet by April 30, 2018	DHS	Complete. Report included in April 2018 SC packet.
B.13	Train mental health and behavioral health care providers on a person and family centered approach in the context of mental health and co-occurring disorders.	People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.	Begin training by April 30, 2019	DHS	<i>Continue</i>
<u>B.14</u>	<u>Report the status of the trainings for mental health and behavioral health care providers on person and family centered approach in the context of mental health and co-occurring disorders.</u> <u>Report to the Subcabinet on the number of individuals trained and number of trainings held and evaluation results when available.</u>	<u>People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.</u>	<u>Report to the Subcabinet by December 31, 2019</u>	<u>DHS</u>	<i>Adding activity to report number of trainings held in B.13</i>

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
C.1a	Train a new cohort of up to 20 14 individuals with disabilities in self-advocacy through a 12-month program of classroom training and fieldwork.	These self-advocates will become leaders within the Olmstead Plan. Participants will work in teams to plan and execute an integration project in their own community.	Train 14 individuals by June 30, 20198 and annually thereafter	DHS	Complete for 2018 Adding reoccurrence
C.2c1	In conjunction with Minnesota's Transition Plan for the Home and Community-Based Services Rule, conduct outreach, disseminate information, and gather input from people with disabilities and their families about residential and day settings, and employment.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	Conduct outreach by December 31, 2017	DHS	Complete
H	Engage with people with disabilities, family members and guardians to provide information, tools, and resources to assist them to understand their options, assert their rights and plan for their future through person-centered practices. This will include strategies to reach ethnically and racially diverse audiences. Provide access to person-centered training via the College of Direct Supports and the Person-Centered Counseling curriculum. Report to the Subcabinet on the number of training activities and tools, the number of people trained and evaluation results when available.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by July 31, 20198 and annually thereafter	DHS	Complete for July 2018 occurrence. Report included in July 2018 SC packet. Continue reoccurrence

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
I	Provide training, technical assistance and learning opportunities for lead agency assessors and planners, case managers and providers to promote the use of person-centered practices and increase capacity. Use strategies to reach diverse audiences. Report to the Subcabinet on the number of training activities, the number of participants trained and evaluation results when available.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by July 31, 20198 and annually thereafter	DHS	Complete for July 2018 occurrence. Report included in July 2018 SC packet. Continue reoccurrence
J	DHS Disability Services and Licensing Divisions will engage in a person-centered organizational change process. Report to the Subcabinet the status of the process.	DHS will build its capacity to be a person-centered organization and to support our partners in developing their person-centered practices.	Report to Subcabinet by December 31, 2018	DHS	Continue
K	Support the use of regional communities of practice for lead agencies to expand the application of person-centered practices. Report to the Subcabinet on the number of activities and the number of participants.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by April 30, 20198 and annually thereafter	DHS	Complete for 2018. Report included in April 2018 SC packet. Adding reoccurrence
L.1	Develop resources and tools for people with disabilities and those who support them. These resources will be available on the Disability Hub and include: - DB101 Vault - information about their benefits - Information about options (including employment, housing and services) - Tools to plan for the future. Report the status and analytics on the usage of the resources to the OIO.	People with disabilities will have access to resources to support planning and informed choice and be able to share them with others as they choose.	Report status and analytics by January 31, 20198 and annually thereafter	DHS	Complete for 2018. Adding reoccurrence

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
L.2	Develop Disability Hub capacity so it provides people with disabilities and those who support them with: • A way to be engaged in shaping policies and services • A reliable source of information about policy and services changes	People with disabilities using Disability Hub MN will know about changes to services and policies and have an opportunity to express their support or concern.	Launch by June 30, 2018	DHS	Complete
L.3	Develop curriculum and protocol to assure Disability Hub staff competency on person-centered practices.	People with disabilities using Disability Hub will get support to explore and pursue resources to live their best life.	Develop curriculum and protocol by September 30, 2018	DHS	Complete

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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.4	Complete the NCI survey interviews for the 2018 cycle.	The NCI results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	Complete interviews by June 30, 2018	DHS	Complete
A.5	Analyze the 2018 NCI survey data.	See A.4 above	Analyze 2018 data by February 28, 2019	DHS	Continue
A.6	Post the 2018 NCI Minnesota results on the website.	See A.4 above	Post NCI Minnesota results by May 31, 2019	DHS	Continue
B.2	DHS will audit county plans during 2018 Annual Waiver reviews and provide feedback to counties on needed improvements. <u>Remediation and corrective action will be required when reviews show they fall short of defined thresholds for adherence to person-centered protocols.</u> Results will be published on DHS website annually.	Implementation of person-centered planning processes will improve over time.	Publish results by July 31, 20198 and annually thereafter	DHS, Counties	Complete for July 2018 occurrence Continue reoccurrence

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.5	DHS will require counties to undertake remediation and corrective action when lead agency reviews show they fall short of defined thresholds for adherence to person-centered protocols.	Implementation of person-centered planning processes will improve over time.	Begin remediation/corrective action process by January 31, 2018	DHS	Complete
D.1a	Provide training and technical assistance to lead agency assessors on how to explore potential use of assistive technology as they conduct MnCHOICES assessments.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES	Begin training by June 30, 2018	DHS	Complete
D.2	Analyze one full year of assistive technology data from MnCHOICES assessments.	See D.1a above	Complete analysis by June 30, 2018	DHS	Complete
D.3	Review analysis of assistive technology data from MnCHOICES assessments and make recommendations to DHS leadership on possible changes needed to MnCHOICES assessment tool.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES.	Make recommendations by December 31, 2018	DHS	Continue
E.3	State Quality Council Workgroup will develop questions related to assistive technology to utilize in their quality review process.	The State Quality Council will have an increased awareness of the types and benefits of assistive technology. Assistive technology will be considered in the quality review process.	Develop questions by December 31, 2017	DHS, STAR, Quality Councils	Complete

Strategy 3: Incorporate assistive technology assessment into person-centered planning processes

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.4	Develop a cross-agency website to provide people with disabilities assistance in accessing Assistive Technology.	People with disabilities will be able to access Assistive technology.	Launch website by February 28, 2018	DHS, MDE, DEED, ADM	Complete

Strategy 4: Expand, Diversify and Improve Minnesota's Direct Service Workforce

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.1	Convene monthly meetings of the Cross-Agency Direct Care/Support Workforce working group to define: • Scope and key issues: Review reports and documents, including demographic and labor market information from the July 2016 Workforce Summit. Provide overview of the scope of the Direct Care/Support Workforce shortage. • Review Direct Care/Support Workforce <u>Summit Summary Report and Next Steps</u> document. • Priorities for action: Establish framework to prioritize addressing the Direct Care/Support workforce gaps affecting individuals most at risk of institutionalization and/or loss of ability to live / work in integrated settings in communities of their choice. • Options for career pathways: Create career ladders / lattices using Department Of Labor Toolkit resource https://www.workforceinfodb.org/PDF/CareerPathwaysToolkit2011.pdf • Related activities: Review related activities already underway and the potential impact of these activities on the Direct Care /Support Workforce shortage. Submit to the Subcabinet the final recommendations for Strategies and activities to recruit, train and retain workers to better	Scope and Key Issues for Direct Care/Support workforce shortage defined. Priorities established for initiating efforts to address Direct Care/Support workforce shortage. Opportunities to develop career pathways are identified that can be targeted to address the Direct Care/Support workforce shortage. Workgroup is aware of related activities that that are underway and that impact on the Direct Care/Support Workforce shortage. Olmstead Subcabinet reviews recommendations from the cross-agency working group.	Report recommendations to Subcabinet by January 30, 2018 (First draft submitted to OIO by January 30, 2018) Submit final draft of recommendations to Subcabinet by March 31, 2018 (Adjusted 01/2018)	DEED, DHS, working group, Steering team	Complete. Report included in March 2018 SC packet.

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
	meet Minnesota's Direct Care/Support Workforce needs.				
B.1a	Further review and edit the recommendations included in the report to • Prioritize the direct care report recommendations for implementation; • Review and update the direct care report recommendations to identify: - o which recommendations would need legislative action, - o which would require state agency action, and - o which ones require collaborative community efforts. Report back to the Subcabinet at the July 23, 2018 meeting.	Subcabinet will review for approval the implementation plan that defines strategies and sequence of workplan activities.	Report to the Subcabinet by July 23, 2018	DEED, DHS, Steering Team	Complete. Report included in July 2018 SC packet
B.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.	Submit to Subcabinet by October 31, 2018 (Adjusted 2/2018, 05/2018, 08/2018)	DEED, DHS, Steering Team	Complete. Report included in October 2018 SC packet.

Olmstead Plan Workplan –Transition Services

March 2018 Plan Goals (page 41)

Executive Sponsor: Chuck Johnson (DHS)
Lead: Erin Sullivan Sutton (DHS), Christen Donley (DOC)

GOAL ONE:

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

GOAL TWO:

By June 30, 2019, the percent of people 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 will be reduced to 30% (based on daily average).

GOAL THREE:

By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

GOAL FOUR:

By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered Planning, 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.]

STRATEGIES:

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

Transition Services Workplan

October 22, 2018

Strategy 1: Improve ability to gather information about housing choices

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.1d	Develop MnCHOICES 2.0 to improve assessment process to clarify the role of the assessor to get to know the person, empower the person and ensure informed decision making.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.	Complete development of MnCHOICES 2.0 by December 31, 2018	DHS	Continue
A.7	Implement new Individualized Home Supports (IHS) services upon CMS approval. Report status to OIO.	See A.1d above	Provide status by February 28, 2018	DHS	Complete
<u>A.8</u>	<u>Implement new Individualized Home Supports (IHS) services. Report to Subcabinet on status of implementation.</u>	<u>People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.</u>	<u>Report to Subcabinet by February 28, 2019</u>	<u>DHS</u>	<i>Adding activity as next step to A.7</i>

Strategy 2: Implement new transition protocols

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.7	Continue implementation of federal rule governing Home and Community-Based Services (HCBS) consistent with the Person Centered, Informed Choice and Transition Protocol.	The person centered, informed choice and transition protocol will ensure that there is a uniform standard of practice available to people who use long term supports and services, including mental health services.	Complete implementation by March 31, 2019	DHS	Continue
<u>A.7a</u>	<u>Continue implementation of federal rule governing Home and Community-Based Services (HCBS). Report to Subcabinet on status of implementation.</u>	<u>See A.7 above</u>	<u>Report to Subcabinet by June 30, 2019</u>	<u>DHS</u>	<i>Adding new activity as next step to A.7</i>
A.8	Annually review the application of the Person-Centered Planning and Informed Choice Protocol and make adjustments as necessary.	See A.7 above	Review protocol by April 30, 2019 and annually thereafter	DHS	Complete for April 2018 occurrence. <i>Continue reoccurrence</i>

Strategy 3: Increase service options for individuals making transitions

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.4	Develop gaps analysis process with counties to lead to more actionable data and delineation of county/state roles regarding service development.	Adequate resources and options will be available to meet people's needs and individual desires so that they can live and pursue their interests in the most integrated setting of their choice.	Develop process by December 31, 2017	DHS, Counties	Complete
A.6	DHS staff will work with racially and ethnically diverse communities to develop and deliver training and technical assistance for providing Medicaid services.	See A.4 above	Deliver training and technical assistance by December 31, 2017	DHS	Complete
<u>A.7</u>	<u>Report to Subcabinet on efforts to increase diversity in service providers.</u>	<u>Adequate resources and options will be available to meet people's needs and individual desires so they can live and pursue their interests in the most integrated setting of their choice.</u>	<u>Report to Subcabinet by March 31, 2019</u>	<u>DHS</u>	<i>Adding new activity as next step to A.4/A.6</i>
C.2	Continue Technology for Home grants. Measure use of Technology For Home assessment and education services including type of activity, number people of impacted and client satisfaction. Annually report to Subcabinet on program utilization and any recommendations for improvement.	Participants will gain an understanding of a variety of assistive technology products, services, resources (e.g., State's Assistive Technology Act program) as well as funding streams. They will also learn how to include assessment for potential value of assistive technology in their practice. Assessments through Technology for Home will increase use of appropriate assistive technology to support people to live in their own homes.	Report to Subcabinet by March 31, 20198 and annually thereafter	DHS	Complete for March 2018 occurrence. Report included in March 2018 SC packet. <i>Continue reoccurrence</i>

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D.1	Convene 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 • needed efficiencies that could be developed between AMRTC and MSH Include engagement and consultation with counties and community providers in this effort.	People at AMRTC and MSH will be discharged in a timely manner.	Convene working group by March 31, 2018	DHS	Complete
D.1a	Report to the Subcabinet on the status of the efforts of the cross division, cross administration working group.	See D.1 above	Report to Subcabinet by September 30, 2018	DHS	Complete. Report included in September 2018 SC packet.
D.2	Report to Subcabinet on cross division, cross administration workgroup findings and recommendations.	See D.1 above	Report to Subcabinet by December 31, 2018	DHS	Continue
<u>D.3</u>	<u>Report to Subcabinet on efforts to increase transitions of individuals at AMRTC and MSH.</u>		<u>Report to Subcabinet by February 28, 2020</u>		Adding activity as next step to D.2

Strategy 4: Monitor and audit the effectiveness of transitions

- All activities completed.

Olmstead Plan Workplan – Housing and Services

March 2018 Plan Goals (page 47)

Executive Sponsor: Chuck Johnson (DHS) and Ryan Baumtrog (MHFA)
Lead: Erin Sullivan Sutton (DHS) and Joel Salzer (MHFA)

GOAL ONE:

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

STRATEGIES:

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

Strategy 1: Create more affordable housing

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.1	Report to MHFA commissioner initial housing stability outcomes for people entering the Bridges program.	The Bridges program, which is implemented by contracting with housing agencies that provide rental assistance who are partnered with mental health entities, will increase the number of households who will have affordable, integrated housing and supportive services, which will increase housing stability.	Report to MHFA Commissioner by January 31, 20187 and annually thereafter	MHFA	Complete for January 2018 occurrence <i>Continue reoccurrence</i>
C.1	Utilize the Section 811 Project Rental Assistance funding. Section 811 program provides rental assistance to people with disabilities who are either homeless or exiting an institution. Report to the Subcabinet on the status of usage of Section 811 units.	Rental Assistance will increase the number of people with disabilities who exit a segregated setting, or a situation at risk of segregation, into integrated housing with a signed lease and access to supportive services.	Report to Subcabinet by December 31, 20187 and annually thereafter	MHFA, DHS	Complete for December 2017 occurrence. Report included in January 2018 SC packet. <i>Continue reoccurrence</i>
<u>D</u>	<u>Monitor expected Notice of Funding Availability (NOFA) for additional Section 811 funding and develop an application for submission.</u> <u>Report to the Subcabinet on the status.</u>	<u>See C.1</u>	<u>Report to the Subcabinet by June 30, 2019</u>	<u>MHFA</u>	<i>Adding new activity</i>

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

Strategy 3: Implement reform for housing assistance programs

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.4	Complete all systems changes related to Housing Supports (formerly known as Group Residential Housing) policy changes.	Housing Supports 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 • Separating the service payment from the housing payment so people can have informed choice of housing and services	Complete systems changes by February 28, 2018	DHS	Complete

Strategy 4: Improve future models for housing in the community

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.5	Develop an interactive map on HB101 for people experiencing homelessness to be able to contact coordinated entry, and/or referral to shelter in their area.	People with disabilities will be able to make informed choices when they understand what options are available to them. These activities will give people with disabilities multiple ways to access information regarding affordable housing options.	Post maps on HB101 by October 31, 2017	MHFA, DHS, HousingLink, World Institute on Disabilities	Complete
A.7	Review HousingLink's annual analytics report for website, communication and/or outreach enhancements. Determine if changes are needed to website and communications.	HousingLink's products and services will be refined, as needed, to better serve people with disabilities.	Determine if changes are needed by January 31, 2018	MHFA, DHS	Complete for 2018 Adding a reoccurrence
B.3	Provide targeted training and technical assistance on Housing Supports and Minnesota Supplemental Aid (MSA) to DHS Direct Care & Treatment Services.	On-site training sessions and one on one technical assistance will be provided to expand service provider knowledge and comfort with these funding possibilities.	Provide training by December 31, 2017	DHS	Complete

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.4	Provide targeted training and technical assistance on Housing Supports (and MSA) to Tribal Nations in Minnesota.	On-site training sessions and one on one technical assistance will be provided to expand service provider knowledge and comfort with these funding possibilities.	Provide training by December 31, 2017	DHS	Complete
B.5	Report to the Subcabinet on the number of trainings offered, technical assistance provided and the number of individuals receiving training and technical assistance.	Subcabinet will receive report.	Report to Subcabinet by January 31, 2018	DHS	Complete Report included in January 2018 SC packet.

Olmstead Plan Workplan – Employment

March 2018 Plan Goals (page 51)

Executive Sponsor: Jeremy Hanson Willis (DEED) and Chuck Johnson (DHS)
Lead(s): Darielle Dannen (DEED), Erin Sullivan Sutton (DHS) and Tom Delaney (MDE)

GOAL ONE:

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

GOAL TWO:

By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,000 over baseline to 11,137 in competitive, integrated employment.

GOAL THREE:

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

GOAL FOUR:

By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82.

STRATEGIES:

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

Employment Workplan

October 22, 2018

1

Strategy 1: Implement the Employment First Policy

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.6	Continue the implementation of the informed choice process with persons served by Vocational Rehabilitation Services, Medicaid funded programs and students who are a part of the Employment Capacity Building Cohort as outlined in the Olmstead Employment goals. <u>Annually report to the Subcabinet on the status of implementation of informed choice process.</u>	Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose integrated, competitive employment or they may not object to moving to competitive, integrated employment, or they may choose day service and/or other employment option. The policy does not call for the elimination of certain service options or closure of specific facilities.	Expand implementation of informed choice process <u>Report to the Subcabinet by June 30, 20198 and annually thereafter</u>	DHS, MDE, DEED	Complete for June 2018 occurrence <i>Continue reoccurrence Adding report to the Subcabinet</i>
A.8	Further develop the Informed Choice toolkit with technology based tools to improve the process for the person and create efficiencies across the system.	See A.6 above	Update toolkit by December 31, 2017	DHS, MDE, DEED	Complete
A.9	Continue to expand Employment First communications, training and technical assistance to lead agencies and providers to build system capacity.	See A.6 above	Complete communications, training and technical assistance by December 31, 2017	DHS, MDE, DEED	Complete

Strategy 2: Utilize data system to measure and evaluate integrated employment

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.2	Develop an interagency system to establish baseline, and measure competitive, integrated employment outcomes, including outcome measures by race and ethnicity. Update OIO on status by June 30, 2018	Using work from Interim Interagency data system, DHS, DEED and MDE will work in collaboration with Data Governance Initiative. The Initiative will establish goals and measurements over time to measure outcome and determine gaps in service. The measures will include: type of employment; work setting and employer of record; hourly wage, benefits and number of hours worked; informed choice planning information; and others developed based on experience.	Establish baselines by December 31, 2017 Update OIO on status by June 30, 2018 (Adjusted 12/2017)	DHS, MDE, DEED	Complete

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

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.2	If approved by the 2017 legislative session, submit to Center for Medicaid Services (CMS) proposed changes to federal Medicaid waiver plan to include revised employment service definitions. Waiver amendment process includes public comment period.	By realigning employment-related policies and funding priorities across DHS, DEED and MDE, it will be possible to meet the expectations of individuals with disabilities who choose competitive, integrated employment. People who choose competitive, integrated employment will have access to it. See A.2 above	Submit waiver amendments to CMS by October 1, 2017 (if approved in the 2017 legislative session)	DHS	Complete
A.3	Upon approval from CMS, begin implementation of provisions of new employment waiver services.	See A.2 above	Begin implementation within 90 days of CMS approval	DHS	Complete
A.4	Continue implementation of new employment waiver services. Report to the Subcabinet on the status of implementation.	Individuals with disabilities who choose competitive, integrated employment will have access to it.	Report to the Subcabinet by October 31, 2019	DHS	Adding new activity as next step to A.3

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

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.2	In collaboration with DEED and DHS, provide capacity building learning sessions to a minimum of 16 local education agencies. Sessions will include evidence-based strategies such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school. Report to the Subcabinet the number of learning sessions and the number of people who participated.	Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting transition aged youth from school to integrated, competitive employment. By beginning with 16 local education agencies with this process, lessons learned will be used to expand to additional local education agencies over time.	Report to the Subcabinet by May 31, 20198 and annually thereafter	DHS, MDE, DEED	Complete for May 2018 occurrence. Report included in May 2018 SC packet. Continue reoccurrence
A.4	During the 2017-2018 school year, and incorporating lessons learned, expand capacity building learning sessions to next group of local education agencies.	See A.2 above	Expand learning sessions by June 30, 2018	DHS, MDE, DEED	Complete
A.5	Review resource requirements for youth employment services on an annual basis.	See A.2 above	Review resource requirements by June 30, 20198 and annually thereafter	DHS, MDE, DEED	Complete for June 2018 occurrence. Report included in June 2018 SC packet. Continue reoccurrence
B.1	Expand availability of Individual Placement and Supports (IPS) Employment utilizing grant funding and issue report on impact. Provide a status update to OIO Compliance on the impact of IPS expansion.	Individual Placement and Supports (IPS) Employment has proven to increase employment for people with disabilities. Examining other evidence-based practices such as rapid engagement and financial and benefits planning will assist individuals with disabilities in achieving their employment goals. Using these best practices will lead to an increase in integrated, competitive employment for individuals with disabilities.	Report on impact of IPS expansion by July 31, 2018 and annually thereafter	DHS, DEED, MDE Placement Partnerships	Complete for July 2018 occurrence. Report included in July 2018 SC packet. Removing reoccurrence

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.2	Use the Substantial Gainful Activity (SGA) project to assess the impact of rapid engagement in competitive, integrated employment, and financial and benefit planning on employment outcomes. Report to the Subcabinet on the impact of SGA project.	See B.1 above	Report to Subcabinet by November 30, 2017	DHS, DEED, MDE	Complete
B.4b	Provide annual status report to the Subcabinet on the expansion of estimator sessions and Disability Benefits 101 website.	Individuals will understand the impact of employment income on their benefits.	Report to Subcabinet by December 31, 2018⁷ and annually thereafter	DHS, DEED, MDE	Complete for Dec 2017 occurrence. Report included in Dec 2017 SC packet. <i>Continue reoccurrence</i>

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

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.5	Report to the Subcabinet semi-annually on the status of Workforce Innovation and Opportunity Act (WIOA) and the impact of its policies on <u>annually on the number of people served by the State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS). The report will include</u> and the people they serve. This includes the status of the Order of Selection (OOS) and the number of individuals who achieved competitive integrated employment because of <u>these services.</u> WIOA	Targeted funding for Pre-Employment Transition Services (PETS) will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.	Report to Subcabinet by January 31, 2019⁸ and semi-annually thereafter	DEED	Complete for Jan and July 2018 occurrences. Report included in Jan and July 2018 SC packets. <i>Continue reoccurrence modifying language and frequency</i>

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.7	During the expansion of VR employment services efforts will be made to recruit and develop more racially and ethnically diverse service providers. Annually review that 100% of DEED/VRS employment providers have Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation that requires provider to implement cultural competency and diversity plans.	See A.5 above	Review for CARF accreditation by June 20, 2018 and annually thereafter	DEED	Complete for June 2018 occurrence. Discontinue reoccurrence
C.1	Provide information and technical assistance to federal contractors and subcontractors to support their efforts to recruit qualified individuals with disabilities under the Minnesota Human Rights Act. Annually report the number of contractors sent technical assistance information by MDHR and the number who contacted DEED/VRS for information or consultation.	Providing information and technical assistance to contractors and subcontractors on effective strategies for hiring persons with disabilities will expand employment opportunities for people with disabilities. The collaborative work between DEED and MDHR will support contractors and subcontractors in their effort to recruit and retain qualified individuals with disabilities.	Report technical assistance offered and provided by February 15, 2019⁹⁸ and annually thereafter	DEED MDHR	Complete for February 2018 occurrence Continue reoccurrence
C.3	MDHR will review the Affirmative Action Plans of state contractors to identify contractors who may benefit from information and technical assistance on hiring persons with disabilities. Annually report on number of contractors referred and number of contractors who sought technical assistance.	See C.1 above	Report contractors referred and seeking technical assistance by January 31, 2019⁹⁸ and annually thereafter	MDHR	Complete for Jan 2018 occurrence Continue reoccurrence

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

6	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.2a	Report to the Subcabinet on status of recommendations made to DHS leadership on needed changes to state statute, federal waiver plans, and DHS policy manuals to align regulatory requirements, service descriptions and provider standards with the federal rule.	Individuals with disabilities will achieve integrated, competitive employment.	Report to Subcabinet by June 30, 2018	DHS	Complete. Report included in June 2018 SC packet.
A.3	Implement changes through additional legislation, waiver amendments and revisions to policy manuals/web content.	Individuals with disabilities will achieve integrated, competitive employment.	Implement changes by October 31, 2019	DHS	<i>Continue</i>

Olmstead Plan Workplan – Lifelong Learning and Education

March 2018 Plan Goals (page 57)

Executive Sponsor: Daron Korte (MDE)
Lead: Tom Delaney (MDE)

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

GOAL TWO: By 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).

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 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.

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data to OIO Compliance on the number of schools using PBIS and the number of students impacted.	One barrier that prevents students with disabilities from receiving instruction in the most integrated setting is the use of restrictive procedures. PBIS has proven effective in reducing the use of restrictive procedures, which results in increased access of students to the most integrated setting. A minimum of forty additional schools per year will use the evidence based practice of PBIS so that students are supported in the most integrated setting. - In school year 2015-16, 532 (26.5%) of Minnesota schools were implementing PBIS, impacting 247,009 students or 30% of all students. - In school year 2016-17, 585 schools (28.5%) were implementing PBIS. - In school year 2017-18, 641 schools (31.0%) were implementing PBIS, impacting 311,000 students, or 35.6% of all students. <u>For school year 2018-19, 677 schools (33.0%) will implement PBIS. Forty schools will be added.</u> <u>In school year 2019-20, 717 schools (35.0%) will implement PBIS. Forty schools will be added.</u> <u>In school year 2020-21, 757 schools (37.0%) will implement PBIS. Forty schools will be added.</u>	Report data on the number of schools using PBIS beginning June 30, 20198 and annually thereafter	MDE, Local education agencies	Complete for June 2018 occurrence. <i>Continue reoccurrence</i>

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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Continue implementation of the Regional Low Incidence Disabilities* Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development. Specific focus are students with Developmental Cognitive Disorders (DCD) and Autism Spectrum Disorders (ASD). RLIPs will work in coordination with the statewide and regional ASD and DCD Communities of Practice (CoPs) to identify and implement evidence-based practices which support the inclusion of students with ASD and DCD in the most integrated setting. Annually collect and report to the Subcabinet on the number of students with DCD and ASD in the most integrated setting. Beginning with 2016-17 report-d<u>Data</u> for students with ASD and students with DCD in the most integrated setting will be reported separately. *A low incidence disability is one in which the rate of occurrence is small. In Minnesota, low incidence disabilities include those special education disability categorical areas with a child count of 10% or less of the total statewide special education enrollment. These areas include deaf or hard of hearing, blind/visually impaired, severely multiply impaired, traumatic brain injury, deaf-blind, physically impaired, or developmental cognitive disabilities: severe to profound range.	The RLIP projects, in coordination with the statewide regional ASD and DCD CoPs, will demonstrate success in providing support for serving students in the most integrated setting, as measured by: • an annual increase in the percentage of students with ASD in the most integrated setting; and • an annual increase in the percentage of students with DCD in the most integrated setting. The most integrated setting refers to receiving instruction in regular classes alongside peers without disabilities for 80% or more of the school day.	Report to Subcabinet by June 30, 20198 and annually thereafter	MDE Regional Low Incidence Facilitators ASD and DCD Regional and Statewide CoPs	Complete for June 2018 occurrence. Report included in June SC packet. Continue reoccurrence

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

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.1	Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR). Minnesota's SIMR is targeted toward increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time. Continue partnership with 4 school districts—Duluth, Minneapolis, Osseo, and St Paul to identify evidence-based practices for improving outcomes for students with disabilities who are American Indian and Black. Focus groups with district administrators and Black and American Indian students with disabilities in these four school districts provided additional information pertaining to low levels of graduation rates. Annually report to the Subcabinet on statewide 6 year graduation rates for American Indian and Black students with disabilities.	Implementation of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for American Indian and Black students with disabilities. Increased graduation rates will increase the likelihood of students going on to post-secondary education. See Activity 3F below.	Report to Subcabinet by June 30, 20198 and annually thereafter	MDE, School districts of - Duluth - Minneapolis - Osseo - St Paul	Complete for June 2018 occurrence. Report included in June 2018 SC packet. Continue reoccurrence
A.2	Annually collect and report to the Subcabinet on the statewide four-year graduation rates for American Indian and Black students with disabilities.	See A.1	Report to Subcabinet by June 30, 20198 and annually thereafter	MDE	Complete for June 2018 occurrence. Report included in June 2018 SC packet. Continue reoccurrence

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.3	Minnesota will align the IDEA SPP/SSIP activities with the activities related to increasing graduation for all students. Submit federal SPP plan and SSIP plan to Office of Special Education Programs (OSEP).	See A.1	Submit federal plans by June 30, 20198 and annually thereafter	MDE	Complete for June 2018 occurrence. Continue reoccurrence
E	MDE will provide public engagement opportunities related to all strategies in lifelong learning and education topic area. Engagement includes special education meetings with local stakeholders, including administrators, teachers, interagency partners, parents and advocacy groups and Special Education Directors' Forums, etc. Provide status update of engagement activities to OIO Compliance.	Students with disabilities and their families will have input into their educational experiences and understand their opportunities for education and employment.	Provide status of public engagement by June 30, 20198 and annually thereafter	MDE	Complete for June 2018 occurrence. Continue reoccurrence

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
F	MDE will partner with TRIO Student Support Services at institutions of higher education in order to increase postsecondary enrollment of recent high school graduates, specifically Black and American Indian students with disabilities. For the 2017-18 school year, MDE will collaborate with TRIO Student Support Services teams at Normandale Community College, North Hennepin Community College, and Bemidji State University. MDE will provide targeted outreach activities including dissemination of the Postsecondary Resource Guide and at a minimum one learning session for students and families. The learning sessions will incorporate online postsecondary training modules. In the past, the Postsecondary Resource Guide was provided to the college disability coordinators only. This new activity is a targeted expansion of efforts. Report to the Subcabinet on the number of outreach activities and the number of participants including students with disabilities.	American Indian and Black students with disabilities will improve needed skills to support transition from high school to enrollment in accredited institutions of higher education, by using the Postsecondary Resource Guide and postsecondary online modules, Using a scale-up approach MDE will add three additional sites to the partnerships for the 2018-19 school year.	Report to the Subcabinet by August 31, 20198 and annually thereafter	MDE, Normandale Community College, North Hennepin Community College, and Bemidji State University	Complete for August 2018 occurrence. Report included in August 2018 SC packet. Continue reoccurrence

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

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D	MDE and DOC will disseminate information about the reintegration protocol to promote its use at other juvenile correctional facilities housing youth from Minnesota including county, private, and out-of-state facilities.	Sharing information and promoting the use of the reintegration protocols will increase the utilization of the protocols in county, private and out-of-state facilities.	Disseminate information by June 30, 2018	DOC, MDE	Complete
F	Continue expansion of the implementation of the reintegration protocol for students with disabilities exiting MCF-Red Wing to support the return of students to their resident districts. Annually report to the Subcabinet the number of students with IEPs utilizing the reintegration protocol.	Use of the protocol will improve reintegration of students with disabilities to their resident district or to a more integrated setting. Education reintegration plans will be reflective of student and parent priorities, concerns, and considerations. - During FY 16, twenty-one (21) students with an active Individualized Education Program (IEP) exited MCF-Red Wing to their resident district or other secondary educational setting. - During FY 17, the Reintegration Protocol was utilized with 27 students with an active IEP exiting MCF-Red Wing to their resident district or other secondary educational setting. This exceeded the target of twelve (12) students. - Target for FY 18, the Reintegration Protocol will be utilized with eighteen (18) students with an active IEP exiting MCF-Red Wing to their resident district or other secondary educational setting. - Target for FY 19, the Reintegration Protocol will be utilized with all students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting.	Report to the Subcabinet by June 30, 20198 and annually thereafter	DOC, MDE	Complete for June 2018 occurrence. Report included in June 2018 SC packet. Continue reoccurrence

Strategy 6 - Expand effectiveness of Assistive Technology Teams Project

6	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Continue the MDE Assistive Technology (AT) Project. Disseminate an AT consideration framework for school district implementation. Annually collect and report to the Subcabinet the number of school districts using the framework.	The expected outcomes are: (1) The number of school districts implementing the AT consideration framework will increase; and (2) there will be an increase in the percentage of students for whom there is consideration of AT during the student's IEP team meeting Cohorts of school districts in successive years will be trained and supported to use the AT consideration framework in order to increase the number of students who experience consideration of AT during IEP team meetings. The total number of school district cohorts to be trained in three years is planned to total 31 school districts, with an annual plan: - For school year 2017-18, the AT Project will add 8 new school districts. - For school year 2018-19, the AT Project will add 10 new school districts. - For school year 2019-20, the AT Project will add 13 new school districts.	Report to the Subcabinet by June 30, 20198 and annually thereafter	MDE	Complete for June 2018 occurrence. Report included in June SC packet. Continue reoccurrence
B	MDE will provide professional development to each AT Project school district, with a specific curriculum delivered to Years 1, 2 and 3 participants. There will be a minimum of quarterly activities each school year.	Participating school districts will increase skills and knowledge in the provision of assistive technology services to students with IEP, with a specific focus on consideration of AT during the IEP team meeting.	Begin professional development activities by October 31, 20187 and annually thereafter	MDE	Complete for October 2017 occurrence Continue reoccurrence
C.1	MDE will develop and use an AT consideration framework for schools to use during the 2017-2018 school year. Annually report on the use of the framework.	Participating school districts will have an AT consideration framework to monitor efforts. The AT consideration framework for Year 1 school districts will include specifications for: (1) identification of student needs; (2) discussion of the student's environment; (3) identification of relevant student tasks; and (4) discussion of appropriate tools.	Develop and use framework by October 31, 20187 and annually thereafter	MDE and school districts	Complete for October 2017 occurrence Continue reoccurrence

6	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
C.2	Year 1 school districts will disseminate and share the AT consideration framework to IEP case managers.	IEP case managers in AT Project school districts will have access to the AT consideration framework. Participating school districts will report back to MDE the date that the framework was disseminated.	Disseminate framework by December 31, 2018⁷ , and annually thereafter	MDE and school districts.	Complete for December 2017 occurrence Continue reoccurrence
E	Establish a new baseline and annual goals for this strategy by sampling within each of the Year 1 school districts the use of the AT consideration framework. . Establish baseline and annual goals and report to the Subcabinet.	MDE expects that there will be an increase in the number of IEPs for which the AT consideration framework will be used.	Report to Subcabinet by June 30, 2018	MDE	Complete
F	MDE will evaluate, monitor and adjust professional development and technical assistance to support participating school districts in outcomes related to active consideration of assistive technology.	MDE will improve outcomes among participating school districts by evaluating their own professional development, revising as needed to ensure they can provide effective professional development and technical assistance to successive participating school districts.	Review and revise professional development by June 30, 2019⁸ and annually thereafter	M D E	Complete for June 2018 occurrence Continue reoccurrence

Olmstead Plan Workplan – Timeliness of Waiver Funding

March 2018 Plan Goals (page 63)

Executive Sponsor: Chuck Johnson (DHS)
Lead: Erin Sullivan Sutton (DHS)

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.

STRATEGIES:

1. Reform waiver funding approval to incorporate urgency of need
2. Implement initiatives to achieve reasonable pace guidelines

Strategy 1: Reform waiver funding approval to incorporate urgency of need

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
H	<u>Report to the Subcabinet a summary of the As-part-of-the Subcabinet quarterly annual legislative report, each February; Provide</u> an update on the following: • an estimate on funding needed to eliminate the waiting list; and • the number of people on other waivers who are eligible for Developmental Disability (DD) waivers. <u>Provide</u> summary information on: • the needs of persons waiting; • options to meet their needs; • evaluation of existing programs to determine if there are effective program changes; • analysis of alternate options; and • recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings.	Individuals will move from the waiting lists at a reasonable pace.	Provide annual update to Subcabinet by February 28, 20198 and annually thereafter	DHS	Complete for February 2018 occurrence. <i>Revised for clarity.</i> <i>Continue reoccurrence</i>

Strategy 2: Implement initiatives to achieve reasonable pace guidelines

- All activities completed

Olmstead Plan Workplan – Transportation

March 2018 Plan Goals (page 67)

Executive Sponsor: Susan Mulvihill (MnDOT)
Lead: Kristie Billiar (MnDOT)

GOAL ONE: By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 accessible pedestrian signals (increase from base of 10% to 50%). By October 31, 2021 improvements will be made to 30 miles of sidewalks.

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

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.

GOAL FOUR: By 2025, transit systems' on time performance will be 90% or greater statewide.

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.

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.1	Include accessible pedestrian signals (APS) and curb ramps in all MnDOT projects meeting the alterations threshold. Sidewalks will be provided in alteration projects per MnDOT policy. Annually report status to OIO Compliance based on previous year construction season.	In the next five years MnDOT will provide accessibility improvements on pedestrian facilities within the right of way.	Report status by November 30, 2017 and annually thereafter	MnDOT Cities and counties	Complete for Nov 2017 occurrence <i>Discontinue reoccurrence as this is reported in Quarterly Reports</i>

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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D.1	Conduct on-board surveys of public transit riders in (50%) of Greater Minnesota systems. One of the questions in the user survey will be, "Do you consider yourself a person with a disability?" This question was included as part of the Greater Minnesota Transit Investment Plan and is used on all on-board surveys.	The needs of people with disabilities will be available to the transit authorities. Currently 50% of the system is approximately 19. The number of overall systems change with mergers.	Complete surveys by December 31, 2018	MnDOT	<i>Continue</i>
D.2	Conduct on-board surveys of public transit riders in the remaining 50% of Greater Minnesota systems.	See C.1 above	Complete surveys by December 31, 2019	MnDOT	<i>Continue</i>

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

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D	Met Council staff member will be in attendance at all Subcabinet meetings and respond directly to the Subcabinet regarding any questions about Metro Transit and Metro Mobility.	Met Council staff members will be available to respond to Subcabinet on questions about Metro Transit and Metro Mobility.	Met Council will attend Subcabinet meetings beginning March 27, 2017 and monthly thereafter	MnDOT, Met Council	Met Council has been attending the meetings regularly Continue reoccurrence
E	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.	Add Olmstead goals to Met Council meeting agendas by June 30, 2017 and quarterly thereafter	MnDOT, Met Council	Complete for Quarter 1. No meeting in Quarters 2/3. Continue reoccurrence
F	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.	Report to Subcabinet by March 31, 20198 and semi-annually thereafter	MnDOT, Met Council	Complete for March and September 2018 occurrence. Included in March and September 2018 SC packets. Continue reoccurrence

Strategy 4: Improve transit services for people with disabilities

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.3	Monitor and evaluate transit services on an annual basis per the Olmstead Plan measurable goals. Incorporate the findings into the Annual Transit Report.	Measurable goals allow the decision makers to clearly see if progress has been made. By having goals for access and reliability it increases the emphasis on improvements to these two key areas for transit.	Report findings in Annual Transit Report by January 31, 20198 and annually thereafter	MnDOT	Complete for January 2018 occurrence. Continue reoccurrence

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.2	Make the Regional Transportation Coordinating Councils (RTCCs) implementation grants available.	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.	Award grants from March 31, 2018 to December 31, 2018	MnDOT	Continue
B.3	Create a statewide framework of 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. Report to the Subcabinet on status of RTCCs.	A statewide framework of 8-10 RTCCs in Greater Minnesota.	Report to Subcabinet by December 31, 2018	MnDOT, DHS	Continue
D	Facilitate the development of RTCC or Mobility Management groups in the Metro Area. Report to the Subcabinet on status of RTCCs.	6-7 RTCCs will be developed in the Metro area.	Report to Subcabinet by December 31, 2018	DHS, Met Council	Continue

Olmstead Plan Workplan – Healthcare and Healthy Living

March 2018 Plan Goals (page 73)

Executive Sponsor: Gil Acevedo (MDH) and Chuck Johnson (DHS)
Lead: Stephanie Lenartz (MDH) and Erin Sullivan Sutton (DHS)

GOAL ONE:

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

GOAL TWO:

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

STRATEGIES:

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

Strategy 1: Improve dental care for people with disabilities

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.4	Review the Minnesota Oral Health Plan objectives and strategies for inclusivity of people with disabilities and mental illness including but not limited to the following partners: - MDH Division of Community and Family Health - Minnesota Oral Health Coalition - Gillette Children's Specialty Healthcare - National Alliance on Mental Illness of Minnesota - Minnesota Hospital Association - Minnesota Health Plans	Minnesota Oral Health Plan is amended based on results of review.	Amend Minnesota Oral Health Plan by December 31, 2017	MDH, Partners	Complete Plan was updated for Olmstead Plan and is available on MDH website
B.5	Include care of children with disabilities and mental illness in oral health educational materials developed by the Early Dental Disease Prevention Initiative (EDDPI).	Culturally appropriate, consumer-friendly oral health educational materials disseminated to providers and caregivers of children ages 2 and under with disabilities and mental illness.	Disseminate materials via EDDPI by December 31, 2018	MDH	Continue
B.6	Promote best practices for providers and care givers of people with disabilities and mental illness via the MDH Oral Health Program website, Minnesota Oral Health Coalition, and other partners.	Increased utilization of best practices in oral health by oral health providers.	Disseminate best practices via partners by December 31, 2018	MDH, MAN Oral Health Coalition, Community Health Worker Alliance, Health Care Homes	Continue

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.7	Assess the “Special Needs Screening Questions” developed by Child and Adolescent Health Measurement Initiative for health literacy and accessibility best practices. Modify if necessary and promote its use with school-based sealant programs and oral health providers. Post special needs screening questions on the MDH Oral Health Program website.	Increased access to and utilization of special needs screening questions by school-based sealant programs and oral health providers. Special Needs Screening Questions posted on the MDH Oral Health Program website.	Post questions on website by December 31, 2018	MDH	Continue

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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.10	Continue to expand and maintain behavioral health home services. This includes continuing efforts to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance.	Number of certified providers eligible to provide services will increase over time: - SFY 17: 25 - SFY 18: 30 - SFY 19: 40	Provide status update beginning September 30, 2019⁹⁸ and annually thereafter	DHS	Complete for September 2018 occurrence. Continue reoccurrence

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.1	Continue to expand the number of and access to health care homes (HCH). HCHs provide comprehensive health care for people with disabilities. - HCH nurse planners and HCH Advisory Committee will continue to work with health clinics to identify targets and tactics to support transformation to health care homes. - HCH staff and stakeholders will integrate the State Innovation Model into the HCH program and Behavioral health home programs. The State Innovation Model is developed to improve health outcomes by improving care coordination across systems. Provide annual status update to OIO Compliance. Report to the Subcabinet on expansion efforts and the number of people with disabilities on MA served in a HCH.	Expansion of HCH will increase the number of primary care clinics certified as health care homes and utilize a patient centered care delivery model. There will be an annual increase in the percentage of primary care clinics certified as a HCH: SFY 16: 60% SFY 17: 65% SFY 18: 70% SFY 19: 75% SFY 20: 80% Estimated number of people with disabilities on Medical Assistance served in a certified HCH: 2013: 90,191 (Baseline) Number of Minnesota Counties with a certified Health Care Home will increase by 5 annually.	Report to Subcabinet provide status update on expansion by December 31, 20187 and annually thereafter	MDH, DHS	Complete for December 2017 occurrence. Continue reoccurrence Modifying activity to combine with activity B.3 below
B.2	HCH will continue to engage all primary care providers, families and people with disabilities to work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. Provide annual status update to OIO Compliance on engagement efforts.	See B.1 above	Provide update on engagement efforts by December 31, 20187 and annually thereafter	MDH, DHS	Complete for December 2017 occurrence Continue reoccurrence
B.3	Collect data and report to the Subcabinet on an annual basis.	See B.1 above	Report to Subcabinet by December 31, 2017 and annually thereafter	MDH, DHS	Complete for December 2017 occurrence. Included in January 2018 SC packet. Combined with B.1

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.4	During the expansion of HCH, efforts will be made to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance on recruitment efforts.	See B.1 above	Provide status update by December 31, 20187 and annually thereafter	MDH, DHS	Complete for December 2017 occurrence <i>Continue reoccurrence</i>

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

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.1	The MDH Cardiovascular Health Unit will initiate a campaign to promote hypertension identification and control for disparate population groups. This will be accomplished through clinical systems enhancement and team based care utilizing clinic and community health care teams. This work is in conjunction with federally funded statewide Center for Disease Control (CDC) initiatives.	Disparate populations at higher risk for hypertension will be identified and their care managed. A subset within disparate populations includes those with disabilities.	Complete campaigns focused on cardiovascular care by June 30, 2018	MDH Minnesota Heart Disease and Stroke Prevention Steering Committee	Complete

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.2	Through a Centers of Disease Control grant: 1. Promote the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension. 2. Promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities) 3. Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings 4. Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification 5. Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension	***Disparate populations at higher risk for hypertension will be identified and their care managed. A subset within disparate populations includes those with disabilities. *** Short-term outcomes: * Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol * Increased use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol * Increased community clinical links that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol Intermediate outcomes: * Increased medication adherence among patients with high blood pressure and high blood cholesterol * Increased engagement in self-management among patients with high blood pressure and high blood cholesterol * Increased participation in evidence-based lifestyle interventions among patients with high blood pressure and high blood cholesterol Long-term outcomes: * Increased control among adults with known high blood pressure and high blood cholesterol	Begin 5-year initiative by October 31, 2018	MDH MN Cardio-vascular Health Alliance	Adding new activity
A.3	Annually report to the Subcabinet on the status of the 5-year initiative related to hypertension (3A.2).	See A.2	Report to Subcabinet by October 31, 2019 and annually thereafter		Adding new activity

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.1b	MDE, Vocational Rehabilitation, DHS, and other partners will: - o implement interagency coordination training for professionals - o explore ways to increase successes and minimize challenges to adult health care access by transition age youth. Report to the Subcabinet on the number of trainings provided and the number of people trained.	Successful transition from pediatric health care to adult health care will improve health care outcomes. There will be an increase in the level of access to adult health care by transition age youth. There are 76,735 youth with special health needs included in this strategy. According to the 2010 National Survey of Children with Special Health Care Needs 36,142 or (47.1%) of Minnesota youth with special health care needs receive the services necessary to make transitions to adult health care. Beginning in 2017 and each subsequent year the number will increase by 5%. • 2017 = 52.1% (39,979) • 2018 = 57.1% (43,816)	Report to Subcabinet by June 30, 20198 and annually thereafter	MDH, DHS	Complete for June 2018 occurrence. Included in June 2018 SC packet. Continue reoccurrence

Strategy 4: Develop and implement measures for health outcomes

- All activities completed

Olmstead Plan Workplan – Positive Supports

March 2018 Plan Goals (page 77)

Executive Sponsor: Chuck Johnson (DHS)

Lead: Erin Sullivan Sutton (DHS), Tom Delaney (MDE) and Christen Donley (DOC)

GOAL ONE:

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

GOAL TWO:

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

GOAL THREE:

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

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.

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.

STRATEGIES:

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

Positive Supports Workplan

October 22, 2018

1

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

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data on the number of schools using PBIS.	The expected outcome is that as the number of schools using PBIS increases, there will be a reduction in the emergency use of restrictive procedures in school settings. The purpose of the Restrictive Procedures Stakeholders Workgroup is to review and implement the current statewide plan and to identify further efforts to reduce the use of restrictive procedures. A minimum of forty additional schools per year will be using PBIS.	Report data on the number of schools using PBIS by June 30, 20198 and annually thereafter	MDE National Technical Center on PBIS	Complete for June 2018 occurrence. Continue reoccurrence
C.8	Report to the Subcabinet annually on statewide plan implementation, analysis and recommendations for changes.	The “Statewide Plan” is a collaboration between DHS and MDE to build system capacity by engaging schools, providers, counties, tribes, people with disabilities, families, advocates, and community members. It provides the framework for communication and technical assistance to coordinate efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies. These actions will increase use of positive practices and supports across all settings, statewide. There will be a reduction in the use of restrictive procedures.	Report to Subcabinet by June 30, 20198 and annually thereafter	DHS, MDE, MDH, DOC	Complete for June 2018 occurrence. Included in June 2018 SC packet. Continue reoccurrence
D.1	Provide Crisis Intervention Teams training for DOC security staff.	Trainings will improve staff skills in avoiding and managing crisis when they occur and reduce the use of restrictive procedures. (SFY14 baseline 15% of security staff trained) - During SFY16: Increase of 80 (22%) - During SFY17: Increase of 80 (25%) - During SFY18: Refresher classes and at least one 40-hour class held to maintain 25% level. - During SFY19: Refresher classes and at least one 40-hour class held to maintain 25% level.	Complete targeted number of trainings by June 30, 20198 and annually thereafter	DOC	Complete for June 2018 occurrence Continue reoccurrence

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D.2	Provide Motivational interviewing training for DOC case managers.	In the adult DOC facilities and MCF-Red Wing (DOC's juvenile facility), DOC will train all case managers in motivational interviewing (MI). Baseline: In SFY14, 97 staff received MI 1, and 20 received MI 2. All trained staff participate in Communities of Practice to update skills. All case managers at MCF-Red Wing have been trained and are participating in Communities of Practice. Communities of Practice for all trained staff to maintain Motivational Interviewing skills: • During SFY16: 25% DOC case managers trained • During SFY17: 100% trained • After SFY17: trainings held as needed to maintain 100% level	Complete targeted number of trainings by June 30, 20198 and annually thereafter	DOC	Complete for June 2018 occurrence Continue reoccurrence
D.3	Provide Traumatic brain injury training for DOC staff.	DOC staff can view an optional online traumatic brain injury (TBI) training. In SFY15, 93 SFY, 124 staff completed the course. Optional TBI training will remain available to DOC staff on a voluntary basis. Estimated training numbers will be 100 staff per fiscal year.	Complete targeted number of trainings by June 30, 20198 and annually thereafter	DOC	Complete for June 2018 occurrence Continue reoccurrence
D.4	Provide Aggression Replacement Training (ART) as appropriate for staff in correctional settings.	SFY14 baseline for staff trained in Aggression Replacement Training: • 57 staff had taken an ART orientation • 22 trained on how to implement ART During SFY187: All new MCF-Red Wing staff to received training during DOC Academy on how to integrate ART into the facility's program. <u>As a result, 25 new staff were trained.</u>	Complete targeted number of trainings by June 30, 20198 and annually thereafter	DOC	Complete for June 2018 occurrence Continue reoccurrence

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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Evaluate restrictive procedures data to determine: • progress in the reduction of the emergency use of restrictive procedures • trends in utilization • need for technical assistance • action plan	People with disabilities will experience an increase in the use of positive supports and reduction of the use of restrictive procedures.	Evaluate data and create action plan by November 1, 2017 and annually thereafter (covering data from previous fiscal year)	DHS	Complete for November 2017 occurrence Discontinue reoccurrence Info is included in Quarterly Reports
C	Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints to prevent imminent risk of serious injury due to self-injurious behaviors. The review will be completed by External Program Review Committee (EPRC).	External Program Review Committee is the clinical review body and has the authority to review restrictive procedures, including use of mechanical restraints. They make recommendations to the DHS Commissioner who has ultimate decision-making authority.	Evaluate progress by January 31, 2019 October 1, 2018 and annually thereafter	DHS, MDH	Continue Modifying deadline
D	DHS will publish annual reports on the External Program Review Committee's annual evaluation on the progress in reducing the use of restrictive procedures and recommendations.	Publishing the results of the annual evaluation noted above and efforts undertaken to reduce the use of restrictive procedures, including mechanical restraints will serve as an accountability tool as state agencies work to reduce the use of mechanical restraints to prevent imminent risk of injury due to self-injurious behaviors.	Publish report by June 30, 2019 and annually thereafter	DHS, MDE	Complete for June 2018 occurrence Continue reoccurrence
F.1	Implement MDE's statewide plan to reduce the use of restrictive procedures. The restrictive procedures workgroup will meet four times during 2017-18 school year.	The expected outcome is that as the MDE restrictive procedures statewide plan is implemented, the emergency use of restrictive procedures in the school setting will decline.	Convene 4 workgroup meetings by June 30, 2019 and annually thereafter	MDE Restrictive procedures stakeholders	Complete for June 2018 occurrence Continue reoccurrence

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
F.2	Document progress in statewide plan implementation and summarize restrictive procedure data in the annual restrictive procedures legislative report.	See F.1 above	Submit restrictive procedures report by February 1, 2019 and annually thereafter	MDE	Complete for February 2018 occurrence Continue reoccurrence
G.4	During the school year, MDE will provide at least three trainings and technical assistance to districts on the topic of restrictive procedures and positive supports. This includes training held at a specific district with their staff.	Increased knowledge and use of evidence based positive behavior strategies will reduce the emergency use of restrictive procedures in school settings.	Provide 3 trainings by June 30, 2019 and annually thereafter	MDE	Complete for June 2018 occurrence Continue reoccurrence

Strategy 3: Reduce the use of seclusion in educational settings

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A. 3	Districts will continue to report quarterly to MDE on the number of students who have been secluded. MDE will share these reports with the restrictive procedure workgroup at meetings held during the school year. The workgroup will identify areas of concern and develop strategies for eliminating the use of seclusion. The workgroup will provide recommendations to MDE and the recommendations will be included in the February 4, 2018 legislative report. <u>Report to the Subcabinet a summary of the recommendations included in the legislative report.</u>	Incidents of the use of seclusion in schools will be reported quarterly and included in the annual legislative report.	<u>Report to Subcabinet on recommendations February 28, 2019 and annually thereafter</u> <u>Provide recommendations to MDE leadership by January 31, 2018 and annually thereafter</u>	MDE	Complete for January 2018 occurrence Modified reoccurring activity to provide summary of legislative report to Subcabinet

Olmstead Plan Workplan – Crisis Services

March 2018 Plan Goals (page 85)

Executive Sponsor: Chuck Johnson (DHS)
Lead: Erin Sullivan Sutton (DHS)

GOAL ONE:

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

GOAL TWO:

By June 30, 2019, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to 64% or more.

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.)

GOAL FOUR:

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

GOAL FIVE:

By June 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.

STRATEGIES:

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

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

- All activities completed

Strategy 2: Implement additional crisis services

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.3	Conduct pilot project in school year 2017-18 to increase access to children's mental health crisis services in schools.	Increased access to children's mental health crisis services in schools will improve the likelihood that the crisis will be resolved in school and if it is necessary for them to leave, they will experience a timely return. Pilot project will be implemented and a plan will be developed to expand it statewide.	Complete pilot by June 30, 2018	DHS, MDE	Complete
A.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.	See A.3 above	Report to Subcabinet by September 1, 2018	DHS, MDE	Complete Report included in September 2018 SC packet
B.3a	Provide on-going training to mental health crisis and crisis respite providers. Trainings will include (but are not limited to) co-occurring mental health and intellectual and developmental disabilities and cultural and ethnic differences in the provision of mental health crisis services. Report to Subcabinet on the number of trainings and the number of people participating. The report will also include an assessment of future training needs and the plan to meet those needs.	Mental health crisis and crisis respite providers will demonstrate competency in the delivery of services to individuals with co-occurring mental health and intellectual developmental disabilities and cultural and ethnic differences.	Complete training by December 31, 2018	DHS	Continue
B.3b		Subcabinet will receive report. Future training needs will be defined and reported to the Subcabinet.	Report to Subcabinet by June 30, 2018 and annually thereafter	DHS	Complete for June 2018 occurrence. Report included in June 2018 SC packet. Continue reoccurrence

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
C.3	Assertive Community Treatment (ACT) teams will complete evaluation and fidelity review of ACT team performance.	ACT teams will score within a range 1-5 that indicates the level of fidelity to the ACT model they are practicing.	Complete fidelity reviews by December 31, 2017	DHS	Complete
D.5	Conduct fidelity reviews of 60% of Housing with Supports grantees.	Persons with serious mental illness who are homeless, long term homeless, or exiting institutions have complex needs and face high barriers to obtaining and maintaining housing. Housing with Supports will help to establish persons in stable housing and provide a foundation for accessing healthcare and other needed resources. Housing with Supports will increase the number of persons with disabilities living in housing that meets the standards of the permanent supportive housing evidence-based practice.	Conduct fidelity reviews by December 31, 2017	DHS	Complete
<u>D.6</u>	<u>Continue implementation of the Housing Supports grant program including fidelity reviews.</u> - Annually report to the Subcabinet on the Housing with Supports grantees.	<u>Housing with Supports will increase the number of persons with disabilities living in housing that meets the standards of the permanent supportive housing evidence-based practice.</u>	<u>Report to the Subcabinet by March 31, 2019</u>	<u>DHS</u>	<i>Adding new activity as follow up to D.5</i>
E.2	Expand 24/7 mental health crisis services to all parts of the state. This will include racially and ethnically diverse service providers.	By increasing mental health crisis response services/providers to 24-hours, seven days a week, a reliable, sustainable safety-net will be in place for people statewide.	Expand to statewide 24/7 services by December 31, 2018	DHS	<i>Continue</i>

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
F	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.	Report to Subcabinet by September 30, 2019 and annually thereafter	DHS	Complete for September 2018 occurrence. Report included in September 2018 packet. <i>Continue reoccurrence</i>
G	Conduct semi-annual reviews of crisis providers to identify problems in response times. Provide technical assistance to children and adult mental health crisis providers in the areas of intake screening, triage and dispatch system in order to improve response time.	Improve response times for children and adult mental health crisis providers. Quick response time increases the likelihood the crisis response can reach the following goals: (1) promote the safety and emotional stability; (2) minimize further deterioration of people in crises; (3) help people obtain ongoing care and treatment; and (4) prevent placement in settings that are more intensive, costly, or restrictive.	Conduct reviews beginning October 1, 2018 and semi-annually thereafter	DHS	Complete for October 2017 and April 2018 occurrences. <i>Continue reoccurrence</i>
K	Complete biennial evaluation of crisis respite bed utilization statewide.	Analysis will determine if the system capacity is sufficient and if expansion is needed.	Evaluate need for crisis beds by September 30, 2019 and biennially thereafter	DHS	<i>Continue</i>
L.5	Annually report to the Subcabinet on the number of trainings on positive supports and person-centered practices and the number of people trained.	There will be increased capacity to serve people with challenging behaviors.	Report to Subcabinet beginning December 31, 2018 and annually thereafter	DHS	Complete for December 2017 occurrence. Report included in January 2018 SC packet.

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

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.5	Continue to implement Forensic Assertive Community Treatment (FACT) team model. Report annually to the Subcabinet on implementation, analysis and recommendations for changes.	The FACT team model is determined to be a best practice for delivering mental health services to individuals exiting correctional facilities. The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	Issue report by June 30, 2019 and annually thereafter	DHS, DOC	Complete for June 2018 occurrence. Report included in June 2018 SC packet. Continue reoccurrence
B.6c	Increase number of individuals receiving FACT team services.	See B.5 above	Increase to full capacity by June 30, 2018	DHS, DOC	Complete
B.7	Conduct outside review of FACT program.	See B.5 above	Conduct outside review by December 31, 2018	DHS, DOC	Continue

Olmstead Plan Workplan – Community Engagement

March 2018 Plan Goals (page 91)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Diane Doolittle (OIO)

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.

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.

STRATEGIES:

1. Increase the number of leadership opportunities for people with disabilities
2. Increase participation of people with disabilities in providing input on public projects
3. 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.

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

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.6	In collaboration with MDHR, OIO will co-host a seminar for the Governor's Appointed Councils and Boards to provide training and share resources for creating more diverse and inclusive councils and boards. Report to the Subcabinet , the outcomes of the seminar, including the number of Councils and the number of individuals trained.	The Governor's appointed councils and boards will grow in their knowledge and understanding of creating more diverse and inclusive meetings and strategies for recruiting people with disabilities.	Report to the Subcabinet by April 30, 2018	OIO, MDHR	Complete Report included in April 2018 SC packet.
A.7	OIO, in collaboration with MDHR's Civic Engagement team, will develop a plan to train people with disabilities who are interested in participating as a member in governor-appointed boards and councils. The plan will be submitted to the Subcabinet for review. The plan will include expected outcomes, proposed schedule and timelines.	People with disabilities will have the skills and knowledge to apply to and participate in decision-making processes on statewide boards and councils.	Submit plan to Subcabinet by January 31, 2018	OIO, MDHR	Complete Report included in January 2018 SC packet
<u>A.8</u>	<u>OIO, in collaboration with MDHR's Civic Engagement team, will train people with disabilities who are interested in participating as a member in governor appointed boards and councils.</u> <u>Report to the Subcabinet on the number of trainings held, the number of individuals trained.</u>	<u>People with disabilities will have the skills and knowledge to apply to and participate in decision-making processes on statewide boards and councils.</u>	<u>Report to the Subcabinet by July 31, 2019 and annually thereafter.</u>	<u>OIO,</u> <u>MDHR</u>	<i>Adding new activity as a follow up to A.7</i>

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D	Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised.	Through the use of the Olmstead website, social media, email, paper handouts, in person information sessions and other appropriate communication methods, as well as with the assistance of partner organizations, stakeholders will be informed about the Olmstead Plan and other activities that promote the Plan.	Report by October 31, 20187 and quarterly thereafter	OIO, WALFH	Complete for October 2017, January, April, July, October 2018 occurrence. Report included in October 2017, January, April, July, October 2018 SC packets. Continue reoccurrence
E	Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).	Evaluation of outreach and engagement activities will help determine the effectiveness of activities and which activities to continue and which activities to discontinue or revise.	Report to Subcabinet by October 31, 20187 and quarterly thereafter	OIO	Complete for October 2017, January, April, July and October 2018 occurrence. Report included in October 2017, January, April, July and October 2018 SC packets. Continue reoccurrence

Strategy 2: Removed

Strategy 3: Removed

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

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D.3	Track the number of publicly funded projects where consultation with individuals with disabilities occurred. Track the number of individuals with disabilities who provided consultation.	People with disabilities will have input on publicly funded projects related to accessibility.	Begin tracking by December 31, 2017	OIO	Complete
D.4	Report to the Subcabinet the number of individuals involved in consultation on publicly funded projects and the number of projects that engaged consultation.	See D.3 above	Report to Subcabinet by December 31, 2018	OIO	Discontinue -related goal is being revised

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.

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Convene Community Engagement workgroup meetings and implement scope of work.	The Community Engagement workgroup will provide support, expertise and guidance to the three identified strategic focuses in scope of work.	All meetings completed by December 18, 2017	OIO	Complete
C	Community Engagement workgroup will make recommendations for updating and enhancing the OIO Communication Plan. Report to the Subcabinet on the recommendations.	The Community Engagement workgroup and the Subcabinet will support the implementation of a communication plan for diverse communities with disabilities.	Report to Subcabinet by December 31, 2017	OIO	Complete Report included in December 2017 SC packet
D.1	OIO will develop a workplan to create a new Community Engagement Plan and report to the Subcabinet .	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 to Subcabinet by December 31, 2017 (Exception 11/2017) November 30, 2017	OIO	Complete Workplan activities 5D.1a – 5D.1f added in December
D.1a	Develop a Community Engagement plan with measurable and actionable strategies for advancing engagement between state agencies and people with disabilities.	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.	Present plan to Subcabinet by November 30, 2018	OIO	<i>Continue</i>
D.1b	Work with Subcabinet agencies to identify best practices and barriers to engagement.	See D.1a above	Complete by November 30, 2018	OIO	<i>Continue</i>
D.1c	Work with Department of Human Rights to develop tools and best practices to evaluate engagement efforts.	See D.1a above	Complete by November 30, 2018	OIO MDHR	<i>Continue</i>
D.1d	Obtain input on how to measure the effectiveness utilizing outcomes of engagement across all agencies.	See D.1a above	Complete measurement tool by November 30, 2018	OIO	<i>Continue</i>

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D.1e	Align and partner with the department of Human Rights to develop evaluation measurements and metrics to assist OIO and subcabinet agencies in engagement work.	See D.1a above	Complete by November 30, 2018	OIO MIDHR	<i>Continue</i>
D.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.	See D.1a above	Report to Subcabinet by beginning March December 31, 2018 and quarterly thereafter thru completion of the Plan.	OIO	Complete for March, June, September 2018 occurrences. Report included in March, June, September 2018 SC packets. <i>Continue reoccurrence</i>
D.2	Develop work plan to implement the Community Engagement Plan. Report to the Subcabinet.	Best practices for all Subcabinet agencies will create a more accessible and inclusive community engagement.	Report to Subcabinet by April 30, 2019 January 31, 2019	OIO	<i>Continue</i> <i>Modifying the deadline</i>
E	Community Engagement workgroup will develop recommendations for the scope of work for 2018. Report to the Subcabinet on recommendations.		Report to Subcabinet by December 31, 2017	OIO	Complete

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal One

March 2018 Plan Goals (page 93)

Executive Sponsor: Daron Korte (MDE)

Lead: Diane Doolittle (OIO)

GOAL ONE:

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

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

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

STRATEGIES:

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

Strategy 1: Develop educational campaign for mandated reporters and professional caregivers

- All activities completed

Strategy 2: Develop public awareness campaign

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
G.4	The Specialty Committee will • Gather input and feedback from people with disabilities and their families, on the topic of abuse and to identify disincentives and barriers to reporting abuse and neglect and plans to remediate. • Conduct surveys of other states to find best practices in involving people with disabilities. • Identify risk factors and associated protective strategies.	The Specialty Committee will reach out to groups that are either not represented or underrepresented on the Specialty Committee at listening sessions throughout Greater Minnesota. Reviewing best practices and input from the public will inform the development of the abuse/neglect prevention plan.	Review input and best practices by October 31, 2017	OIO, Specialty Committee	Complete
H	Develop recommendations for the Subcabinet on the proposed Abuse and Neglect Prevention Plan. Recommendations will be based on: • Specialty Committee meetings that included research, examination, and identification of best practices. • Public input from listening sessions	The Specialty Committee will develop recommendations for the Subcabinet on the Abuse and Neglect Prevention Plan.	Develop recommendations by November 30, 2017	OIO, Specialty Committee	Complete
I	The Abuse and Neglect Prevention Plan proposed recommendations will be presented to the Subcabinet for review and approval.	The Subcabinet will act on the recommendations for adoption.	Present to Subcabinet by December 31, 2017	OIO, Specialty Committee	Complete Report Included in January 2018 SC packet.

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Two

March 2018 Plan Goals (page 94)

Executive Sponsor: Gilbert Acevedo (MDH)
Lead: Nicole Stockert (MDH)

GOAL TWO:

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

STRATEGIES:

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

Strategy 1: Use data to identify victims and target prevention

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D	Report to the Subcabinet on the status of the public education campaign targeted at providers who serve individuals with disabilities, individuals with disabilities, families, and advocates. The report will include a summary of the activities undertaken, the target audience, and any evaluation results.	Targeted providers, individuals with disabilities, families, and advocates will: • Be educated on how to recognize abuse and neglect; • Be educated in methods to reduce barriers in reporting suspected maltreatment; and • Be educated on how to prevent maltreatment in an effort to prevent future abuse and neglect.	Report to Subcabinet by July 31, 2018	MDH, DHS, OMHDD	Complete Included in July 2018 SC packet

Strategy 2: Monitor and improve accountability of providers

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Report to the Subcabinet semi-annually, quarterly, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) that document failure to report abuse, neglect and other maltreatment.	It is expected that the overall number of maltreatment allegations will rise as a result of the education campaign about how to recognize and report suspected maltreatment. However, the number of citations issued to ICF/IIDs that document failure to report abuse, neglect, and other maltreatment should decrease as a result of the education campaign about how to recognize and report suspected maltreatment.	Report to Subcabinet beginning January 1, 2019 and semi-annually quarterly thereafter	MDH	Complete for January, April, July 2018 occurrences Report included in January, April, July 2018 SC packets. Continue reoccurrence Modifying frequency
B	Report to the Subcabinet semi-annually, quarterly, the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required Minnesota Statute 626.557 subd.14 (b).	Over time, the number of citations issued to Supervised Living Facilities documenting failure to comply with the development of an individualized abuse prevention plan should decrease as providers and direct care staff receive additional education about prevention of maltreatment.	Report to Subcabinet beginning January 1, 2019 and semi-annually quarterly thereafter	MDH	Complete for January, April, July 2018 occurrences Report included in January, April, July 2018 SC packets. Continue reoccurrence Modifying frequency

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
C	Analyze data from increased reporting to identify areas where targeted prevention strategies can be applied to reduce the occurrence of maltreatment to vulnerable individuals.	As a result of an education campaign focused on how to recognize and where to report suspected maltreatment, allegations of maltreatment are expected to rise. Targeted prevention efforts can then be applied in geographical areas or with providers that reflect higher incidences of abuse or neglect of vulnerable individuals.	Identify areas to target beginning January 31, 2020 and annually thereafter	MDH	Continue

Strategy 3: Refine measurable goals

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	The MHA data will be reassessed annually to determine the efficacy of the educational efforts.	The number of emergency room visits and hospitalizations of vulnerable individuals due to abuse and neglect that are currently reported will increase compared to the baseline based on MHA analysis. The MHA data will be reassessed to determine what practices (if any) are appropriate for statewide dissemination.	Reassess data beginning January 31, 2020 and annually thereafter	MDH	Discontinue <i>This strategy was deleted in March 2018 Plan and the goal is being reworked</i>
B	After reassessment of the MHA data and the effects of the educational campaign, the measurable goal will be reviewed on an annual basis.	If successful in our hospital educational campaign, we expect to see an increase in allegations because more facilities will adopt accurate reporting practices, based on our outreach. The measurable goal will need to be reassessed annually to determine if the target needs to be revised. Since the evaluation of the 2010-2016 MHA data suggests that suspected abuse/neglect ER visits appear to be vastly under-reported/under-coded in all MN regions, we expect the number of emergency room (ER) visits and hospitalizations reported by hospitals of vulnerable individuals due to abuse and neglect will increase compared to baseline.	Review annual goals beginning January 31, 2020 and annually thereafter	MDH	Discontinue <i>This strategy was deleted in March 2018 Plan and the goal is being reworked</i>

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Three

March 2018 Plan Goals (page 94)

Executive Sponsor: Charles E. Johnson (DHS)
Lead: Erin Sullivan Sutton (DHS)

GOAL THREE:

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

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

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

STRATEGIES:

1. Develop remediation strategies for providers and professional caregivers
2. Engage Quality Councils

Strategy 1: Develop remediation strategies for providers and professional caregivers

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.3	Data and reports will be validated. Baseline will be established.	Repeat reports will be compared to the first set of initial reports to determine the number of vulnerable adults who experience repeat maltreatment of the same type.	Establish baseline by December 31, 2017	DHS, MDH, MN.IT, counties	Complete
A.4	Develop and test lead investigative agency remediation strategy reports.	Improved data collection and data integration between state agencies responsible for investigation of MAARC reports of suspected maltreatment.	Develop and test reports by December 31, 2017	DHS, MDH, MN.IT, counties	Complete
A.5	Review and compile data on remediation strategies and demographic data of suspected victim and perpetrator by lead investigative agency to identify strategies that may be effective at preventing repeat maltreatment of the same type.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Identify remediation strategies by June 30, 2018	DHS, MDH, MN.IT, counties	Complete
A.6	Conduct training sessions with lead investigative agencies to share remediation strategies effective at preventing repeat maltreatment.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Begin training by December 31, 2018	DHS, MDH, MN.IT, counties	<i>Continue</i>
<u>A.7</u>	<u>Report to the Subcabinet on the number of trainings held, the remediation strategies discussed and the number of individuals who participated in the trainings.</u>	<u>See A.6</u>	<u>Report to the Subcabinet by December 31, 2019</u>	<u>DHS</u>	<i>Adding new activity as a follow up to A.6</i>
B.1	Complete an inventory of existing communication methods used to inform service providers.	Existing communication venues will be identified.	Complete inventory by June 30, 2018	DHS, MDH, MN.IT, counties	Complete
B.2	Develop communication plan to disseminate alerts.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Develop communication plan by June 30, 2018	DHS, MDH, MN.IT, counties	Complete

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.3	Analyze repeat maltreatment data to identify patterns/trends of abuse and neglect.	Data will be analyzed and patterns/trends will be identified that go beyond repeat maltreatment of the same type.	Identify trends by September 30, 2018	DHS	Complete
B.4	Disseminate communication alerts to providers and other key local stakeholders.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Begin alerts by December 31, 2018	DHS, OMHDD	Continue

Strategy 2: Engage Quality Councils

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	DHS will work with representatives from the State Quality Council and the newly established regional councils to identify strategies and activities to reduce the risk of abuse and to improve the quality of practice. The proposed workplan activities will be submitted to the Subcabinet for review.	Workplan activities will be submitted to the Subcabinet for review.	Submit workplan to Subcabinet by 6 months after the Specialty Committee approves the comprehensive Plan to Prevent Abuse and Neglect	DHS, Regional Quality Councils, county level Adult Protection (AP)	Complete

Strategy 3: Refine measurable goals—**Strategy deleted in March 2018 Plan**

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Repeat reports will be compared to initial reports to determine the number of vulnerable adults who experience repeat maltreatment of the same type. Measure will be compared to baseline.	Progress on reducing repeat maltreatment of the same type within six months will be measured. A determination will be made as to whether or not the targets need to be revised.	Review annual goals by December 31, 2018	DHS, MDH, MN-IT, counties	Discontinue This information is reported through the Quarterly Report process

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
	Analysis will inform determination of whether or not targets need to be revised.				

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Four

March 2018 Plan Goals (page 95)

Executive Sponsor: Daron Korte (MDE)
Lead: Tom Delaney (MDE)

GOAL FOUR:

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

STRATEGIES:

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

Strategy 1: Utilize school tracking database

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B	Train program staff on database entry requirements to ensure all necessary information for specified goal is collected and stored in system.	Increase integrity and accuracy of data.	Begin training by October 1, 20187 and annually thereafter	MDE	Complete for October 2017 occurrence <i>Continue reoccurrence</i>
C	Generate specified report and analyze necessary data from FY14-FY16 to establish baseline.	Establish baseline data that identifies all schools that have had three investigations of alleged maltreatment in the form of physical abuse involving a student with a disability within the three year time period of FY14 – FY16. Determine the number of students with a disability who are named as alleged victims of an investigation of alleged maltreatment in the form of physical abuse within those schools.	Generate report to use as baseline by November 30, 2017	MDE	Complete

Strategy 2: Continue and expand training for school personnel

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Draft and send a letter to all identified schools to notify them of having three or more investigations of alleged maltreatment in the form of physical abuse involving a student with a disability within their schools within the three year time period of FY14-FY16, and to inform them of the current school year's Positive Behavioral Interventions and Supports (PBIS) training application process and deadlines.	Identified schools will become aware of having three or more investigations of alleged maltreatment in the form of physical abuse involving a student with a disability within their schools within the three year time period of FY14-FY16 and will consider applying for schoolwide MDE approved PBIS cohort training opportunities.	Issue letters by November 30, 20187 and annually thereafter	MDE	Complete for November 2017 occurrence Continue reoccurrence
B	Target schools from baseline data that have yet to submit application for the current school year's PBIS cohort training and send a follow up letter encouraging enrollment and participation in PBIS cohort trainings.	Increase participation in PBIS cohort trainings.	Send follow-up letters by December 15, 20187 and annually thereafter	MDE	Complete for December 2017 occurrence Continue reoccurrence
C	Provide ongoing targeted technical assistance and an annual training for school administrators on student maltreatment, mandated reporter requirements, PBIS, Restrictive Procedures, and discipline.	Increase awareness of abuse and neglect in public schools, offer guidance and direction in implementing appropriate behavioral interventions and prevention efforts, and decrease use of emergency interventions.	Begin technical assistance by June 30, 20198 and annually thereafter	MDE	Complete for June 2018 occurrence Continue reoccurrence

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D	Report to the Subcabinet: - Number of schools identified as having three or more investigations of alleged maltreatment in the form of physical abuse of students with a disability within the three year time period of FY14-FY16 as established in baseline data (1c). - Total number of identified schools participating / not participating in MDE approved 2018-2020 or subsequent PBIS cohort training and corresponding total number of investigations of alleged maltreatment in the form of physical abuse of students with a disability identified in the baseline data. - Total number of students with a disability named as alleged victims in an investigation of alleged maltreatment in the form of physical abuse within schools identified in baseline data. - Total number of students with a disability named as alleged victims of maltreatment in the form of physical abuse within schools identified in baseline data for each year during, and for the three years immediately following completion of the PBIS training.	Schools participating in PBIS cohort training will demonstrate a decreased number of students with a disability as alleged victims of maltreatment and a decrease in the number of alleged maltreatment investigations	Report to Subcabinet by September 30, 2018 and annually thereafter	MDE	Complete for September 2018 occurrence. Report submitted timely to OIO. <i>Discontinue reoccurrence. This activity will be revised to align with proposed changes to Preventing Abuse and Neglect Goal 4.</i>

Strategy 3: Improve school accountability for training

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D	Notify school administrators of verification requirement and alternative training options via program website and superintendent mailings.	Provide guidance and assist schools in establishing approved mandated reporter training options.	Notify school administrators by December 31, 20187 and annually thereafter	MDE	Complete for December 2017 occurrence Continue reoccurrence
E	Annually report to the Subcabinet: - Number of districts who fulfilled verification requirement procedures and confirmed mandated reporter training to all district employees. - Number of districts who did not fulfill verification requirements and did not confirm mandated reporter training to all district employees.	Increase school personnel accountability and awareness to report situations of abuse and neglect in the school setting.	Report to Subcabinet by July 31, 20198 and annually thereafter	MDE	Complete for July 2018 occurrence. Report included in July 2018 SC packet. Continue reoccurrence

Olmstead Plan Workplan – Quality of Life Survey

March 2018 Plan Goals (page 111)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Diane Doolittle (OIO)

GOAL ONE:

By December 31, 2017 the initial Quality of Life Survey will be completed to establish a baseline. Subsequent surveys will be conducted at a minimum of two times during the following three years to measure changes from the baseline.

STRATEGIES:

1. Execute contract with Dr. Conroy
2. Issue Request for Proposal (RFP) and select vendor for survey implementation
3. Implement survey
4. Analyze and report on survey results
5. Develop workplan for 2018 – 2020

Quality of Life Survey Workplan

October 22, 2018

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Strategy 1: Execute contract with Dr. Conroy

- All activities completed

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

- All activities completed

Strategy 3: Implement survey

3	Key Activity	Expected Outcome	Deadline	Agency/ Partner	Status of Activity
A.2	Convene weekly meeting with vendor and provide progress report to workgroup. Convene monthly meetings with the vendor and Quality of Life Workgroup (QOL).	A detailed plan with action steps, roles and timelines will ensure that work is delivered as needed and on time.	Meet weekly with vendor and monthly with QOL workgroup through December 31, 2017	OIO, Vendor, QOL workgrp	Complete
A.3	Provide a monthly report to the Subcabinet on the progress of survey implementation.	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	Report to Subcabinet by June 30, 2017 and monthly thereafter	OIO	Completed monthly <i>Discontinue reoccurrence Replaced by 5C</i>
E.2	Survey people with disabilities until desired sample size is obtained.	Achieve the desired sample size of 2,000 with good representation across geography, setting, disability group and other factors	Complete 2,000 surveys by December 31, 2017	OIO, Vendor	Complete

Strategy 4: Analyze and report survey results

4	Key Activity	Expected Outcome	Deadline	Agency/ Partner	Status of Activity
A	Analyze results of the surveys.	As surveys get completed, analyze within framework of approved Analysis Workplan.	Analyze results of survey by November 30, 2017	OIO, QOL Workgrp	Complete
B	Develop preliminary Analysis report for Subcabinet Executive Committee.	A preliminary report will outline areas identified and shared with the Subcabinet Executive Committee.	Submit preliminary report to the Executive Committee by November 30, 2017	OIO, QOL Workgrp	Complete. Report included in December 2017 packet.
C	Submit the QOL survey results final report to the Subcabinet for approval.	A final report with findings will be submitted to the Subcabinet.	Report to Subcabinet by December 31, 2017	OIO, QOL Workgrp	Complete. Report included in December 2017 SC packet.
D	Make the QOL Survey results report available to the public.	Upon approval by the Subcabinet, the final report will be made available to the public.	Make report available to public by April 30, 2018 (Exception 2/2018)	OIO	Complete

Strategy 5: Monitor the implementation of the Quality of Life Survey Administration Plan

5	Key Activity	Expected Outcome	Deadline	Agency/ Partner	Status of Activity
B	Develop 2018-2020 workplan for the next phase of Quality of Life Surveys and submit to the Subcabinet for approval.	The Subcabinet will review the detailed plan with action steps, roles and timelines to re-survey samples from initial survey to measure changes in quality of life for individuals moving from segregated to integrated settings.	Submit workplan to Subcabinet by April 30, 2018 (Exception 1/2018)	OIO, QOL Workgrp	Complete Included in April 2018 SC packet
C	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.	Report to Subcabinet by June 30, 2018 and monthly thereafter	OIO	Completed monthly Continue reoccurrence

5	Key Activity	Expected Outcome	Deadline	Agency/ Partner	Status of Activity
D	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.	The Subcabinet will review final report that compares the baseline findings to the follow-up survey results.	Begin monitoring implementation of QOL Survey administration plan by May 1, 2018 .	OIO	<i>Continue</i>
E	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.	See 5C above	Begin monitoring protocol for abuse and neglect reporting by June 1, 2018	OIO	<i>Continue</i>
F	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	See 5C above	Begin monitoring recruiting, training and supervising interviewers by May 1, 2018 .	OIO	<i>Continue</i>

5	Key Activity	Expected Outcome	Deadline	Agency/ Partner	Status of Activity
G	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. ○ Review weekly data to determine response rates from different settings and determine if changes are needed in the outreach plans. ○ Review data every other week, to analyze inter-rater reliability and determine if there are any patterns in responses that could indicate that survey interviewers are introducing bias and need additional training. ○ Provide a data summary on a monthly basis, to OIO for discussion about what findings are emerging. • Analyze Data – All data will be stored in a secured database and checked monthly for quality and validity.	See 5C above	Begin monitoring the completion of 500 surveys by June 1, 2018 .	OIO	<i>Continue</i>

5	Key Activity	Expected Outcome	Deadline	Agency/ Partner	Status of Activity
H	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.	See 5C above	Develop research questions by June 1, 2018	OIO	<i>Continue</i>
I	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.	See 5C above	Complete analysis by November 30, 2018	OIO	<i>Continue</i>
J	Submit the Quality of Life Survey results final report to the Subcabinet.	See 5C above	Report to the Subcabinet by December 31, 2018	OIO	<i>Continue</i>

Olmstead Plan Workplan – Cross Agency Data Strategy

March 2018 Plan Goals (page 113)

Executive Sponsor: Mike Tessneer (OIO)
Lead(s): Darielle Danenn (DEED), Erin Sullivan Sutton (DHS) and Tom Delaney (MDE)

STRATEGIES:

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

Strategy 1: Create interim data system

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	Create the necessary interim data systems to address the identified gaps in existing data systems in the following Topic Areas:	Existing data systems lack the necessary focus on measures critical to determining progress on Plan implementation. Modifying current data systems or creating new data systems is necessary as an interim step to measure progress until a more comprehensive process can be achieved.		OIO SC agencies	
A.4	Education and Lifelong Learning	Same as A above	Education and Lifelong Learning by October 31, 2017	OIO SC agencies	Complete
A.5	Transportation	Same as A above	Transportation by TBD	OIO SC agencies	Discontinue

Strategy 2: Create cross agency data plan

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.3	Develop a single consent form to authorize the release of private data for individuals seeking competitive integrated employment	Individuals with disabilities will be able to authorize release of their private data for the purpose of securing competitive integrated employment across the various agencies.	Develop single consent form by October 31, 2017	MDE, DEED, DHS	Complete
B.4	Develop guidance for cross-agency understanding on how consents and private data will be shared stored and kept up-to-date.	Private data will be protected as determined by state and federal requirements -All three agencies will have prompt access to individual consents and private data	Develop process by January 31, 2018 Adjusted 1/2018 – addressed in EM 2A.2	MDE, DEED, DHS	Previously replaced
B.5	Disseminate single consent form and guidance to local county, VRS, and school staff.	Agency staff will understand how to use single consent form and when it is required.	Disseminate form and guidance by February 28, 2018—Adjusted 1/2018 – addressed in EM 2A.2		Previously replaced

Olmstead Plan Workplan – Communications

March 2018 Plan (page 106)

Executive Sponsor: Darlene Zangara (OIO)
Lead: Melody Johnson (OIO)

GOAL: Increase statewide awareness of and investment in the Minnesota Olmstead Plan.

- Agency staff and stakeholders have a common understanding and can communicate clearly about implementation of the Olmstead Plan.
- People with disabilities have a clear and consistent understanding of the Olmstead Plan, how it impacts them, and how they can get more involved in its implementation.

STRATEGIES:

1. Build an organized communication strategy, infrastructure and evaluation framework across audiences and platforms.
2. Strengthen two-way, reciprocal, and responsive communication among the Subcabinet, OIO, state agencies, people with disabilities, and the general public.
3. The Communication Plan will be current and effective.

Strategy 1: Build an organized communication strategy, infrastructure and evaluation framework across audiences and platforms.

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.1	Develop an OIO Communication Plan informed by the Community Engagement Workgroup and submit to Subcabinet for review.	The Subcabinet will adopt a comprehensive Communication Plan that supports implementation of the Olmstead Plan.	Submit to Subcabinet by January 31, 2018	OIO, Agencies, CEW	Complete Report included in December 2017 SC packet
C	Utilize multiple tools such as the OIO email list, Olmstead website, social media and strategic relationships with local media to improve the public's access to information about Olmstead Plan implementation. Report to the Subcabinet annually on the analytics of the various communication tools.	People will receive information about the Olmstead Plan in ways that keep them informed and encourages their engagement. Subcabinet will be updated on analytics of the communication tools.	Report to Subcabinet by March 31, 20198 and annually thereafter	OIO	Complete for March 2018 occurrence. Report included in March 2018 SC packet. Continue reoccurrence
C.1	Evaluate Olmstead communications activities for impact, scope, and reach. Report to the Subcabinet annually on evaluation results.	See C above	Report to Subcabinet by March 31, 20198 and annually thereafter	OIO	Complete for March 2018 occurrence. Report included in March 2018 SC packet. Continue reoccurrence
D	Build communication channels with organizations focused on serving individuals with disabilities. Report to the Subcabinet annually the type and number of organizations.	OIO will have established communication channels with external stakeholders.	Report to Subcabinet by March 31, 20198 and annually thereafter	OIO	Complete for March 2018 occurrence. Report included in March 2018 SC packet. Continue reoccurrence
E.1b	OIO will consult with CE Workgroup and MHFA Communication for overall strategy for revamping PowerPoint to address design, specific audiences and clearer messaging. Develop new Olmstead PowerPoint and other materials.	Accessible communications will be available to individuals and communities. People with disabilities, their families and supporters will be informed about Olmstead Plan implementation.	Develop new materials by January 31, 2018	OIO	Complete

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
E.2	Produce and disseminate a monthly quarterly "Olmstead News and Updates" electronic newsletter to interested stakeholders.	See E.1b above	Begin monthly Publish newsletter by July 31, 20187 and quarterly thereafter	OIO, MHFA	Complete for July, August, September and October 2018 Continue Reoccurrence
E.3	Create a clear and comprehensive Olmstead picture chart and accompanying accessible fact sheet document in multiple languages.	See E.1b above	Create fact sheet by April 30, 2018	OIO	Complete
E.4	Develop OIO toolkit for Olmstead messaging, for use by Subcabinet agencies' communications staff.	See E.1b above	Develop toolkit by April 30, 2018	OIO, Agencies	Complete

Strategy 2: Strengthen two-way, reciprocal, and responsive communication among the Subcabinet, OIO, state agencies, people with disabilities, and the general public.

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.2	OIO will develop an implementation workplan for soliciting and utilizing public comment on Olmstead Plan implementation and submit to the Subcabinet.	Workplan will be submitted to the Subcabinet for approval.	Submit to Subcabinet by November 30, 2017	OIO	Complete
A.3a	OIO, in consultation with Subcabinet agencies, will develop a public input process for use during the Plan amendment process.	The Subcabinet agencies will understand the process to be used in gathering public input on the Plan amendments.	Develop plan by December 4, 2017	OIO, Agencies	Complete
A.3b	Identify key messages to be used throughout the public input process. The messages will include: an overview of the Olmstead Plan; the Plan amendment process; and opportunities for input.	Communications will have a clear, consistent message regarding the purpose of the public input and the ways the input will be gathered and considered.	Identify message by December 4, 2017	OIO	Complete

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.3c	OIO will identify targeted groups and use strategic communications tools (social media, E-news, website, etc.) to invite written public input from people with disabilities and the general public.	Statewide awareness of the public input process and how to participate will grow through online tools and platforms.	Identify targeted groups and begin outreach by December 4, 2017	OIO	Complete
A.4a	OIO will identify and implement specific strategies to reach people with disabilities and family members in under-represented communities.	People with disabilities and family members from under-represented communities (such as communities of color, LGBTQ communities, religious minorities, immigrants and refugees, etc.) will have opportunities to provide input into the Olmstead Plan amendment process.	Identify strategies by December 15, 2017	OIO	Complete
A.4b	OIO will establish a process to analyze the comments received and make them available to the Subcabinet agencies and the public.	Comments will be made available to Subcabinet agencies and the public.	Establish process by December 15, 2017	OIO	Complete
A.4c	OIO will submit weekly summaries of public input to Subcabinet agencies.	Comments will be sent to the Subcabinet agencies and OIO Compliance.	Weekly beginning December 27, 2017	OIO	Complete
A.4d	OIO will adopt an accessibility and inclusion checklist for planning meetings with the public. The checklist will adhere to the ADA and applicable regulations.	Checklist will include: both community engagement workgroup framework for public input/community engagement plan and accessibility according to ADA regulations.	Adopt checklist by December 15, 2017	OIO	Complete
A.5a	OIO will post an online form to gather feedback on the first draft of Olmstead Plan amendments.	People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan.	Online form posted by December 20, 2017 thru January 31, 2018	OIO	Complete
A.5b	OIO will post an online form to gather feedback on the second draft of Olmstead Plan amendments.	People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan.	Online form posted by February 27, 2018 thru March 13, 2018	OIO	Complete

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A.6	OIO will facilitate as many as five listening sessions in various regions of the state to gather public input on Olmstead Plan amendments. The listening sessions will be either in person or video.	Communities throughout the state will have the opportunity to provide input into the Olmstead Plan amendments.	Complete listening sessions by January 31, 2018	OIO	Complete
A.7	OIO will conduct one videoconference or conference call to engage people with disabilities and stakeholders from various regions of the state for the second round of public input.	People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan.	Complete videoconference/conference call by March 2, 2018	OIO	Complete
A.8	OIO will conduct three focus groups with people with disabilities and family members from one or more racially and ethnically diverse communities.	OIO will identify and implement specific strategies for conducting culturally competent outreach with under-represented communities.	Complete focus groups by March 11, 2018	OIO	Complete
A.9	OIO will report to the Subcabinet on the engagement opportunities held throughout the state for people with disabilities and the general public to provide input into Olmstead Plan amendments. The report will include: • Summary of activities • Number of individuals participating • Analysis of responses including themes • Demographic data collected for participants in public input process • Appendix including public comments • Recommendations for improvement	The Subcabinet will understand the types of engagement activities held and the number participating to gather public input on the Plan amendment process.	Report to Subcabinet by April 30, 2018	OIO	Complete Report included in April 2018 SC packet
B.4	OIO and Subcabinet agencies will identify target audiences on the topic of Housing and develop a process for engagement that is appropriate for target audience. The process will include identification of areas where public comments impact changes to the Olmstead Plan.	The Subcabinet will hear directly from people with disabilities their families, and supporters their lived experiences with Olmstead Plan implementation.	Develop process by February 28, 2018	OIO, DHS, MHFA	Complete

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B.5	OIO and agencies will seek engagement and gather public comment from the target audiences on the housing topic area, utilizing the approved public input process.	See B.4 above	Begin gathering comments by April 1, 2018	OIO, DHS, MHFA	Complete
B.6	Analyze the public comments on the housing topic area, to determine how the comments can improve Plan implementation. Report to the Subcabinet.	Public input will be used to inform the topic area strategies and workplans.	Report to Subcabinet by July 31, 2018	OIO, DHS, MHFA	Complete Report included in July 2018 SC packet
C	Select a storytelling tool for people with disabilities and their families to share their stories of integration and choice to illustrate the everyday impact of Olmstead in Minnesota.	Story telling tool will be adopted and implemented as part of seeking public comment on Olmstead Plan implementation.	Select a tool by January 31, 2018	OIO	Complete
C.1	Develop an online form that allows individuals to tell their story. The form will replicate the "Telling your Story" app and will allow the submissions to go to the Subcabinet.	See C above	Make online form available by April 30, 2018	OIO	Complete
C.2	Publicize the online form in the OIO News update. Information and a link to the online form will be included in all communications from OIO.	See C above	Publicize form by April 30, 2018	OIO	Complete
D.2	Maintain a monthly calendar to monitor and implement communication activities.	Audiences will be engaged in the Olmstead Plan implementation through communications.	Begin by August 31, 2017 and monthly thereafter	OIO	Complete Continue reoccurrence
D.3	Convene a cross-agency working group of communications staff from Subcabinet agencies to standardize messaging, branding, and build interagency collaboration.	See D.1 above	Convene group by March 31, 2018	OIO, Agencies	Complete

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
D.4	Quarterly review the OIO and Agency communication materials for accuracy, timeliness, and alignment with the Olmstead Plan.	See D.1 above	Begin reviews by June 30, 2018 and quarterly thereafter	OIO, Agencies	Complete for June, September 2018 <i>Continue reoccurrence</i>

Strategy 3: The Communication Plan will be kept current and effective.

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
A	The OIO will conduct an annual review of the Communication Plan to assess effectiveness. The OIO will in particular seek the input of people with disabilities and their families and representatives. Report to the Subcabinet on recommendations for changes.	Areas for improvement will be identified and recommended changes to the communication plan will be submitted to the Subcabinet,	Report to Subcabinet by December 31, 2018 and annually thereafter	OIO, MHFA	<i>Continue</i>

Olmstead Plan Workplan – Dispute Referral

March 2018 Plan (page 105)

Executive Sponsor: Darlene Zangara (OIO)
Lead: Diane Doolittle (OIO)

GOAL: To put in place a system for effectively working with people with disabilities that contact the Olmstead Implementation Office (OIO) and have a need for assistance in resolving disputes.

STRATEGIES:

1. Review and revise the existing OIO process to receive questions from people with disabilities and their families and refer them to the appropriate state agencies.
2. Review and revise the existing OIO process to receive complaints from people with disabilities and their families and refer them to the appropriate state agencies.

Strategy 1: Review and revise the existing OIO process to receive questions from people with disabilities and their families and refer them to the appropriate state agencies.

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B	Analyze the data and report findings to the state agencies to identify areas in the OIO process needing improvement. Revise process as needed.	OIO will work with State agencies to enhance the OIO process for referrals to ensure that referrals are made timely and to the most appropriate area.	Report findings to state agencies by March 31, 20198 and annually thereafter	OIO	Complete for March 2018 occurrence <i>Continue reoccurrence</i>

Strategy 2: Review and revise the existing OIO process to receive complaints from people with disabilities and their families and refer them to the appropriate state agencies.

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners	Status of Activity
B	Analyze dispute resolution cases that came into OIO, for themes of complaints, reoccurring concerns, effectiveness of the process, the outcomes for the person, and the satisfaction of the person making the complaint. Report the findings to the Subcabinet.	Agencies will be aware of the timeliness, types, and frequencies as well as recommended improvements.	Report findings to Subcabinet by March 31, 20198 and annually thereafter	OIO	Complete for March 2018 occurrence Report included in March 2018 SC packet <i>Continue reoccurrence</i>

Olmstead Subcabinet Meeting Agenda Item

October 29, 2018

Agenda Item:

6 (c) Workplan Compliance Report for October

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

Attachment(s):

6c - Workplan Compliance Report for October 2018

[AGENDA ITEM 6c]**Workplan Compliance Report for October 2018**

Total number of workplan activities reviewed (see attached)	7	
• Number of activities completed	7	100%
• Number of activities on track	0	0%
• Number of activities reporting exception	0	0%

Exception Reporting

No activities are being reported as an exception.

Workplan Reporting for October 2018 (listed alphabetically)

Activity	Key Activity	Expected Outcome	Deadline	Agency	
CE 1D	Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised.	Through the use of the Olmstead website, social media, email, paper handouts, in person information sessions and other appropriate communication methods, as well as with the assistance of partner organizations, stakeholders will be informed about the Olmstead Plan and other activities that promote the Plan.	10/31/2018 (quarterly)	OIO	Verified as complete for October 2018 occurrence. Report included in October 2018 Subcabinet packet.
CE 1E	Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).	Evaluation of outreach and engagement activities will help determine the effectiveness of activities and which activities to continue and which activities to discontinue or revise.	10/31/2018 (quarterly)	OIO	Verified as complete for October 2018 occurrence. Report included in October 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 October 2018 occurrence.
CM 2D.4	Quarterly review the OIO and Agency communication materials for accuracy, timeliness, and alignment with the Olmstead Plan.	Audiences will be engaged in the Olmstead Plan implementation through communications.	9/30/2018 (quarterly)	OIO	Verified as on track.
HC 2A.10	Continue to expand and maintain behavioral health home services. This includes continuing efforts to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance.	Number of certified providers eligible to provide services will increase over time: • SFY 17: 25 • SFY 18: 30 • SFY 19: 40	9/30/2018 (annually)	DHS	Verified as complete for September 2018 occurrence. Report was submitted to OIO.

[AGENDA ITEM 6c]

Activity	Key Activity	Expected Outcome	Deadline	Agency	
PC 1L.3	Develop curriculum and protocol to assure Disability Hub staff competency on person-centered practices.	People with disabilities using Disability Hub will get support to explore and pursue resources to live their best life.	9/30/2018	DHS	Verified as complete.
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	DHS DEED	Verified as complete. Workplans are included in October 2018 Subcabinet packet.
PR3 1B.3	Analyze repeat maltreatment data to identify patterns/trends of abuse and neglect.	Data will be analyzed and patterns/trends will be identified that go beyond repeat maltreatment of the same type.	9/30/2018	DHS	Verified as complete. Data is available on the Adult Protection Reports: Dashboard
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 October 2018 occurrence. Report included in October 2018 Subcabinet packet.

Olmstead Subcabinet Meeting Agenda Item

October 29, 2018

Agenda Item:

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

- 1) Community Engagement 1D/1E – Quarterly report on community contacts(OIO)*
- 2) Quality of Life Survey 5C – Monthly report on implementation (OIO)*

Presenter:

Darlene Zangara (OIO)

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

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

Attachment(s):

7a1 – 7a2 Olmstead Plan Workplan - Report to Olmstead Subcabinet

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Community Engagement
Strategy	Increase the number of leadership opportunities for people with disabilities
Workplan Activity	CE 1D / CE 1E
Workplan Description	CE 1D: Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information or networking sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised. CE 1E: Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).
Deadline	October 31, 2017 and quarterly thereafter
Agency Responsible	Olmstead Implementation Office (OIO)
Date Reported to Subcabinet	October 29, 2018

OVERVIEW

OIO continues to strategically engage with communities and individuals with disabilities to enhance or promote their own self-advocacy and leadership opportunities. Greater awareness of Olmstead, training and networking opportunities helps increase opportunities for self-advocacy and leadership by people with disabilities. The interested individuals are often provided information and referrals for opportunities for professional growth, including employment opportunities for the State of Minnesota, volunteer opportunities or opportunities to participate in a training program.

OIO continues to engage with many providers, families and organizations that serve or work with individuals with disabilities. These interactions are a platform for networking, information-sharing, and critical conversations about what Olmstead means to diverse communities with disabilities. Through these strategic meetings, OIO staff seeks to act as a resource for disability communities and serve as a bridge between people with disabilities and state agencies.

REPORT

OIO continues to inform community members regarding collaborative work and activities that promotes the Olmstead Plan's goals and strategies. The relationships and partnerships that OIO works to establish throughout Minnesota must be long-term and intentional, in order to be truly inclusive, accessible, transparent, accountable, and rooted in diverse communities and hearing their voices.

From July – September 2018, OIO staff engaged with 155 people through meetings, presentations and workshops.

Highlights from 3rd Quarter Outreach Activities:

- OIO staff presented to Minnesota Council on Transportation Access
- OIO staff attended and engaged with participants at the Americans with Disabilities Act (ADA) celebration at the Science Museum
- OIO staff presented/participated at the Governor's Council on Developmental Disabilities meeting regarding Health Disparities
- OIO staff participated in the Civic Engagement Practitioners Groups
- OIO staff volunteered at the Minnesota State Fair in the Minnesota Council on Disabilities booth.

Evaluation summary of outreach activities:

Evaluations for the activities highlighted in this report were conducted by the host organization of the events.

No evaluation outcomes or data collected by OIO reported in this quarterly report. Majority of event hosts conducted their own evaluation.

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	October 29, 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 October 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 September. Weekly communications continue to occur with the interviewers.

QL	Key Activity	Deadline	Status for October 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 will include 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. Provider letters have been sent out. As of September 30, 2018, 57% have been interviewed or interview schedule. The breakdown includes: • 2,248 calls made • 292 consents obtained • 256 interviewed • 27 interviews scheduled
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. ○ Review weekly data to determine response rates from different settings and determine if changes are needed in the outreach plans. ○ Review data every other week, to analyze inter-rater reliability and determine if there are any patterns in responses that could indicate that survey interviewers are introducing bias and need additional training. ○ Provide a data summary on a monthly basis, to OIO for discussion about what findings are emerging. 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.

[AGENDA Item 7a2]

QL	Key Activity	Deadline	Status for October 2018
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.
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.

Olmstead Subcabinet Meeting Agenda Item

October 29, 2018

Agenda Item:

7(b) Workplan activity reports to be presented to Subcabinet (carried over from September)

- 1) Crisis Services 2A.4 – Children’s mental health services (DHS)*
- 2) Crisis Services 2F – Annual report - crisis services implementation (DHS)*

Presenter:

Erin Sullivan Sutton (OIO)

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity. These reports were included in the September Subcabinet packet, but time did not allow them to be presented. They are being carried over to this meeting for presentation.

Attachment(s):

7b1 – 7b2 Olmstead Plan Workplan - Report to Olmstead Subcabinet

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

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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 districts and there are barriers to address before attempting 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

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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.

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

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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.

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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.

