



Minnesota Department of **Human Services**

September 29, 2016

The Honorable Donovan W. Frank
 United States District Court
 District of Minnesota
 724 Federal Building
 316 North Robert Street
 St. Paul, Minnesota 55101

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
 Court File No.: 09-CV-01775 DWF/BRT
 Olmstead Plan Refreshed Workplans

Dear Judge Frank:

Enclosed please find the refreshed Olmstead Plan workplans. These are a result of a review and adjustment process undertaken by state agencies, the Olmstead Subcabinet and the Olmstead Implementation Office (OIO). These workplans were approved by the Olmstead Subcabinet on September 28, 2016. This document supersedes the workplans that were filed on October 9, 2015 (Doc. 515) and August 1, 2016 (Doc. 581).

Workplans contain the agency action items that support the measurable goals and strategies of the Olmstead Plan. They typically cover a one to two-year time span. They are intended to be flexible blueprints capable of modification when necessary to better accomplish strategies. By developing and then regularly reviewing the agency workplans, the Olmstead Subcabinet, the OIO and the public will be able to see that work is being done to support the achievement of the measurable goals in the Olmstead Plan.

Sincerely,

Charles E. Johnson
 Deputy Commissioner

cc: Magistrate Judge Becky R. Thorson
 Shamus O'Meara, Attorney for Plaintiffs
 Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
 Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities
 Mary Tingerthal, Chair, Olmstead Subcabinet



Minnesota Olmstead Subcabinet

September 29, 2016

To the People of Minnesota,

On behalf of the Olmstead Subcabinet, I am pleased to present the latest version of the Olmstead Plan workplans. These workplans were approved by the Olmstead Subcabinet on September 28, 2016 and supersede previous versions of the workplans. Activities set forth in previous workplans that were completed during the past ten months will be made available to the public on the Olmstead website.

The Olmstead Plan identifies measurable goals and strategies that support those goals. The ultimate success of the Olmstead Plan will be measured by an increase in the number of people with disabilities who, based upon their preferences, live close to their friends and family as independently as possible, work in competitive, integrated employment, are educated in integrated school settings, and fully participate in community life. These workplans are designed to make progress toward the Subcabinet's commitment to ensure that Minnesota is a place where people with disabilities experience lives of inclusion and integration in their communities.

Workplans reflect the actions that agencies will take to support the strategies and goals contained in the Olmstead Plan. For each strategy identified in the Plan, the workplans identify a series of key activities, expected outcomes, deadlines and the agency or agencies responsible for implementation. Workplans are the purview of the responsible state agencies. With the assistance of the Olmstead Implementation Office (OIO), the agencies develop the workplans to encompass anticipated action items over the next 1-2 years. The workplans are then submitted to, and approved by, the Olmstead Subcabinet.

Throughout the term of the workplans, each state agency, the Olmstead Subcabinet and the OIO will be responsible for monitoring progress on the workplans, making adjustments to the workplans as needed, and routinely reporting on progress in achieving the measurable goals. OIO compliance staff reports monthly on workplan progress and agencies present any necessary changes to the workplans to the Subcabinet for approval.

By regularly reviewing the progress of the workplans, both the Subcabinet and the public will be able to see that work is being done to support the achievement of the measurable goals in the Olmstead Plan.

A handwritten signature in blue ink, appearing to read "Mary Tingerthal", is written over the printed name.

Mary Tingerthal, Chair
Olmstead Subcabinet

Olmstead Plan Workplans

September 28, 2016

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The numbering of workplan activities in this document continues the numbering utilized in the initial Olmstead Plan workplans dated October 9, 2015. For reference, completed workplan items can be found in the Olmstead Plan Workplan Completed Activities document located on the Olmstead website.

Agency Acronyms

ADM	Department of Administration
DEED	Department of Employment and Economic Development
DHS	Department of Human Services
DOC	Department of Corrections
MDE	Minnesota Department of Education
MDH	Minnesota Department of Health
MDHR	Minnesota Department of Human Rights
MHFA	Minnesota Housing Finance Agency
MN.IT	Minnesota Information Technology Services
MnDOT	Minnesota Department of Transportation
OIO	Olmstead Implementation Office
OMHDD	Ombudsman for Mental Health and Developmental Disabilities

Olmstead Plan Workplan – Person-Centered Planning

June 1, 2016 Plan Goals (page 34)

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

GOAL ONE:

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

GOAL TWO:

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

STRATEGIES:

1. Broaden the effective use of person-centered planning principles and techniques for people with disabilities
2. Evaluate the effectiveness of person-centered planning principles and techniques
3. Incorporate assistive technology assessment into person-centered planning processes

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2a	Begin lead agency self-monitoring for compliance to the person-centered training requirement for certified assessors.	People with disabilities will experience person-centered planning and informed choice in accordance with the protocols.	Begin agency self-monitoring by January 31, 2017	DHS, Lead agencies
B.4a	Provide Learning Community webinars for support planners on person-centered planning and informed choice protocols. Report on number of webinars and number of people participating to the Subcabinet.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by December 31, 2017	DHS
B.5	Host Housing Best Practices Forums to provide tools and skills in developing individualized housing solutions, including finding and maintaining housing. Semi-annually report to the Subcabinet on the number of trainings and attendees.	Person-centered practices and informed choice are necessary for persons with disabilities to exercise personal preferences in housing, employment, education and other services and supports. Lead agencies and providers need a complete understanding of the principles of person-centered practices and informed choice to effectively fulfill their responsibilities.	Report to Subcabinet by December 31, 2016 and semi-annually thereafter	DHS
B.6a	Train case managers, assessors and planners in person-centered practices. Report number of trainings and number of people trained to the Subcabinet.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by June 30, 2017	DHS
B.8a	Pilot Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model in two community areas during the 2016-2017 and 2018-2019 school year. This incorporates person-centered planning practices into the Individual Education Program (IEP) process.	Students will experience person-centered practices in their educational experience.	Implement model by June 30, 2017	MDE, DEED, DHS, MDH
B.8b	Gather input from students with disabilities and their families on their experience of the model. The evaluations will inform potential improvements to the model.	Students and families provide input on the model. Modifications may occur to the models based on the input.	Complete evaluations by July 31, 2017	MDE, DEED, DHS, MDH

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.11	Implement training and technical assistance plan to increase provider capacity to provide person-centered services. Report to the Subcabinet on the number of trainings and the number of people trained.	People with disabilities will have service delivered in a person-centered way.	Report status of trainings by December 31, 2017	DHS
B.12	Secure a contract to develop curriculum for mental health and behavioral health providers on person and family centered approach in the context of mental health and co-occurring disorders. This will include racially and ethnically diverse providers.	People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.	Secure contract by March 1, 2017	DHS
B.13	Train mental health and behavioral health care providers on a person and family centered approach in the context of mental health and co-occurring disorders.	See B.12 above	Begin training by September 1, 2017	DHS
C.1a	Train at least 14 individuals with disabilities in self-advocacy through a 12-month program of classroom training and fieldwork.	These self-advocates will become leaders within the Olmstead Plan. Participants will work in teams to plan and execute an integration project in their own community.	Train at least 14 individuals by June 30, 2017	DHS
C.2a	Develop additional person-centered practices content and tools to help people and their families/guardians understand options, assert their rights and plan for their future.	Person-centered practices and informed choice are necessary for persons with disabilities to exercise personal preferences in housing, employment, education and other services and supports.	Develop additional content and tools by June 30, 2017	DHS
C.2b	Design and conduct a series of events with people who use long-term services and supports and their families to better understand their experiences with services and their ideas about community integration and quality of life. These events will be designed to engage with culturally and racially diverse communities.	People with disabilities and their families will share their experiences with community integration and their quality of life.	Begin engagement events by November 30, 2016	DHS

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.2c1	In conjunction to Minnesota's Transition Plan for the Home and Community-Based Services Rule, conduct community meetings about residential and day settings, and employment, with people with disabilities and their families.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	Hold community meetings by December 31, 2017	DHS
C.2c2	Provide status report to Subcabinet on the number of community meetings and the number of attendees.	Status report will be provided to the Subcabinet.	Report to Subcabinet by June 30, 2017	DHS
C.3	Provide access to people with disabilities and/or family members to person-centered training via the College of Direct Supports. College of Direct Supports is a training curriculum with an emphasis on person-centered practices. Annually report the number trained to the Subcabinet.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS, Advocacy groups, Selected vendors
C.4	Seek input from people who have been part of the training about the training. Input will be used to enhance future training.	People with disabilities will provide input on future training.	Seek input by June 30, 2017	DHS
C.5	Provide access to people with disabilities and their families to person-centered training via the Person-Centered Counseling Curriculum.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	Provide access to curriculum by January 31, 2017	DHS, U of MN Institute on Community Integration
C.6	Provide access to people with disabilities and their families to training via the Person-Centered Counseling Curriculum. Annually report the number of people trained to OIO Compliance.	See C.5 above	Report the number trained by June 30, 2017 and annually thereafter	DHS
D.2	Develop recommendations for DHS leadership on including person-centered planning and informed choice as a new service to be covered by the Medicaid state plan and grant funding.	People with disabilities and their families will have access to person-centered planning services and informed choice. This requires both access to the service and the capacity to provide the service.	Develop recommendations for Medicaid state plan/grant funding by October 31, 2016	DHS

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.3c	Develop targeted application process to recruit qualified person-centered trainers. The process will include recruiting racially and ethnically diverse qualified person-centered trainers.	There will be an increase in ethnically and racially diverse qualified person-centered trainers.	Develop and implement application process by January 31, 2017	DHS
D.5	Train six people to certification standards necessary to lead person-centered planning trainings.	See D.2 above	Train six people by June 30, 2017	DHS
E.1	Develop materials and training to guide professionals who inform people with disabilities, including people with disabilities from ethnically and racially diverse communities, about their rights and their individual abuse prevention plans to increase understanding of rights and the effectiveness of planning. Develop inventory of existing requirements, materials, tools and training.	Professionals and people with disabilities will understand their right to be free from abuse and neglect and their right to exercise informed choice. They will be supported in advocating for themselves and professionals will advocate for them to exercise those rights. People will be informed about how to report incidents where their rights have been violated, including abuse and neglect.	Complete inventory by December 31, 2016	DHS, MN State Courts, Working Interdisciplinary Network on Guardianship Stakeholders (WINGS)
E.2	Create process map/prompts for recommended practices to identify opportunities for conversations about risk and choice.	See E.1 above	Complete mapping by December 31, 2016	DHS, MN State Courts, WINGS
E.3	Produce trainings for professionals on individual rights, abuse prevention planning, and skill building.	See E.1 above	Begin training by March 31, 2017	DHS, MN State Courts, WINGS
F	Provide status update to the Subcabinet on all training efforts in this section. Report the number of trainings and the number of people trained.	Status report will be provided to the Subcabinet.	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS
G	Develop training protocols to ensure that training is refreshed annually and accommodates new employees. Provide status report to the Subcabinet.	Subcabinet will receive report on training protocols.	Report to Subcabinet by June 30, 2017	DHS

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Analyze the 2016 National Core Indicator (NCI) survey data.	The NCI results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	Analyze 2016 data by December 31, 2016	DHS National Core Indicators collaboration
A.3	Post 2016 NCI Minnesota results on the website.	See A.2 above	Post NCI Minnesota results by December 31, 2016	DHS
A.4	Complete the NCI survey interviews for the 2017 cycle.	See A.2 above	Complete interviews by June 30, 2017	DHS
A.5	Analyze the 2017 NCI survey data.	See A.2 above	Analyze 2017 data by December 31, 2017	DHS
A.6	Post the 2017 NCI Minnesota results on the website.	See A.2 above	Post NCI Minnesota results by December 31, 2017	DHS
B.2	DHS will audit county plans and provide feedback to counties on needed improvements. Results will be published on DHS website annually.	Implementation of person-centered planning processes will improve over time.	Audit county plans during 2016 Annual Waiver Reviews; Publish results by July 31, 2017 and annually thereafter	DHS, Counties
B.4	Submit annual report to subcabinet on progress of Olmstead person-centered planning goals and utilize results of monitoring as a continuous improvement process.	See B.2 above	Report to subcabinet by March 31, 2017 and annually thereafter	DHS, Counties
D.1	Through the MnChoices assessment tool, assess whether assistive technology will be considered as part of an individual's support plan, and at reassessments, monitor access to and effective use of technology. Incorporate assistive technology related questions into MnCHOICES assessment tool.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES.	Add questions to MnCHOICES by March 31, 2017	DHS
D.2	Analyze one full year of assistive technology data from MnCHOICES assessments.	See D.1 above	Complete analysis by June 30, 2018	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.3	Review analysis and make recommendations to DHS leadership.	See D.1 above	Make recommendations by December 31, 2018	DHS
E.1	DHS will work with System of Technology to Achieve Results (STAR) Program and the State Quality Council and its regional councils on strategies to increase awareness of, and monitor effective use of, assistive technology as a means to increase quality of life and outcomes for people with disabilities. DHS staff will work with people with disabilities, families and advocates to develop technical assistance/informational presentations for Person-Centered Quality Review work groups of the State Quality Councils.	The State Quality Council will have an increased awareness of the types and benefits of assistive technology. Assistive technology will be considered in the quality review process.	Develop technical assistance by June 30, 2017	DHS, STAR, Quality Councils
E.2	DHS staff will coordinate with STAR program staff to arrange technical assistance/informational presentations to Person-Centered Quality Review work groups of the State Quality Councils.	See E.1 above	Schedule informational meetings by June 30, 2017	DHS, STAR, Quality Councils
E.3	State Quality Council Workgroup will develop questions related to assistive technology to utilize in their quality review process.	See E.1 above	Develop questions by December 31, 2017	DHS, STAR, Quality Councils

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

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

Olmstead Plan Workplan – Transition Services

June 1, 2016 Plan Goals (page 42)

Executive Sponsor: Chuck Johnson (DHS)
Lead: Erin Sullivan Sutton (DHS), Anna Mc Lafferty (DOC)

GOAL ONE:

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

GOAL TWO:

By June 30, 2019, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting will be reduced to 30% (based on daily average).

GOAL THREE:

By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital will increase to 14 individuals per month.

GOAL FOUR:

By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person-centered planning process that adheres to transition protocols that meet the principles of person-centered planning and informed choice.

STRATEGIES:

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

Strategy 1: Improve ability to gather information about housing choices

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1c	Meet with lead agencies to gather input and identify areas that can be improved to guide a conversational interview. Clarify the role of the assessor is to get to know the person, empower the person and ensure informed decision making.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.	Analyze data from meetings with lead agencies by March 31, 2017	DHS, Lead agencies
A.1d	Develop MnCHOICES 2.0 to improve assessment process.	See A.1c above	Complete development of MnCHOICES 2.0 by December 31, 2018	DHS
A.7	Implement new Individualized Home Supports (IHS) services upon CMS approval.	See A.1c above	Begin implementation within 30 days of CMS approval	DHS

Strategy 2: Implement new transition protocols

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.7	Continue implementation of federal rule governing Home and Community-Based Services (HCBS) consistent with the Person Centered, Informed Choice and Transition Protocol.	The person centered, informed choice and transition protocol will ensure that there is a uniform standard of practice available to people who use long term supports and services, including mental health services.	Complete implementation by March 31, 2019	DHS
A.8	Annually review the application of the Person-Centered Planning and Informed Choice Protocol and make adjustments as necessary.	See A.7 above	Annually review protocol by January 31, 2017 and annually thereafter	DHS

Strategy 3: Increase service options for individuals making transitions

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Develop gaps analysis process with counties to lead to more actionable data and delineation of county/state roles regarding service development.	Adequate resources and options will be available to meet people's needs and individual desires so that they can live and pursue their interests in the most integrated setting of their choice. See A.4 above	Develop process by December 31, 2017	DHS, Counties
A.5	Provide grant funding to local planning entities to support local efforts to develop alternatives to community residential settings and new approaches to supporting community integration.	See A.4 above	Provide grant funding by June 30, 2017	DHS, Counties
A.6	DHS staff will work with racially and ethnically diverse communities to develop and deliver training and technical assistance for providing Medicaid services.	See A.4 above	Deliver training and technical assistance by December 31, 2017	DHS
A.7	Provide an interim status update to the Subcabinet on activities A.4 and A.6.	Subcabinet receives report.	Report to Subcabinet by June 30, 2017	DHS
B.1	Increase capacity at lead agencies to assist people in accessing affordable housing. Provide technical assistance and mentoring to lead agencies and providers on the use of innovative approaches to individualized housing and supports.	Lead agency staff and providers will receive training and technical assistance to assist individuals with disabilities to access integrated and affordable housing.	Provide technical assistance to lead agencies beginning December 31, 2016	DHS Lead agencies (counties, tribes and health plans) Providers
B.2	Report to the Subcabinet on the number of lead agencies, providers, receiving technical assistance and the number of individuals who participated.	Subcabinet receives report.	Report to Subcabinet by December 31, 2017 and annually thereafter	DHS

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.1	Provide technical assistance and education about assistive technology to lead agencies and providers and provide examples of innovative uses of assistive technology to support people in making successful transitions to the most integrated settings. Develop an assistive technology track at the DHS Statewide Age and Disability Odyssey conference.	Participants will gain an understanding of a variety of assistive technology products, services, resources (e.g., State's Assistive Technology Act program) as well as funding streams. They will also learn how to include assessment for potential value of assistive technology in their practice. Assessments through Technology for Home will increase use of appropriate assistive technology to support people to live in their own homes.	Odyssey conference held by June 30, 2017	DHS
C.2	Measure use of Technology For Home assessment and education services including type of activity, number people of impacted and client satisfaction.	See C.1 above	Submit annual report to Subcabinet by March 31, 2017 and annually thereafter	DHS
C.3	Assess the effectiveness of the services and make recommendations for improvements as needed.	See C.1 above	Make recommendations by September 30, 2017 and annually thereafter	DHS

Strategy 4: Monitor and audit the effectiveness of transitions

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.1b	DOC, DHS and community providers will provide training to all DOC staff involved in release planning activities of programs and resources appropriate to individuals with disabilities.	Reentry staff will be trained on community based services appropriate to individuals with disabilities exiting department of corrections. This will include 400 case managers, release planners, transition coordinators and field agents. DOC staff involved in release planning will make effective referrals to disability services and facilitate informed choice with respect to those services.	Complete training for reentry staff by January 1, 2017	DHS, DOC
D.1c	DEED will provide information to DHS and DOC on eligibility requirements for DEED services.	DOC and DHS will understand the DEED eligibility requirements for future incorporation into the Combined Application Form (CAF) process.	Provide information by January 31, 2017	DEED

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4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.3	Identify and pursue strategies to improve access for people in correctional facilities to benefits obtained through the Combined Application Form (CAF). (If a person in a correctional facility sends a CAF to a county within 30 days before release, most of the time the county does not respond to the application in time to align benefits immediately upon release). Report recommendations to DHS/DOC leadership.	Improving the CAF process will help ensure people with disabilities exiting correctional facilities have timely access to needed benefits to help them live in the most integrated setting.	Report recommendations by January 31, 2017	DHS, DOC
D.4	Begin implementation of CAF recommendations.	See D.3 above	Begin implementation by March 1, 2017	DHS, DOC
D.5	Review implementation of CAF implementations.	See D.3 above	Review implementation by July 1, 2017	DHS, DOC

Olmstead Plan Workplan – Housing & Services

June 1, 2016 Plan Goals (page 48)

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

GOAL ONE:

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

STRATEGIES:

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

Housing & Services Workplan

September 28, 2016

Strategy 1: Create more affordable housing

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1	Report to MHFA commissioner initial housing stability outcomes for people entering the Bridges program.	The Bridges program, which is implemented by contracting with housing agencies that provide rental assistance who are partnered with mental health entities, will increase the number of households who will have affordable, integrated housing and supportive services, which will increase housing stability.	Report to MHFA Commissioner by September 30, 2016 and annually thereafter	MHFA, DHS
B.2	Make recommendations to housing agencies regarding strategies to increase housing stability.	See B.1 above	Publish recommendations and set goals by March 31, 2017	MHFA, DHS
C.1	Utilize the new Section 811 Project Rental Assistance funding. Section 811 program provides rental assistance to people with disabilities who are either homeless or exiting an institution. Lease all 84 Section 811 units awarded in 2014 (Round I) to eligible households.	New Rental Assistance will increase the number of people with disabilities who exit a segregated setting, or a situation at risk of segregation, into integrated housing with a signed lease and access to supportive services.	Lease all Round I Section 811 units by July 31, 2017	MHFA, DHS
C.2b	Identify and make available any remaining Round II section 811 funds.	See C.1 above	Make funds available by April 30, 2017	MHFA, DHS
C.2c	Report annually to Subcabinet on status of Round II Section 811 units.	See C.1 above	Report to Subcabinet by December 31, 2107 and annually thereafter	MHFA, DHS
C.3	Lease all 75 Round II Section 811 units to eligible households.	See C.1 above	Lease all Round II Section 811 units by December 31, 2019	MHFA, DHS

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

Housing & Services Workplan

September 28, 2016

Strategy 3: Implement reform for housing assistance programs

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Complete all systems changes related to Group Residential Housing (GRH) policy changes.	The GRH policy changes will promote choice and access to integrated settings by • Giving people more control regarding the county in which they prefer to live • Removing barriers to working • Separating the service payment from the housing payment so people can have informed choice of housing and services	Complete systems changes by December 31, 2016	DHS
A.5	Present a comprehensive housing services proposal to support an individual's ability to obtain or maintain stable housing to DHS leadership. The proposal will include identification of barriers for individuals to obtain and maintain housing and recommendations.	See A.4 above	Present to DHS leadership by February 1, 2017	DHS

Strategy 4: Improve future models for housing in the community

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Develop and promote the housing planning tool on Housing Benefits 101 (HB101) website to help people with disabilities explore their options.	People with disabilities will be able to make informed choices when they understand what options are available to them. These activities will give people with disabilities multiple ways to access information regarding affordable housing options.	Develop/promote housing planning tool on HB101 by November 1, 2016	MHFA, DHS, HousingLink, World Institute on Disabilities

Housing & Services Workplan

September 28, 2016

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.5	Develop an interactive map on HB101 for people experiencing homelessness to be able to contact coordinated entry, and/or referral to shelter in their area.	See A.4 above	Post maps on HB101 by October 31, 2017	MHFA, DHS, HousingLink, World Institute on Disabilities
A.6	Provide real life scenarios and success stories on HB101.	See A.4 above	Post scenarios on HB101 by October 31, 2017	MHFA, DHS, HousingLink, World Institute on Disabilities
A.7	Review HousingLink's annual analytics report for website, communication and/or outreach enhancements. Determine if changes are needed to website and communications.	HousingLink's products and services will be refined, as needed, to better serve people with disabilities.	Determine if changes are needed by January 31, 2017	MHFA, DHS
B.1	Provide targeted education and technical assistance to counties to increase access to income supplements. Develop a technical assistance plan and implement plan for county financial workers regarding Minnesota Supplemental Aid.	There are some individuals who are eligible for income supplements for housing but are unaware of this benefit. Technical assistance will increase the number of eligible people with disabilities who are receiving support to pay for the cost of housing.	Develop and implement technical assistance plan for county financial workers by December 31, 2016	DHS
B.3	Provide targeted training and technical assistance on Group Residential Housing (GRH) and Minnesota Supplemental Aid (MSA) to DHS Direct Care & Treatment Services.	On-site training sessions and one on one technical assistance will be provided to expand service provider knowledge and comfort with these funding possibilities.	Provide training by December 31, 2017	DHS
B.4	Provide targeted training and technical assistance on GRH (and MSA) to Tribal Nations in Minnesota.	On-site training sessions and one on one technical assistance will be provided to expand service provider knowledge and comfort with these funding possibilities.	Provide training by December 31, 2017	DHS
B.5	Provide status update to the Subcabinet on the number of trainings offered, technical assistance provided and the number of individuals receiving training and technical assistance.	Subcabinet will receive report.	Report to Subcabinet by June 30, 2017	DHS

Olmstead Plan Workplan – Employment

June 1, 2016 Plan Goals (page 52)

Executive Sponsor: Jeremy Hanson Willis (DEED) and Chuck Johnson (DHS)
Lead(s): David Sherwood Gabrielson (DEED), Erin Sullivan Sutton (DHS) and Robyn Widley (MDE)

GOAL ONE:

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

GOAL TWO:

By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive, integrated employment.

GOAL THREE:

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

STRATEGIES:

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

Strategy 1: Implement the Employment First Policy

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.6	Continue the implementation of the informed choice process with persons served by Vocational Rehabilitation Services, Medicaid funded programs and students who are a part of the Employment Capacity Building Cohort as outlined in the Olmstead Employment goals.	Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose integrated, competitive employment or they may not object to moving to competitive, integrated employment, or they may choose day service and/or other employment option. The policy does not call for the elimination of certain service options or closure of specific facilities.	Expand implementation of informed choice process by June 30, 2017 and annually thereafter	DHS, MDE, DEED
A.7	Hold focus groups with people with disabilities including people with mental illness, people from racially and ethnically diverse communities, and their families to inform tool and communications development. Report to the Subcabinet on the number of focus groups held and the number of people who participated.	Complete 3 focus groups.	Report to Subcabinet by September 30, 2017	DHS, MDE, DEED
A.8	Further develop the Informed Choice toolkit with technology based tools to improve the process for the person and create efficiencies across the system.	See A.6 above	Update toolkit by December 31, 2017	DHS, MDE, DEED
A.9	Continue to expand Employment First communications, training and technical assistance to lead agencies and providers to build system capacity.	See A.6 above	Complete communications, training and technical assistance by December 31, 2017	DHS, MDE, DEED
A.10	Provide status update to Subcabinet on the number of trainings and technical assistance to lead agencies and providers to build system capacity.	Subcabinet will receive report.	Report to Subcabinet by June 30, 2017	

Employment Workplan

September 28, 2016

Strategy 2: Develop an interagency data system to improve measurement of integrated employment

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Develop a permanent interagency system to establish baseline, and measure competitive, integrated employment outcomes, including outcome measures by race and ethnicity.	Using work from Interim Interagency data system, DHS, DEED and MDE will work in collaboration with Data Governance Initiative. The Initiative will establish goals and measurements over time to measure outcome and determine gaps in service. The measures will include: type of employment; work setting and employer of record; hourly wage, benefits and number of hours worked; informed choice planning information; and others developed based on experience.	Establish baselines by December 31, 2017	DHS, MDE, DEED
A.5	Establish an interagency data governance structure for employment.	An interagency data governance structure will provide a framework for DHS, DEED and MDE to share data and outcome information on competitive integrated employment for Minnesotans with disabilities.	Interagency data governance structure in place by December 31, 2016	DHS, MDE, DEED
A.5a	Establish longitudinal employment objectives and measurements for competitive integrated employment.	DHS, DEED and MDE will establish outcomes and measures that reflect a system that supports competitive integrated employment.	Establish objectives and measures by December 31, 2016	DHS, MDE, DEED
A.5b	Identify information/data elements, including longitudinal measurements and elements, reporting timelines and information needed to measure competitive integrated employment.	Identification of information/data elements to be shared for measuring competitive, integrated employment.	Identify data elements by April 30, 2017	DHS, MDE, DEED
A.6	Define and prioritize interagency employment information and data sharing methods including but not limited to establishing a tri-agency (DHS, DEED, MDE) data sharing process.	DHS, DEED and MDE will develop a range of options for information and data sharing that will measure Minnesota's capacity to provide competitive integrated employment for Minnesotans with disabilities and inform policy and practices changes.	Identify and prioritize interagency methodology by August 31, 2017	DHS, MDE, DEED

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1a	Make policy recommendations to support implementation of proposed employment services.	By realigning employment-related policies and funding priorities across DHS, DEED and MDE, it will be possible to meet the expectations of individuals with disabilities who choose competitive, integrated employment. People who choose competitive, integrated employment will have access to it.	Prepare policy recommendations by November 30, 2016	DHS, MDE, DEED
A.2	If approved by the 2017 legislative session, submit to Center for Medicaid Services (CMS) proposed changes to federal Medicaid waiver plan to include revised employment service definitions. Waiver amendment process includes public comment period.	See A.1 above	Submit waiver amendments to CMS by October 1, 2017 (if approved in the 2017 legislative session)	DHS
A.3	Upon approval from CMS, begin implementation of provisions of new employment waiver services.	See A.1 above	Begin implementation within 90 days of CMS approval	DHS
A.5	Develop and implement new strategies and directives that promote employment across agencies.	See A.1 above	Implement employment strategies by October 31, 2016	DHS

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	In collaboration with DEED and DHS, provide capacity building learning sessions to a minimum of 16 local education agencies. Sessions will include evidence-based strategies such as benefits education and planning, student-centered choice, and engaging youth in paid work before exiting school. Report to the Subcabinet the number of learning sessions and the number of people who participated.	Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting transition aged youth from school to integrated, competitive employment. By beginning with 16 local education agencies with this process, lessons learned will be used to expand to additional local education agencies over time.	Report to the Subcabinet by May 31, 2017 and annually thereafter	DHS, MDE, DEED
A.3	Review strategies used with the 2015-2017 group of 16 local education agencies and their community partners and introduce those strategies to a new group of agencies beginning during the 2017-2018 school year.	See A.2 above	Review strategies by June 30, 2017	DHS, MDE, DEED
A.4	Expand capacity building learning sessions to next group of local education agencies.	See A.2 above	Expand learning sessions during 2017-2018 school year	DHS, MDE, DEED
A.5	Review resource requirements for youth employment services on an annual basis.	See A.2 above	Review resource requirements by June 30, 2017 and annually thereafter	DHS, MDE, DEED
B.1	Expand availability of Individual Placement and Supports (IPS) Employment utilizing grant funding and issue report on impact. Provide a status update to OIO Compliance on the impact of IPS expansion.	Individual Placement and Supports (IPS) Employment has proven to increase employment for people with disabilities. Examining other evidence-based practices such as rapid engagement and financial and benefits planning will assist individuals with disabilities in achieving their employment goals. Using these best practices will lead to an increase in integrated, competitive employment for individuals with disabilities.	Report on impact of IPS expansion by July 31, 2017 and annually thereafter	DHS, DEED, MDE Placement Partnerships

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2	Use the Substantial Gainful Activity (SGA) project to assess the impact of rapid engagement in competitive, integrated employment, and financial and benefit planning on employment outcomes.	See B.1 above	Assess/report on impact of rapid engagement by September 30, 2016 and annually thereafter	DHS, DEED, MDE
B.3	Provide status report on the SGA project to the Subcabinet.	See B.1 above	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS, DEED, MDE
B.4a	Expand use of estimator session and Disability Benefits 101 website. Provide interim status report to Subcabinet.	Individuals will understand the impact of employment income on their benefits.	Report to Subcabinet by June 30, 2017	DHS, DEED, MDE
B.4b	Provide annual status report to the Subcabinet on the expansion of estimator sessions and Disability Benefits 101 website.	See B.4a above	Report to Subcabinet by December 31, 2017 and annually thereafter	DHS, DEED, MDE
B.5	On an annual basis, provide estimates for resources to meet the demand for integrated, competitive employment. This includes IPS capacity and other evidence-based practices.	DHS, DEED, MDE will have projections for growth in integrated, competitive employment.	Provide estimates of resources by June 30, 2017 and annually thereafter	DHS, DEED, MDE
C.1	Cross Agency Assistive Technology Workgroup will develop methods for collecting, sharing, and educating on current assistive technology trends and outline in a communication plan.	Information about assistive technology is shared among diverse partners that supports competitive integrated employment.	Develop communication plan by December 30, 2016	DHS, DEED, MDE, ADM
C.2	Develop and provide a presentation to the Diversity and Inclusion Council about how assistive technology allows access to state resources and can support employment for current and prospective state workers with disabilities.	The Diversity and Inclusion Council will have an increased awareness of how assistive technology can affect change for the State of Minnesota as a model employer.	Present to Council by February 28, 2017	DHS, DEED, MDE, ADM

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	Review and revise as needed the Site Certification Checklist related to assistive technology in Workforce Centers.	The checklist used for certifying Workforce Centers and their accessibility will be updated to include current assistive technology practices which will improve the usability for all individuals seeking employment assistance.	Revise checklist by October 31, 2016	DEED

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

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Workforce Innovation and Opportunity Act (WIOA) Begin implementation of the provision of Pre-Employment Transition Services (PETS) under WIOA §361.48(a), while continuing dialogue with federal officials about concerns with the provision prioritizing services to high school students that are eligible or potentially eligible for Vocational Rehabilitation (VR) services, and monitor the impact of this provision on this population as well as other populations. Annually review federal requirement that states spend 15% of VR allocation on PETS.	Targeted funding for PETS will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.	Review federal requirement by November 15, 2016 and annually thereafter	DHS, DEED, MDE State Rehabilitation Council State Rehabilitation Council for the Blind Local education agencies Workforce Centers
A.4	Monitor and report semi-annually to the Subcabinet on programs using the Order of Selection (OOS) process, the impact on the programs, and an analysis. Review the implementation of OOS at regular intervals to determine if it can be revised.	See A.1 above	Report to Subcabinet by January 22, 2017 and semi-annually thereafter	DEED

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.5	Report semi-annually to the Subcabinet on the status of WIOA and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve.	See A.1 above	Report status of WIOA to Subcabinet by January 22, 2017 and semi-annually thereafter	DEED
A.6	Work with local, state, and federal partners to maximize the opportunities presented under WIOA to improve employment outcomes for youth and adults with significant disabilities, by advocating for the most optimal balance of resources. Annually review services to ensure they meet or exceed federal standards and indicators requirements.	See A.1 above	Review services by November 15, 2016 and annually thereafter	DEED
A.7	During the expansion of VR employment services efforts will be made to recruit and develop more racially and ethnically diverse service providers. Annually review that 100% of DEED/VRS employment providers have Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation that requires provider to implement cultural competency and diversity plans.	See A.1 above	Review for CARF accreditation by June 20, 2017 and annually thereafter	DEED
C.1	Provide information and technical assistance to federal contractors and subcontractors to support their efforts to recruit qualified individuals with disabilities under the Minnesota Human Rights Act. Annually report the number of contractors sent technical assistance information by MDHR and the number who contacted DEED/VRS for information or consultation.	Providing information and technical assistance to contractors and subcontractors on effective strategies for hiring persons with disabilities will expand employment opportunities for people with disabilities. The collaborative work between DEED and MDHR will support contractors and subcontractors in their effort to recruit and retain qualified individuals with disabilities.	Report technical assistance offered and provided by February 15, 2017 and annually thereafter	DHS, DEED, MDE, MDHR

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.3	MDHR will review the Affirmative Action Plans of state contractors to identify contractors who may benefit from information and technical assistance on hiring persons with disabilities. Annually report on number of contractors referred and number of contractors who sought technical assistance.	See C.1 above	Report contractors referred and seeking technical assistance by January 31, 2017 and annually thereafter	MDHR

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

6	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Identify gaps and inconsistencies in the comparison of new CMS regulations to current Minnesota regulations, including state statute, state rule, and federally approved waiver plans affected by the regulations.	Implementation of the HCBS rule will provide an opportunity for individuals with disabilities to achieve integrated, competitive employment.	Identify gaps and inconsistencies by December 31, 2016	DHS, HCBS Advisory Committee
A.2	Recommend to DHS leadership any needed changes to state statute, federal waiver plans, and DHS policy manuals to align regulatory requirements, service descriptions and provider standards with the federal rule.	See A.1 above	Recommend changes to DHS leadership by September 30, 2017	DHS
A.2a	Report to Subcabinet on status of recommendations (from A.2)	See A.1 above	Report to Subcabinet by June 30, 2018	DHS
A.3	Implement changes through additional legislation, waiver amendments and revisions to policy manuals/web content.	See A.1 above	Implement changes by December 31, 2018	DHS
A.4	Submit waiver amendments for needed changes to federal waiver plans to align with HCBS rule requirements. Waiver amendment process includes a public comment period.	See A.1 above	Upon legislative approval, submit waiver plan amendments to CMS by October 31, 2017	DHS

Employment Workplan

September 28, 2016

Olmstead Plan Workplan – Lifelong Learning and Education

June 1, 2016 Plan Goals (page 58)

Executive Sponsor: Daron Korte (MDE)
Lead: Robyn Widley (MDE)

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

GOAL TWO: By October 1, 2020 the number of students who have entered into an integrated postsecondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475).

GOAL THREE: By June 30, 2020, 80% of students in 31 target school districts will meet required protocols for effective consideration of assistive technology (AT) in the student's individualized education program (IEP). Protocols will be based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data to OIO Compliance on the number of schools using PBIS and the number of students impacted.	One barrier that prevents students with disabilities from receiving instruction in the most integrated setting is the use of restrictive procedures. PBIS has proven effective in reducing the use of restrictive procedures, which results in increased access of students to the most integrated setting. A minimum of forty additional schools per year will use the evidence based practice of PBIS so that students are supported in the most integrated setting. By the 2015-2016 school year 532 or 26.5% of Minnesota schools will be implementing PBIS, impacting 247,009 students or (30% of all students). In 2016-17 school year 585 schools (28.5%) are implementing PBIS. Forty-two schools were added in the fall of 2016.	Report data on the number of schools using PBIS beginning June 30, 2017 and annually thereafter	MDE Local education agencies

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Continue implementation of the Regional Low Incidence Disabilities* Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development. Specific focus are students with Developmental Cognitive Disorders (DCD) and Autism Spectrum Disorders (ASD). RLIPs will work in coordination with the statewide and regional ASD and DCD Communities of Practice (CoPs) to identify and implement evidence-based practices which support the inclusion of students with ASD and DCD in the most integrated setting. Annually collect and report to the Subcabinet on the number of students with DCD and ASD in the most integrated setting. Beginning with 2016-17 report, data for students with ASD and students with DCD in the most integrated setting will be reported separately. *A low incidence disability is one in which the rate of occurrence is small. In Minnesota, low incidence disabilities include those special education disability categorical areas with a child count of 10% or less of the total statewide special education enrollment. These areas include deaf or hard of hearing, blind/visually impaired, severely multiply impaired, traumatic brain injury, deaf-blind, physically impaired, or developmental cognitive disabilities: severe to profound range.	The RLIP projects, in coordination with the statewide regional ASD and DCD CoPs, will demonstrate success in providing support for serving students in the most integrated setting, as measured by: • an annual increase in the percentage of students with ASD in the most integrated setting; and • an annual increase in the percentage of students with DCD in the most integrated setting. The most integrated setting refers to receiving instruction in regular classes alongside peers without disabilities for 80% or more of the school day.	Report to Subcabinet by June 30, 2017 and annually thereafter	MDE Regional Low Incidence Facilitators ASD and DCD Regional and Statewide CoPs

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR). Minnesota's SIMR is targeted toward increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time. Continue partnership with 4 school districts—Duluth, Minneapolis, Osseo, and St Paul to identify evidence-based practices for improving outcomes for students with disabilities who are American Indian and Black. Focus groups with district administrators and Black and American Indian students with disabilities in these four school districts provided additional information pertaining to low levels of graduation rates. Annually report to the Subcabinet on statewide 6 year graduation rates for American Indian and Black students with disabilities	Implementation of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for American Indian and Black students with disabilities. Increased graduation rates will increase the likelihood of students going on to post-secondary education	Report to Subcabinet by June 30, 2017 and annually thereafter	MDE School districts of • Duluth • Minneapolis • Osseo • St Paul
A.2	Annually collect and report to the Subcabinet on the statewide four-year graduation rates for American Indian and Black students with disabilities.	See A.1	Report to Subcabinet by June 30, 2017 and annually thereafter	MDE

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3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Minnesota will align the IDEA SPP/SSIP activities with the activities related to increasing graduation for all students. Submit federal SPP plan and SSIP plan to Office of Special Education Programs (OSEP).	See A.1	Submit federal plans by June 30, 2017 and annually thereafter	MDE
D.3	In collaboration with Minnesota's current Statewide Longitudinal Education Data System (SLEDs), report summary level data on how many students with disabilities are graduating from high school and entering into an integrated postsecondary education setting after graduation. Annually report summary level data to the Subcabinet.	Currently, the data collection being used is the Minnesota Post School Outcome Survey which provides information from a snapshot in time and is being used as a short-term proxy measure. A broader data system will provide better data to measure progress in movement from secondary to post-secondary settings.	Report to Subcabinet by October 1, 2017 and annually thereafter	MDE
E	MDE will provide public engagement opportunities related to all strategies in lifelong learning and education topic area. Engagement includes special education meetings with local stakeholders, including administrators, teachers, interagency partners, parents and advocacy groups and Special Education Directors' Forums, etc. Provide status update of engagement activities to OIO Compliance.	Students with disabilities and their families will have input into their educational experiences and understand their opportunities for education and employment.	Provide status of public engagement by June 30, 2017 and annually thereafter	MDE

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2	Conduct parent and student surveys regarding educational reintegration priorities, concerns and considerations and analyze results.	The state has made it a priority for students with disabilities exiting MCF-Red Wing to return to their resident school district. A reintegration protocol has been adopted to plan their return. Use of the protocols will improve reintegration of students with disabilities to their resident district or to a more integrated setting. Education reintegration plans will be reflective of student and parent priorities, concerns, and considerations.	Conduct survey and analyze results by October 1, 2016	DOC, MDE
B.3	Based on the survey results, update the reintegration protocol as needed.	See B.2 above	Update reintegration protocol by December 1, 2016	DOC, MDE
C	Establish State Fiscal Year (SFY) 2016 baseline of how many youth exit MCF-Red Wing to their resident district or most integrated educational setting. Set targets for SFYs 2017-2019 based on baseline.	See B.2 above	Establish baseline and set targets by April 1, 2017	DOC, MDE
D	MDE and DOC will disseminate information about the reintegration protocol to promote its use at other juvenile correctional facilities housing youth from Minnesota including county, private, and out-of-state facilities.	Sharing information and promoting the use of the reintegration protocols will increase the utilization of the protocols in county, private and out-of-state facilities.	Disseminate information by June 30, 2017	DOC, MDE
E	DOC and MDE will examine statute and rules related to the provision of juvenile correctional facilities operated by county, private, and out-of-state facilities. Provide recommendations regarding the promotion of the use of the protocol to the Subcabinet.	See B.2 above	Provide recommendations to the Subcabinet by June 30, 2017	DOC, MDE

Strategy 6 - Expand effectiveness of Assistive Technology Teams Project

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

Olmstead Plan Workplan – Waiting List

June 1, 2016 Plan Goals (page 64)

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

GOAL ONE:

By October 1, 2016, the Community Access for Disability Inclusion (CADiI) waiver waiting list will be eliminated.

GOAL TWO:

By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace.

GOAL THREE:

By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b).

GOAL FOUR:

By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years.

GOAL FIVE:

By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need.

STRATEGIES:

1. Reform waiting list protocols to incorporate urgency of need
2. Implement initiatives to speed up movement from waiting lists
3. Reform management of waiting list management systems

Waiting List Workplan

September 28, 2016

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Strategy 1: Reform waiting list protocols to incorporate urgency of need

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E	Submit quarterly to the Subcabinet via the Olmstead quarterly reporting process: - the number of people in each urgency category; and - the number of people meeting reasonable pace standards.	Individuals will move from the waiting lists at a reasonable pace.	Update Subcabinet quarterly beginning October 31, 2016	DHS
H	As part of the Subcabinet quarterly report each February, provide an update on the following: - an estimate on funding needed to eliminate the waiting list; and - the number of people on other waivers who are eligible for Developmental Disability (DD) waivers. Summary information on: - the needs of persons waiting; - options to meet their needs; - evaluation of existing programs to determine if there are effective program changes; - analysis of alternate options; and - recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings.	Individuals will move from the waiting lists at a reasonable pace.	Provide annual update to Subcabinet beginning February 28, 2017	DHS

Strategy 2: Implement initiatives to speed up movement from waiting lists

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Eliminate the Community Access for Disability Inclusion (CADI) waiting list.	The CADI waiting list will be eliminated.	The CADI waiting list will be eliminated by October 1, 2016	DHS
C.2	Measure and report progress on lead agency targets and provide recommendations to the Subcabinet semi-annually.	DHS will measure progress of lead agencies moving individuals off the waiting list and develop recommendations for improvement.	Report progress and recommendations to Subcabinet by December 1, 2016 and semi-annually thereafter	DHS

Strategy 3: Reform management of waiting list management systems

- All activities completed

Waiting List Workplan

September 28, 2016

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Olmstead Plan Workplan – Transportation

June 1, 2016 Plan Goals (page 70)

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

GOAL ONE:

By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 accessible pedestrian signals (increase from base of 10% to 50%). By January 31, 2016 a target will be established for sidewalk improvements.

GOAL TWO:

By 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase).

GOAL THREE:

By 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

GOAL FOUR:

By 2020, transit systems' on time performance will be 90% or greater statewide.

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Include accessible pedestrian signals (APS) and curb ramps in all MnDOT projects meeting the alterations threshold. Sidewalks will be provided in alteration projects per MnDOT policy. Annually report status to OIO Compliance based on previous year construction season.	In the next five years MnDOT will provide accessibility improvements on pedestrian facilities within the right of way.	Report status by September 30, 2016 and annually thereafter	MnDOT Cities and counties

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Update the Mn State Highway Investment Plan (MnSHIP) and submit to Subcabinet.	MnSHIP sets the funding targets for a 20 year time horizon based on revenue projections and inflation. The plan identifies key investment areas including Accessible Pedestrian Facilities. Planning includes public input including people with disabilities.	Update MnSHIP plan and submit to Subcabinet by January 31, 2017	MnDOT
B.1	Update the Mn State Multimodal Transportation Plan and submit to the Subcabinet.	MnDOT's Multimodal Plan set the strategic direction for Minnesota's transportation system.	Update Multimodal plan and submit to Subcabinet by January 31, 2017	MnDOT
C.1	Update Local Coordination Plans. MnDOT and DHS will partner with local planning organizations to engage diverse stakeholders in identifying strategies for regional transportation coordination and articulating specific projects that could advance coordination strategies in each region.	Coordination strategies will result in increased public access, including people with disabilities) to public transportation. Local planning organizations engage diverse stakeholders to identify strategies for regional transportation coordination and articulating specific projects that could advance coordination strategies in each region.	Update plans by July 30, 2017	MnDOT, DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.2	Seek input from the public, including people with disabilities in the planning process through focus groups. Public Participation plans of both the Greater Minnesota Transit Investment Plan and the Local Human Service-Public Transit Coordination Plans includes outreach to hard-to-reach populations, specifically identified organization and individuals with disabilities as key stakeholder groups in the planning process.	The public, including people with disabilities, will have increased access to public transportation in Greater Minnesota.	Seek public input from January 1, 2017 to June 30, 2017	MnDOT
C.3	Report to the Subcabinet on the number of focus groups, the number of people participating and a summary of comments and recommendations.	The Subcabinet will receive the report.	Report to Subcabinet by August 31, 2017	MnDOT

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B	Determine which Minnesota Council on Transportation Access (MCOTA) report recommendations regarding data collection to adopt.	Travel information regarding people with disabilities will be consistently gathered.	Adopt recommendations by June 30, 2017	MnDOT DHS
C	Develop and submit a charter for the transportation workgroup to the Subcabinet.	Provide a consistent forum to engage Subcabinet partners, people with disabilities and their families and other key stakeholders in the development of transportation opportunities.	Submit charter by February 28, 2017	MnDOT, DHS, DEED, Metropolitan Council, Cities, and Counties

Strategy 4: Improve transit services for people with disabilities

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Monitor and evaluate transit services on an annual basis per the Olmstead Plan measurable goals. Incorporate the findings into the Annual Transit Report.	Measurable goals allow the decision makers to clearly see if progress has been made. By having goals for access and reliability it increases the emphasis on improvements to these two key areas for transit.	Report findings in Annual Transit Report by January 31, 2017 and annually thereafter	
B.1	Begin RFP Application period for local entities to request funding to assist in organizing Regional Transportation Coordinating Councils (RTCCs).	The RTCCs will break down transportation barriers and offer a seamless system of transportation services. They will be responsible for coordinating transportation services through a network of existing public, private and non-profit transportation providers.	RFP available by December 31, 2016	MnDOT
B.2	Make the RTCC implementation grants available.	See B.1 above	Award grants from July 1, 2017 to December 31, 2017	MnDOT
B.3	Create a statewide framework of RTCCs in Greater Minnesota and the Metro Area. Councils will coordinate transportation providers and service agencies to fill transportation gaps, provide more service, streamline access to transportation and provide customers more options of where and when to travel.	A statewide framework of 8-10 RTCCs in Greater Minnesota and up to 6-7 in the Metro area.	Create RTCCs by August 31, 2018	DOT & DHS, Metropolitan Council
C	Report on status of RTCCs to the Subcabinet. Conduct on-board surveys in Duluth, Mankato and East Grand Forks. User surveys will contain the question, "Do you consider yourself a person with a disability?" This question was included as part of the Greater Minnesota Transit Investment Plan and is used on all on-board surveys.	The needs of people with disabilities will be available to the transit authorities.	Complete surveys by December 31, 2017	MnDOT

Olmstead Plan Workplan – Healthcare and Healthy Living

June 1, 2016 Plan Goals (page 76)

Executive Sponsor: Gil Acevedo (MDH)

Lead: Gil Acevedo (MDH), Chuck Johnson (DHS)

GOAL ONE:

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

GOAL TWO:

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

STRATEGIES:

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

Strategy 1: Improve dental care for people with disabilities

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.3	Provide status update to the Subcabinet on key activities to improve dental care for people with disabilities (B.4 – B.7 below).	The Subcabinet will understand the status of activities underway for improving dental care for people with disabilities.	Provide status update by June 30, 2017	MDH
B.4	Review the Minnesota Oral Health Plan objectives and strategies for inclusivity of people with disabilities and mental illness including but not limited to the following partners: - MDH Division of Community and Family Health - Minnesota Oral Health Coalition - Gillette Children's Specialty Healthcare - National Alliance on Mental Illness of Minnesota - Minnesota Hospital Association - Minnesota Health Plans	Minnesota Oral Health Plan is amended based on results of review.	Amend Minnesota Oral Health Plan by December 31, 2017	MDH, Partners
B.5	Include care of children with disabilities and mental illness in oral health educational materials developed by the Early Dental Disease Prevention Initiative (EDDPI).	Culturally appropriate, consumer-friendly oral health educational materials disseminated to providers and caregivers of children ages 2 and under with disabilities and mental illness.	Disseminate materials via EDDPI by December 31, 2018	MDH
B.6	Promote best practices for providers and caregivers of people with disabilities and mental illness via the MDH Oral Health Program website, Minnesota Oral Health Coalition, and other partners.	Increased utilization of best practices in oral health by oral health providers.	Disseminate best practices via partners by December 31, 2018	MDH, MN Oral Health Coalition, Community Health Worker Alliance, Health Care Homes

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

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.10	Continue to expand and maintain behavioral health home services. This includes continuing efforts to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance.	Number of certified providers eligible to provide services will increase over time: - SFY 17: 25 - SFY 18: 30 - SFY 19: 40	Provide status update beginning September 30, 2017 and annually thereafter	DHS

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2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1	Continue to expand the number of health care homes (HCH). HCHs provide comprehensive health care for people with disabilities. - HCH nurse planners and HCH Advisory Committee will continue to work with health clinics to identify targets and tactics to support transformation to health care homes. - HCH staff and stakeholders will integrate the State Innovation Model into the HCH program and Behavioral health home programs. The State Innovation Model is developed to improve health outcomes by improving care coordination across systems. Provide annual status update to OIO Compliance on expansion efforts.	Expansion of HCH will increase the number of primary care clinics certified as health care homes and utilize a patient centered care delivery model. There will be an annual increase in the percentage of primary care clinics certified as a HCH: SFY 16: 60% SFY 17: 65% SFY 18: 70% SFY 19: 75% SFY 20: 80% Estimated number of people with disabilities on Medical Assistance served in a certified HCH: 2013: 90,191 (Baseline)	Provide status update on expansion by December 31, 2016 and annually thereafter	MDH, DHS
B.2	HCH will continue to engage all primary care providers, families and people with disabilities to work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. Provide annual status update to OIO Compliance on engagement efforts.	See B.1 above	Provide update on engagement efforts by December 31, 2016 and annually thereafter	MDH, DHS
B.3	Data will be collected and reported to the Subcabinet on an annual basis.	See B.1 above	Report to Subcabinet by December 31, 2016 and annually thereafter	MDH, DHS
B.4	During the expansion of HCH, efforts will be made to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance on recruitment efforts.	See B.1 above	Provide status update by December 31, 2016 and annually thereafter	MDH, DHS

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	The MDH Cardiovascular Health Unit will initiate a campaign to promote hypertension identification and control for disparate population groups. This will be accomplished through clinical systems enhancement and team based care utilizing clinic and community health care teams. This work is in conjunction with federally funded statewide Center for Disease Control (CDC) initiatives.	Disparate populations at higher risk for hypertension will be identified and their care managed. A subset within disparate populations includes those with disabilities.	Complete campaigns focused on cardiovascular care by June 30, 2018	MDH Minnesota Heart Disease and Stroke Prevention Steering Committee
A.2	Provide status update to the Subcabinet on the hypertension identification and control campaign.	Subcabinet will receive report.	Report to Subcabinet by June 30, 2017	MDH
B.1a	MDE, Vocational Rehabilitation, DHS, and other partners will: - develop and implement interagency coordination training for professionals - explore ways to increase successes and minimize challenges to adult health care access by transition age youth.	Successful transition from pediatric health care to adult health care will improve health care outcomes. There will be an increase in the level of access to adult health care by transition age youth. There are 76,735 youth with special health needs included in this strategy. According to the 2010 National Survey of Children with Special Health Care Needs 36,142 or (47.1%) of Minnesota youth with special health care needs receive the services necessary to make transitions to adult health care. Beginning in 2017 and each subsequent year the number will increase by 5%. 2017 = 52.1% (39,979) 2018 = 57.1% (43,816)	Develop training by December 31, 2016	MDH, DHS
B.1b	Report to the Subcabinet on the number of trainings provided and the number of people trained.	Subcabinet will receive the report.	Report to Subcabinet by June 30, 2017 and annually thereafter	MDH, DHS

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2	Partner with an advocacy group of families of children and youth with disabilities and special health care needs to raise awareness and utilization of the transitions toolkit with both providers and families.	See B.1a above	Raise awareness and utilization of transitions toolkit by December 31, 2016	MDH, DHS

Strategy 4: Develop and implement measures for health outcomes

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B	Evaluate potential measures for evaluating health outcomes.	Studying health outcomes will indicate the effectiveness of the health care delivery system and identify potential opportunities for improvement.	Evaluate potential measures for health outcomes by February 28, 2017	MDH, DHS
C	Report to Subcabinet on findings and recommendations for measuring health care outcomes.	See B above	Report to Subcabinet by March 31, 2017	MDH, DHS

Olmstead Plan Workplan – Positive Supports

June 1, 2016 Plan Goals (page 80)

Executive Sponsor: Chuck Johnson (DHS)
Lead: Erin Sullivan Sutton (DHS), Robyn Widley (MDE), Anna McLafferty (DOC)

GOAL ONE:

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

GOAL TWO:

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

GOAL THREE:

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

GOAL FOUR:

By June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 316.

GOAL FIVE:

By June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251.

STRATEGIES:

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

Positive Supports Workplan

September 28, 2016

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Solicit input from people with disabilities and their families to develop Positive Supports website content specific to their needs.	The Positive Supports website will be easy to navigate and clearly reflect key aspects of the implementation of the Positive Supports Rule and positive practices.	Develop web content by July 31, 2017	DHS
B	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data on the number of schools using PBIS.	The expected outcome is that as the number of schools using PBIS increases, there will be a reduction in the emergency use of restrictive procedures in school settings. The purpose of the Restrictive Procedures Stakeholders Workgroup is to review and implement the current statewide plan and to identify further efforts to reduce the use of restrictive procedures. A minimum of forty additional schools per year will be using PBIS.	Report data on the number of schools using PBIS by June 30, 2017 and annually thereafter	MDE National Technical Center on PBIS
C.5	As part of the Implementation of Minnesota's "Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports": Expand pre-service training programs and educational opportunities about positive supports statewide. Engage varying levels of educational bodies to support curriculum and training in positive supports.	The "Statewide Plan" is a collaboration between DHS and MDE to build system capacity by engaging schools, providers, counties, tribes, people with disabilities, families, advocates, and community members. It provides the framework for communication and technical assistance to coordinate efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies. These actions will increase use of positive practices and supports across all settings, statewide. There will be a reduction in the use of restrictive procedures.	Expand pre-service training programs by June 30, 2017	DHS, MDE, MDH, DOC
C.6	Expand interagency crisis prevention planning.	See C.5 above	Expand crisis prevention planning by June 30, 2017	DHS, MDE, MDH, DOC

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.8	Report annually to the Subcabinet on statewide plan implementation, analysis and recommendations for changes.	See C.5 above	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS, MDE, MDH, DOC
D.1	Provide Crisis Intervention Teams training for DOC security staff.	Trainings will improve staff skills in avoiding and managing crisis when they occur and reduce the use of restrictive procedures. (SFY14 baseline 15% of security staff trained) • During SFY16: Increase of 80 (22%) • During SFY17: Increase of 80 (25%) • During SFY18: Refresher classes and at least one 40-hour class held to maintain 25% level. • During SFY19: Refresher classes and at least one 40-hour class held to maintain 25% level.	Complete targeted number of trainings by June 30, 2017 and annually thereafter	DOC
D.2	Provide Motivational interviewing training for DOC case managers.	In the adult DOC facilities and MCF-Red Wing (DOC's juvenile facility), DOC will train all case managers in motivational interviewing (MI). Baseline: In SFY14, 97 staff received MI 1, and 20 received MI 2. All trained staff participate in Communities of Practice to update skills. All case managers at MCF-Red Wing have been trained and are participating in Communities of Practice. Communities of Practice for all trained staff to maintain Motivational Interviewing skills: • During SFY16: 25% DOC case managers trained • During SFY17: 100% trained • After SFY17: trainings held as needed to maintain 100% level	Complete targeted number of trainings by June 30, 2017 and annually thereafter	DOC

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1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.3	Provide Traumatic brain injury training for DOC staff.	DOC staff can view an optional online traumatic brain injury (TBI) training. In SFY15, 93 staff completed the course. Optional TBI training will remain available to DOC staff on a voluntary basis. Estimated training numbers will be 100 staff per fiscal year.	Complete targeted number of trainings by June 30, 2017 and annually thereafter	DOC
D.4	Provide Aggression Replacement Training (ART) as appropriate for staff in correctional settings.	SFY14 baseline for staff trained in Aggression Replacement Training: • 57 staff had taken an ART orientation • 22 trained on how to implement ART During SFY17: All new MCF-Red Wing staff to receive training during DOC Academy on how to integrate ART into the facility's program.	Complete targeted number of trainings by June 30, 2017 and annually thereafter	DOC

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Evaluate restrictive procedures data to determine: • progress in the reduction of the emergency use of restrictive procedures • trends in utilization • need for technical assistance • action plan	People with disabilities will experience an increase in the use of positive supports and reduction of the use of restrictive procedures.	Evaluate data and create action plan by November 1, 2016 and annually thereafter (covering data from previous fiscal year)	DHS
B.1	Consider amendments to the Olmstead Plan to ensure the state has adequately addressed the 2013 recommendations from the Rule 40 Advisory Committee. Based on any suggestions made during the 30-day review of the Rule, the Jensen designated parties will make suggestions for amendments to the Olmstead Implementation Office (OIO).	The Jensen Comprehensive Plan of Action requires designated parties to review the recommendations from the Rule 40 Advisory Committee 30 days after implementation of the Positive Supports Rule. If they find elements from the 2013 recommendations that have not been addressed, or have not adequately or properly been addressed in the Adopted Rule, these elements are to be considered within the process for modifications to the Olmstead Plan.	Submit proposed amendments by October 31, 2016	DHS
B.2	Submit proposed amendments to the Subcabinet for consideration.	See B.1 above	Submit to Subcabinet by January 31, 2017	
C	Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints to prevent imminent risk of serious injury due to self-injurious behaviors. The review will be completed by External Program Review Committee (EPRC).	External Program Review Committee is the clinical review body and has the authority to review restrictive procedures, including use of mechanical restraints. They make recommendations to the DHS Commissioner who has ultimate decision-making authority.	Evaluate progress by October 1, 2017 and annually thereafter	DHS, MDH

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	DHS will publish annual reports on the External Program Review Committee's annual evaluation on the progress in reducing the use of restrictive procedures and recommendations.	Publishing the results of the annual evaluation noted above and efforts undertaken to reduce the use of restrictive procedures, including mechanical restraints will serve as an accountability tool as state agencies work to reduce the use of mechanical restraints to prevent imminent risk of injury due to self-injurious behaviors.	Publish report by June 30, 2018 and annually thereafter	DHS, MDE
E	DHS and MDH will evaluate opportunities to share data on restrictive procedures for people with disabilities to ensure reduction in the use of restrictive procedures.	Tracking and analysis of data regarding use of restrictive procedures would allow both departments to make changes in statute or policy and supporting efforts like training and technical assistance to further reduce the use of restrictive procedures.	Create opportunities to share data on coordinating tracking and evaluation beginning June 30, 2017	DHS, MDH
F.1	Implement MDE's statewide plan to reduce the use of restrictive procedures. The restrictive procedures workgroup will meet four times during 2016-17 school year.	The expected outcome is that as the MDE restrictive procedures statewide plan is implemented, the emergency use of restrictive procedures in the school setting will decline. See F.1 above	Convene 4 workgroup meetings by June 30, 2017 and annually thereafter	MDE Restrictive procedures stakeholders
F.2	Document progress in statewide plan implementation and summarize restrictive procedure data in the annual restrictive procedures legislative report.		Submit restrictive procedures report by February 1, 2017 and annually thereafter	MDE
G4	During the 2016-17 school year, MDE will provide at least three trainings and technical assistance to districts on the topic of restrictive procedures and positive supports. This includes training held at a specific district with their staff.	Increased knowledge and use of evidence based positive behavior strategies will reduce the emergency use of restrictive procedures in school settings.	Provide 3 trainings by June 30, 2017	MDE

Strategy 3: Reduce the use of seclusion in educational settings

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Beginning with the 2016-2017 school year, districts must report data quarterly to MDE about individual students who have been secluded.	Incidents of the use of seclusion in schools will be reported quarterly.	Reporting will begin by October 15, 2016	MDE
A.3	MDE will share these reports with the restrictive procedure workgroup at meetings held during the 2016-17 school year. The workgroup will identify areas of concern and develop strategies for eliminating the use of seclusion. The workgroup will provide recommendations to MDE and the recommendations will be included in the February 1, 2017 legislative report.		Provide recommendations to MDE leadership by January 31, 2017	MDE

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September 28, 2016

Positive Supports Workplan

Olmstead Plan Workplan – Crisis Services

June 1, 2016 Plan Goals (page 88)

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

GOAL ONE:

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

GOAL TWO:

By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to 89% or more.

GOAL THREE:

By June 30, 2017, the number and percent of people who discontinue waiver services after a crisis will decrease to 45% or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

GOAL FOUR:

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

GOAL FIVE:

By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

STRATEGIES:

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

Strategy 2: Implement additional crisis services

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Implement a pilot project to increase access to children's mental health crisis services in schools. Use collected data to design pilot project plan for school year (2016-2017).	Increased access to children's mental health crisis services in schools will improve the likelihood that the crisis will be resolved in school and if it is necessary for them to leave, they will experience a timely return. Pilot project will be implemented and a plan will be developed to expand it statewide.	Design pilot project by December 31, 2016	DHS, MDE
A.3	Conduct pilot project in school year 2016-17.	See A.2 above	Conduct pilot by December 31, 2017	DHS, MDE
A.4	Statewide scale-up using lessons learned in the pilot. This will include recruitment of racially and ethnically diverse service providers.	See A.2 above	Statewide scale up begins by September 1, 2018	DHS, MDE
B.3a	Provide on-going training to mental health crisis and crisis respite providers. Trainings will include (but are not limited to) co-occurring mental health and intellectual and developmental disabilities and cultural and ethnic differences in the provision of mental health crisis services.	Mental health crisis and crisis respite providers will demonstrate competency in the delivery of services to individuals with co-occurring mental health and intellectual developmental disabilities and cultural and ethnic differences.	Complete training by December 31, 2018	DHS
B.3b	Report to Subcabinet on the number of trainings and the number of people participating.	Subcabinet will receive report.	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS
B.4	Assess future training needs of mental health crisis and crisis service providers and report to the Subcabinet.	Future training needs will be defined and reported to the Subcabinet.	Report to the Subcabinet by December 31, 2018	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C	Convert two Intensive Community Rehabilitative/ Recovery Services (ICRS) into Assertive Community Treatment (ACT) Teams.	ACT services are an evidence based practice that helps individuals with mental illness integrate into their community. ACT services decrease the risk of hospitalization. There will be increased ACT services in rural communities and areas within the state where ACT services are not available.	Convert two ICRS to ACT teams by December 31, 2016	DHS
C.2	Train ACT team leads on evaluation and fidelity reviews of the ACT team model.	ACT team leads will be proficient in conducting the Tool for Measurements Assertive Community Treatments (TMACT) fidelity reviews.	Train ACT team leads on evaluation and fidelity reviews by December 31, 2016	DHS
C.3	ACT teams will complete evaluation and fidelity review of ACT team performance.	ACT teams will score within a range 1-5 that indicates the level of fidelity to the ACT model they are practicing.	Complete fidelity reviews by December 31, 2017	DHS
D.3	Conduct fidelity reviews of 40% of Housing with Supports grantees.	Persons with serious mental illness who are homeless, long term homeless, or exiting institutions have complex needs and face high barriers to obtaining and maintaining housing. Housing with Supports will help to establish persons in stable housing and provide a foundation for accessing healthcare and other needed resources, Housing with Supports will increase the number of persons with disabilities living in housing that meets the standards of the permanent supportive housing evidence-based practice.	Conduct fidelity reviews by December 31, 2016	MHFA, Lead agencies, Adult Mental Health Initiatives
D.4	Collect data from Housing with Supports grantees, report to the Subcabinet on the number of persons housed and the duration of tenancy.	See D.3 above	Collect and report data by July 31, 2017	MHFA
D.5	Conduct fidelity reviews of 60% of Housing with Supports grantees.	See D.3 above	Conduct fidelity reviews by December 31, 2017	MHFA

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E.2	Expand 24/7 mental health crisis services to all parts of the state. This will include racially and ethnically diverse service providers.	By increasing mental health crisis response services/providers to 24-hours, seven days a week, a reliable, sustainable safety-net will be in place for people statewide.	Expand to statewide 24/7 services by December 31, 2018	DHS
E.3	Survey teams to determine how they are currently recruiting for racially and ethnically diverse service providers.	Agency will understand current efforts for recruiting racially and ethnically diverse providers.	Complete survey by April 1, 2017	DHS
E.4	Use survey results to provide resources to providers to recruit more diverse staff.	There will be an increase in racially and ethnically diverse staff.	Provide resources by September 30, 2017	DHS
F	Implement crisis services reform to develop effective, efficient structure of service delivery. - Establish a process for evaluation and continuous improvement. - Develop recommendations on referral and triage system. - Annually report the status of implementation to the Subcabinet.	Reform will lead to timely response and management of personal crisis, access to crisis placements and services when needed and reintegration into the community following a crisis.	Report to Subcabinet by September 30, 2017 and annually thereafter	DHS
G	Conduct quarterly reviews of crisis providers to identify problems in response times. Provide technical assistance to children and adult mental health crisis providers in the areas of intake screening, triage and dispatch system in order to improve response time.	Improve response times for children and adult mental health crisis providers. Quick response time increases the likelihood the crisis response can reach the following goals: (1) promote the safety and emotional stability; (2) minimize further deterioration of people in crises; (3) help people obtain ongoing care and treatment; and (4) prevent placement in settings that are more intensive, costly, or restrictive.	Conduct reviews beginning October 1, 2016 and semi-annually thereafter	DHS
H.2	Report to Subcabinet on recommendations made to DHS from the Community-Based Services Steering Committee.	The Community-Based Services Steering Committee includes counties, providers and advocates. Recommendations are developed and implementation begins.	Report to Subcabinet by July 31, 2017	DHS
I.2	Implementation of the plan to increase in home respite care	Increase in home respite services.	Begin implementation by December 31, 2016	

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2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
J.2	Add access to crisis respite services to Community Alternative Care (CAC) waiver.	Increase people's ability to use crisis respite services by adding coverage through the CAC waiver, and by increasing the capacity to provide the service. Crisis respite services allow an individual a safe place to go during a crisis with appropriate services to support a timely return to their home.	Report monthly until added to CAC waivers	DHS
J.3	Award license capacity for 20 additional crisis respite beds.	See J.2 above	Award license capacity for 20 crisis beds by December 31, 2016	DHS
K	Complete biennial evaluation of crisis respite bed utilization statewide.	Analysis will determine if the system capacity is sufficient and if expansion is needed.	Evaluate need for crisis beds by September 30, 2017 and biennially thereafter	DHS
L.4	Provide training on positive supports and person-centered practices. Report to the Subcabinet on the number of trainings and the number of people trained.	Increased capacity to serve people with challenging behaviors.	Report to Subcabinet by June 30, 2017	DHS
L.5	Annually report to the Subcabinet on the number of trainings and the number of people trained.		Report to Subcabinet beginning December 31, 2017 and annually thereafter	

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Pilot positive practices with children to Head Start, childcare centers, and family childcare providers who are enrolled in the Parent Awareness Professional Development System.	Increased use of positive practices with children has proven to decrease crisis and the use of restrictive procedures. Mental health consultations will be developed. Training sessions will be delivered and consultations will begin with Head Start, childcare centers, and family childcare providers.	Complete pilot by June 30, 2017	MDE, DHS Child Development Services
B.3	Provide consultation and technical assistance to selected Forensic Assertive Community Treatment (FACT) Team providers.	The FACT team model is determined to be a best practice for delivering mental health services to individuals exiting correctional facilities. The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	Provide technical assistance by November 30, 2016	DHS, DOC
B.5	Report annually to the Subcabinet on implementation, analysis and recommendations for changes.	See B.3 above	Issue report by June 30, 2017 and annually thereafter	DHS, DOC
B.6a	Increase number of individuals receiving FACT team services.	See B.3 above	Increase to 30-40% capacity by March 31, 2017	DHS, DOC
B.6b	Increase number of individuals receiving FACT team services.	See B.3 above	Increase to 50-60% capacity by July 31, 2017	DHS, DOC
B.6c	Increase number of individuals receiving FACT team services.	See B.3 above	Increase to full capacity by June 30, 2018	DHS, DOC
B.7	Conduct outside review of FACT program.	See B.3 above	Conduct outside review by December 31, 2018	DHS, DOC

Olmstead Plan Workplan – Community Engagement

June 1, 2016 Plan Goals (page 94)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Darlene Zangara (OIO)

GOAL ONE:

By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. (This includes increases in the numbers of: self-advocates; individuals involved in publicly funded projects; and Certified Peer Support Specialists.)

STRATEGIES:

1. Increase the number of leadership opportunities for people with disabilities
2. Increase the use of self-advocates in implementing the Olmstead plan
3. Increase the use of peer support specialists in implementing the Olmstead plan
4. Increase participation of people with disabilities in providing input on public projects

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2a	Provide a summary of four Councils which have adopted aligned goals including: the type of goal; the type of workplan activities; and the timing of the workplans. Report to the Subcabinet.	Work with Governor appointed councils, groups, etc. to create a plan that coordinates one or more of their goals with an Olmstead goal.	Report to Subcabinet by December 31, 2016	OIO
A.2b	Provide a summary of four Councils who have adopted aligned goals including: the type of goal; the type of workplan activities; and the timing of the workplans. Report to the Subcabinet.	See A.2a above	Report to Subcabinet by June 30, 2017	OIO
A.3	Meet with remaining 13 Councils to align Council goals with Olmstead goals.	See A.2a above	Meet with remaining Councils by June 30, 2017	OIO
A.4	Provide a summary of eight Councils which have adopted aligned goals including: the type of goal; the type of workplan activities; and the timing of the workplans. Report to the Subcabinet.	See A.2a above	Report to Subcabinet by January 31, 2018	OIO
A.5	Provide a summary of five Councils who have adopted aligned goals including: the type of goal; the type of workplan activities; and the timing of the workplans. Report to the Subcabinet.	See A.2a above	Report to Subcabinet by June 30, 2018	OIO
C.1	Seek grant application opportunities that will enhance or support community engagement activities including but not limited to development of leadership among people with disabilities. Annually present grant application opportunities to subcabinet for review and approval.	In collaboration with partners and stakeholders and promotion of community engagement, OIO will seek grant opportunities to enhance or develop programs that will develop leaders; enhance leadership skills, build knowledge and expand opportunities for people with disabilities.	Report to Subcabinet by April 30, 2017 and annually thereafter	OIO
C.2	Upon approval and award of grant, OIO will develop specific workplans for the grant.	See C.1 above	Develop workplans within 60 days of award	OIO

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised.	Through the use of the Olmstead website, social media, email, paper handouts, in person information sessions and other appropriate communication methods, as well as with the assistance of partner organizations, stakeholders will be informed about the Olmstead Plan and other activities that promote the Plan.	Report quarterly beginning October 31, 2016	OIO, MN.IT

Strategy 2: Increase the use of self-advocates in implementing the Olmstead plan

- All activities were completed

Strategy 3: Increase the use of peer support specialists in implementing the Olmstead plan

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Survey 300 Certified Peer Support Specialists that have completed the Peer Support Specialist Certification program to establish baseline for how many have current employment in the field and what barriers may be preventing employment.	This survey will coordinate with the 2015 Peer Specialist Study being conducted by DHS and will provide data from the perspective of peer support specialists on how they are being utilized in human services.	Complete survey by October 31, 2016	DHS, MN.IT
A.2	Results will be analyzed and recommendations brought to the Subcabinet.	See A.1 above	Report recommendations to Subcabinet by October 31, 2016	DHS
B.1	Review reimbursement rates for Certified Peer Support Specialists	OIO in collaboration with DHS will make recommendations to subcabinet.	Review rates by September 30, 2016	OIO, DHS
B.2	Make recommendations for changes to the reimbursement rates for Certified Peer Support Specialists to the Subcabinet	See B.1 above	Report recommendations by November 30, 2016	DHS

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Develop a charter for the Community Engagement Advisory Group. Submit charter to the Subcabinet for review and approval.	The charter will include the structure, purpose and functions of the workgroup along with key tasks identified for 2016-2017. The proposed process for recruiting members will also be included.	Submit charter to Subcabinet by November 21, 2016	OIO
A.5	Make recommendations of Community Engagement Workgroup candidates to the Subcabinet.	The potential candidates will be presented to the subcabinet for approval.	Recommend candidates to Subcabinet by December 19, 2016	OIO
C.1	Conduct a statewide survey with at least 500 people with disabilities to determine what types of publicly funded projects they would like to be more involved with and at what level they would like to be involved.	Recommendations will be made to the subcabinet on the results of the survey.	Complete Survey by December 1, 2016	OIO Self-advocates
C.2	Complete analysis of survey results and submit recommendations to the Olmstead Subcabinet for future projects that could be prioritized and how individuals can connect with the project of their choice.		Complete Recommendations by December 31, 2016	OIO

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal One

June 1, 2016 Plan Goals (page 98)

Executive Sponsor: The Olmstead Subcabinet will appoint a Specialty Committee to oversee the Abuse and Neglect Prevention Plan. An Executive Sponsor will be determined once the Specialty Committee is in place.

GOAL ONE:

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

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

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

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E	Establish process for ongoing communication and dissemination with key stakeholders including MN Elder Justice Center (MEJC) stakeholder group, people with disabilities, families, advocates, and DHS Adult Protection and Licensing/ MDH/Call Center stakeholder group.	Increase understanding by service professionals, including mandated reporters, people with disabilities, families and advocates of the new process to report and how to help raise public awareness.	Establish process by September 30, 2016	DHS, MDH, Call Center contractor, MEJC, external stakeholders
G	Release final component of existing MAARC public awareness campaign: 2 minute video (online and DVDs).	Raise awareness of public, people with disabilities, families, advocates, and mandated reporters regarding how to report suspected maltreatment of a vulnerable adult.	Release final component by September 30, 2016	DHS
H	Develop recommendations for the Subcabinet on the feasibility and estimated cost of additional public awareness and education activities to implement a major "Stop Abuse" campaign, including additional elements related to teaching people with disabilities their rights and how to identify if they are being abused.	The Subcabinet will act on the recommendations, identify the necessary resources and direct the agencies to move forward on the project.	Recommendations to Subcabinet by September 30, 2016	DHS, MDH, MDE, OMHDD
I	Develop and submit proposed comprehensive abuse and neglect prevention plan to the Subcabinet for approval.	The Subcabinet will act on the proposed plan, identify the necessary resources and direct the agencies to move forward on the comprehensive plan as adopted. Additional workplan activities will be developed based on the elements of the adopted plan.	Submit plan to Subcabinet by September 30, 2016	DHS, MDH, MDE, OMHDD

Strategy 2: Develop public awareness campaign

[The following activities may be revised based on the recommendations of the Specialty Committee.]

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

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Preventing Abuse & Neglect – Goal One

September 28, 2016

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Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal 2

June 1, 2016 Plan Goals (page 98)

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

GOAL TWO:

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

STRATEGIES:

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

Strategy 1: Use data to identify victims and target prevention

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Analyze the data from the Minnesota Hospital Association (MHA) to determine the number of individuals who have been treated at a hospital due to abuse or neglect. Individuals who meet the definition of a vulnerable individual will then be identified based on if their source of admission was from either a licensed facility or a home health agency.	Baseline will be established: These activities are necessary in order to establish a baseline. The MHA data needs to be analyzed in order to determine the number of individuals who meet the definition of a vulnerable individual.	Establish baseline by January 31, 2017	MDH
B	Once the baseline is established, the data will then be analyzed to determine any existing patterns and geographic areas which reflect a higher incidences of abuse or neglect of vulnerable individuals.	Identification of areas that require targeted prevention efforts: Identifying geographical areas that are higher concentration, or rate, in the number of vulnerable individuals presenting at hospitals for injuries related to abuse and neglect.	Identify areas to target by February 1, 2017	MDH
C	Conduct a public education campaign targeted at providers who serve individuals with disabilities, individuals with disabilities, families, and advocates. Targeted prevention efforts will also be conducted in areas with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.	Targeted providers, individuals with disabilities, families, and advocates will: • Be educated on how to recognize abuse and neglect; • Be educated in methods to reduce barriers in reporting suspected maltreatment; and • Be educated on how to prevent maltreatment in an effort to prevent future abuse and neglect.	Initiate public campaign by July 1, 2017	MDH, DHS, OMHDD

Strategy 2: Monitor and improve accountability of providers

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

Strategy 3: Refine measurable goals

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

Olmstead Plan Workplan –Preventing Abuse and Neglect – Goal Three

June 1, 2016 Plan Goals (page 98)

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

GOAL THREE:

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

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

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

STRATEGIES:

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

Strategy 1: Develop remediation strategies for providers and professional caregivers

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

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

Strategy 2: Engage Quality Councils

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	DHS will work with representatives from the State Quality Council and the newly established regional councils to identify strategies and activities to reduce the risk of abuse and to improve the quality of practice. The proposed workplan activities will be submitted to the Subcabinet for review.	Workplan activities will be submitted to the Subcabinet for review.	Submit workplan to Subcabinet by December 31, 2016	DHS, Regional Quality Councils (RQCs), county level Adult Protection (AP)

Strategy 3: Refine measurable goals

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

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Four

June 1, 2016 Plan Goals (page 98)

Executive Sponsor: Daron Korte (MDE)

Lead: Robyn Widley (MDE)

GOAL FOUR:

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

STRATEGIES:

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

Strategy 1: Develop and utilize school tracking database

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

Strategy 2: Continue and expand training for school personnel

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Draft and send a letter to all identified schools to notify them of multiple investigations within their schools and to inform them of the current school year's PBIS training application process and deadlines.	Identified schools will become aware of multiple investigations within schools and will consider applying for schoolwide MDE approved PBIS cohort training opportunities.	Issue letters by November 15, 2016	MDE
B	Target schools from baseline data that have yet to submit application for 2017-2019 PBIS cohort training and send a follow up letter encouraging enrollment and participation in PBIS cohort trainings.	Increase participation in PBIS cohort trainings.	Send follow-up letters by February 28, 2017	MDE
C	Provide ongoing targeted technical assistance and an annual training for school administrators on student maltreatment, mandated reporter requirements, PBIS, Restrictive Procedures, and discipline.	Increase awareness of abuse and neglect in public schools, offer guidance and direction in implementing appropriate behavioral interventions and prevention efforts, and decrease use of emergency interventions.	Technical assistance will begin by June 30, 2017 and annually thereafter	MDE
D	Report to the Olmstead Subcabinet; - Number of schools identified as having 3 or more investigations of alleged maltreatment of students with a disability as established in baseline data (1c). - Number of identified schools participating/not participating in MDE approved PBIS cohort training and corresponding number of maltreatment investigations. - Number of students named as alleged victims in a maltreatment investigation within schools identified in baseline data. - Number of students named as alleged victims of maltreatment during and post-PBIS training.	Schools participating in PBIS cohort training will demonstrate a decreased number of students with a disability as alleged victims of maltreatment and a decrease in the number of alleged maltreatment investigations	Report to Subcabinet by July 31, 2017 and annually thereafter	MDE

Strategy 3: Improve school accountability for training

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Develop web based system that requires school district personnel submit verification to MDE indicating that all school employees have been trained on child maltreatment mandated reporter requirements.	School personnel will be aware of mandated reporting requirements and aware of child abuse and neglect within public schools. School accountability and compliance with mandated reporting requirements will improve.	Develop web based system by December 31, 2016	MDE, MN.IT
B	Test and implement web based verification system.	Ensure functionality and district accessibility.	Implement system by December 31, 2016	MDE, MN.IT
C	Develop and update web based mandated reporter requirement training and student maltreatment information materials on program website.	School personnel and constituents will have access to current program procedures, legislative authority and mandated reporting requirements.	Post training on MDE website by December 31, 2016	MDE
D	Notify school administrators of verification requirement and alternative training options via program website and superintendent mailings.	Provide guidance and assist schools in establishing approved mandated reporter training options.	Notify school administrators by December 31, 2016	MDE
E	Annually report to Olmstead Subcabinet: - Number of districts who fulfilled verification requirement procedures and confirmed mandated reporter training to all district employees. - Number of districts who did not fulfill verification requirements and did not confirm mandated reporter training to all district employees.	Increase school personnel accountability and awareness to report situations of abuse and neglect in the school setting.	Report to Subcabinet by July 31, 2017 and annually thereafter	MDE

Olmstead Plan Workplan – Quality of Life Survey

June 1, 2016 Plan Goals (page 112)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Darlene Zangara (OIO)

GOAL ONE:

By June 30, 2016 the initial Quality of Life Survey will be completed to establish a sample baseline. The survey will be conducted annually for the next three years.

STRATEGIES:

1. Execute contract with Dr. Conroy
2. Issue Request for Proposal (RFP) and select vendor for survey implementation
3. Implement survey
4. Analyze and report on survey results
5. Workplan for 2017

Strategy 1: Execute contract with Dr. Conroy

- All activities completed

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

- All activities completed

Strategy 3: Implement survey

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Convene weekly meeting with vendor and provide progress report to workgroup.	A detailed plan with action steps, roles and timelines will ensure that work is delivered as needed and on time.	Meet weekly with vendor upon selection of vendor	
E.2	Survey people with disabilities until desired sample size is obtained.	Achieve the desired sample size of 3,000 with good representation across geography, setting, disability group and other factors	Complete 3,000 surveys by June 30, 2017	

Strategy 4: Analyze and report survey results

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Analyze results of the surveys.	As surveys get completed, analyze within framework of approved Analysis Workplan.	Analyze results of survey by August 30, 2017	OIO, QOL Workgroup
B	Develop preliminary Analysis Report for Subcabinet Executive Committee.	A preliminary report will outline areas identified and shared with the Subcabinet Executive Committee.	Submit preliminary report to the Executive Committee by August 30, 2017	OIO, QOL Workgroup
C	Submit the final report to the Subcabinet, related State agencies, the Court and post the report on the Olmstead website.	A final report with findings will be submitted to the Subcabinet.	Submit final report to Subcabinet by August 30, 2017	OIO, QOL Workgroup

Quality of Life Survey Workplan

September 28, 2016

Strategy 5: Develop workplan for 2017

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B	Develop workplan for the next phase of Quality of Life Surveys.	Detailed plan with action steps, roles and timelines so work is delivered as needed and on time. The surveyed samples from initial survey will be re-surveyed to measure changes in quality of life for individuals moving from segregated to integrated settings.	Submit workplan to Subcabinet for approval by July 15, 2017	OIO, QOL Workgroup

Olmstead Plan Workplan – Cross Agency Data Strategy
June 1, 2016 Plan Goals (page 115)

Executive Sponsor: Mike Tessneer (OIO) [Temporary]

Lead: Rosalie Vollmar (OIO) [Temporary]

STRATEGIES:

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

Cross Agency Data Workplan

September 28, 2016

Strategy 1: Create interim data system

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Create the necessary interim data systems to address the identified gaps in existing data systems in the following Topic Areas:	Existing data systems lack the necessary focus on measures critical to determining progress on Plan implementation. Modifying current data systems or creating new data systems is necessary as an interim step to measure progress until a more comprehensive process can be achieved.		OIO Subcabinet agencies
A.1	Transition Services	Same as A above	Transition Services by December 31, 2016	
A.2	Housing and Supports	Same as A above	Housing and Supports by December 31, 2016	
A.3	Employment	Same as A above	Employment by June 30, 2017	
A.4	Education and Lifelong Learning	Same as A above	Education and Lifelong Learning by October 31, 2017	
A.5	Transportation	Same as A above	Transportation by TBD	
A.6	Positive Supports	Same as A above	Positive Supports by June 30, 2017	

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

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
	Establish a workgroup to study the cross agency data needs for implementation of the Olmstead Plan. Workgroup membership will include people with disabilities and representatives from four Subcabinet agencies who have knowledge, skills and abilities with data systems, a representative of the Commissioner of MN.IT, and consultation from IPAD, Department of Administration regarding data practices. The work group may seek outside subject matter consultation. The people with disabilities should not be state employees or represent provider agencies. The workgroup will examine the current and future need for cross agency data systems necessary for measuring the implementation of the Plan. Based on the approved Olmstead Plan's measurable goals, the workgroup will develop an assessment report that will include the following: • Recommendations for the establishment of data systems that allow access to data from multiple agencies. • Recommendations for the measurement of the movement of people with disabilities from segregated settings to integrated settings, movement off waiting lists, and results of the Quality of Life Survey. • Recommendations for the tracking of the expenditure of public funds in segregated and integrated settings.	The Olmstead Plan envisions services and supports for individuals with disabilities to be responsive to individual preferences and choices than the current system allows. The Plan also assumes agencies will -need to share data in new ways that may not be permitted under current parameters This work plan intends to examine what data systems of the future should look like and to provide recommendations on how to achieve redesigned data systems that are responsive to the needs of the Olmstead Plan.	Assessment report and recommendations due to Subcabinet by January 31, 2017	OIO Subcabinet Agencies

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
	The recommended data system should operate efficiently, accurately, and timely. The data system should support routine reporting in ways that are readily understood by people with disabilities, their families, advocates, and the public, and effectively support monitoring of Plan implementation. The assessment should identify barriers or disincentives to implementing the recommended data system.			