

Putting *Olmstead*'s Promise into Practice: Minnesota's Olmstead Plan DRAFT - June 2013

Information about this document

This is the first draft of Minnesota's Olmstead Plan. The Olmstead Subcabinet is publishing this very preliminary draft to give Minnesotans an opportunity to review and comment on the plan at the earliest stage possible. At this stage, the plan consists of several components developed by agency and cross agency teams. The Olmstead Subcabinet agencies will integrate these components and revise this plan over the next several months, using input from consumers, families of consumers, advocacy organizations, service providers, and identified experts.

This document contains the following information:

- Background on the *Olmstead* decision (page 2)
- Description of Minnesota's Olmstead planning process (page 3)
- Minnesota's Olmstead Plan goals (page 4)
- Agency and cross-agency Olmstead plans (page 5-82)
- Next steps for Minnesota's Olmstead Plan (page 83)

In future versions of this document, the subcabinet anticipates including the following additional sections:

- An overview of the plan, written to be easily understood by a wide audience. This overview will include key measurements for evaluating progress towards Minnesota's integration goals.
- Processes for monitoring the plan's overall implementation and for addressing individual concerns about integration.
- A conclusion section, summarizing the plan and describing steps for implementing the plan statewide, including discussion of next phases and expansion of plan development.
- A glossary of terms used in the plan.
- A list of references.
- An appendix identifying partners and stakeholders involved in developing and implementing the Olmstead Plan.

Public comments

The Olmstead Subcabinet welcomes feedback on the development and implementation of Minnesota's Olmstead Plan. To provide comments, use the contact form on the Minnesota Olmstead Plan website (use an internet search on the phrase "Minnesota's Olmstead Plan" or use this shortened web address: <http://bit.ly/14fcGSL>) or send an email to opc.public@state.mn.us.

Background information: Minnesota's Olmstead Plan in context

State and federal law

Both the Minnesota Human Rights Act (state law) and the Americans with Disabilities Act (federal law) prohibit discrimination against people with disabilities. Additionally, under both laws, government entities are required to ensure that people with disabilities can access services and programs. This requirement means more than ensuring *physical* access for people with disabilities: to comply with these laws, government entities may also be required to change the way they provide services or modify how programs are administered so that individuals with disabilities can participate and benefit. Regulations developed under the Americans with Disabilities Act (ADA) also specifically require that government entities provide services in the *most integrated* setting appropriate to the needs of qualified individuals with disabilities.

Olmstead v. L. C.

In 1999, the United States Supreme Court considered a case involving two women with disabilities who were confined in an institution, even after health professionals determined they were ready to move into a community-based program. In *Olmstead v. L. C.*, 527 U.S. 581 (1999), the Court held that unjustified segregation of people with disabilities violates the ADA. The Court acknowledged that government resources are not boundless, and that barriers to integration such as waiting lists for services will likely occur. These realities, however, do not allow a government entity to simply accept the status quo. In its opinion, the Court emphasized that it is important for governments to develop and implement a comprehensive, effectively working plan to increase integration.

Federal enforcement and guidance related the *Olmstead* decision

Both Presidents George W. Bush and Barack Obama acted to support the *Olmstead* decision through federal agency initiatives. In recent years, the United States Department of Justice (DOJ) has applied an expansive understanding of the *Olmstead* decision. As examples, the DOJ has taken action against government entities that had long waiting lists for community-based services, against programs that placed too much emphasis on segregated employment, and against governments that attempted to reduce funding for personal care services (which could force people into institutional settings). The DOJ has also issued guidance for government entities to help them comply with the principles of the ADA and the *Olmstead* decision—Minnesota has consulted this guidance in developing its Olmstead Plan.

Why does Minnesota have an Olmstead Plan?

An Olmstead Plan is a way for a government entity to document its plans to provide services to individuals with disabilities in the most integrated setting appropriate to the individual. Olmstead Plans must include analyses of current services, concrete commitments to increase integration, and specific and reasonable timeframes (among other components).

There are three main reasons why Minnesota has developed an Olmstead Plan:

- Developing a comprehensive and effectively working plan to increase integration is an ideal way to ensure that the State of Minnesota is in compliance with the letter and spirit of the *Olmstead* decision.
- As part of a settlement in a recent case (*Jensen et al v. Minnesota Department of Human Services, et al*), the State of Minnesota agreed to develop and implement an Olmstead Plan.
- Governor Mark Dayton issued an executive order, forming an Olmstead Subcabinet and directing identified agencies to develop and implement an Olmstead Plan.

Resources for learning more about the *Olmstead* decision and Olmstead Plans:

- Center for Personal Assistance Services. *Olmstead Plans and Related State Activity*. <http://www.pascenter.org/olmstead/olmsteadplans.php>.
- Minnesota Olmstead Plan Subcabinet. *Minnesota's Olmstead Plan* [website includes meeting schedules, meeting notes, and other documents]. (Use an internet search on the phrase "Minnesota's Olmstead Plan" or this shortened web address: <http://bit.ly/19CtjNO>.)
- United States Department of Justice, Civil Rights Division. *Olmstead: Community Integration for Everyone*. <http://www.ada.gov/olmstead/index.htm>.
- United States Department of Justice, Civil Rights Division. *Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.* http://www.ada.gov/olmstead/q&a_olmstead.pdf.

Description of planning process

Minnesota's Olmstead Planning Committee formed in 2012. The committee included individuals with disabilities, family members, providers, advocates, and decision-makers from the Minnesota Department of Human Services (DHS). In fall 2012, the committee submitted recommendations to DHS, and DHS began work to respond to and implement these recommendations.

In January 2013, Governor Mark Dayton issued an executive order establishing a subcabinet to develop and implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities. The Olmstead Plan Subcabinet, chaired by Lieutenant Governor Yvonne Prettner Solon, includes the Commissioners or Commissioner's designee from the following state agencies: Department of Human Services; Minnesota Housing Finance Agency; Department of Employment and Economic Development; Department of Transportation; Department of Corrections; Department of Health; Department of Human Rights; and Department of Education. Representatives from the Office of the Ombudsman for Mental Health and Developmental Disabilities and the Governor's Council on Developmental Disabilities are *ex officio* members of the Subcabinet.

In the months since the executive order, staff from subcabinet agencies have been working within their organizations and across departments to develop Minnesota's Olmstead plan. The subcabinet itself meets monthly to discuss progress on planning efforts and to respond to drafts and information. Subcabinet agencies are committed to a collaborative and iterative process—they have incorporated

initial feedback from other agencies and stakeholders as they prepared this document, and they intend to revise this draft in response to information and input they receive over the coming months.

Olmstead Subcabinet Vision Statement

The Olmstead Subcabinet adopted a vision statement to guide efforts in creating this plan:

The Olmstead Subcabinet embraces the Olmstead decision as a key component of achieving a Better Minnesota for all Minnesotans, and strives to ensure that Minnesotans with disabilities will have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment and to participate in community life. This includes:

- The opportunity and freedom for meaningful choice, self-determination, and increased quality of life, through: opportunities for economic self-sufficiency and employment options; choices of living location and situation, and having supports needed to allow for these choices;
- Systemic change supports self-determination, through revised policies and practices across state government and the ongoing identification and development of opportunities beyond the choices available today;
- Readily available information about rights, options, and risks and benefits of these options, and the ability to revisit choices over time.

Minnesota's goals: Putting *Olmstead's* promise into practice

In developing Minnesota's Olmstead Plan, the Olmstead Subcabinet agencies have developed a number of goals. At the highest level, the Olmstead Subcabinet's goal is that Minnesota will be a place where:

People with disabilities are living, learning, working, and enjoying life in the most integrated setting.

To achieve this overall goal, the Olmstead Subcabinet agencies have articulated goals related to broad topic areas; these goals are reflected in the individual agency and cross-agency plans in this document:

- **Supports and Services:** People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose. [Note: The subcabinet intends to add a sub-goal in this area regarding family supports.]
- **Housing:** People with disabilities will choose where they live, with whom, and in what type of housing.
- **Transportation:** People with disabilities will have access to reliable, cost-effective transportation choices that support the essential elements of life such as employment, housing, education, and social connections.
- **Employment:** People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.
- **Community Engagement:** People with disabilities will have the opportunity to fully engage in their community and connect with others in ways that are meaningful and aligned with their personal choices and desires.
- **Lifelong learning and Education:** The subcabinet intends to develop a goal for this area.
- **Healthcare and Healthy Living:** The subcabinet intends to develop a goal for this area.

Introduction to agency and cross-agency plans

The state agencies involved in the Olmstead Subcabinet differ widely in their missions, scale, customers, and planning timelines. As just one example of differences, agencies that directly serve individuals with disabilities often have different definitions of the term “disability.”

To help frame and develop initial plans, agencies agreed to use a template to compile information. The template asked agencies to identify their intended outcomes and impact, to provide a description of their current services, to identify barriers to integration, to establish goals and timetables to eliminate these barriers, to identify partners (within or outside of state government), to assess fiscal impact, to evaluate data relevant to achieving Olmstead goals, and to establish monitoring and evaluation steps.

The information in the following sections is collected from these templates. Some of the plans include significant changes to existing systems; others focus on infrastructure changes that are necessary to support integration. All of the plans aim at the broad goal that people with disabilities will live, learn, work, and enjoy life in the most integrated setting.

As agencies develop their cross-agency plans, they are collaboratively working to address challenges. For example, a cross-agency group will be working over the next several months to identify and share data relevant to Olmstead planning, implementation, and monitoring.

Because this is a draft document, there are sections of these plans that are not fully formed. For example, some agencies are still working to identify ways to measure their progress towards meeting goals. Placeholder notes to the reader (such as “TBD” or “XXX out of YYY”) will be replaced with content as the plan is further developed.

Agency plans

Agency information is presented in the same order as agencies were listed in Governor Dayton’s executive order:

- Department of Human Services (page 6)
- Minnesota Housing Finance Agency (page 16)
- Department of Employment and Economic Development (page 21)
- Department of Transportation (page 30)
- Department of Corrections (page 36)
- Department of Health (page 48)
- Department of Human Rights (page 54)
- Department of Education (page 60)

Cross-agency plans

Many agencies included their cross agency work in their agency plans. Some teams prepared topic-based documents:

- Supports (page 68)
- Housing (page 71)
- Transportation Coordination (page 77)
- Integrating Service Systems for Students with Disabilities (page 80)

Department of Human Services (DHS)

Outcomes and impact

Give people access to the most integrated setting of their choosing by modifying the way that services are regulated, funded and provided by the Department.

Brief description of current services

The Minnesota Department of Human Services (DHS) provides Minnesotans with a variety of services and supports intended to help people live as independently as possible. The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

What we do

DHS helps provide essential services to Minnesota's most vulnerable residents. Working with many others, including counties, tribes and non-profits, DHS helps ensure that Minnesota seniors, people with disabilities, children and others meet their basic needs and have the opportunity to reach their full potential.

While the vast majority of human services in Minnesota are provided by our partners, DHS (at the direction of the Governor and Legislature) sets policies and directs the payments for many of the services delivered. As the largest state agency, DHS administers about one-third of the state budget.

As a steward of a significant amount of public dollars, DHS takes very seriously our responsibility to provide Minnesotans with high value in terms of both the quality and cost of services.

Our largest financial responsibility is to provide health care coverage for low-income Minnesotans. We are also responsible for services for seniors, securing economic assistance for struggling families, providing food support, overseeing child protection and child welfare services, enforcing child support, and providing services for people with mental illness, chemical dependency, or physical or developmental disabilities.

Through our licensing services, we ensure that certain minimum standards of care are met in private and public settings for children and vulnerable adults. DHS also provides direct service through our regional offices for the deaf and hard of hearing; through DHS Direct Treatment and Care (formerly called State Operated Services), which provides direct care to people with disabilities; and through the Minnesota Sex Offender Program.

Who we are

DHS is an organization of individuals with a commitment to bettering the lives of Minnesotans. While DHS employees perform different jobs and duties, such as research-analyses, direct caregiving, program administration, fraud prevention, licensing oversight, plant management and human resources, we share a belief that when Minnesotans help other Minnesotans, we create a brighter future for all of us.

Who we serve

DHS serves Minnesotans in all 87 counties and 11 tribes. More than one million Minnesotans receive some sort of help from our department. Among these are our grandparents, neighbors, friends, relatives and classmates.

Many of the people we serve only need assistance for a short period of time, while others need longer-term assistance. At DHS our goal is to meet people where they are at, and focus on outcomes to improve life situations, and to get people the help they need so they can reach their full potential.

Description of barriers to achieving most integrated setting

- The system is complex and difficult to navigate.
- There is a lack of flexibility and capacity of the system.
- There is a bias towards provider controlled supports, employment, housing, and transportation.
- Institutional services are more accessible than “most integrated” services.
- The system is centered on providing what we believe is important for the person but not always what is important to the person.
- Individuals with disabilities have a limited voice in how the system is organized.
- Crisis services are often less responsive than 911 calls.
- Most housing dollars are spent in provider controlled congregate settings.
- Housing funds available to an individual have not kept pace with fair market rents.
- Housing and support service funds are often too interdependent. Individuals with disabilities may be unable to change services without having to change housing.
- Housing programs are numerous, complex, and confusing.
- Individuals with histories of poor credit, criminal records, behavioral problems, mental illness, and homelessness have trouble accessing and maintaining housing.
- Transportation often is available through institutions or programs that have institutional characteristics.
- There is inconsistency and inflexibility in access to transportation and transportation funding.
- Society believes that people with disabilities cannot be successful in competitive employment.
- Many benefits necessary to support individuals can be denied or limited if individuals obtain competitive employment with a fair wage.
- The planning process for transition age students has resulted in placement in segregated employment settings and provider controlled housing.
- There is a lack of public awareness, understanding and acceptance of disability as a natural part of human experience, the dignity of independence and the valuable community contributions of people with disabilities.
- There is often an assumption that individuals with disabilities lack the capacity to make day to day decisions affecting the quality of their life.

Description of overall plans to reduce or eliminate these barriers

SUPPORTS AND SERVICES

Goal: People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.

People Measures:

- Percent of people with services directed by others vs. direct their own services
- Percent of people selecting their own services vs. having services selected for them
- Decrease in the number of days between when the individual requests their preferred services and supports and when they receive those services.
- For individuals residing in certain institutional settings (such as nursing facilities, ICF/DDs, Anoka Metro Regional Treatment Center, Minnesota Security Hospital, and other congregate settings) decrease in the number of days between when the individual requests their preferred services and supports and when they receive those services.

Strategies:

1. Empower individuals to make choices and manage risk.
2. Institutional settings or settings with a high degree of institutional characteristics will be utilized only when necessary and people will be assisted to transition to the most integrated setting.
3. People will select the type of service right for them and direct the provider of those services.
4. Crisis Services are provided timely and proportionate to people who are experiencing significant instability in their lives or are presenting a risk to themselves or others.
5. Bolster and maintain effectiveness of family and other natural supports.
6. For individuals on waiting lists, there will be a plan that is person centered and the list moves at a reasonable pace.

Activities:

- Implement Reform 2020 initiatives, including adopting the Community First Services and Supports proposal which redesigns Personal Care Assistance services and would provide flexible self-directed services. Implement Moving Home Minnesota, which is Minnesota's Money Follows the Person initiative which plans to move 2000 individuals from institutions to the community in the next five years.
- Expand Return to Community program and other transition supports.
- Implement MnCHOICES, a comprehensive assessment that allows individual choice for care and services.
- Identify service gaps in communities and expand the needed services with the help of stakeholders, specifically in the areas of access to inclusive, affordable community services, and people having meaningful choice among services.

- Expand the number of individuals with disabilities who have the option to develop Person-centered plans.
- Offer Person-centered thinking and Person-centered planning training.
- Establish prohibitions on the use of procedures that are aversive, including restraints and seclusion; and increase person centered planning and positive practices; implementation will include training, technical assistance and monitoring.
- Expand Housing Access services to provide timely assistance to people with disabilities who access some type of home and community services and who wish to move into their own home, and technical assistance promoting use of technology to support greater independence and choice in community living.
- Redesign the quality management system to one that is more person centered in how it evaluates and continually improves quality of life, outcomes, and the experience of people, from the moment of a person's first contact with the system, through assessment and the delivery of services.
- Restore the nursing facility planned closure program that would enable a nursing facility to implement a planned reduction in beds or closure of a facility either to reduce the number of nursing facility beds.
- Integrate primary care, behavioral health and long-term care in ways that provide smart care that keeps people healthy and in their homes and communities.
- Individuals are empowered to make choices and manage risk by expanding peer support and self-advocacy, along with use of MinnesotaHelp.info, Disabilities Benefits 101, Disability Linkage Line and Senior Linkage Line.
- Expand Consumer directed community Supports and similar programs that enable individuals to make their own choices based on their needs.

Process Measures:

- Percent of people who receive home and community based services
- Percent of people who receive intensive community based mental health services
- Percent of people who receive home and community-based waiver services in their own home
- Percent of people who receive intensive community based mental health services in their own home
- Percent of working age consumers on disability waivers with earnings above \$250 per month
- Percent of working age consumers receiving intensive community based mental health services with earnings above \$250 per month
- Average number of non-acute bed days per patient that adults with mental illness spend in state hospitals for inpatient psychiatric care
- Number of persons receiving intensive community based mental health services and employed full or part-time in integrated settings
- Percent of individuals who report they are given 'informed choice' at their (MnCHOICES) assessment
- Percent of assessed (MnCHOICES) individuals who say, "My plan supports what I want."
- Number and percent of referrals to community-based services from the (MnCHOICES) assessment

- Percent of recipients of Long term care/support who report that they would recommend their service provider to others
- Percent of all individuals' plans across DHS will include a plan to address risk management to reduce/ prevent crises
- Percent of long-term homeless people with disabilities who live in permanent supportive housing
- Percent of Group Residential Housing recipients living in home and community based settings as defined by Centers for Medicare and Medicaid Services (CMS)
- Number of people receiving Minnesota Supplemental Aid (MSA) housing assistance
- Percent of people reporting increased quality of life after transitioning from an institution to the community

HOUSING

Goal: People with disabilities will choose where they live, with whom, and in what type of housing.

People Measures:

- Percent of people living in congregate setting vs. their personal home
- Percent of people living in housing controlled by provider vs. controlled by person
- Percent of people living with other people with disabilities vs. living with non-disabled people

Strategies:

1. Separate housing from services. Housing will be independent of receiving services from a particular provider or receiving services at all.
2. Organize existing funding and programming around the following three housing functions:
 - Get into housing: Housing for individuals leaving institutions
 - Stay in Housing: Housing subsidies to keep housing affordable paired with desired support services
 - Keep Housing: Funding to maintain housing during a crisis episode
3. Individuals with disabilities who are at risk of institutionalization, including those who are experiencing homelessness will have access to integrated housing and services and supports.
4. Provide a range of housing that is affordable and integrated in communities around the state. Assure that housing complies with fair housing laws. Housing options will include those with minimal to no institutional characteristics.

Activities:

- Align funding, policies and programs around getting housing, staying in housing and keeping housing.
- Modify Income Supplement programs such as Minnesota Supplemental Aid Housing Assistance and Group Residential Housing to align with Fair Market Rents and promote employment.
- Include general supportive services as a benefit in the state plan available to anyone needing assistance with maintaining housing in the community.
- Address the problem of Medicaid spend down interfering with someone living in the community, paying rent and needing services.

- Simplify information referral systems so they can be understood by individuals needing housing.
- Promote Individualized Housing Options approach for people with disabilities to provide a broader range of supportive housing options, beyond Adult Foster Care and fully independent housing.
- Ensure any new housing options in the community are accessible and that currently accessible units are being used by those who need them. (This is a crossover with MN Housing)
- Establish peer-organized independent living communities.

Process Measures:

- Percent of people served through an individualized Housing Options approach
- Percent of accessible units being used by persons with disabilities
- Percent of people using Minnesota Supplemental Aid Housing Assistance

TRANSPORTATION

Goal: People with disabilities will have access to reliable, cost-effective transportation choices that support the essential elements of life such as employment, housing, education, and social connections.

People Measures:

1. Percent of people using public or private transportation vs. people with limited/no access to transportation or available only through segregated setting.

Strategies:

1. Unlink funding for transportation from the payment rates from day training & habilitation, supportive housing, and other home care providers.
2. Work with existing metro, statewide and regional transportation planning groups to ensure that unique needs of individuals with disabilities are included in the planning. (collaborate with DOT)
3. Continue to support the work of the Minnesota Council on Transportation Access (MCOTA) and the Nonemergency Transportation (NEMT) Advisory Committee to foster better coordination across state and local programs. (collaborate with DOT)
4. Payment structures ensure that providers and volunteers are not penalized due to trip distance.
5. Provide for personal assistance in transit for those who may require it.

Activities

- Review all areas where DHS funds transportation for individuals with disabilities to determine where funding can be delinked.
- Review statewide definitions and policy to provide counties clear expectations and standards for individuals with a transportation benefit
- Review program policy to encourage low cost options, such as traveling companions.

Process Measures:

- TBD

EMPLOYMENT

Goal: People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.

People Measures:

- Percent of people unemployed/underemployed vs. employed
- Percent of people in segregated work vs. competitive employment
- Percent of people earning sub minimum wage vs. minimum wage
- Percent of people working with other people with disabilities vs. non-disabled peers

Strategies for Transition-Aged Youth (age 14 -21)

1. Increase the percent of transition-aged youth who enter post-secondary education.
2. Increase the percent of transition-aged youth who enter into integrated employment.

Strategies for Adult Employment

1. Increase integrated community employment for adults with disabilities.
2. Increase wages received by adults with disabilities.
3. Modify benefit packages that ensure that when a person joins the work force they don't lose their benefits.

Activities:

- Continue to implement Medical Assistance for Employed People with Disabilities (MA-EPD) and Medical Assistance (MA) eligibility expansion in a way that supports employment
- Work with Minnesota Department of Education (MDE) to ensure that
 - All students with disabilities have access to career and college readiness opportunities, including paid work and internships in integrated employment settings that will lead to individualized and self-determined employment and career outcomes.
 - Students and their families are receiving information, education, and training about integrated employment, work incentives, self-advocacy, and career planning.
- Ensure broad access to information to better inform Minnesotans with disabilities and those who support them about the benefits of competitive employment. Areas to be addressed include:
 - Work incentives to address concerns about losing public benefits,
 - Statistics, research and personal stories illustrating the contributions of individuals with disabilities in the workplace, and
 - Employment strategies, such as supported and customized employment, that can make the workplace accessible to individuals for whom competitive employment is often not even considered.
- Ensure that ALL people with disabilities have access to an initial benefit plan (such as DB101) and individual assistance as needed in order to understand the impacts and opportunities between benefits and work, and to understand other resources to support their goals.
- Create consistent definitions of employment support services that results in coordinated provision of services.

- Primarily for individuals with serious mental illness and of a working age, transition-aged youth, and individuals over 65 who want to work expand the number of Individual Placement and Support – Supported Employment (IPS-SE) Services statewide through training and technical assistance.
- For people with disabilities who want to work, expand programs such as Disabilities Benefits 101
- For older adults with disabilities, expand employment opportunities by implementing the final phase of Senior LinkAge Line One Stop Shop for MN Seniors.
- For people with disabilities in the workforce, expand Minnesota Employment Training and Technical Assistance Center (MN-TAT) which designs and brokers state of the art person-centered employment training and technical assistance.

Process Measures:

- TBD

COMMUNITY ENGAGEMENT

Goal: People with disabilities will have the opportunity to fully engage in their community and connect with others in ways that are meaningful and aligned with their personal choices and desires.

People Measures:

- TBD

Strategies:

1. **Public Awareness:** Build awareness, understanding and acceptance of disability as a natural part of human experience, the dignity of independence and the valuable community contributions of people with disabilities.
 - Build a media campaign.
 - Establish speaker's bureau as a means to educate.
 - Educate individuals with disabilities and their families and natural supporters about opportunities for and the importance of community engagement.
 - Educate in an effort to raise public expectations around housing and employment.
 - Provide individuals with disabilities support and education necessary to overcome their own fears or apprehensions about becoming engaged in their community.
 - Assure providers have access to training around and mastery of person-centered planning skills.
 - Educate individuals with disabilities on asset development strategies for individuals and their service providers.
 - Educate providers and the public about areas where disability and public safety may overlap.
2. **Leadership:** People with disabilities will serve in leadership roles guiding the transformational change that's needed to achieve the vision of Minnesota's Olmstead Plan.
 - Support establishment of the peer-specialist program.
 - Assure person-centered planning that allows individuals with disabilities to be leaders in decision-making regarding their own care.
 - Improve local advisory councils.

- Create leadership development and self-advocacy training opportunities for people with disabilities.
 - Assure people with disabilities have a leadership role in developing and implementing policies that impact them.
3. **Civic, Recreational & Community Involvement:** Assure Minnesotans with disabilities have opportunities to fully participate in the civic, recreational and community activities that are meaningful to them and are aligned with their personal choices and abilities.
- Encourage and promote volunteerism as an opportunity for community engagement.
 - Create effective tools for identifying community engagement opportunities.
 - Promote inclusion of community engagement activities in individualized case plans.
 - Promote the use of assistive technology to increase access to community engagement opportunities.

Partners necessary to ensure success

- The most important partners that DHS needs to work with to ensure success are the individuals receiving services and their families. DHS will expand on efforts to engage people of color who receive services or who are underserved or unserved. DHS will also continue its work with the tribal governments in order to reach tribal members who are in need of services.
- DHS will continue to partner with the other state agencies represented on the Olmstead Sub-Cabinet which includes: Department of Corrections, Department of Education, Department of Employment and Economic Development, Department of Health, Department of Transportation, Department of Human Rights and Minnesota Housing and Finance.
- Service delivery partners includes the counties and tribes; health plans; the MN Board on Aging, seven Area Agencies on Aging and their provider network; other state agencies; the Commission on Deaf, Deafblind, and Hard of Hearing Minnesotans; about 3,700 enrolled home and community-based service providers; 381 nursing facilities; 222 Intermediate Care Facilities for people with developmental disabilities (ICFs/DD); eight Centers for Independent Living and 235 Day Training and Habilitation (DT&H) settings.
- Also critical to the success of the proposed are existing key stakeholder groups. The Home and Community-Based Services Partners Panel provides an ongoing communication mechanism with stakeholders representing older adults and people with physical disabilities and/or mental illness of all ages as well as advocates, providers and lead agencies. The Money Follows the Person Implementation Council provides another venue to engage key stakeholders to inform implementation of the proposed plan.

Funding & fiscal impact

Once the Olmstead Plan is adopted, the Department of Human Services will complete an analysis of the current funding structures to determine those that are targeted towards supporting individuals in the most integrated settings and those that are dedicated to segregated institutional settings or settings with institutional characteristics.

The Department anticipates growth of services in the most integrated settings in two ways. First is the growth from those individuals migrating from segregated to integrated settings. Secondly, individuals new to services will opt for those in the most integrated settings further expanding those services.

The Department will need to seek the necessary authority on the State and Federal level to redirect dollars away from institutions and institutional like settings to the most integrated settings.

Data & measures: current and needed

Minnesota's Olmstead Plan must have specific and reasonable timeframes and measurable goals for which the Department may be held accountable. The Department of Human Services has begun to develop measures that show the impact of the Plan on people and track the process on implementing programs.

Monitoring & evaluation

The Department of Human Services will monitor the outcome measures, evaluate the performance, and advise departmental leadership on performance. Annually the Department will issue a report to its stakeholders allowing them to hold the Department accountable for implementation of the Plan.

Minnesota Housing Finance Agency (MHFA)

Outcomes and impact

Minnesota Housing will continue to assist in increasing the affordable housing opportunities for all Minnesotans in need, including persons with disabilities. The affordable housing opportunities created will address the continuum of need from supportive housing to homeownership and home improvement assistance. Choice of housing rests with the individual and family. Persons with mental illness, persons with HIV/AIDS receive assistance from specific programs, but these are not the exclusive sources of assistance.

Brief description of current services

Areas in which Minnesota Housing interfaces with person with disabilities.

- Bridges program – provides rental assistance to persons with a mental illnesses.
- All new construction multi-family rental housing with 4 or more units financed by Minnesota Housing must contain a minimum of 3% of the units that meet the accessibility requirements of the State Building Code.
- Accessibility standards apply to rehabilitation and adaptive reuse multi-family rental projects financed by Minnesota Housing to the maximum extent feasible.
- The Rehabilitation Loan program – provides deferred, forgivable loans for the rehabilitation of owner-occupied housing for extremely low-income households. Funding is frequently used to address accessibility issues in a home.
- The Community Revitalization program provides deferred loan financing for the new construction or rehabilitation of owner-occupied housing. This program has been used by Hennepin County to fund a movable ramp program.
- PARIF – provides deferred loan funding to preserve federally assisted housing. This is the most affordable housing available; tenants pay 30% of their income. A sizable portion of this housing is occupied by seniors and persons with disabilities.
- Provides organizational support funding for HousingLink lists affordable housing vacancies and provides information on accessible housing features.
- The Minnesota Mortgage program and attendant down payment assistance programs provide financing for low and moderate income households to purchase a home.

Agency policies that ensure persons with disabilities have choice.

- The integration of accessible units in rental housing projects funded by the agency.
- Financing affordable housing across the state.
- Providing assistance for a variety of housing types along the entire continuum of affordable housing.

Agency policies that avoid forcing people with disabilities into institutions.

- The agency does not fund institutions. Services can be made available in any of the housing funded by the agency.

Minnesota Housing Programs List – Olmstead Working Group

| Program Name | Description | Biennial Base | # Served in FY 2012 | Median Income | Average Assistance/unit or household | Additional Info |
|---------------------|--|---------------|---------------------|---|---|--|
| Bridges | Provides Rental Assistance to persons with mental illness; assistance available until Section 8 voucher is available. Tenants pay 30% of income for rent | \$5,326,000 | 611 | \$9,348 | \$5,399 | 86% of households served were still in their housing after 12 months. Average time on assistance is 32 months. Participants live in 37 counties. |
| Housing Trust Fund | Provides rental assistance to persons experiencing long-term homelessness | \$19,110,00 | 1,756 | \$8,358 | \$6,688 | Over 50% of persons experiencing long term homelessness are mentally ill, suffer from chemical dependency or both. Current funding level is insufficient to add additional recipients. |
| PARIF | Provides deferred loan funding to preserve federally assisted rental housing | \$8,437,668 | 192 | \$12,000 | \$10,579 | Federally assisted rental housing is among the most affordable housing available. Generally tenants pay only 30% of their income for rent |
| Housing Tax Credits | Operates to provide private sector equity for affordable rental housing developments Housing is affordable to persons at either 50% or 60% of area median (\$X -\$X in the metro area) | \$16,000,000 | 1,140 | \$18,000 | \$58,579 | 23,000 units created or rehabilitated. Units distributed across the state. Minimum of 3% of units must meet accessibility standards Only 45% of accessible units are occupied by person with mobility impairments. |
| Challenge | Provides deferred loan financing to address community housing needs, both home ownership and rental | \$13,910,000 | 958 | \$19,794 (rental) \$35,078 (homeownership) | \$13,034 (rental) \$20,125 (homeownership) | In last 9 years provided \$804,000 to fund 207 movable ramps in Hennepin County |

| Program Name | Description | Biennial Base | # Served in FY 2012 | Median Income | Average Assistance/unit or household | Additional Info |
|-----------------------------|---|-------------------------|---------------------|---------------------|--------------------------------------|-------------------------------------|
| Rehabilitation Loan program | Provides deferred, forgivable loans for rehabilitation of owner-occupied homes. Available to address accessibility as well as health and safety issues. | \$5,400,000 | 300 (average) | \$13,978 | \$20,853 | Administered by local organizations |
| Start-Up and Step- Up | Provides first mortgage loan financing for first time homebuyers and homeowners refinancing | \$350,000,00 (one year) | 2300 | \$39,000 - \$44,837 | \$112,000 – \$123,000 | |
| Fix-up Fund | Provides home improvement loans to eligible homeowners | \$15,000,000 (one year) | 634 | \$61,425 | \$16,549 | |

Description of barriers to achieving integration

Many persons with disabilities have inadequate incomes to obtain market rate housing. (It would be helpful to have more information about the incomes of persons with disabilities who are currently not in the most integrated settings.)

The supply of affordable housing is insufficient to meet the need.

Necessary community based services are not always readily available in some Greater Minnesota communities.

Description of overall plans to reduce or eliminate these barriers

Long-term: The utilization by persons with disabilities (mobility impairments) of accessible units in housing tax credit developments will increase from 45% to X %.

Case managers and others who are working with a person with disability to move into a more integrated setting will be knowledgeable about credit and rental history challenges and will connect with organizations who have relationships with landlords willing to accept residences with poor credit/rental histories or criminal backgrounds.

Sources of funding that could be redirected to the creation of affordable housing opportunities will be identified.

Short-to mid-term: Information available through HousingLink about affordable housing vacancies will be enhanced to provide more information desired by persons with disabilities.

Review with developers and others the effectiveness of making Universal Design features mandatory for new construction financed by the agency.

Review and consider changes to the tax credit qualified allocation plan regarding the set-aside option for persons with serious and persistent mental illness.

Highlights of proposed activities for 2013-2015 and beyond to achieve the overall plans

Minnesota Housing could work with case managers and others to increase their knowledge of existing affordable housing with accessibility features.

Discussions with HousingLink around additional information items to help persons with disabilities identify affordable housing opportunities could occur. Explore funding potential for expansion of HousingLink's information.

Work with the Multi-Housing Association to increase landlords/property managers knowledge of reasonable accommodation issues.

Partners necessary to ensure success

Department of Human Services and county case workers.

Private for-profit and non-profit developers and property owners.

HousingLink

Funding & fiscal impact

Increasing the supply of affordable housing will continue at the current pace without additional funding.

Funding for expansion of HousingLink's services will require some modest additional fund.

Adoption of Universal Design requirements can be achieved without additional funding.

Training of case workers could be accomplished without additional funding.

Data & measures: current and needed

To what extent does Minnesota Housing need to collect data on disabilities?

It would be helpful to know the number of persons who are currently not in the most appropriate integrated setting, how many of them have mobility issues, what sorts of incomes those persons have and the extent to which necessary services are available in community settings.

Monitoring & evaluation

The agency already tracks utilization of accessible units.

We could track training sessions for county workers.

Department of Employment and Economic Development (DEED)

DEED's mission is to enhance the economic success of individuals, businesses and communities by improving opportunities for prosperity and independence. DEED facilitates an economic environment to produce jobs and improve the quality of the state's workforce.

Brief description of current services

Vocational Rehabilitation Services (VRS) & State Services for the Blind (SSB)

- These programs assist Minnesotans with the most significant disabilities to secure and maintain competitive employment in an integrated setting.
- Services include vocational counseling and guidance, skills training, job placement services, and assistive technology.
- For both VRS and SSB, a successful outcome is defined as work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.
- 10,601 persons served by Vocational Rehabilitation in SFY12
- 991 persons served by State Services for the Blind in FFY2012
- Funded by federal and state dollars; governing legislation is WIA, Title IV

Extended Employment (EE) Program

- This program provides ongoing employment support services to Minnesotans with significant disabilities to maintain and advance in their jobs.
- The program contracts with 32 state-certified community rehabilitation programs (CRPs) that provide long-term supports to meet the needs of people with disabilities who want to work and employers who need qualified employees.
- In SFY 2012, 5,871 individuals were served by these CRPs.
- Funded exclusively with state dollars, governing legislation 268a.13-268a.15, MN Rule 3300 2005-3300.2055, a portion of which is used to draw down federal dollars

Independent Living (IL) Services

- This program serves to enhance the capacity of an individual with a disability to achieve independence in daily life, work and recreation. There are four core IL services, including: Information and Referral; Independent Living Skills Training; Peer Counseling; and Advocacy.
- In addition to the four federally mandated core services, all eight Centers for Independent Living provide nursing home relocation services.
- 6,640 served in SFY2012
- Numbers for nursing home relocation services in FFY 2012 : 241
- Funded by federal and state appropriations

State Services for the Blind-Senior Program

- Counseling, training and referrals to help seniors with vision loss find ways to adapt to changes in their vision and improve their quality of life and ability to live independently.
- Education to skilled nursing facility staff around vision loss, low vision aids and other adaptive devices, travel skill training, training in daily living skills, rehabilitation counseling, referral and advocacy services.
- 2,412 persons served in FFY 2012
- Federal and state funding

State Services for the Blind--Communications Center

- The Communication Center provides audio, print, and digital communication through state staff and 690+ volunteers. It lends transcribed textbooks and leisure-reading books; lends and repairs special radio receivers, flash and cassette players; and transcribes vocational and informational materials for individuals, businesses, and organizations
- 15,545 persons served in FFY 2012
- Federal, state, special revenue and gift funds

Disability Determination Services (DDS)

- This program determines if Minnesota applicants meet federal criteria for disability cash benefits under the Social Security Administration's (SSA) Social Security Disability Insurance (SSDI) or Supplemental Security Income programs.
- Primary customers are the approximately 60,000 Minnesota residents annually who file applications for SSDI or SSI

Workforce Development Division

- On a quarterly basis, nearly 40,000 people use WorkForce Center (WFC) services to prepare themselves for their next job or career.
- Services include workshops on preparing for various aspects of the job search process, including career exploration and planning.
- Access to the internet and other resources are also available for customers to develop the necessary portfolio of information that employers most commonly ask for as part of the application process.
- Accommodations are provided for technology and workshop activities to make all services available.
- The Workforce Development Division is responsible for oversight of compliance issues of the WorkForce Centers, providing training and other assistance to assist service providers with meeting the spirit of ADA and related regulations. The goal of these efforts is to go beyond compliance and ensure that all citizens have access to services in a respectful and timely manner, enabling them to pursue their employment and training goals.

Governor's Workforce Development Council (GWDC)

- The GWDC is Minnesota's state Workforce Investment Board, mandated by Section 111 of the federal Workforce Investment Act of 1998 and further defined by Minnesota Statutes §166L.665.
- In the 2012 update of the GWDC policy recommendations, "All Hands on Deck," the council made specific recommendations regarding workforce development programs for individuals with disabilities. Recommendation 9: Establishing the State of Minnesota as a model employer of people with disabilities. Recommendation 10: Ensuring that Minnesota's WorkForce Centers and the services they provide are accessible and usable by people with disabilities

Description of barriers to achieving integration

Vocational Rehabilitation Services and State Services for the Blind

- Lack of awareness of the full range of employment related services.
- Individuals, families and service providers sometimes view the best, or only, choice to be center-based employment rather than the full range of employment options including supported employment in the community.
- Common misperceptions about whether persons with significant disabilities can be successful in competitive, community-based employment
- Employers' misperceptions regarding the abilities of persons with disabilities and their fears regarding the costs for workplace accommodations.
- Diversity initiatives/mandates frequently exclude disability
- Lack of transportation to get to/from jobs in community
- Inadequate resources to support full scale community-based assessments and trial work
- Policies and eligibility criteria for public benefits create real and perceived disincentives to work
- Insufficient community-based work experience opportunities for transition-age youth.
- Residential staffing policies often limit options for employees to work nontraditional hours

Extended Employment (EE) Program

- EE Rule authorizes reimbursement for center-based employment and community-based employment that is non-integrated and/or pays subminimum wage
- Many CRPs have significant investments in facility-based operations
- Some EE participants choose to remain in non-integrated employment settings
- Few alternative service delivery models currently exist to bridge the productivity gap for some persons working for sub-minimum wage
- Waiver-funded employment services frequently are reimbursed at a higher rate than in EE
- Federal policies supporting set-aside contracts require 75 percent of workers be persons with disabilities (e.g., AbilityOne)
- Lack of statewide access to EE services
- Eligibility guidelines for public benefits create disincentives to work

Independent Living (IL) Services

- Lack of statewide access to IL services
- Nursing home relocation has not been established as a core IL service
- Inadequate resources to meet expanding need for home accessibility services
- Limited transportation and housing options impact capacity to live independently

State Services for the Blind-Senior Program

- Insufficient funding and staffing: just 14 direct service staff statewide served 2,400 seniors last year.
- Lack of awareness: Physicians and medical support staff seem unaware of SSB and other non-medical services that are available to their visually impaired patients.

Disability Determination Services (DDS)

- DDS mandates are tied exclusively to disability benefits determination; there is no requirement to refer applicants to employment-related services

Description of overall plans to reduce or eliminate these barriers

- Adopt Employment First principles when designing and delivering employment services to persons with disabilities. Employment First is a concept to facilitate the full inclusion of people with the most significant disabilities in the workplace and community. Under the Employment First approach, community-based, integrated employment is the first option for employment services for youth and adults with significant disabilities.
- Employment services shall continue to be based on an individual's capabilities, choices and strengths and shall be individually tailored for each individual receiving services from VRS and SSB.
- Partner with DHS and Counties to develop diversion strategies, services and supports that will result in integrated community employment for individuals currently at risk of being placed in non-integrated employment settings
- Partner with CRPs to develop strategies to convert facility-based services to community based services
- Increase availability of community-based ongoing employment support services
- Revise the EE Rule to freeze current level of reimbursement for hours worked in center-based employment and community based employment that is non-integrated and/or pays sub-minimum wage. Develop diversion strategies that will reduce number of persons employed in or at risk of being employed in non-integrated settings and/or earning sub-minimum wage.
- Strengthen VR's partnership with Special Education programs so that transition-age students are referred to VRS in their 9th/10th grade year.
- Increase outreach to parents/families, students and youth to promote VR services and competitive employment

- Increase opportunities for work experiences for transition-aged youth as an integral part of the IEP and the IPE.
- Leverage PR/ marketing campaigns to reduce stigma and change narrative about persons with disabilities
- Increase access to benefits counseling services
- Achieve statewide coverage of Independent Living services.
- Reduce the number of seniors with vision loss in restrictive environments, such as nursing homes.
- Create a public education/ awareness campaign to increase referrals to SSB from the statewide medical community.
- Increase availability of personal care services
- Increase resources for self-advocacy training

Proposed activities for 2013-2015 and beyond to achieve the overall plans

N.B. Current and projected data for each metric will be developed as draft activities are finalized.

Vocational Rehabilitation Services and State Services for the Blind

Partner with CRPs to develop and implement strategies to convert facility-based services to community based services. By 6/30/2015:

- Expand capacity for situational assessments in the community to increase opportunities for competitive employment from current level of XX sites to YY sites.
- Expand capacity for community based vocational services from current capacity of XXX customers to a capacity for YYY customers.

Leverage regional and local partnerships to revise referral practices so outcomes are consistent with Olmstead decision. By 6/30/2015:

- Revise intake and assessment procedures to better identify barriers/issues that need to be overcome and to gain a better understanding of an individual's capacity for community employment.
- Partner with DHS and Counties to develop diversion strategies, services and supports that will result in integrated community employment for individuals currently at risk of being placed in non-integrated employment settings
- Increase the number of supported employment supplements in active VR cases from current level of XXX cases to YYY cases.
- Increase the availability of evidence-based Individual Placement and Support (IPS) projects from current level of XX to YY.
- Increase use of benefits counseling in the VR process from current level of XX cases to YY cases.
- Only vocational assessments that are in an integrated setting will be funded by VR.

Transition Aged Youth Specific Vocational Services

VR Staff will develop a career path with the partnership of high school/transition staff. By 6/30/2015:

- Assign VR Placement Specialist to develop annually XXX work experience opportunities for transition-aged youth.
- Increase outreach to parents/families, students and youth to promote VR services and competitive employment from current level of XXX outreach sessions to YYY outreach sessions per year.
- Strengthen VR's partnership with Special Education programs so that the number of transition-age students referred to VRS in their 9th/10th grade year increases from the current level of XXX to YYY.

Extended Employment (EE) Program

Revise the EE Rule to freeze enrollment in the EE center-based employment and community employment subprograms (that are not integrated and/or pay subminimum wage) to only those EE workers currently enrolled in those subprograms. Design diversion strategies and programs that provide employment services and supports that will result in integrated community employment for individuals currently working in or at risk of being placed in non-integrated employment settings. By 6/30/2015:

- Change state statute and Extended Employment funding rule and include at least these provisions:
 - A freeze on the current number of hours worked in a non-integrated setting or paid at a sub-minimum wage
 - Service reimbursement will be based on the wage rate rather than hours worked
 - Specific requirements for periodic benefits analysis, e.g., at intake, at beginning of employment and at six months of employment
 - Promote jobs in which wages are paid by a free-standing employer (Supported Employment) rather than by a service provider (Community Employment and Center Based Employment).
- Develop and implement system-wide plan, including necessary fiscal support to assist service providers to convert their facility-based operations to community-based services

Independent Living Services (IL). By 6/30/15:

- Establish nursing home relocation as a core service for Minnesota CILs, appropriate dollars specifically for this purpose and amend the Statewide Plan for Independent Living to conform with this activity.
- Achieve total statewide IL service coverage by securing additional state appropriations allowing existing CILs to extend services to the 11 counties not currently served.
- Increase the number of Transition Aged Youth served by IL programs from current level of XX persons to YYY persons.

State Services for the Blind-Seniors Program. By 6/30/15:

- Increase the number of older individuals who are blind and visually impaired being served from the current level of 2,500 to 4,000
- Secure more resources to broaden and deepen services via redesign of current program.

WorkForce Center (WFC) System. By 6/30/2015:

Increase the number of individuals with disabilities served from XXXX to YYYY.

- Incorporate Universal Design principles into DEED policy and apply it when WorkForce Centers are remodeled or reconfigured.
- Improve physical and programmatic accessibility of WorkForce Centers via mandatory orientation and annual refresher accessibility training for all WFC staff.

GWDC

- Continue to advocate for the implementation of “All Hands on Deck” policy recommendations #9 and #10.

Partners necessary to ensure success**Vocational Rehabilitation Services and State Services for the Blind**

- Department of Education/ Special Education and Transition Services
- Community Rehabilitation Providers (CRPs)
- DHS and County Social Service Systems
- Social Security Administration and Benefits Counseling Resources
- Disability Advocacy Organizations
- Department of Transportation

Extended Employment (EE) Program

- Consumers
- Vocational Rehabilitation Services
- Department of Human Services
- County Social Service Departments
- Extended Employment service providers

Independent Living Services (IL)

- Department of Health
- Centers for Independent Living
- Counties/Department of Human Services
- Families
- Medical Providers

State Services for the Blind-Senior Program

- Transportation
- Health Department
- Department of Human Services
- Counties

Funding & fiscal impact

This section will be drafted after the workgroup agrees on goals and strategies. It is expected there will be a need for increased funding and some repurposing of existing resources.

Data & measures: current and needed

In evaluating the overall success of meeting the Olmstead goals of community integration in a most integrated setting, it would be helpful to have the capability to retrieve client information from the day a person starts service through follow-up activities after a case is closed regardless of who is providing services, where services are provided or who pays for the services.

Vocational Rehabilitation Services and State Services for the Blind

- Current data includes: Consumer demographics (age, gender, ethnicity, level of education, residence type, disability, functional limitations, public support, medical insurance coverage), employment goal, services planned and provided, providers used for purchased services, source of extended services for consumers with supported employment plans, reason for closure, employment outcome data (hours worked, wages, employer, occupation).
- There is a need to follow up with consumers exiting with supported employment outcomes to ensure that ongoing supports are being provided to maintain employment in an integrated setting.

Extended Employment (EE) Program

- Current data includes: individuals, earnings data, hours worked, where they worked, and service provider.

Independent Living Services (IL)

- Current data includes: number of clients served, types of services provided, number of nursing home relocations, and cost to provide services

State Services for the Blind-Senior Program

- Current data includes: number served, type of service provided, change in control and confidence resulting from services, living situation at time of application and at program exit.

Monitoring & evaluation

Vocational Rehabilitation Services and State Services for the Blind

- Program performance measured annually against federal performance standards and indicators. Federal performance standards include: change in number of employment outcomes; percent of employment outcomes; percent in competitive employment; percent of persons with significant disabilities; average hourly wage of persons closed with employment outcome as ratio to state's average hourly wage; percent reporting earned income as largest source of economic support; minority service ratio

Extended Employment (EE) Program

- Current monitoring includes: hours worked, wages paid, type of employment (i.e., supported employment, community employment, or center-based employment), audit visits to service providers.

Independent Living (IL) Services

- Annual federal reporting includes number of persons served, types of service provided, and goals achieved

Department of Transportation (MnDOT)

Outcomes and impact

MnDOT's mission is to provide the highest quality, dependable multi-modal transportation system through ingenuity, integrity, alliance and accountability. MnDOT's impact is measured in terms of overall access, system condition, and safety.

Brief description of current services

Scope of System

Minnesota has an extensive multimodal transportation system that requires substantial annual investment to operate and maintain. This is the shared responsibility of MnDOT, in partnership and coordination, with local, regional, state, tribal, federal, private sector, and other partners. In addition to freight rail systems, waterways, aeronautics, and 145,765 miles of roadway, MnDOT and its transportation partners support:

Non-Motorized Facilities

- More than 3,880 miles of designated trails including 22 state trails
- 1,328 shared use bicycles available at 146 stations as of July 2012, with expansions planned
- 600 miles of sidewalk and 19,000 curb ramps on MnDOT right-of-way

Passenger Rail

- Northstar commuter rail line (see also transit below for light rail)
- Amtrak passenger rail serving 7 Minnesota and bordering cities

Greater Minnesota Transit

- 70 of 80 (non-Twin Cities metro) counties with county-wide transit service, eight counties with municipal service only. In July of 2013 the number of counties with no transit service will be reduced to one. All of the transit provided through MnDOT's Office of Transit is accessible.
- 87 destinations in the state as well as every metropolitan area in the Midwest are served by intercity bus.

Twin Cities Area Transit

- 218 bus routes, (including bus rapid transit on two routes), and one light rail transit (LRT) corridor with another under construction provided by various transit agencies within the seven county Metro area

Current activities addressing accessibility needs

Along the state highway system under its ownership and operation, MnDOT also utilizes a context sensitive solutions and complete streets approach and scoping process that seeks to accommodate transit vehicles, bicyclists, pedestrians and other users travelling along or across the highway facilities.

As described in MnDOT's Transition Plan 2010, MnDOT is in the process of upgrading pedestrian facilities along its right-of-way to include the design improvements reflected in the Access Board's *Public Right-of-Way Accessibility Guidance*, Improvements focus on upgraded curb ramps and Accessible

Pedestrian Signals. MnDOT's Office of Transit has established a Transit for Our Future Initiative. The goal of this initiative is to improve customer access and service provided to the public by establishing consistent state program policies that balance that accessibility with efficiencies in providing transit service in Greater Minnesota. Transit systems are encouraged to use three strategies or a combination thereof that will help achieve these goals - coordination, cooperation and consolidation.

MnDOT is also in the process of assessing the accessibility of the arrival and departure buildings at Minnesota's general aviation airports. The assessments do not impact the certification of the airport, but provide valuable information about their Title II obligations and open up the opportunity to address ADA needs with grants through MnDOT's Office Aeronautics.

Description of barriers to achieving integration

Funding Challenges

MnDOT is funded through a mix of sources including, but not limited to, fuel taxes, vehicle sales and registration taxes, special assessments, fares, private investment, and a variety of other fees. Many of these revenue sources are anticipated to see little to no growth or to potentially decline. For those sources not dedicated exclusively to transportation, increased pressure to reallocate funds toward non-transportation purposes may occur over the next decade or beyond.

Furthermore, transportation investments need to consider lifecycle costs, including operations and maintenance which means that any expanded services will require funding beyond their initial construction or startup costs. Dedicated funding sources also present challenges to providing transportation services since a cost savings in one program area usually cannot be transferred to another program and inflation can diminish the "purchasing power" of funding resources.

Transit System Limitations

The barriers to providing fixed route and paratransit services share several universal concerns regarding limited funding, system robustness, and system availability, but the responses to the issues do fall along distinct service and geographic lines between the Twin Cities metro area served by Metro Transit and other Twin Cities area providers and Greater Minnesota where transit service is funded through dedicated funds administered by MnDOT.

Modal Integration

Modal integration is one of the largest barriers to providing a transportation system that can be used by anyone regardless of ability. In a multimodal system users should be able to move from one mode to another and link trips with minimal delay and experience minimal disruption when crossing jurisdictional boundaries. Coordination at both a program/planning and project level is required to insure that connections are being consistently made within and between modes. Projects that emphasize modal integration may offer the greatest return on investment by creating efficiency and building on existing infrastructure.

Maintenance and Operations

Transportation facilities, unless specifically excluded, are required to be in good repair and usable year round. Scale of the system can present challenges to keeping our system optimally maintained and winter maintenance involves unique challenges dependent on the combined efforts of all system partners, including local agencies, and affected by the timing and frequency of snow events.

Description of overall plans to reduce or eliminate these barriers

Funding

MnDOT is reliant on state and federal funding for provision, maintenance, and operation of its services and programs. Its Statewide Multimodal Plan sets objectives and investment principles for system management. Mode-specific plans like the Greater Minnesota Transit Investment Plan and the Minnesota State Highway Investment Plan identify needs and priorities over a 20-year timeframe.

Transit

The Greater Minnesota Transit Investment Plan was developed by MnDOT in 2011 to determine the level of funding required to meet at least 80 percent of total transit service needs in greater Minnesota by July 1, 2015, and at least 90 percent of total transit service needs in greater Minnesota by July 1, 2025. The plan sets priorities for transit investments to reduce unmet needs in scenarios of both expanded and contracted future funding by:

- Understanding the needs of current transit customers and developing a profile of current riders using market research
- Determining total and unmet transit needs at the county level using technical analysis
- Building support for transit investment priorities through extensive public outreach throughout the planning process

Utilizing its partnership with MCOTA MnDOT will explore opportunities for methods to increase the affordability of transit.

MnDOT will also seek opportunities to research and address concerns around rider comfort that can impact the overall usability of transit services by customers.

Modal Integration

MnDOT received a federal Veterans Transportation and Community Living Initiative Grant. This grant will fund technology enhancements to add agencies to the existing Minnesota Help Network - a virtual call center that facilitates inter-agency ride referrals. This technology will add transportation providers and veteran organizations to the Senior Linkage Line, the Veterans Linkage Line and the Disability Linkage Line. The accessibility improvements provided through MnDOT's pavement program, as a part of its Title II, obligations have provided MnDOT with opportunities to improve overall pedestrian access on its system improve connections with local systems and fixed route transit.

Maintenance and Operations

MnDOT is refining policy to ensure that general maintenance needs and winter operations are routinely addressed. MnDOT is also working with local agencies to identify best practices for maintenance and approaches to prioritize snow removal from sidewalks and trails. Since 2008 MnDOT has maintained a website for individuals to provide comments and requests about transportation facilities so that MnDOT or the appropriate local agencies can resolve issues. Similarly, Metro Transit has recently deployed technology that allows the agency to connect snow removal with rider needs to more effectively prioritize their snow removal operations.

Highlights of proposed activities for 2013-2015 and beyond to achieve the overall plans

MnDOT's Statewide Multimodal Plan is a transportation policy framework for all Minnesota partners and transportation modes for the next 20 years that focuses on multimodal solutions that ensure a high return-on-investment while considering the context of place, and how land use and transportation systems should be better integrated. In addition to the statewide plan MnDOT also develops modal investment plans and supporting plans to inform specific program directions. Many of MnDOT's activities, current and planned, that contribute directly to integration are the Greater Minnesota Transit Investment Plan and MnDOT's ADA Transition Plan, which are scheduled for update in 2014 and 2013 respectively.

Partners necessary to ensure success

Citizens and Local Government Partners

MnDOT routinely works with cities, counties, Metropolitan Council, Metropolitan Planning Organizations (MPOs), Regional Development Commissions and Area Transportation Partnerships (ATPs) at both a planning and project level. One of the centerpieces of MnDOT's partnership with these entities is the *2012 Statewide Multimodal Transportation Plan*. State and federal laws require a statewide transportation plan which is updated every four years and ensures a sound and safe transportation system that is aligned with national, state, and local goals—from economic development to environmental protection. Over the years, emphasis has shifted from an almost exclusive focus on automobile and truck movement to an approach that considers all transportation modes and connections between them. MnDOT will continue to engage these partners through existing planning and project opportunities.

MnDOT ADA Accessibility Advisory Committee (MAAAC)

MAAAC was created in 2008 to begin a constructive dialogue on accessibility issues and advise MnDOT on compliance with Title II of the ADA. Since MAAAC's inception, the advisory role has expanded from a focus on achieving Title II compliance to providing input on prioritizing funds for ADA investments, design approach, and communication tools. MAAAC's membership is composed of individuals with differing disabilities, MnDOT staff, participate along with, representatives from the Minnesota State Council on Disability and the Metropolitan Council's Transportation Accessibility Advisory Committee.

MCOTA

MnDOT will continue its partnership with the Minnesota Department of Human Services and 10 other state agencies through its participation on The Minnesota Council on Transportation Access (MCOTA). MCOTA was established by the Minnesota Legislature in 2010 (MN Statute 2010 174.285) to "study, evaluate, oversee, and make recommendations to improve the coordination, availability, accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public."

Expanded State Agency Partnerships

Going forward, MnDOT views DEED and Minnesota Housing Authority as key partners to implementing its role in integration by ensuring that connection to transportation options are hand in hand with grants providing housing and employment opportunities. MnDOT recommends a small working group that includes representatives from MnDOT, DEED, the Minnesota Housing Authority, Metro Transit and Greater Minnesota Transit Providers to identify gaps in planning and implementation approaches and to develop appropriate strategies and measures.

Funding & fiscal impact

MnDOT has invested approximately \$12 million in each of the last three years, in accessibility improvements. The investments are a combination of stand-alone projects and work as a component of pavement projects to address barriers, signal replacements, curb ramps and minor sidewalks improvements. In 2012 MnDOT and its city and county partners spent \$62.9 million on Greater Minnesota transit; providing 11.4 million passenger trips and 1.08 million service hours.

Going forward both MnDOT's capital highway investments and transit investments will be constrained by the trend of revenues that do not outpace rising costs. Current estimates show that approximately \$18 billion in revenues will be available for all capital highway improvements over the next twenty-years. Given the agency's total investment need of approximately \$30 billion, MnDOT faces a funding gap of approximately \$12 billion.

Transit investments also face significant funding gaps over the same time period, limiting the ability of MnDOT and its partners to meet growing transit demand. In 2012 expenditures of \$62.9 million addressed only 63.3% of the total passenger demand.

Based on the current financial trends, expansion in accessible pedestrian facilities and transit systems will be limited without permanent increases in revenue from these or alternate sources; motor vehicle fuel gas tax, sales tax, motor vehicle sales tax, motor vehicle lease tax or an increase in the state general fund apportionment. MnDOT is continually reviewing its bonding capacity and alternative finance options as a means to improve and occasionally expand its systems and service. All funding must not only address initial investment but operations and maintenance needs going forward. MnDOT is also pursuing cost saving opportunities through the elimination of redundant efforts and improved operations, but cost savings are usually not sufficient to expand services and are often applied to offset inflation impacts to the existing program.

Data & measures: current and needed

MnDOT has used measurement tools to evaluate its services and to guide its plans, projects and investments since the 1990s. Performance information, citizen input and legislative direction are used to make investment choices and trade-off decisions within available resources.

MnDOT conducts an annual Omnibus survey to measure Minnesotan's satisfaction with MnDOT's major services (snow plowing, smooth roads, signage, etc.). The Omnibus' results help MnDOT understand its customers, improve its services and make appropriate investment decisions. Over the past two years, MnDOT has studied what Quality of Life means to Minnesotans. This study identified transportation as one of the 11 major factors contributing to QOL and ranked specific transportation products and services that contribute to QOL and the satisfaction scores for each. This information is used to inform MnDOT's service delivery and future investment decisions.

MnDOT is committed to ongoing, open communication with citizens to meet expectations and build trust. As part of this commitment MnDOT has recruited about 600 people to participate in an on-going online community. Community members participate in online discussions, brainstorming sessions, surveys and chats on a multitude of transportation issues and this has become an important tool in identifying needed measures.

Monitoring & evaluation

The new federal transportation bill—Moving Ahead for Progress in the 21st Century—will change performance measurement and reporting at MnDOT. This bill establishes a National Highway Performance Program with goals and performance measures for the National Highway System (NHS) and for federally funded transit systems.

In addition to the performance goals for the NHS and federally-funded transit systems, next year's MnDOT Performance Report will reflect priorities identified in the Minnesota GO 50-Year Vision for Transportation and the 2012 Statewide Multimodal Transportation Plan. The Minnesota GO Vision establishes the following eight guiding principles for making future policy and investment decisions for all forms of transportation throughout the state:

- Leverage public investments to achieve multiple purposes
- Ensure accessibility
- Build to a maintainable scale
- Ensure regional connections
- Integrate safety
- Emphasize reliable and predictable options
- Strategically fix the system
- Use partnerships

In addition to MnDOT's Annual Performance Report, both MnDOT's Office of Transit and the ADA Program annually track program progress. As part of MnDOT's Title II obligations MnDOT tracks the number Greater Minnesota passenger trips against the total passenger demand and the improvements to pedestrian facilities in MnDOT's right-of-way respectively. Both of these tracking activities ensure progress in developing access in our transportation system.

Department of Corrections (DOC)

Outcomes and Impact

The Department of Corrections provides confinement and supervision for persons committed by the courts for care, custody, and rehabilitation¹ and is guided by its mission:

Reduce recidivism by promoting offender change through proven strategies during safe and secure incarceration and effective community supervision.

Key concepts from the Olmstead decision related to individual “choice” cannot be applied in a straightforward manner within corrections settings. The courts determine which individuals are confined and for how long. As in other settings, a proportion of individuals committed to the commissioner of corrections have disabilities. While disabilities are not the *cause* of the criminal activity leading to incarceration or correctional supervision, research has shown that some disabilities make it more likely that individuals will remain longer in correctional systems than offenders without such disabilities. As example, offenders with mental illness tend to be over-represented in disciplinary confinement units where their choices are further limited during incarceration. The conduct problems that lead to disciplinary confinement also delay their release². Offenders with diagnosed substance abuse problems are more likely to fail to successfully adhere to their responsibilities during periods of community supervision which can lead to further incarceration. Finally, having a felony (especially a sexual offense) complicates and may delay community placements for individuals with disabilities where resources such as housing and treatment are already scarce.

In accordance with its mission, the Department has invested significant resources into the provision of treatment and rehabilitative services over the past several decades for the purpose, both, of providing for the needs of persons with disabilities and also to minimize the likelihood of reoffending and re-incarceration. As an active participant in the statewide Olmstead planning process, the Department seeks to review and enhance its strategies to provide for the disability needs of persons committed to the commissioner of corrections, acknowledging that these same strategies have an important contribution to public safety.

Brief Description of Current Services

Minnesota has a lengthy history of meeting the supervision needs of offenders at the local level whenever possible and reserving prison for the most serious and chronic offenders. As a result of this approach, Minnesota has the second lowest incarceration rate in the country. Some states have 3-4 times the incarceration rate of Minnesota.

The DOC houses approximately 9500 adult offenders within 10 facilities. Approximately 122,000 offenders receive community supervision. An implication of this low incarceration strategy is that

¹ M.S. 241.01 Subd. 3a

² Disciplinary infractions can result in additional days of confinement.

persons with disabilities who are incarcerated in Minnesota prisons tend also to have lengthy and severe criminal histories. Responsible strategies with incarcerated individuals with disabilities that seek to increase offender “choice”, therefore, must also take into account public safety risks.

Persons with Disabilities in Minnesota Prisons

| <i>Disability Type</i> | |
|---------------------------------------|-----------------|
| Serious and Persistent Mental Illness | 700 |
| Substance Dependence | 5,600 |
| Hearing loss | 110 |
| Visual Impairment | 90 |
| Mobility Impairment | 80 |
| Dementia/Brain Injury | 20 ³ |
| Kidney Failure (Dialysis) | 10 |

Existing Resources for Offenders with Disabilities

Minnesota provides a wide array of treatment and support services for offender populations with disabilities in its prison facilities:

Mental Health: The department provides a continuum of services to address the mental health needs of offenders including support services, self-help groups and professional interventions for brief illness, situational adjustment, acute episodes of a chronic illness, or the ongoing management of that illness. Approximately seven percent of offenders are diagnosed as having a Severe and Persistent Mental Illness (SPMI). The department provides ongoing mental health care for approximately 25% of the overall population, with significantly higher percentages for adult women (65%) and juvenile males (45%).

Substance Abuse and Dependence: Approximately 90% of incarcerated individuals in Minnesota prisons have a substance abuse problem requiring treatment, 60% at the level of substance dependence. The department provides 860 long-term residential level chemical dependency treatment beds, including specialty services for individuals with co-occurring mental health disorders, traumatic brain injury and sexual offenses.

Medical Care and Medical Release Planning: The Department provides a continuum of medical care to meet the medical needs of offenders, including those with medical disabilities. A medical release planner is responsible for arranging and coordinating community health care services for offenders being released from DOC facilities. The voluntary service is provided to ensure continuity of care for offenders who have acute or chronic medical conditions and/or needs for medical equipment upon release, including lifer releases, conditional medical releases and regular release dates. This often includes arranging placement in a facility that provides 24 hour care or arranging for home care services. The DOC’s medical release planner assists offenders from all facilities by coordinating home care,

³ The number listed represents only those few offenders with a formal diagnosis of TBI or Dementia. The actual number is likely to be much higher, based on national studies of offender populations as well as Minnesota DOC screening data.

nursing home placement or other structured placement due to disabling conditions, acquiring durable medical equipment, financial assistance, medical insurance, counseling, arranging medical appointments and other community resources.

Behavioral Health Release and Reintegration Services: The DOC provides individualized release planning services for those with a Serious and Persistent Mental Illness (SPMI) and/or Brain Injury (TBI). A clinical program therapist begins working with these individuals approximately 120 days prior to release, providing a voluntary, client-centered approach to the release planning process. Each individual actively participates in their release planning decisions, including type of residence, appropriate community services, and long term goal planning. Along with resource identification, staff work with offenders to establish access to important funding streams to support community integration, such as; Minnesota Care, Social Security, Waivers, Consolidated Treatment Funds, and Group Residential Housing.

Crisis Intervention Teams (CIT): The DOC is actively implementing CIT in its prison facilities with a goal of reaching 25% of its officer force within the next five years. CIT serves to increase safety for both DOC staff and offenders by reducing the need for “use of force” by equipping officers and other DOC staff with skills in identifying offenders with mental illnesses and working effectively to diffuse those situations. Reducing disciplinary incidents will reduce the numbers of offenders in disciplinary confinement and thereby shorten offender incarceration.

Discipline Reviews: Prior to administering discipline for offender infractions of facility rules, discipline staff may request consultation with mental health staff. In cases where it is determined that a mental illness may have a significant contribution to the conduct leading to the discipline *or* in cases where the conditions of disciplinary confinement is contraindicated for mental health reasons, disciplinary confinement may be mitigated or set aside, entirely.

MINNCOR: Prison industries have a long history within Minnesota, dating back to the production of twine in the 1870s, soon followed by the Minnesota Line of farm machinery. For more than 100 years, emphasis was placed on training and employing as many inmates as possible in these programs.

MINNCOR Industries was created in 1994 by the Minnesota Department of Corrections (DOC) to consolidate and centralize its individual facility programs into a single statewide business, as well as to increase efficiency and decrease reliance on the state’s general fund. MINNCOR exists for the primary purpose of providing offender job skill training, meaningful employment, and teaching proper work habits - without burdening the taxpayer. Correctional industries provide a means to minimize offender idleness and reduce costly disruptive behavior, thereby significantly contributing to the maintenance of a safe and secure environment for both staff and offenders.

In 2006, MINNCOR created the EMPLOY program to help releasing offenders find employment and become productive, tax-paying citizens. Fully funded by MINNCOR, the EMPLOY program, MINNCOR’s post-release employment service, seeks to teach offenders to capitalize on vocational training and job skills learned while incarcerated and apply them to employment opportunities once released. EMPLOY staff provides employment readiness training, viable leads, and employment support to released participants.

Description of Barriers to Achieving Integration

Integration within Community Settings

Barriers to integration for offenders with disabilities within our communities can be categorized into several “themes”:

- *Resources:* As with any other person with disabilities, insufficient resource funding or “mismatches” with geography (the appropriate resources are not geographically accessible) are challenges in meeting offender needs. Offenders often have strict limitations in where they can live because of their legal status and responsibilities to specific community supervision. Failure to connect offenders with the appropriate resources can delay release from prison in some instances or make it more likely that the offender will fail the conditions of their supervision and return to prison. Community facilities more frequently deny placement for persons with disabilities who have a felony history, particularly for offenders where community notification⁴ is mandated.
- *MCF-Red Wing Mental Health Release Planning Services:* Availability of resources has not previously permitted behavioral health release planning for juvenile populations housed at MCF-Red Wing. There are high rates of mental health concerns and addiction with the juvenile residents at this facility, as they tend to be the most difficult to manage juvenile offenders in the state.
- *Medical Release Planning Services:* Disability specific release and reintegration services can significantly improve successful transitions by ensuring proper treatment and other support services are in place. Currently the department has one dedicated medical release planner and additional services to specialize in medically complex cases are needed.
- *Collateral Consequences:* The barriers experienced by non-offenders with disabilities are often exacerbated within offender populations. Potential employers, landlords, and service providers are all likely to take an offender’s legal history and status into account in determining their eligibility for work, housing and services placements. Nowhere is this more evident than for persons with disabilities who have committed sexual offenses. It is not uncommon for persons with disabilities who have committed sexual offences to remain incarcerated or return to prison for lack of appropriate resources or placements.
- *Program Design “Match”:* Offender populations, especially those with high criminogenic needs, present unique clinical challenges to providers. To be effective, programs that provide support services to offender populations must be specialized to meet those unique needs and challenges. Offenders with high criminogenic factors may be disruptive and present safety risks to other patients and programs. Unless the programs are designed and staff are properly trained to meet both the disability needs *and* the criminogenic factors presented by offender

⁴ M.S. 244.052. The Community Notification Act requires public notification of offender release from confinement for offenders subject to registration as a “predatory offender”.

populations, the services provided are less likely to be effective and offender participation may negatively impact service provision for non-offender clients.

- *Information Exchange:* Offenders with disabilities often have complex histories and service needs. Efficient and timely exchange of information across agencies and providers is critical. Too often this information “hand off” is inadequate both *out from* and *in to* prison facilities.

Integration within Correctional Facilities

- *Disciplinary Confinement:* Minnesota has existing strategies to reduce over-representation of offenders with mental illness in disciplinary confinement units, including CIT and the disciplinary review process described above. CIT is expected to have a significant impact on this issue but the full impact will not be known for several years as this program is fully implanted over the next several years. In the meantime, segregation units hold higher percentages of persons with SPMI at elevated custody levels.⁵ Greater access to mental health treatment services, both within disciplinary confinement units and residential levels of care are promising practices emerging in other jurisdictions.⁶ Providing increased treatment access for offenders in segregation units will require expensive construction and remodeling.
- *Residential Level of Care Resources:* The Department currently has one 47 bed treatment unit⁷ for offenders needing a residential level of care for their mental illness. This unit is located at maximum security in the MCF- Oak Park Heights facility. The Mental Health Unit (MHU) in its current configuration was established in 1999. In the 14 years since, the overall population of the Department’s prison facilities has nearly doubled and the offender population requiring this level of care has become increasingly complex and violent. As numbers of offenders requiring residential levels of care have increased, so too, have challenges in maintaining safety among a heterogeneous mix of more volatile and dangerous offenders intermixed with more vulnerable offenders on the same unit. Efforts in recent years to improve safety for offenders and staff have also, unfortunately, created additional barriers to the provision of treatment. The Department has expended considerable effort in the past few years to explore options that expand access to treatment while managing the heightened safety risks. All of the options to address these concerns require significant remodeling and/or construction as well as increases in security and treatment staff.

Description of Overall Plans to Reduce or Eliminate These Barriers

Ensuring adequate community funding for services for offenders with disabilities:

- *Recommendation:* Develop systems to prioritize waivers for offenders with significant disabilities.

⁵ Recent Department data does not indicate an over-representation of persons with SPMI in disciplinary confinement units at lower security facilities.

⁶ New York State DOC is a primary example of reductions in disciplinary confinement attributed to increased access to mental health treatment.

⁷ M.S. 241.69 established the Mental Health Unit in 1978.

- *Recommendation:* Develop a system to refer to and work with county social services on residential options for releasing offenders with significant disabilities starting three to six months prior to release.

Discussion

There are waiting lists in many counties for CADI/TBI/Elderly Care Waivers and very limited bed space for corporate foster care and nursing homes. Some counties do not give priority to people getting out of prison for these waivers. The DOC makes referrals for these services, but is not the decision-making entity for these waived services that provide funding for a community placement. In some cases, lack of timely resolution to these difficult challenges have resulted in offenders having their time in prison extended or returning to prison because they do not have an appropriate placements to live in the community.

The DOC refers offenders for long-term care consultations approximately 60 days prior to their release date since the screening is only valid for 60 days. Some counties are reluctant to conduct repeated screens, as resources are scarce, so having a consultation completed earlier to allow for more planning is not an option. Ensuring at the county level to prioritize waivers for significantly disabled offenders, especially where county social services can identify no other workable placement, is key. These efforts will help eliminate services gaps currently preventing or delaying offenders' return to the community. There is an appeal process with DHS and the county for waivers. However, this process can be lengthy and can significantly delay the return of these individuals to the community. Changing how counties prioritize offenders and manage the referral process can be accomplished in the near term as they are procedural changes that would not necessitate the development of a specific program or incur additional costs. It is a change the DOC itself cannot make and may take changes in legislation to ensure it occurs.

Provide additional specialized release and re-integration specialist positions:

- *Recommendation:* Add one additional medical release planner to serve all facilities, and one behavioral health release planner for MCF-Red Wing.

Discussion

The DOC currently employs only one dedicated medical release planner, which is inadequate to meet the medical release planning needs of offenders with medical disabilities. Additional medical release planners would permit the provision of transition services for un-served or underserved persons with complex medical disabilities.

MCF-Red Wing lacks a dedicated mental health release planner. Increasing the availability of release planning services is a short to mid-term goal and would require the funding as well as recruiting and training new staff.

Seek Assistance in System Navigation and Conflict Resolution:

- *Recommendation:* Increase consultation with experts in disability systems to become more effective in conflict resolution with service resources requests.

Discussion

The DOC finds that entities with expertise in systems navigation (i.e., Minnesota Disability Law Center) are able to provide ideas, education, and advice in navigating county systems, developing plans, and appealing denials of funding, placements, or other services. Continuing to develop partnerships and increasing the knowledge base of our release planning staff through training and sharing of expertise are ongoing activities for the department.

Enhance Coordination and the Development of Targeted Services

- *Recommendation:* Work with community stakeholders to establish appropriate placement for offenders with disabilities where there is a current shortage that prevents successful transition from prison to community.
- *Recommendation:* Ensure placements are designed to meet the unique criminogenic and security challenges presented by these populations.
- *Recommendation:* Formulate a Forensic ACT (FACT) team, which is equipped to navigate community resources and has the knowledge base to address offender criminogenic needs.
- *Recommendation:* Provide/create community liaison position to establish, develop, and maintain relationships with community service providers, and to provide training and technical assistance to providers addressing the overlap of disability supports and public safety concerns.
- *Recommendation:* Develop better internal coordination between the EMPLOY staff, Transitions, Case Management, and Release Planners. Increase competence through training with EMPLOY staff for working with offenders with disabilities.

Discussion

Many community resources, including many residential placements, are not open to felony offenders. Even when resources accept some felony offenders, they often exclude specific subsets of offenders, such as predatory offenders where community notification is mandated, or offenders who have committed specific crimes such as arson, sexual offenses, or assault. This reluctance is understandable, as many of these placements work with vulnerable individuals who may be at risk. However, ensuring that counties develop programs that are able to provide placements safely for potentially dangerous offenders who also have genuine disabilities is critical.

Counties with smaller populations and fewer resources may be best served by developing regional resources that can be shared across counties. Ensuring that programs are developed utilizing both the expertise of social service providers as well as corrections professionals is also essential.⁸ These are mid- to long-term goals that will require multiple partnerships across many locations. Existing revenue streams can be utilized in these efforts while other streams may need to be diverted. In some cases,

⁸ The Council of State Governments has recently published “Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery”, designed to assist systems which share in the provision of behavioral health services for offender populations a common framework and language for working in closer collaboration.

additional funding may be necessary. To ensure adequate access across all disability types and geographical locations, it may be necessary to create legislation requiring the development of community based disability support resources for offender populations.

Development of some statewide specialized resources may also be necessary. A nursing home designed for persons with certain medical disabilities being released from prison would address a pressing need for appropriate supports and placements while ensuring the safety of non-offenders needing nursing home care. The DOC Health Services Director is involved in meetings with a health care system to discuss this as an option. This is a mid-term goal. It is not clear at this time whether revenues outside of currently available streams will be necessary.

The FACT would work collaboratively with DOC Behavioral Health Release Planners and assist with a smooth transition into the community. These individuals will have the necessary knowledge base to work with complex behaviors, including criminogenic behaviors. The FACT will develop necessary relationships to work with community resources, and assist with the transition from prison to community. They will have the capacity to familiarize themselves with appropriate resources, and assist community staff on complex behaviors when necessary.

The DOC could create a position focused on researching gaps in services and community placements especially identifying those that are willing to consider accepting disabled people with felony offenses into their specialized program. This position would establish, develop, and maintain relationships with community providers and stakeholders. It would provide education about the population served by the DOC as well as work with the providers to address and resolve concerns they have about admitting disabled felons into their program. The position would work as a liaison with DOC release planning staff and with community providers to ensure most appropriate placement for the disabled person and ensure a smooth transition to the community.

The department has a number of robust programs to facilitate offender release and reintegration including the EMPLOY program, Transitions programming, Medical and Behavioral Health Release Planning, as well as facility based case management. Each of these operates with relative independence and as a whole can provide a wide range of assistance for offenders releasing back to the community. Developing better communication between these internal resources to serve disabled offenders more skillfully and comprehensively may help create more integrated and successful release plans.

EMPLOY currently serves offenders with disabilities, however this depends on the offender to initiate services and disclose the disability. Adding to an existing case management checklist a prompt for offenders to request services and disclose disability issues at least six months before release would potentially help EMPLOY staff develop better job leads. Better coordination and information sharing with facility release planning might also increase the use of the EMPLOY programs services for offenders with disabilities. Additional disability specific staff training and the development and use of job skills assessments for individuals with disabilities would allow the EMPLOY program to better serve these offenders. Hiring staff with competencies in job coaching and placement for offenders with disabilities would also augment EMPLOY's ability to assist these offenders.

Improve the Comprehensive and Timely Exchange of Information

- *Recommendation:* Fund development of an Electronic Health Record (EHR) for DOC.

Discussion

All health care systems have either shifted or are in development towards shifting to electronic health records systems. There are many drivers to this large-scale, national, health care initiative, including federal requirements related to reimbursement, greatly enhanced ability to understand and manage health care costs as well as the speed and accuracy in sharing health care information across systems to support continuity of care for patients.

Problems in health information sharing have been a chronic complaint across all of the systems responsible for supporting and managing offenders with disabilities. In anticipation of the eventual adoption of an EHR, the DOC has completed initial preparations for such adoption. The DOC now has an RFP to issue when funding becomes available to purchase its system. The Governor has directed the department to collaborate with MNIT on developing a plan to provide a unified EHR system for all State of Minnesota agencies that require one. The DOC is continuing in this process. This is a near to mid-term goal that will require additional funding and collaboration with other state agencies.

Highlights of Proposed Activities for 2013-2015 and Beyond to Achieve the Overall Plans

- Health Services will meet with community health care systems administrators and other stakeholders to locate or begin work to establish additional skilled nursing placement options for felons with significant medical disabilities.
- Health Services Unit staff will continue to work with the Minnesota Disability Law Center and others to more effectively navigate system barriers to developing appropriate placements and supports for offenders with disabilities.
- The DOC Health Services and Behavioral Health Services release and reintegration specialists will obtain training on relevant topics such as appealing denials for care for waived services, funding, or placements for felons with disabilities.
- The Health Services Unit has developed a detailed Request for Proposal for an electronic health record system. The Governor has directed DOC to collaborate with MNIT to explore the development of an EHR that would suit the needs of the DOC and other state agencies such as the Department of Human Services. The DOC will continue to pursue the development of an EHR.
- DOC Health Services will seek resources to make disability-specific release planning services available for the residents at MCF-Red Wing, and to increase the availability of medical release planning for complex cases.

Partners Necessary to Ensure Success

- *Individuals with Disabilities:* A successful Olmstead plan needs the support of the individuals receiving services. It should address the differences between what consumers of services want for themselves versus what others believe they need. It should allow for consumer choice where it is possible and not contraindicated by public safety or other criminal justice system concerns.
- *Department of Human Services (DHS):* Many of the policies and resources needed for successfully supporting offenders with disabilities in the community are located within DHS. Moreover, DHS is also a community provider of many resources for individuals with medical and mental health disabilities. The Department is committed to collaborating with DHS to address and overcome current barriers to the development of more effective and consistently available resources for offenders with disabilities. Developing a more efficient flow of health care information between DOC and DHS would benefit both agencies in releasing offenders successfully into community placements. The DOC also commits to assisting DHS in the development of offender-specific approaches, designed to improve outcomes, safety, and appropriate resource allocations.
- *Department of Health (MDH):* Nursing homes, Assisted Living and Boarding Care facilities are monitored and licensed by MDH. MDH could assist with talking to these facilities about providing care for our population upon release.
- *County Social Services:* Counties understand the strengths and limitations of their resources. DOC has dedicated release planning staff and case management staff who continue to communicate and coordinate with county social service agencies on offender community placements.
- *Community Corrections:* The DOC directly provides adult felony probation and supervised release supervision in the 55 counties that are not part of the Minnesota Community Corrections Act (CCA) or County Probation Reimbursement systems. Thirty-two counties directly provide community supervision under Minnesota's Community Corrections Act.⁹ The third system of community supervision is termed, "County Probation Officers" (CPO).¹⁰ Twenty-seven counties utilize this method. The diversity within these corrections supervision systems requires ongoing communication and coordination. It is essential for DOC release planning and community programs to understand and work effectively with these three systems to ensure successful long term placement in the community.
- *Community Service Providers:* The DOC needs to communicate and collaborate with both public and private sector service providers in the community. This will be particularly important in developing placements for offenders that ensure both support for the individual's disability and safety in the community.

⁹ M.S. 401

¹⁰ M.S. 244.19

Funding & Fiscal Impact

Some specific questions to consider and address:

- An electronic health record will have significant costs including development, implementation, and maintenance. Additional IT infrastructure and increased network capacity will be necessary. These costs are inevitable because of the adoption of EHR throughout the health care field but will also yield meaningful long-term benefits in managing health care costs and coordinating care across systems.
- Additional release planning services and the development of a community liaison position also have a cost; however this cost may eventually be offset by increasing the number of stable placements in the community and reducing the associated costs of re-incarceration.
- Developing additional community programs specific to the offender population through the state, counties, and private providers may increase costs, and will use a variety of funding sources. These programs will help keep communities safer while providing the supports needed to safely keep disabled offenders in the community rather than in prison. There is the possibility that the costs to the state will be less with a community placement rather than the costs associated with continued incarceration.

Data & Measures: Current and Needed

Current:

The DOC tracks a variety of statistics on released offenders as well as internal measures of performance. Currently the DOC tracks the services provided by the department's release planners including which offenders have received services and the total time and number of release planning sessions provided. The department is currently conducting an analysis of department data to examine the effect of release planning services on offender recidivism.

Future:

The DOC will develop means of tracking the number of offenders who have a projected release date (PRD) and have been unable to secure an appropriate release plan due to lack of available and appropriate community resources and where that projected release date has been extended to allow additional time to develop a release plan.

The DOC will collaborate with DHS and other stakeholders in collecting Olmstead relevant outcome measures for offenders after their release. Surveys to determine the degree to which disabled offenders have been able to exercise choice in regards to housing, transportation, employment, and recreation could be collaboratively conducted. Special care in conducting data and in analysis is needed with this population to determine choices that may have been limited by disability verses choices that may have been limited due to a public safety concern.

Monitoring & Evaluation

Quarterly reporting to DOC Behavioral Health and Health Services managers currently includes statistics on release planning services. These statistics provide department management and supervisory staff the information needed to ensure that release planning services are being adequately provided to meet statutory and policy requirements. These statistics include the number of clients served, the number of release plans completed, and the total number of in-person client contacts provided by department release planners.

Potential improvements for monitoring include tracking the number of PRD offenders with significant disabilities who will be release when a community placement plan is developed and approved, and utilizing interagency collected survey data on released offenders to monitor consumer choice in this population.

Department of Health (MDH)

Outcomes and impact

The Minnesota Department of Health [MDH] is the State's public health agency and is responsible for protecting, maintaining and improving the health of all Minnesotans. In support of this broad mandate, MDH receives federal, state and non-profit grant funds to operate a vast array of programs and services, all of which interface with disabled persons. The Department develops and implements policy, systems, and environmental changes throughout the state that will positively impact the health of all Minnesotans. In sum, the health of the vast majority of all Minnesota residents, including those with disabilities, is positively impacted by MDH policies and operations, and MDH strives to ensure that the voices of people who can't speak for themselves are heard.

Brief description of current services

The MDH grants monies to local public health, Community Health Boards, Tribes, hospitals, nonprofits and others to support public health interventions. Most divisions of MDH do not directly interface with people with disabilities. MDH provides services in at least the following areas that interface with Olmstead:

All MDH materials are currently under review for compliance with the Department of Administration's Public Records Accessibility Policy (363A.42), ensuring that records must be made available within a reasonable time to persons with disabilities consistent with state and federal laws prohibiting discrimination against persons with disabilities.

MDH's Children and Youth with Special Needs (CYSCN) program interfaces with state agencies that provide the services and work to build the capacity for the children to live independently as adults. MDH's work with Child and Teen Check-ups includes screening for social/emotional well-being.

Health Care Homes help ensure that clinics serve all patients, especially those with complex conditions, disabilities and/or behavioral health issues, supported by a payment methodology, which provides payment for patients with complex health needs and those with disabilities. Currently, 224 clinics certified as Health Care Homes serve more than 2 million Minnesotans.

The MDH and Department of Human Services State Innovation Model Grant will enhance our joint efforts to increase the number of health care homes, as well as support the development of behavioral health homes.

The Disabilities Determination Program within MDH has doctors on contract who work with the Minnesota State Retirement System, Public Employees Retirement Association and Teachers Retirement Association to evaluate requests for permanent disability for their members.

MDH's Statewide Health Improvement Program (SHIP) targets the communities/whole populations as well as populations experiencing disparities.

Through planning and grants, MDH's Office of Emergency Preparedness program accommodates all people in disasters, including appropriate shelter for those with disabilities.

The Compliance and Monitoring Division licenses and regulates health facilities, health occupations, and health plans to ensure they are meeting licensure standards and patient's bill of rights. They also investigate complaints about providers and are responsible for investigation under the Vulnerable Adult Act for maltreatment and ensuring that licensed healthcare providers are providing services. MDH is cognizant of the ongoing tension between a person's choice/self-determination and provider liability/licensure.

MDH provides grants to agencies that provide services to persons with traumatic brain injury (TBI), as well as arthritis, Alzheimer's disease, diabetes and mental illnesses. MDH links people to advocacy and legal resources and interfaces with programs in cancer control, health promotion, chronic disease management/prevention, stroke/cardiovascular and injury violence prevention.

MDH works with the Department of Human Services to fully integrate mental health care into the health care system so that services can be obtained when needed.

MDH provides leadership in the prevention of chronic diseases and injuries, conducting public health surveillance, as well as developing, implementing, evaluating and supporting public health interventions. Examples include the Diabetes Collective Impact planning with Mayo, the MDH and the American Diabetes Association; the joint work of the American Heart Association and the MDH in cardiovascular disease prevention; and the work with an array of state agencies, the VA, the Minnesota Brain Injury Alliance in both prevention of and services for persons who have sustained a TBI.

Description of barriers to achieving integration

- Individuals with disabilities may lack access to appropriate or qualified health care providers and services. They may face issues with health plans that do not have sufficient network adequacy.
- Individuals with disabilities need access to Information and resource on prevention, health maintenance and health risks. At times, this information may not be accessible to individuals with disabilities or, if in an accessible format, individuals may be unaware of how to access these resources, or get the information they need to make an informed decision.
- Lack of ongoing funding and staffing to further develop various state plans in the area of disabilities such as expansion of the work done under the CDC grant which supported the State Plan: "Promoting Better Health for Minnesotans with Disabilities: Ending Exclusion," as well as Diabetes, Cardiovascular Disease, Sexual Violence Prevention, Injury and Violence Prevention among others.
- Lack of ongoing funding and staffing to ensure the state has valid data and statistics about individuals with disability; and the ability to evaluate and interpret the data for use by the state in measuring progress on goals, identifying trends and addressing areas of concern.
- Need for continued state leadership and support for activities to educate all health care providers in how to best work with and assist individuals with disabilities; to educate providers on services and resources for individuals with disabilities that will assist them in being better able to integrate into their community; to promote coordination of care including physical and mental health care needs.

Description of overall plans to reduce or eliminate these barriers

Under the Affordable Care Act and as part of work for Minnesota's Health Insurance Exchange (MNSure), MDH's Managed Care Section will be conducting reviews of Qualified Health Plans' network adequacy. Evaluation of those data may be used to evaluate networks that may be insufficient in adequacy and provide directives to the plans on how to meet the adequacy requirements.

Near Term: This is part of the MNSure work and began May 24th when the qualified health plans submitted their offerings.

Mid Term: Identify and implement solutions to address network adequacy.

MDH and its grantees will review information and resources provided to ensure that it is available to individuals with disabilities so that they make informed decisions relative to their health care needs.

Near Term: Identify health resources and information to determine accessibility by individuals with disabilities.

Improve access to quality health care and community supports for all Minnesotans:

Near Term: Identify health care shortages by provider, region etc. and develop plans to address health care provider shortages. People with disabilities will benefit by enhancing access throughout the state. Trauma designation/certification will include best practices for providing crisis care to persons with disabilities. MDH will collaborate with DHS to develop methods and processes that will give individuals with disabilities information about quality of providers of home and community based services and supports.

Promote projects that work to integrate health care and community supports for individuals with disabilities such as the State Innovation Model grant, work with DHS on health care homes and referrals to community providers, vocational rehabilitation services, etc.

Near Term: Draft an operational plan for submission to the Centers for Medicaid/Medicare by August 1st. Convene community advisory taskforce and multi-payor taskforce with goal of engaging broader stakeholder and affected community representatives.

Highlights of proposed activities for 2013-2015 and beyond to achieve the overall plans

- 1) Review Qualified Health Plans to ensure network adequacy. This is part of MNSure; the MDH Managed Care Section will be responsible for this review. Data evaluation will drive improvement in coverage and content.
- 2) If approved by the Department of Administration, all grants and contracts will include requirements ensuring that information and resources are available to persons with disabilities.
- 3) All licensing programs and standards under the authority of MDH will review and revise as needed regulatory language to ensure that persons with disabilities are able to make informed

decisions about health-related issues. This is expected to include, for example, the licensing of nursing homes, hospitals, clinics, public and institutional swimming pools.

- 4) Improve access to quality health care services. Proximal near term activities include identification of health care shortages by provider, by region, etc., along with plans to address the gaps and needs.
- 5) Promote projects that integrate health care and community supports for persons with disabilities such as the State Innovation Model grant. Continue to work with DHS and local public health on Health Care Homes and creation of Behavioral Health Homes.
- 6) Through interagency partnerships youth with disabilities will have enhanced employment outcomes. DEED, DHS, MDH and MDE will develop and implement annual cross-agency trainings with a focus on service coordination, roles and responsibilities, models of innovative career development and employment training.

Partners necessary to ensure success

MDH is built upon a strong partnership between local public health agencies, tribal government and a range of other organizations, community partners and stakeholders. The MDH strives to develop relationships with organizations that represent disability, diversity and lower-income people. MDH has many workgroups, committees and advisory boards that provide input and recommendations. The MDH also works with other state agencies such as DHS, DEED and MDE.

Some of the activities relating to Olmstead should occur within the MDH, while others involve other state agencies, local organizations and agencies, disability organizations and services, people with disabilities and their families, and the general public.

MDH is already engaged with numerous community partners who have provided input on the Olmstead plan. A list of those agencies is outlined below. We intend to continue to work with these partners as needed to improve the availability of community-based services for individuals with disabilities:

Local Public Health, Community Health Boards, Association of Minnesota Counties, Vulnerable Adult Justice Program, Tribal Health Directors, Catholic Charities (Winona), Minnesota HIV Planning Council, Minnesota County Attorney's Association or the Minnesota State Bar Association Elder Law, Health Law, Communications, Social Security and Disability Law, or Probate and Trust Law Sections, Jan Network, State Services for the Blind, ADA-MN, MN State Council on Disabilities, Long term Care Provider Organizations, MN Deaf and Hard of Hearing Services, American Academy of Pediatrics (AAP), ARC, Autism Advocacy Coalition of MN, Autism Society of Minnesota, Autism Spectrum Disorder Task Force (legislative), Children's Hospitals and Clinics of Minnesota, Family Voices of Minnesota, Gillette Children's Specialty Health care, National Alliance on Mental Illness (NAMI), PACER Center, Deaf, Deaf blind, and Hard of Hearing, Minnesota Stroke Association, American Heart Association, Minnesota Public Health Association, Minnesota Alzheimer's Association, Minnesota American Cancer Society, Minnesota Gerontological Society, Toward Zero Deaths, Minnesota Brain Injury Alliance, Minnesota American Diabetes Association, Minnesota Cancer Alliance, Minnesota Oral Health Coalition, Vision Loss Resources, Amputee Coalition, Office of Ombudsman for Mental Health and Developmental Disabilities, Minnesota STAR Program, PANDA (mn.abedisabilities.org), Minnesota Disability Law Center, Children's Hospital, Community Action Agencies, MN Board on Aging, Ombudsmen for Long Term Care, Home Care Provider Advisory Council, Governor's Council on Developmental Disability, Hands and

Voices, Local Community Transition Interagency Committees (CTIC), Maternal and Child Health Advisory Task Force, Minnesota Academy of Family Physicians (MAFP).

Funding & fiscal impact

MDH has received additional funding to regulate/license the Qualified Health Plans offered through MNSure, ensuring that network adequacy and quality of care are monitored, effective 2014.

Similarly, the State Innovation Model grant will bring additional resources to MDH and DHS over the next three years to create new service delivery/payment models to improve quality of care, the health status of communities, particularly those with complex health conditions—while lowering the cost of care for Medicaid, Medicare, the Children’s Health Insurance Program (CHIP) and commercially insured populations.

The other areas identified should be informed by and become imbedded in MDH staff thinking differently and raising awareness with our partners/stakeholders/grantees going forward.

Data & measures: current and needed

Most of the data measures currently collected by the MDH answer the questions; what is the magnitude of the health problem/condition and how much service is provided in response to an identified problem? Additional data are collected to measure the effort or costs expended to meet the need. Efforts to develop more than just process measures to indicate success in meeting the Olmstead Implications are underway.

Several state agencies (MDH, MnDOT, DHS, MDE among others) sponsor or support routine, ongoing population-based questionnaires that could include questions about inclusion, choice and degree of decision-making for disabled individuals. For example, each Community Health Board conducts a county (or multi-county) detailed assessment of their population every five years. This local population-based assessment affords an ideal opportunity to ask specific questions about movement on the Olmstead.

According to the National Survey of Children with Special Health Care Needs there are an estimated 179,000 children and youth with special health care needs in Minnesota. Among Minnesota households with children, 22.5% have a child with a special health care need. The percentage of children with a special health care need in Minnesota has increased from 12.4% in 2001.

More than 5,200 Minnesotans are admitted to the hospital each year with a traumatic brain injury diagnosis. Another 12,000 are treated in emergency departments and sent home.

About 250 Minnesotans each year sustain a spinal cord injury that results in in-patient treatment at one of our hospitals. In 2011, the Morbidity and Mortality Weekly Report (MMWR Volume 60, Supplement) reported that fewer than seven percent of Minnesota’s population age 18 and older indicated that they currently had a diagnosis of depression. However, in 2011, 20.3% of Minnesota adults answered, “yes” to being limited in any activities because of physical, mental or emotional problems. And, in the same year, 5.6% of adult Minnesotans indicated that they had a health problem that required the use of special equipment.

Monitoring & evaluation

Consistent with the current operations of MDH programs, health-related benchmarks of wellness will be developed to meet the needs of individual disabled individuals across the continuum of care. Evaluation, quality assurance, and quality improvement measures could be incorporated into all future disability health programs. Specific deliverables regarding measuring impacts and outcomes for disabled individuals could be written into MDH agreements with grantees whose programs impact a discernible number of disabled individuals. Monitoring and evaluation processes will be aided through better internal and cross-agency coordination of disability health programs.

Department of Human Rights (MDHR)

Outcomes and impact

The mission of the Minnesota Department of Human Rights (MDHR) is to eradicate discrimination in Minnesota and empower every person with the ability to enjoy all of the benefits of society regardless of race, color, creed, religion, national origin, sex, marital status, disability, age, sexual orientation, familial status and public assistance status. The Olmstead Plan provides MDHR with an opportunity to achieve its mission to ensure that individuals with disabilities are fully engaged in all aspects of society.

Brief description of current services

What we do

The Minnesota Department of Human Rights has three primary duties:

- Investigate complaints of discrimination
- Create equal employment workforce opportunities on state contracts
- Eliminate discrimination and disparate outcomes through education and bringing people together.

Investigations

The Department investigates complaints on issues ranging from education, employment, health care, housing to public accommodation and public services. While the Department's jurisdiction is broad, the majority of the complaints filed with the Department concern employment discrimination.

Approximately 60% of the complaints filed with the Department during the last two years were employment discrimination claims. Disability discrimination claims account for one-fifth of the employment complaints filed with the Department.

Once an investigation is completed, the Department issues either a probable cause or a no probable cause determination. For cases with a probable cause determination, the Department seeks to settle the dispute between the parties and in some cases, the Department or the charging party may choose to litigate the matter.

- In 2012, 868 charges were filed and the Department closed 688 cases.
- 60% of the charges filed with MDHR are employment cases of which approximately 20% involve disability-related claims.
- Approximately 10% of the non-employment cases filed with the Department involve disability related claims.

Workforce Opportunities

The Department seeks to ensure that state vendors provide equal-employment opportunities to all Minnesotans by issuing certificates of compliance to vendors, auditing the human resource practices of vendors and setting workforce participation goals in construction. All state vendors that employ more

than 40 employees for at least one day must obtain a certificate of compliance from the Department prior to executing a contract that is likely to exceed \$100,000.

The Department provides technical assistance to state vendors as to best practices in human resources and their obligations under the law in an effort to facilitate and maximize the hiring and retention of people with disabilities.

Education

The Department works to eliminate discrimination and disparate outcomes through education, conference and conciliation. The Department can be asked to collaborate or can assert leadership in a wide variety of areas including but not limited to education, employment, health care, housing, public accommodation, or public services.

The Department is involved in several collaborative efforts that will likely result in the development of policy that leads to more integration of people with disabilities in society. For example, the Department:

- Assessed the diversity efforts of the Cabinet level agencies
- Serves on the Governor's Diversity and Inclusion Council

Description of barriers to achieving integration

The challenges and barriers to MDHR fully achieving integration at the present time include:

- **Technology**, MDHR's limited financial resources impacts its ability to deliver services. For example, the Department often relies on communicating with individuals in rural Minnesota by telephone. Unfortunately, communicating by telephone can be challenging for some individuals with disabilities.

MDHR seeks to meet the above challenges by leveraging its resources through collaboration with other administrative agencies, foundations and organizations within the community.

MDHR also seeks to meet the above challenges by revising its internal processes. For example, the Department relied almost exclusively on complainants submitting written questionnaires prior to initiating an investigation. The use of written questionnaires likely created a barrier for individuals with disabilities in filing a complaint with the Department to be investigated. In 2011, the Department eliminated the use of written questionnaires.

Description of overall plans to reduce or eliminate these barriers

Include goals and timetables. Consider goals for the near-term (1-2 years), mid-term (2-4 years), and long-term (4+ years).

MDHR currently does not have long-term projects that it anticipates would require a work plan that is beyond four years. MDHR does anticipate working continuously on improving its investigation and workforce opportunities processes going forward. MDHR is open to working with administrative agencies that have projects which have a four year or greater time horizon.

EMPLOYMENT

Goal: People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.

People Measures:

In 2012, 868 charges were filed with MDHR and the Department closed 688 cases last year. Approximately 60% of the charges filed with MDHR are employment cases of which 20% involve disability-related claims. Approximately 10% of non-employment cases filed with the Department involve disability-related claims.

Strategies: 1 -2 years

Investigations

- MDHR will provide technical assistance to employers to avoid human resource practices that have a disparate impact on individuals with disabilities.

Workforce Opportunities

- MDHR will attempt to generate support for the Department having authority to establish hiring goals for individuals with disabilities on state contracts.
 - At the federal level, there is a proposed 7 percent workforce participation goal for people with disabilities.
 - In 2012, there was a proposed rule change to the regulations implementing Sec. 503 of the Rehabilitation Act of 1973. The comment period closed February, 2012. View the [proposed rule and comments](#) online.
 - Currently, the 7 percent workforce participation rate is a benchmark or an “aspirational goal.” However, the Office of Federal Contract Compliance Programs would not penalize contractors who fail to meet it.
- MDHR will provide technical assistance to state contractors to avoid human resource practices that have a disparate impact on individuals with disabilities.
- MDHR will provide technical assistance to state contractors about their affirmative obligations under the Minnesota Administrative Rules.
 - The MDHR Contract Compliance unit is meeting with representatives from DEED to ensure that contractors are aware of their obligation to contact DEED to refer to them qualified individuals with disabilities. See, Minn. Rule 5000.3557.
 - MDHR will provide technical assistance to ensure that all construction contractors are aware of their obligation and that they submit Affirmative Action Plans for individuals with disabilities. See, Minn. Rule 5000.3540.

Education and Outreach

- MDHR will collaborate with administrative agencies to implement the initial recommendations within the diversity assessment conducted at the request of the Governor.
- MDHR will collaborate with administrative agencies through the Diversity & Inclusion Council to increase employment opportunities for individuals with disabilities within State government as well as at local levels of government.

SUPPORTS AND SERVICES

Goal: People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.

People Measures:

In 2012, 868 charges were filed with MDHR and the Department closed 688 cases last year. Approximately 60% of the charges filed with MDHR are employment cases of which 20% involve disability-related claims. Approximately 10% of non-employment cases filed with the Department involve disability-related claims.

Strategies:

1 -2 years

Investigations

- MDHR will examine its charge filing process to ensure that there are no barriers for individuals with disabilities.
- MDHR will remove any barriers to its charge filing process that are identified

Education Outreach

- MDHR will continue to collaborate with the Diversity Education Taskforce to reduce barriers and maximize opportunities for individuals with disabilities within education.
- MDHR will continue to collaborate with the Minnesota Housing Finance Interagency Taskforce to Eliminate Homelessness to reduce barriers and maximize opportunities for individuals with disabilities to have stable housing options.

2-4 years

Enforcement, Internal Operations:

- Provide staff training to guide investigators to deal with people who have multi-faceted disabilities. Best practices on engaging with them to investigate a claim and assist clients through the process, which can be intimidating to some. People with autism and developmental disabilities are some examples of people who may have difficulty advocating for themselves.

- Create a Department desk book. The desk book for investigators will provide information within the guide on how to deal with people who have disabilities or multi-faceted disabilities through each phase of the investigation process.
- Explore ways to offer video conferencing to the deaf and hard-of-hearing by offering services beyond TTY. With technology advances, tools such as Skype, Microsoft Lync and other video-relay services offer better opportunities for communicating with clients. Also, there is the opportunity to partner with MDH to utilize its equipment.
- Minnesota law requires that all state agencies' electronic information and technology (EIT) be accessible for everybody, with some exceptions. MDHR is working on an agency-wide accessibility implementation plan that will include an assessment of the accessibility of our agency, communications plan to inform staff about IT accessibility requirements and expectations and plans for implementation.

Educational opportunities:

- MDHR anticipates providing disability inclusion training and awareness on a variety of topics to a variety of audiences. The Department will look to partner with administrative agencies, employers, community groups, service providers and local human rights organizations on issues of concern among individuals with disabilities and their caregivers and advocates.

COMMUNITY ENGAGEMENT

Goal: People with disabilities will have the opportunity to fully engage in their community and connect with others in ways that are meaningful and aligned with their personal choices and desires.

Strategies:

1 -2 years

Activities:

The Department will continue to collaborate and work on the following issues:

- Governor's School Bullying Taskforce and upon passage of school bullying legislation, MDHR will work to implement the school bullying law.
- Governor's Diversity and Inclusion Council
- Diversity Education Taskforce with Commissioner of Education and State Councils
- Minnesota Housing Finance Interagency Taskforce to Eliminate Homelessness
- MDHR anticipates developing other education efforts with administrative agencies as priorities are identified.

Partners necessary to ensure success

- Governor
- Minnesota Legislature
- Administrative Agencies

- Minnesota American Indian Affairs Council, Council on Black Minnesotans, Chicano Latino Affairs Council, Council on Asian Pacific Minnesotans, and Minnesota State Council on Disability
- Local Units of Government in Minnesota
- Federal Administrative Agencies such as Equal Employment Opportunity Commission (EEOC), Housing and Urban Development (HUD), and Centers for Medicare & Medicaid Services (CMS)
- Attorneys and Bar Associations
- Legal Advocacy Groups such Legal Aid and Minnesota Disability Law Center
- Community agencies and service organizations such as CAIR, Immigrant Law Center of MN, ADA MN, CLUES and African American Family Services.
- Mediators
- Contractors
- Employers
- Disability Linkage Line
- Past presenters for Human Rights Day conferences.
- United States Office of Civil Rights
- St. Paul Department of Human Rights and Equal Economic Opportunity
- Minneapolis Civil Rights Commission
- Minnesota League of Human Rights Commissions
- Local Human Rights Commissions in Minnesota

Funding & fiscal impact

While MDHR intends to implement basic Olmstead agency level services within its Department budget, its limited funding and human capital is challenging.

- **Human Capital**, MDHR is a small agency with only 35 employees. The limited number of staff makes it a challenge for the Department to provide service throughout Minnesota given the breadth of the jurisdiction of Department, the volume of investigations needed to be completed, the number of audits to be completed, and the geographic size of the state.
- **Financial Resources**, the Department has historically been underfunded which impacts the ability of the Department to fully implement its primary duties.

Data & measures: current and needed

MDHR currently has several quantitative measures, but few qualitative measures, concerning how MDHR performs its work. MDHR anticipates developing more qualitative measurement tools over the next 24 months.

Monitoring & evaluation

MDHR will incorporate an assessment of its efforts to implement Olmstead plan related activities on a semi-annual basis among its senior management team.

Department of Education (MDE)

Outcomes and impact

MDE strives to ensure students with disabilities receive an equal opportunity to a high quality education in the most integrated setting that prepares them to participate in the community, including employment and postsecondary education. The definition of student with disability is found within the Individuals with Disabilities Education Act and its implementing regulations at 34 C.F.R. Part 300 (2008).

MDE also provides technical assistance, compliance, and monitoring to school districts and charter schools related to the provision of extracurricular and nonacademic activities to students with disabilities. MDE has a Section 504 Manual that addresses this issue, and it has also been addressed through the special education complaint process. As part of the monitoring process, districts need to ensure that each student's IEP contains an explanation of the extent, if any, to which a student will not participate with nondisabled peers in extracurricular and nonacademic activities.

MDE is required to ensure a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.¹¹ MDE is committed to ensuring children with disabilities receive educational services, to the maximum extent appropriate, with children who are nondisabled.¹² Under state law, all students with disabilities are provided the special instruction and services which are appropriate to their needs, and their individualized education program (IEP) must address the student's needs for transition from secondary services to postsecondary education and training, employment, community participation, recreation, and leisure and home living. In addition, districts must inform parents of the full range of transitional goals and related services that should be considered. The IEP must include a statement of the needed transition services, including a statement of the interagency responsibilities or linkages or both before secondary services are concluded.

In order to promote integration and provide students with disabilities educational services with their nondisabled peers, MDE encourages the use of preventative approaches, such as Positive Behavioral Interventions and Supports (PBIS) and Response to Intervention (RTI).¹³ Any and all prevention or intervention policies, programs, or procedures must be designed to enable a student to benefit from an appropriate IEP as well as develop skills to enable them to function as independently as possible in their communities.¹⁴

In addition, during grade nine, Minnesota law requires that each IEP address the student's needs for transition from secondary services to postsecondary education and training, employment, community participation, recreation, and leisure and home living.¹⁵ As such, transition services¹⁶ become a part of a student's IEP. Each student's IEP must include:

¹¹ 34 C.F.R. § 300.115.

¹² 34 C.F.R. § 300.114; see also, Minn. Stat. § 125A.08 (b) (5).

¹³ Minn. R. 3525.0850.

¹⁴ Minn. R. 3525.0850.

¹⁵ Minn. Stat. § 125A.08 (b) (1).

¹⁶ "Transition services" means a coordinated set of activities for a child with a disability that – (1) is designed to be within a results-orientated process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; (2) is based on the

- (1) Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and
- (2) The transition services (including courses of study) needed to assist the child in reaching those goals.¹⁷

Minnesota was one of the first states in the nation to write formal policy and legislative developments to support transition and interagency planning on a statewide effort. These early efforts focused on developing strategies to assure that the transition needs of students with disabilities were addressed during their high school years, improving collaboration among school, state agencies and community service agencies to assist students and families in planning and arranging for post school programs and services. Interagency services and supports may include service coordination, transition planning to adult services, mentoring and coaching methodologies, self-advocacy, positive behavior supports, and other services and supports that are specified within each student's IEP.

Enhancing Minnesota's delivery of evidence-based instruction, programs and services will benefit students with disabilities, their families, and the economy of our state. The goal of increasing integrated employment, based on an individualized approach, improves student outcomes, transition programming and services at the local level.

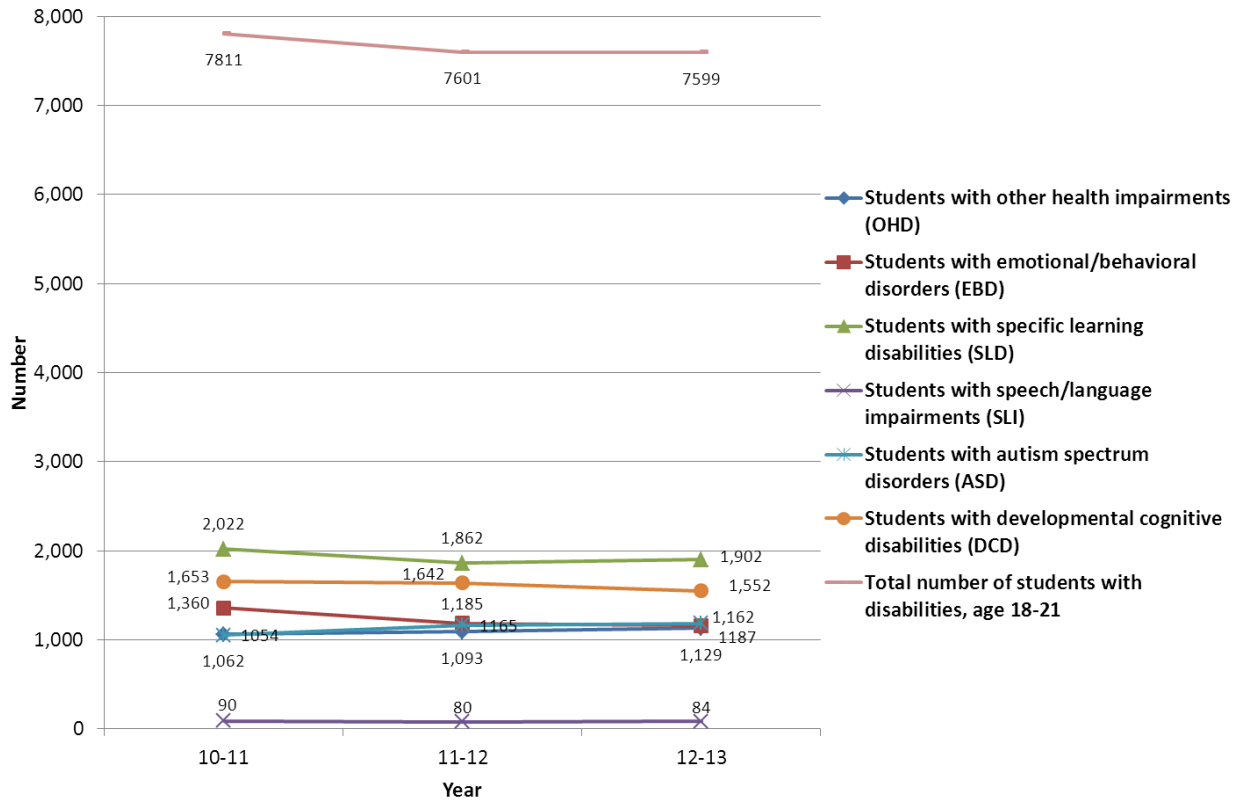
Brief description of current services

The Minnesota Department of Education reports to the Federal Office of Special Education Policy Special Education Child Count Data annually. The graph below shows the number of students with disabilities ages 18-21 with IEPs in school years 2010-2012 reported.

individual child's needs, taking into account the child's strengths, preferences, and interest; and includes – (i) instruction; (ii) related services; (iii) community experiences; (iv) the development of employment and other post-school adult living objectives; and (v) if appropriate, acquisition of daily living skills and provision of functional vocational evaluation. 34 C.F.R. § 300.43.

¹⁷ 34 C.F.R. § 300.320 (b).

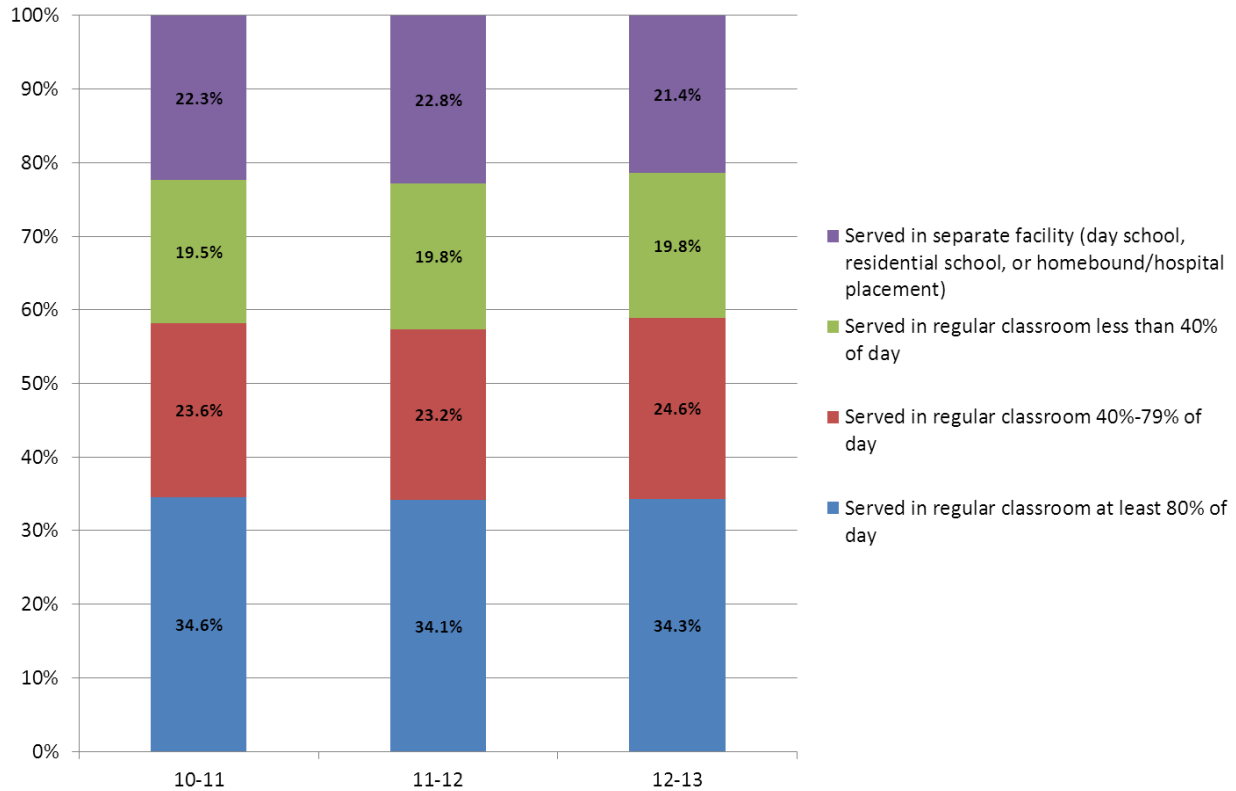
Number of Students with IEPs, Age 18-21 2010-2012



Data Source: Child Count

In addition, data on the Federal Instructional Settings for students with disabilities ages 18-21 in 2010-2012 is shown on the next page. Instructional settings are based on the amount of time students spend in classes with their same-aged nondisabled peers. Minnesota has experienced relatively little change over time in the percentages of students with disabilities ages 6-21 in the levels of instructional settings, continuing to offer a continuum of services and maintaining its status as a high inclusion state.

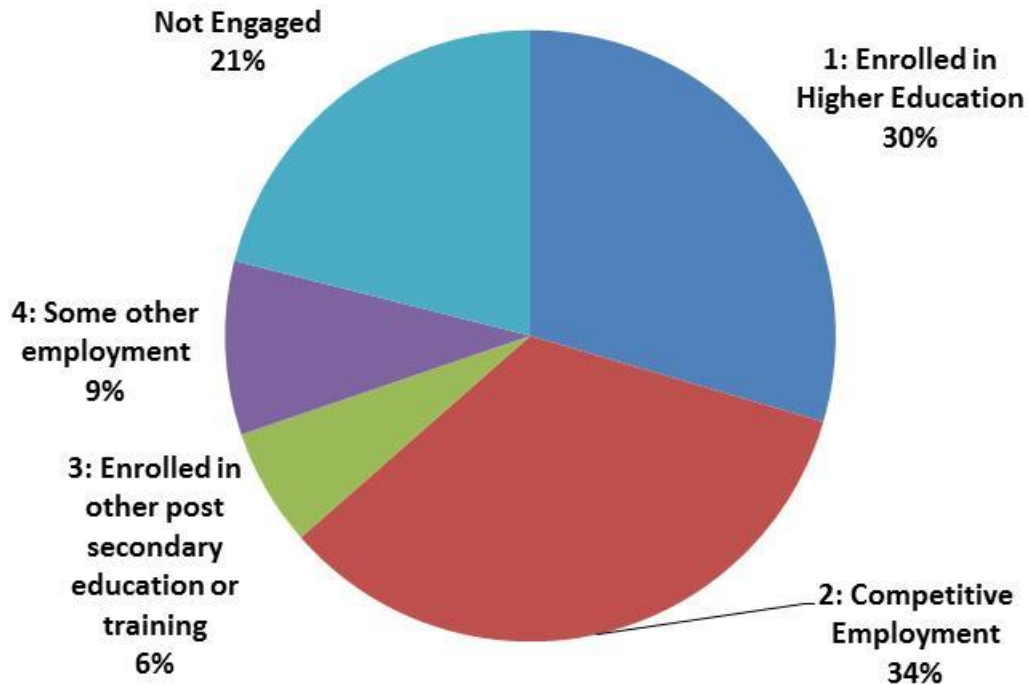
Federal Instructional Settings for Students with IEPs, Ages 18-21 2010-2012



Data Source: Minnesota Automated Reporting Student System (MARSS)

Finally, included on the next page are the aggregated results of the statewide post-school outcome survey data from 2008-2011. The Minnesota Post-School Outcomes Follow-Up Survey is implemented on a five-year cycle. Districts are sampled so that each of the five groups represents the demographics of the state. Since the first year of data collection in the 2006-07 school year, the Minnesota Department of Education has continued to survey a representative sample of districts. Each year, students with disabilities, ages 18–21, who leave school, are chosen to be surveyed in the sampled districts. In Minnesota, a large percentage of students are enrolled in higher education or competitively employed as shown in the graph on the next page. However, the students who report they are not engaged in post-secondary education or employment are a focus area for MDE in terms of technical assistance and effective transition planning.

Post School Outcomes for 2008-09 to 2010-11 Student Exiters (n=1720)



Data Source: Minnesota Post School Outcome Survey

Description of barriers to achieving integration

The years following high school can be challenging for students with disabilities and their families. In comparison to the general population of students, students with disabilities experience higher rates of unemployment. Historically, Minnesota has been a leader in assisting students with disabilities to effectively make the transition from school to work and community as a result of strong commitments from state and local agencies and Minnesota's emphasis on interagency collaboration as a primary vehicle for improving services statewide. Increasing numbers of students with disabilities are receiving meaningful assistance and support in secondary planning. However, improvements could be made in internal agency communication, planning and technical assistance on effective evidence-based strategies and services to prepare students with disabilities for integrated employment opportunities.

Description of overall plans to reduce or eliminate these barriers

Olmstead Overall Goal for Employment: People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.

MDE Goal: The Division of Special Education will collaborate with the division of Career and Technical Education to increase the number of students with disabilities (ages 18-21) who participate in a work

experience, internships, or mentorship opportunities before graduation from high school in accordance with the following schedule:

- By July 1, 2014, a minimum of 75 transition-aged youth with disabilities (ages 18-21) will complete a work experience, internships, or mentorship opportunity.
- By July 1, 2015, an addition of 75 transition-aged youth with disabilities (ages 18-21) will complete a work experience, internships, or mentorship opportunity.
- By July 1, 2016, an addition of 75 transition-aged youth with disabilities (ages 18-21) will complete a work experience, internships, or mentorship opportunity.
- By July 1, 2017, an addition of 75 transition-aged youth with disabilities (ages 18-21) will complete a work experience, internships, or mentorship opportunity.
- By July 1, 2018, an addition of 75 transition-aged youth with disabilities (ages 18-21) will complete a work experience, internships, or mentorship opportunity.

Olmstead Overall Goal for Supports and Services: People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.

MDE Goal: The Division of Special Education will collaborate with local education agencies to increase the number of students with disabilities graduating on time with their same age peers if appropriate to their individual needs.

- By July 1, 2014, develop a methodology to further analyze instructional program data for transition-aged youth (ages 18-21).

Highlights of proposed activities for 2013-2015 and beyond to achieve the overall plans

- Increase evidence-based work experience, internship and mentoring opportunities for students with disabilities (ages 18-21).
- Increase the number of students with disabilities ages 18-21 that have effective supports and services to learn self-advocacy and benefits planning and can navigate successfully in the complex adult service systems.
- Develop an outreach plan for families and students regarding access to integrated competitive employment community-based services, including information on benefits planning.
- Continue intervention programs such as PBIS to assist local education agencies to decrease the numbers of referrals of students with emotional or behavioral disabilities to more intensive instructional settings.
- Continue intervention programs such as the RTI initiative to ensure the provision of high-quality instruction and interventions are matched to the needs of students requiring additional academic and behavioral supports.

Partners necessary to ensure success

With the assistance of their established interagency partners, MDE will be able to improve integrated employment outcomes for students with disabilities. Identified interagency partners are:

- *Community Transition Interagency Committees.*¹⁸ Schools districts/special education cooperatives in cooperation with the county or counties in which the district is located, for

¹⁸ Minn. Stat. § 125A.22; Minn. R. 3525.1100.

youth with disabilities, beginning at grade 9 or age equivalent, and their families are charged with the 1) identification of current services, programs, funding sources provided within the community for secondary and postsecondary aged youth with disabilities and their families; 2) facilitation of the development of multiagency teams to address the present and future transition needs of individual students on their individualized education programs; 3) development of a community plan to include mission, goals, and objectives, and an implementation plan to assure that transition needs of individuals with disabilities are met; 4) recommendations of changes or improvements in the community system of transition services; 5) exchange of agency information such as appropriate data, effectiveness studies, special projects, exemplary programs, and creative funding of programs; and 6) preparation of a yearly summary assessing the progress of transition services in the community including follow-up of individuals with disabilities who were provided transition services to determine post-school outcomes.

- *Special Education Advisory Panel.* The Minnesota Special Education Advisory Panel (SEAP) provides policy guidance for MDE with respect to special education and related services for children and youth with disabilities in Minnesota.
- *Minnesota State Interagency Committee.* The Interagency Services for Children with Disabilities Act was passed in Minnesota in 1998 with the purpose to develop and implement a coordinated, multidisciplinary, interagency intervention service system for children ages birth through 21 with disabilities.¹⁹

Existing leadership teams for prevention initiatives, such as PBIS, include stakeholders from districts and universities. MDE and its designated partners offer team training to support understanding and implementation of school-wide positive behavioral interventions and supports (PBIS). PBIS is used to build the capacity of school teams to identify clear behavior outcomes for all staff and students, utilize evidence-based practices to achieve those outcomes, and understand data/information use to support sustainable, safe and positive learning environments.

MDE is prepared to continue its current work in collaboration with other state agency partners including the Minnesota Department of Employment and Economic Development (DEED), the Minnesota Department of Human Services (DHS), Governor's Council on Developmental Disabilities, Governor's Workforce Development Council and others to develop and implement a statewide system that supports integrated educational settings and integrated competitive employment as a preferred outcome for students moving into the adult service system. MDE is committed to measuring system performance and engaging in continuous quality improvement.

MDE is also committed to continue its current partnerships working with parent training and advocacy organizations, such as PACER Center and National Alliance for Mental Illness (NAMI) and Minnesota Association for Children's Mental Health (MACMH) and ARC of Minnesota.

¹⁹ Minn. Stat. § 125A.023.

Funding and fiscal impact

Affording students with disabilities the opportunity to achieve successful integrated employment will be a positive investment made for the future of Minnesota's adults and youth with disabilities. No funding is requested.

Data and measures: current and needed

MDE is committed to continuous improvement activities related to more detailed data analysis and collection procedures. MDE will collect, analyze and report annually on outcomes related to instructional settings and competitive employment as required by federal IDEA reporting.

Monitoring and evaluation

A report will be submitted to the Olmstead Committee measuring progress on stated goals and activities.

Cross-agency work: Supports

Supports Cross-Agency Work Group:

- Minnesota Department of Human Services
- Minnesota Department of Education
- Minnesota Housing finance Agency

Outcomes and impact

The Minnesota Department of Human Services and the Minnesota Department of Education have shared responsibilities related to serving youth with disabilities, including mental illness, to prepare them for life-long learning, employment, independent living, and economic security. Additionally, the Department of Human Services has a responsibility to develop and provide supports for all Minnesotans with disabilities, including mental illness, as they complete their secondary education and enter adulthood and throughout their lives. The departments join together in this initiative to maintain, develop and support the following outcomes:

- Minnesota's systems will coordinate to assure accessible path to competitive, meaningful, and sustained employment in the most integrated setting for transition age youth. The Department of Human Services has shown a commitment to this outcome through its Reform 2020 initiative, stating "Employment supports will be provided to people who are at a critical transition phase of life to increase competitive employment, income and independence."²⁰
- Students with disabilities have access to career and college readiness opportunities that will lead to individualized and self-determined employment and career outcomes.
- Service providers support people of all ages in living a self-determined life.
- Minnesotans with disabilities are prepared in school and beyond to transition into the most integrated living setting of their choice. The Department of Human Services' Disability Services Division's recent study on housing for children with severe autism²¹ recognizes Medicaid as a key resource for supporting an "individual's right to live in the most integrated setting." (p. 230). The report also identifies "the first priority for DHS is to provide necessary supports that allow children to live at home with their families," while also recognizing the need for supported living options if the family chooses. (p. 232).
- Professionals coordinate with the systems that serve people in order to decrease barriers to independence and choice associated with having multiple service providers.
- Students will graduate with improved health and prepared for meaningful work, post- secondary and other educational opportunities and independent living.

²⁰ Minnesota Department of Human Services (DHS). (2012) *Reform 2020 Waiver Proposal*. Retrieved April 18, 2013 from Minnesota Department of Human Services (DHS): <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-6535-ENG>

²¹ Minnesota Department of Human Services, Disability Services Division. (January 2013) *Study on Housing with Supports for Children with Severe Autism*. Retrieved April 18, 2013 from Department of Human Services (DHS): <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-6673-ENG>

- Education and human service supports are accessible to every Minnesotan with a disability who is in need no matter what part of the state they reside.
- Coordination of transition from school to county services will occur between agencies. This includes coordinating services for students who stay in school beyond age 18, and also includes a coordinated transition of education plans to service plans.
- Coordination of housing resources for families with school-aged children or youth who are disabled and reside in institutional settings to promote self-sufficiency in integrated and stable housing.

Description of current situation/barriers to integration

Current barriers to support services in the education and human service systems include:

- Lack of comprehensive data to evaluate recipient needs and services.
- Lack of planning in education and at the county level may lead to segregated settings for work and home. (There are over 12,000 people being served in DT&H facilities which provide sheltered employment to individuals more often than integrated community employment. In 2009, in Hennepin County, individuals who in facility-based employment earned an average of \$2.61 an hour, those working in regular or customized employment earned \$9.11 per hour and those in other community-based employment earned \$5.90.²²)
- Roles of state agencies are unclear to the public and across agencies.
- Lack of benefits planning throughout people's lives to address how employment impacts benefits and increases economic security.
- Competing values and practices among professionals who serve youth 18-21.
- Lack of accessible and affordable housing for many who do not have sufficient incomes to obtain market rate housing

State agencies involved

Minnesota is committed to addressing barriers to community integration for children with disabilities. The Interagency Services for Children with Disabilities Act (Minnesota Statute 125A.02) establishes a State Interagency Committee to identify and assist in removing state and federal barriers to local coordination of services provided to children with disabilities. The agencies appointed to the committee include commerce, education, health, human rights, human services, employment and economic development, corrections, the Association of Minnesota Counties, the Minnesota School Boards Association, the Minnesota Administrators of Special Education, and the School Nurse Association of Minnesota.

²² Hennepin County Aging and Disability Services. (2009). *Employment data of people receiving day training and habilitation and supported employment services in Hennepin County*. Minneapolis: Hennepin County.

Other partners necessary to achieve this outcome

Partners necessary to provide supportive services to ensure Minnesotans with disabilities include Parent Training and Information Centers, Minnesota's Employment First Coalition, Governor's Workforce Development Council, and the Social Security Administration.

Description of overall plans to achieve the identified outcome or policy objective:

See each agency's plan submission.

Highlights of proposed activities for 2013-2015 and beyond to achieve the overall plans

Case managers and school staff (who are working with families with school age children or youth) coordinate efforts to lead to housing stability and successful academic achievement.

See each agency's plan submission.

Funding & fiscal impact

More planning is needed

Data & measures: current and needed

See agency submissions.

Monitoring & evaluation

More planning is needed.

Cross-agency work: Housing

Name of initiative or policy objective

Housing Cross-Agency Work Group for statewide Olmstead Plan 5/15/2013

Outcomes and impact

All Minnesotans, regardless of abilities, will choose where they live, with whom and in what type of housing.

The Department of Justice describes the most integrated setting as a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible. Integrated settings are those that provide individuals with disabilities opportunities to live, work and receive services in the greater community like individuals without disabilities.

To achieve full integration for persons with disabilities, Minnesota will need to continue to increase the number of affordable housing opportunities for persons with disabilities through a combination of funding sources. Affordable housing opportunities should encompass the full continuum of need, from supportive housing to home ownership and home improvement assistance.

Description of current situation/barriers to integration

- Restrictions around where people can live to receive services, such as how many people can receive HCBS in a particular housing site or funding targeted exclusively to specific populations (homeless, disabled, etc.).
- Restrictions around where people can live to receive housing supports, such as how many people can receive Section 811 in a particular setting or limits to project-based funding
- Limits adapted by housing developments related to criminal history, family size, and income (for example, requiring income 2 ½ to 3 times more than rent).
- Lack of accessible units in small towns.
- Complexities of funding sources for affordable housing such as tax credits can discourage or delay new housing development; the need for investors to protect investment or target specific populations may lead to reduced options for some populations.
- Housing and services are often inappropriately linked together.
- Extreme shortage of affordable housing; Minnesota has the least affordable rental market in Midwest and is second only to New York City in terms of lack of affordable housing.
- Lack of services, either through Medicaid or other sources that adequately support people in their own homes, particularly when this barrier keeps people from moving out of institutions and/or corrections settings.
- Discrimination in housing practices and accessing mainstream resources.
- Homelessness – the longer it goes on, the harder it is to get housing.
- Lack of case management or services if person doesn't meet a certain diagnostic criteria.
- Liability issues for professionals.

State agencies involved

- Minnesota Housing Finance Agency
- Minnesota Department of Health (MDH)
- Minnesota Department of Corrections (DOC)
- Minnesota Department of Human Rights
- Minnesota Department of Human Services (DHS)
- Minnesota Department of Employment and Economic Development (DEED)
- Minnesota Department of Public Safety (DPS)
- Minnesota Department of Education (MDE)
- Minnesota Department of Veterans' Affairs

Currently Minnesota Housing incorporates funding from DHS and DEED in an annual Super Request for Proposal (RFP). DHS and DEED staff persons assist with application review.

The Minnesota Interagency Council on Homelessness brings people together from multiple state agencies to coordinate efforts to end homelessness. The majority of people experiencing homelessness self-identify as having a disability that meets the ADA definition of disability.

Other partners necessary to achieve this outcome

- Counties – most state programs are administered through county human services departments
- Housing Authorities
- U.S. Department of Housing and Urban Development – Minneapolis office and Washington DC
- Housing Providers – non-profit and private market landlords
- Service Providers

Description of overall plans to achieve the identified outcome or policy objective

POLICY/REGULATORY

1. Individuals with disabilities should have access to integrated housing, services, supports and employment, including those individuals who are homeless or who are considered at risk of institutionalization.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Corrections
 - Minnesota Department of Human Services
 - Minnesota Department of Employment and Economic Development
 - Minnesota Department of Veterans' Affairs
2. Implement policies that work to reduce the impact of criminal history barriers on accessing affordable housing.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Corrections
 - Minnesota Department of Public Safety

3. Better coordinate efforts to meet the needs of people who are involved in multiple systems, such as those currently residing in the St. Peter security hospital or Anoka Metro Regional Treatment, including those who no longer require the level of supports provided in these facilities and require supports to live in the community.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Corrections
 - Minnesota Department of Human Services
 - Minnesota Department of Public Safety
4. Provide education and outreach around legal remedies to reducing barriers for people with disabilities, including reasonable accommodations. Assure that housing complies with fair housing laws.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Corrections
 - Minnesota Department of Human Rights

FUNDING STRUCTURES

1. Organize existing funding and programming around the following functions:
 - a. Get into housing: funding and services to help people find housing
 - b. Maintain housing: housing subsidies or supports to keep the housing affordable
 - c. Keep housing in a crisis: funding and coordination to avoid loss of housing
 - Minnesota Housing Finance Agency
 - Minnesota Department of Corrections
 - Minnesota Department of Human Services
 - Minnesota Department of Veterans' Affairs
2. Work across state agencies to focus funding on preventative and pro-active ways to support people, using services tailored to the individual, in their own housing, rather than in institutions, corrections or through emergency/crisis services.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Corrections
 - Minnesota Department of Human Services
 - Minnesota Department of Employment and Economic Development
 - Minnesota Department of Public Safety
 - Minnesota Department of Education
3. Any new funding for housing targeted to, or likely to be used by, people with disabilities must comply with Olmstead. Strategies need to be developed to ensure that existing housing funded through state resources complies with Olmstead.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Human Services
 - Minnesota Department of Veterans' Affairs

HOUSING AFFORDABILITY AND AVAILABILITY OF OPTIONS

1. Provide a range of housing that is affordable and integrated in communities around the state.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Human Services
 - Minnesota Department of Veterans' Affairs
2. Streamline access to all benefits, services and resources that people need to support themselves in the community.
 - Minnesota Department of Corrections
 - Minnesota Department of Human Services
 - Minnesota Department of Employment and Economic Development
 - Minnesota Department of Veterans' Affairs
3. Enhance quality control and monitoring for community-based housing options to ensure that they are places where people will want to live long-term.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Health
 - Minnesota Department of Human Services
4. Increase efforts to allow for and encourage employment for people with disabilities as a means to increasing income and therefore broadening options for living in the community. Reduce barriers in public benefits and other services that may unintentionally discourage work.
 - Minnesota Department of Human Services
 - Minnesota Department of Employment and Economic Development
 - Minnesota Department of Education

INTERACTION BETWEEN HOUSING AND SERVICES

1. Separate housing from services. Housing will be independent of receiving services from a particular provider or receiving services at all.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Health
 - Minnesota Department of Human Services
 - Minnesota Department of Veterans' Affairs
2. Housing resources should be effectively coordinated with services to ensure that people with disabilities have access to sufficient supports to remain in the community.
 - Minnesota Housing Finance Agency
 - Minnesota Department of Corrections
 - Minnesota Department of Human Services
 - Minnesota Department of Employment and Economic Development
 - Minnesota Department of Veterans' Affairs

Highlights of activities for 2013-2015 and beyond to achieve the overall plans

1. 2013 Legislative appropriation for rental subsidies for two targeted populations – people leaving correctional facilities and highly mobile families – Minnesota Housing with Department of Corrections and Department of Education.
2. 2013 Legislative appropriation to the Minnesota Department of Human Services for home and community-based services waivers, state mental health grants, and an exception to the corporate foster care moratorium to support individuals leaving Anoka Regional Treatment Center or the Minnesota Security Hospital, who no longer require the level of support provided in the facility and need extensive supports in the community
3. Department of Health and Department of Human Services project to categorize and organize establishments that are registered as housing with services, i.e. assisted living.
4. Department of Human Services continue discussions with the Centers for Medicare and Medicaid Services to define home and community based settings through the home and community based waivers for individuals with disabilities to assure the choice of the most integrated setting for the individual.

Data & measures: current and needed

Things we can measure now:

- Percent of long-term homeless adults with disabilities who live in permanent supportive housing (v. transitional housing, shelter, or other places not meant for permanent housing)
Source: HMIS
- Percent of GRH recipients living in community-based settings as defined by Centers for Medicare and Medicaid Services
Source: MAXIS (more accurate after our GRH/MFP report is done this summer)
- Percent of people reporting increased Quality of Life after transitioning from an institution to the community
Source: MFP quality of life survey
- Percent of people with disabilities who receive services through the home and community based services waivers who reside in their own home
Source: MMIS

Future measures

- Increase the percent of people with disabilities who live in the most integrated setting of their choice

Characteristics of most integrated settings include:

- Person has a lease
- Person has their own living, sleeping, bathing and eating areas
- Person has privacy in their living or sleeping area (no unwanted roommates)
- Unit has lockable access and egress

- Person can decorate and furnish unit to their choosing
 - Person controls their own schedule and activities
 - Person has access to their own food and kitchen
 - Person can have visitors at any time
 - Person is free to choose their service provider without being at risk of losing housing, and to choose not to receive services
 - Unit is not in a building that also provides inpatient treatment, or is adjacent to or on the grounds of a building that does
 - Person has opportunities to interact with non-disabled persons who are not paid staff (may be measured by percent of non-disabled persons living in building or area)
- Percent of people with disabilities who have a person-centered plan
 - Percent of people with disabilities who are able to identify at least 3 housing options through MnCHOICES/Person Centered Plan
 - Percent of people with disabilities who live in non-licensed or registered settings and pay 30% or less of their income towards their housing
 - Percent of people with disabilities who report affordability as a barrier to moving to a more community-like setting

Monitoring & evaluation

TBD

Cross-agency work: Transportation Coordination

Name of initiative or policy objective

- Minnesota Department of Human Services
- Minnesota Department of Transportation

Outcomes and Impact

Reliable transportation options are often the first step toward independence and the opportunity for people who do not have access to a personal vehicle. There have been significant investments in transit and transportation programs at the federal, state and local levels across the state. However, a multitude of funding programs and requirements across dozens of departments and agencies, make coordination AND communication essential elements to transportation.

Fostering communication and cooperation among different state agencies and stakeholder groups can enhance transportation services and use public resources more efficiently. To better coordinate public transit and human services transportation activities, Minnesota has created a state level coordinating council – Minnesota Council on Transportation Access. (MCOTA)

By utilizing and supporting existing multi agency committees, planning processes, and coordination, agencies can provide significant focus to the continual improvement on the outcomes and impacts for Minnesotans accessing transportation. Some examples of these outcomes are: they can increase capacity to serve unmet needs, improve quality of service, improve understanding and access to services for Minnesotans and achieve more cost-effective service delivery.

Description of current situation/barrier to integration

Transportation services are often essential aspect for Minnesotans unable to use or without access to a personal vehicle as they attempt to earn a living, get an education, access medical care, purchase groceries, as well as access social activities in their communities. To enable people without personal vehicles the freedom to accomplish essential tasks, the state makes a substantial investment in transit services and transportation programs. Despite the investment, available transportation services are often fragmented and difficult for Minnesotans to navigate. Transit services are costly to operate, and can be duplicative or restrictive depending on the federal and state rules and regulations tied to each funding source. Improving coordination and efficiencies among providers of transportation services is a critical element of a reliable and sustainable transportation network in Minnesota.

Other Partners Necessary to achieve this outcome

The Minnesota Department of Transportation is responsible for the administration of federal and state transit assistance funds in Greater Minnesota. The Metropolitan Council is responsible for the administration of transit assistance funds in the 7-county metro area. The respective responsibility of these two agencies is an important distinction but also illustrates the importance of both agencies participation which necessary to achieve improved outcomes. The Minnesota Council on Transportation Access brings together not only these two agencies, but many other agencies in Minnesota to coordinate public transit and human service activities.

The following groups are represented on MCOTA:

- Minnesota Department of Transportation
- Office of the Governor
- Minnesota State Council on Disability
- Minnesota Public Transit Association
- Minnesota Department of Human Services
- Minnesota Department of Health
- Metropolitan Council
- Minnesota Department of Education
- Minnesota Department of Veterans Affairs
- Minnesota Board on Aging
- Minnesota Department of Employment and Economic Development
- Minnesota Department of Commerce
- Minnesota Management and Budget

Description of overall plans to achieve the identified outcome or policy objective

Current statute of MCOTA describes in detail the work plan and duties of the MCOTA Council in 20 activities. Many of these activities align with the outcomes and objectives of not only Minnesota Department of Human Services and Minnesota Department of Transportation but many agencies across the state. It is recommended that MCOTA be empowered and tasked with also reviewing the Minnesota Olmstead Plan and using the objectives of the Minnesota Olmstead in their cross agency collaboration on transportation.

In addition the MCOTA local coordination plans are developed for Greater Minnesota transit services by the Minnesota Department of Transportation (MnDOT) Office of Transit in partnership with local planning organizations in Greater Minnesota's twelve economic development regions. The last plans were developed in 2011 and are updated on a two year cycle and inform MCOTA's direction in part. These plans engage diverse stakeholders in identifying strategies for regional transportation coordination and articulating specific projects that could advance coordination strategies in each region. Themes found in the 2011 coordination plans include the need to improve the coordination of services and resources, increase public awareness, implement mobility management strategies, expand services, reduce expenses, and overcome regulatory barriers.

Highlights of proposed activities for 2013 – 2015 and beyond to achieve the overall plan

The 20 work items delegated to MCOTA details that will help achieve the overall plan of improving coordination of transit and transportation programs across the state for Minnesotans who seek transportation options in order to achieve independence and opportunities. These work items include:

- (1) compile information on existing transportation alternatives for the transit public, and serve as a clearinghouse for information on services, funding sources, innovations, and coordination efforts;
- (2) identify best practices and strategies that have been successful in Minnesota and in other states for coordination of local, regional, state, and federal funding and services;
- (3) recommend statewide objectives for providing public transportation services for the transit public;
- (4) identify barriers prohibiting coordination and accessibility of public transportation services and aggressively pursue the elimination of those barriers;
- (5) recommend policies and procedures for coordinating local, regional, state, and federal funding and services for the transit public;

- (6) identify stakeholders in providing services for the transit public, and seek input from them concerning barriers and appropriate strategies;
- (7) recommend guidelines for developing transportation coordination plans throughout the state;
- (8) encourage all state agencies participating in the council to purchase trips within the coordinated system;
- (9) facilitate the creation and operation of transportation brokerages to match riders to the appropriate service, promote shared dispatching, compile and disseminate information on transportation options, and promote regional communication;
- (10) encourage volunteer driver programs and recommend legislation to address liability and insurance issues;
- (11) recommend minimum performance standards for delivery of services;
- (12) identify methods to eliminate fraud and abuse in special transportation services;
- (13) develop a standard method for addressing liability insurance requirements for transportation services purchased, provided, or coordinated;
- (14) design and develop a contracting template for providing coordinated transportation services;
- (15) recommend an interagency uniform contracting and billing and accounting system for providing coordinated transportation services;
- (16) encourage the design and development of training programs for coordinated transportation services;
- (17) encourage the use of public school transportation vehicles for the transit public;
- (18) develop an allocation methodology that equitably distributes transportation funds to compensate units of government and all entities that provide coordinated transportation services;
- (19) identify policies and necessary legislation to facilitate vehicle sharing; and
- (20) advocate aggressively for eliminating barriers to coordination, implementing coordination strategies, enacting necessary legislation, and appropriating resources to achieve the council's objectives.

Funding and fiscal impact

TBD

Data & measures: current and needed

Percent of people using public or private transportation vs. people with limited/no access to transportation or available only through segregated setting.

Monitoring and evaluation

The Department of Human Services will monitor the outcome measures, evaluate the performance, and advise departmental leadership on performance. Annually the Department will issue a report to its stakeholders allowing them to hold the Department accountable for implementation of the Plan.

Cross-agency work: Integrating Service Systems for Students with Disabilities

Outcomes and impact

The transition to adulthood has become more complex, increasing the need for well-designed, intentional structures that support students with significant disabilities in their efforts to learn and become economically independent. Current practices, including the differences between youth and adult service delivery services and the need for interagency coordination, complicate service coordination for students with disabilities. Through improved collaboration and system linkages at all levels, the number of students with disabilities entering into integrated employment upon graduation will increase.

Description of current situation/barriers to integration

The Governor's Workforce Development Council publication, *All Hands on Deck* looks at the readiness of new entrants to the workforce. With significant numbers of Minnesota workers retiring over the next 10 years, Minnesota is facing a serious skills gap. Part of the solution is to prepare students with disabilities to meet workplace demands in an increasingly complex, knowledge and technology-based, global economy. By mobilizing and coordinating multiple sectors – education, business, government, nonprofits, communities and families – increases in integrated employment outcomes are possible.

The examination of current data reveals a challenge. To date, state agencies collect data based on specific state and federal requirements. Enhanced planning for students with disabilities ages 18-21 can occur by improving data collection processes between education, vocational rehabilitation services, state services for the blind, health and human service agencies.

In addition, joint outreach and training by state agencies for students with disabilities and their families could occur to optimize understanding of such topics as adult services terminology, the impact of employment on benefits, work incentives and other assets.

State agencies involved

Minnesota Department of Education, Minnesota Department of Employment and Economic Development, Minnesota Department of Health and Minnesota Department of Human Services.

Other partners necessary to achieve this outcome

Interagency partnerships have proven to be an effective means for preparing students with significant disabilities for integrated employment outcomes. If students with disabilities are to develop the knowledge and skills that enable them to fully participate in the workforce, many need access to evidence-based work experiences prior to graduation. Through interagency partnerships with public schools, vocational rehabilitation services, health, developmental disabilities programs, and businesses students with disabilities may have enhanced employment outcomes.

Description of overall plans to achieve the identified outcome or policy objective

To be effective, services and supports to students with disabilities must be individualized, flexible and supportive of consumer choice.

Goal 1: By July 1, 2014 the Minnesota Department of Human Services, Minnesota Department of Employment and Economic Development, Minnesota Department of Health and Minnesota Department of Education will collaborate to identify evidence-based practices for efficient data design, collection, sharing, analysis and confidentiality.

Goal 2: By July 1, 2015 Minnesota Department of Employment and Economic Development (DEED), Minnesota Department of Human Services (DHS), Minnesota Department of Health (MDH) and Minnesota Department of Education (MDE) will develop a data sharing agreement and needed procedures to gather baseline and trend information on the number of students with disabilities who are:

- on a waiting list for employment services
- entering Day Training & Habilitation (DTH) programs
- participating in center-based employment
- participating in community employment
- participating in customized employment
- participating in supported employment
- participating in non-work activities
- employed including: self-employment, competitive employment

Goal 3: By July 1, 2016 DEED, DHS, MDH and MDE will use existing interagency teams to engage employers and employer organizations to double the integrated employment outcomes for students with disabilities. DEED, DHS, MDH and MDE will develop and implement annual cross-agency training with a focus on service coordination, roles and responsibilities, models of innovative career development and employment training, entitlement vs. eligibility for service provision and DB101.

Highlights of proposed activities for 2013-2015 and beyond to achieve the overall plans

Evidence based practices have shown that students with disabilities experience better post-school employment success when paid work is incorporated into secondary school programming. The need to overlap planning and service delivery must be improved so that a seamless transition into the adult world exists.

- Develop an innovative employment outcome data-sharing protocol between MDE, DEED, MDH and DHS.
- Enhance interagency partnerships at the state and local levels.
- Analyze service coordination strategies that effectively build interagency partnerships, foster consumer self-determination, and are flexible enough to allow consumer choice.

- Develop clear and uniform procedures for information sharing, communication, and coordination of services and supports across state agencies.
- Develop a glossary of common terms related to supports and services that are consistent across secondary education and employment systems.

Funding & fiscal impact

Federal and state legislation has often been the catalyst to program improvements at the local level. In this spirit, the following policy recommendations are suggested.

- Minnesota State Legislature could consider funding for evidence-based models of career planning and work based learning activities for all students.
- Minnesota State Legislature could consider targeted funds to enhance cost-effective strategies for long-term employment and health support services to students with significant disabilities.

Data & measures: current and needed

Development of a shared interagency data system is needed.

Monitoring & evaluation

MDE, DEED, MDH and DHS will work together to collect, analyze and report annually integrated employment outcomes for students with disabilities.

Next steps for Minnesota's Olmstead Plan

- The Olmstead Subcabinet is holding listening sessions across the state, and agencies are seeking feedback from stakeholders.
- Experts on Olmstead planning will assist subcabinet agencies.
- Cross-agency and agency teams will continue to develop and revise plans.
- A cross-agency team of data experts will be meeting to develop measurements that can be used to show how well Minnesota is meeting its integration goals.
- The Olmstead Subcabinet may publish revised drafts of the Olmstead Plan to gather additional feedback.
- The final version of the plan will be released on November 1, 2013.
- Implementation and monitoring of the Olmstead Plan will be ongoing.