
Olmstead Plan Chronology

Department of Administration
Governor's Council on Developmental Disabilities
June 4, 2019

Table of Contents

Acronyms4

19906

19997

20098

20119

2012 10

2013 23

2014 30

2015 39

2016 51

2017 60

2018 72

2019 89

Olmstead Plan Chronology

This document provides a chronology of the development of the Olmstead Plan (“the Plan”) to date, including links to relevant documents. The document is organized in chapters by year, with links located at the end of each chapter to allow for easy navigation back to the table of contents.

Acronyms

ADA: Americans with Disabilities Act

AMRTC: Anoka Metro Regional Treatment Center

AT: Assistive technology

BHH: Behavioral health home

BI: Brain Injury (Waiver)

CAC: Community Alternative Care (Waiver)

CADI: Community Access for Disability Inclusion (Waiver)

CBHH: Community behavioral health hospitals

CCRP: Community competency restoration program

CFSS: Community first services and supports

CMS: Centers for Medicare and Medicaid Services

DD: Developmental disabilities

DCI: Decision Control Inventory

DEED: Department of Employment and Economic Development

DHS: Department of Human Services

DOC: Department of Corrections

DOJ: Department of Justice

DT & H: Day Training and Habilitation

EW: Elderly Waiver

EQB: Environmental Quality Board

EPRC: External Program Review Committee

FACT: Forensics Assertive Community Treatment

FRP: Forensic Review Panel

HCBS: Home- and community-based services

HEDIS: Healthcare Effectiveness Data and Information Set

HHS: Health and Human Services

HQR: Health Care Research and Quality

I/DD: Intellectual and developmental disabilities

ICF/DD: Intermediate care facilities for persons with developmental disabilities

IEP: Individualized education program

IRTS: Intensive residential treatment services

MA: Medical Assistance

MCOTA: Minnesota Council on Transportation Access

MDE: Minnesota Department of Education

MDHR: Minnesota Department of Human Rights

MHFA: Minnesota Housing Finance Agency

MI&D: Mentally ill and dangerous

MnDOT: Minnesota Department of Transportation

MSH: Minnesota Security Hospital

OIO: Olmstead Implementation Office

OMHDD: Office of Ombudsman for Mental Health and Developmental Disabilities

PCA: Personal care assistance

PBIS: Positive behavioral interventions and supports

PUNS: Prioritization for urgency of need for services

SSIP: State Systemic Improvement Plan

SLEDS: Statewide Longitudinal Education Data System

VRS: Vocational Rehabilitative Services

WIOA: Workforce Innovation and Opportunity Act

1990

July 26, 1990

The [Americans with Disabilities Act \(ADA\)](#) was enacted by Congress, prohibiting public entities from discriminating against individuals with disabilities and supporting integration.

Back to [Table of Contents](#)

1999

June 22, 1999

[Olmstead v. L.C.](#) Supreme Court decision was announced. This case involved two women with disabilities who were confined in an institution even though health professionals determined they were ready to move into a community-based program. The Court held that the ADA's integration mandate required public entities to provide community-based services to persons with disabilities when:

1. Such services were appropriate;
2. The affected individuals did not oppose community-based treatment; and
3. Community-based services could be reasonably accommodated, taking into account the resources available to the state and the needs of others who were receiving disability services from the public entity.

To comply with the integration mandate, public entities needed to reasonably modify their policies, procedures or practices to avoid discrimination. In *Olmstead v. L.C.*, the Supreme Court stated that a state could meet this reasonable-modifications standard if it had a comprehensive, effective plan for placing people with disabilities in less restrictive settings, and a waiting list that moved at a reasonable pace not controlled by endeavors to keep state institutions fully populated. Many states developed Olmstead Plans to begin transitioning individuals with disabilities into more integrated settings. Formal Olmstead Plans were not required, but the United States Department of Justice (DOJ) offered guidance to develop these plans. In the mid-2000s, the DOJ began focusing attention on states for investigation/litigation if they were not complying with Olmstead.

Back to [Table of Contents](#)

2009

June 22, 2009

President Obama declared this the [year of community living](#) on the tenth anniversary of the *Olmstead v. L.C.* decision, challenging every federal agency to uphold rights of persons with disabilities and ensure inclusion. The DOJ increased enforcement of the Olmstead agreement, which resulted in new lawsuits in some states.

Back to [Table of Contents](#)

2011

December 5, 2011

The settlement agreement entered into in June 2011 by the Department of Human Services (DHS) and the Plaintiffs in the [Jensen et al v. Minnesota Department of Human Services, et al.](#) was approved by the Court. The agreement required the development and implementation of a [Minnesota Olmstead Plan](#). The ruling required the elimination of unnecessary segregation of persons with disabilities, reductions in restraints and seclusions, and the adoption of a positive support rule to ensure that persons with disabilities received services in the most integrated setting appropriate to their needs.

Back to [Table of Contents](#)

2012

Minnesota's [Olmstead Planning Committee](#) was formed as a result of the Jensen settlement agreement to make recommendations to the commissioner of DHS, and included individuals with disabilities, family members, providers, advocates and senior decision-makers from DHS. The committee was co-chaired by Maureen O'Connell and Christopher Bell. The Olmstead Planning Committee was ordered to issue public recommendations within 10 months of the court's order approving the Jensen agreement. The State of Minnesota and the Department of Human Services were ordered to develop and implement a comprehensive Olmstead Plan within 18 months of approval of the agreement. This Plan was required to use measureable goals to increase the number of people with disabilities receiving services that best meet their individual needs in the most integrated setting.

March 7, 2012

The Olmstead Planning Committee met for the first time. The committee was briefed on the events that led to the need for an Olmstead Plan and their charge to provide recommendations to the commissioner of DHS. They also reviewed Olmstead Plans from other states and a framework of principles to include in Minnesota's Plan, included in a letter from DHS. During this meeting, the committee agreed that the Plan would apply to all disabilities (i.e., it would not be limited to intellectual disabilities) and that it would cover all age groups. It was noted that parts of the plan may touch on areas of responsibility that do not fall under DHS, so the committee would need to get consensus on the scope of DHS services and responsibilities, potentially including the expertise of other agencies and resources. The committee also began to identify data that would be needed to guide their work and agreed that the primary work to create an Olmstead Plan would need to be led by subcommittees in order to meet the court's October 1, 2012 deadline. Proposed subcommittees included:

- Scope and focus of Olmstead Plan—Services and supports within jurisdiction of DHS, whether operated directly by DHS or indirectly through counties
- Services and supports within the jurisdiction of other state agencies
- What does access to most integrated settings mean?
- Safety, risk, and liability management
- Assessment tools for placement of individuals with disabilities (including MnCHOICES)
- Financing to achieve integration
- Establishing goals and timetables
- How will we measure success?
- Stakeholder engagement—Develop plan for public inclusion in planning, including educating and seeking feedback
- Training for DHS, other agencies, county staff, and providers on Olmstead

March 29, 2012

The Olmstead Planning Committee reviewed a vision and principle statements draft, which outlined the vision for Minnesota's Olmstead Plan and the principles that would inform the development and implementation of the Plan. The committee also reviewed a proposed work plan and subcommittee structure and considered a continuity provision for the Plan (i.e., requiring yearly review of the Plan). A representative from the Institute on

Community Integration—Research and Training Center on Community Living led a discussion about data that could be shared with the committee; the committee discussed which data elements they may be interested in reviewing and in what form.

April 12, 2012

The Olmstead Planning Committee reviewed the vision and principle statements draft again and agreed to finalize the document at their April 19th meeting. The committee also reviewed a proposed work plan and calendar. Co-chairs noted the desire of the committee to work as a whole, rather than in subcommittees, to complete their charge. Given this, the work plan that was reviewed centered around four identified issues:

- Institutions
- Community-based (nonintegrated settings)
- Other programs
- Safety and risk issues

The committee agreed that a subcommittee on consumer voice should be developed to ensure a public input process was developed. This subcommittee was scheduled to report out to the larger committee on May 3rd and was titled the Outreach Subcommittee.

The committee then reviewed demographic data on individuals currently in institutions and information on how individuals enter and exit services. They also discussed ideas for the development of a committee website.

April 19, 2012

The Olmstead Planning Committee agreed to revisit the vision statement and work plan at either the May 3rd or May 17th meeting. The committee received an update on the development of the Olmstead Planning Committee website, including core elements of the site and a privacy statement. The committee noted their desire to get the website up and running as soon as possible, and the subcommittee established to consult on the components of the website agreed to meet on April 30th to address issues identified with the site.

The committee was also briefed on updates to the federal Medicaid law and policy on proposed regulations for Home and Community-Based Service (HCBS) settings. It was noted that changes had not been finalized by CMS, but included the following language:

- The setting is integrated in the community and enables individuals with disabilities to interact with individuals without disabilities to the fullest extent possible.
- HCBS settings cannot preclude an individual's ability to access community activities at times, at frequencies, and with persons of their choosing.
- HCBS settings must not be located in a building that is also a publicly or privately operated facility that provides institutional treatment or custodial care.
- HCBS settings must not be located in a building or on the grounds of, or immediately adjacent to, a public institution.
- HCBS settings must not be in a housing complex designed expressly around an individual's diagnosis or disability, as determined by the Secretary of Health and Human Services.

- HCBS settings must not have qualities of an institution, as determined by the Secretary of Health and Human Services (i.e., regimented meal and sleep times, limitations on visitors, lack of privacy, and other attributes that limit an individual's ability to engage freely in the community).
- HCBS settings will afford individuals choice in their daily life activities (i.e., eating, bathing, sleeping etc.)

The committee also reviewed data from Thomson Reuters, which included demographics, diagnosis, assessment, community-based long-term services and supports, and non-long-term services and supports for individuals receiving services. It was noted that the next level of analysis would look at individuals who have been screened but were not yet receiving services.

May 3, 2012

The Olmstead Planning Committee reviewed data from the State Operated Services programs (e.g., admissions, average length of stay, funding, wait lists) and considered additional data that may be helpful for review. They also heard from DHS' Aging and Adult Services Division regarding the state's progress toward a balanced long-term support system (i.e., the 2009 State's Profile) and gap analyses.

The Outreach Subcommittee reported on plans to develop a survey to gather information from stakeholders. Survey components were identified, including:

- Providing a brief and concise summary of the goal of an Olmstead Plan
- Seeking information about personal choice
- Identifying what is missing that would allow an individual to live according to their personal choice

Survey design was also discussed, and elements included:

- Being user-friendly and at a level that could be understood by users of services
- More consumer-directed than provider-directed
- Open-ended questions that would not lead responses

Progress on the website was discussed, and it was noted that the website was nearly complete. The committee also reviewed data on inpatient hospital beds (e.g., sources of funding, average length of stay).

May 8, 2012

The Minnesota State Council on Disability and the Metropolitan Center for Independent Living held an in-person and virtual town hall meeting throughout the state, including the following information:

- An update about the Minnesota Extended Treatment Options (METO) settlement and ruling
- How the Olmstead Planning Committee would create Minnesota's plan for relocating people from institutional settings into the community of their choice

May 17, 2012

The Olmstead Planning Committee heard from Lutheran Social Service on risk, safety, and other issues related to individuals with disabilities. They also heard from DHS on information regarding waiting lists (i.e., Brain Injured, Community Alternatives for Disabled Individuals, Community Alternative Care for Individuals, and

Developmental Disabilities). Finally, the committee continued its review and revision of their vision and principle statements, noting that the committee would revisit the document after the discussion of safety and risk was complete.

June 7, 2012

The Olmstead Planning Committee reviewed federal statutes on safety and risk, as well as a draft outline for the Olmstead Plan. An announcement was made that the Minnesota Olmstead Plan website was live, and it was agreed that the Outreach Subgroup would reconvene to continue to refine the purpose of a stakeholder survey and questions of interest.

June 21, 2012

The Olmstead Planning Committee decided to submit a letter of interest to participate in the September Olmstead Planning Academy, hosted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The committee also reviewed information on DHS' plan to reform significant portions of Medical Assistance, Minnesota's Medicaid program. Specifically, the conversation focused on long-term care services and how they would be redesigned based on changing demographics and economic pressures, as well as opportunities that arose at the federal level to support innovation and reform at the state level. The reform plan was a result of bi-partisan legislation and was a part of the 2011 budget agreement. In addition to achieving better health outcomes for participants, the vision for this initiative included:

- better access and a simplified administration of the program;
- long-term services and supports that would support people in having a meaningful life at all stages of life according to their own goals and determination of what is important to them;
- flexibility, responsiveness, and accessibility by people who have an assessed need for long-term services and supports; and
- a well-managed Medicaid program and long-term services support system that ensures its sustainability and availability to those who need it in the future.

The committee was also updated on the implementation of the MnCHOICES application process. MnCHOICES was meant to streamline the assessment process for persons with long-term care needs by combining five assessment types (Developmental Disabilities Screening, Long-Term Care Consultation, Personal Care Assistance, Assessment and Service Plan, and Private Duty Nursing) into one application. This assessment process would not cover mental health services because those services are more therapeutic in nature, and this process was designed for long-term care needs. The committee had the opportunity to preview the assessment tool.

Finally, the committee reviewed an update from the Outreach Subcommittee regarding a stakeholder survey. The subcommittee recommended limiting the number of questions to 10 and stated that their objective for the initial survey was to obtain basic information to determine where people were.

June 22, 2012

Senator Tom Harkin (Democrat—Iowa), chair of the U.S. Senate Committee on Health, Education, Labor, and Pensions (HELP) sent letters to governors in all 50 states asking for specific information about each state's efforts to ensure its compliance with the Americans with Disabilities Act (ADA) and the Olmstead ruling. Outside

of specific federal lawsuits, the request by Harkin was the first time the federal government asked for information from all 50 states on their implementation of and compliance with the 1999 US Supreme Court “Olmstead Decisions” for increased community integration. US Senator Harkin said his request resulted from a concern following a hearing his committee held on June 21st, during which they heard testimony that too many people with disabilities remained unable to receive necessary services in the least restrictive community settings. Harkin’s letter asked each state governor to provide the U.S. Senate Committee on HELP with the following information on implementation and compliance:

- Their state’s strategic plan to increase community integration for individuals with disabilities.
- The number of people moved from institutions into home- and community-based settings.
- The amount of state funds used to provide services for individuals with intellectual or developmental disabilities, broken down by setting category.
- The extent to which the state has expanded its capacity to serve individuals in their own homes, including money spent on the expansion.
- Policy recommendations that would assist the state in implementing its plans.

July 12, 2012

Rosalie Vollmar was introduced as the project manager for the Olmstead Planning Committee. The committee was also provided with an overview of licensing functions within DHS, which go into effect once it has been determined that an individual is in need of services. It was noted that licensing staff are primarily looking to determine if:

- The right assessment of the individual’s needs have been completed and if those assessments were completed by individuals qualified to perform such assessments.
- A treatment plan has been developed and if the provider is addressing those needs through the plan.
- The provider actually provided the service, it is documented according to licensing standards, and the documentation provides feedback on assessed needs.
- The treatment approaches are effective.

The discussion of licensing also covered other units under the DHS office of the inspector general, including fraud and complaints.

The committee reviewed the Medical Assistance Reform 2020 to identify questions and Olmstead-related issues that should be addressed by DHS during the open comment period. The committee provided feedback on the waiver, primarily noting that the lack of specificity in parts of the document made it difficult to identify suggestions. Recommendations for increasing specificity were made, and DHS noted that the waiver would continue to be fleshed out and is considered a living document to be continually improved upon, beyond public comment, revision, and submission.

The Outreach Subcommittee provided an update regarding a stakeholder survey. The subcommittee noted that they were close to finalizing the survey and would be meeting in the next few days to address any lingering issues.

Finally, the committee agreed to form an additional subcommittee to work on the issues of risk and safety. Volunteers were also sought to help develop the timeline for the completion of the Plan.

July 17, 2012

[A court monitor was appointed](#) seven months after the approval of the Jensen agreement after the Court found that the defendants had not complied with an important element of its obligations and that there were gaps and deficiencies in the defendants' reporting. The Court appointed David Ferleger as its independent advisor to the Court to assess and monitor implementation of the settlement agreement.

July 26, 2012

The Olmstead Planning Committee heard from DEED regarding their Vocational Rehabilitation Services (VRS) Division and two of its three programs: Vocational Rehabilitation (VR) and Extended Employment (EE).

The Timeline Development Subcommittee shared its proposed timeline for completing committee work and covering topics in the time available. It was noted that the part of the draft Olmstead Plan regarding the system currently in place was being drafted by Truven Health. The Timeline Development Subcommittee identified six major topic areas that were yet to be discussed, including:

- Where people live
- Where people work
- Community-based services and supports that enable people to live and work in the community (e.g., assistive technology, health care, transition, transportation, secondary education, PCA services)
- Person-centered planning (including MnCHOICES and plans to meet an individual's dreams and desires)
- Other institutions where treatment is received/required (e.g., AMRTC, Community Behavioral Health Hospitals, correctional facilities)
- Miscellaneous—Longitudinal Measurement of System Performance, training for direct care staff, workforce development, incentives for system transformation, and leadership to sustain the plan.

The committee also reviewed a proposed structure for subcommittee goals and recommendations, based on a template developed by the Where People Live Subcommittee. The committee agreed that goals and recommendations should address:

- The current baseline
- Whether there is a DHS initiative in place and the goal of that initiative
- What further recommendations the committee has
- The rationale for the recommendation of the committee and/or a strengths, weaknesses, opportunities, threats (SWOT) analysis

August 2, 2012

The Olmstead Planning Committee heard from Truven Health (formerly part of Thomson Reuters) about data available to assist in the development of sections of Minnesota's Olmstead Plan, and to identify additional information that may be necessary for informing committee decisions. Data centered around the following topic areas:

- Where people live
- Where people work
- Community-based services and supports

The representative from Truven Health requested that the committee identify 10–12 benchmarks to use as a baseline and track over time to measure progress.

The committee was also briefed on information about where people work (including information from the Minnesota Employment Policy Initiative (MEPI) and employment information for people with disabilities) and where people live (including the report from the subcommittee titled Goals and Recommendations: Where People Live Subcommittee Report).

August 16, 2012

The Olmstead Planning Committee reviewed research from the University of Minnesota on person-centered planning. It was noted that in order to move in the desired direction, four components would be necessary to enable system or organizational changes, including:

- **Human capital:** Personal capacities possessed by members of the organization, such as knowledge, skills, commitment, disposition, and other abilities.
- **Social capital:** Closely linked to human capital, it is the component of capacity inherent in the relationships between and among members of an organization and members of other organizations with whom they work. It includes mutual understanding, development of collective competence, fostering of care and concern, and support for the alignment of mutual goals. It is stimulated by trust, reciprocity, open communication, and flow of information.
- **Program coherence:** The degree to which staff members at all levels, and resources within an organization, are coordinated by a common framework.
- **Resources:** The physical and organizational tools that an organization has at its disposal to make its improvement goals a reality (e.g., adequate staffing levels, staff stability, professional development opportunities).

The Outreach Subcommittee also provided an update that it would not proceed with a survey of stakeholders due to a lack of clarity on the purpose of a survey. The “participate” tab of the Olmstead Planning Committee website was discussed, noting that individuals could share their viewpoints with the committee through that method of communication. The subcommittee suggested that this format be replaced with the opportunity to provide feedback on specific topic areas, such as housing, employment, education, transportation, and community involvement.

The committee reviewed the vision and principles statement on risk, and it was agreed that a subcommittee would be developed to review the committee’s language recommendations regarding risk and safety.

The goals and recommendations for the Where People Live Subcommittee were also discussed, noting that the subcommittee was waiting for recommendations from the Money Follows the Person grant to fully draft goals and recommendations. One committee member recommended not leaning too heavily on existing policy infrastructure to develop goals and recommendations on where people live, or the goals and recommendations may have a short lifespan.

A first draft of the goals and recommendations for where people work were presented. These goals and recommendations were broken down into six areas:

- **End results first and tracking systems:** It was recommended that a systematic tracking system be implemented and that DHS consult with DEED, possibly modeling any tracking system on the success of their system. It was also recommended that DHS consult with other states that were leading the nation in integrated employment practices to determine how to track individuals.
- **Employment leadership:** It was suggested that a recommendation be made to the governor to appoint a subcabinet on the topic of employment and people with disabilities to coordinate and lead future efforts.
- **Continuing Care Administration goals:** It was recommended that the Continuing Care Administration of DHS should add details (e.g., what actions will be taken, when, by whom, how many people will be affected) to their goals on employment, which included:
 - Creating and promoting resources that help individuals plan for economic security.
 - Creating incentives and supports that increase individuals' opportunities to achieve their employment goals and result in increased income earnings.
 - Implementing policy and legislative changes to remove barriers to employment for individuals.
- **Transition age goals:** It was noted that there was a need for baseline numbers for the following types of students in transition (ages 14 to 22 years) in order to provide increase recommendations for the number of students who should attend post-secondary education programs and the number of students who are employed in the most integrated settings:
 - Number of students in transition who are on waiting lists
 - Number of students in transition who are entering Day Training and Habilitation (DT&H) programs
 - Number of students in transition who are entering post-secondary education
 - Number of students in transition who are employed, including self-employment, competitive employment, supported employment, customized employment, and center-based employment
- **Most integrated setting and employment definitions:** It was recommended that a definition of what defines employment in the most integrated setting should be established in state statute. It was noted that work would be needed to compare all statutory definitions of supported employment, competitive employment, and other types of employment. The definitions should clarify what "work" is, as opposed to more general work-related activities, and should correspond to a recent CMS bulletin clarifying work as competitive and integrated.
- **Communications:** It was recommended that all state websites be reviewed to understand what was being communicated about employment (e.g., all website sections dealing with day programs or employment from the viewpoint of the individuals or family members and from the viewpoint of the businesses and/or employers.)

Barriers to employment were also discussed, including:

- Lack of baseline data
- Minnesota schools potentially not being in compliance with federal transition requirements
- Better outcomes depending upon the cooperation and coordination of three major agencies—DHS, MDE, and DEED
- Disincentives to competitive employment

- Definitions being unclear

August 30, 2012

The Olmstead Planning Committee reviewed the second draft of the goals and recommendations for the topic “where people work” and the first draft of the goals and recommendations for the topic “community-based services.”

It was also announced that DHS was accepted into SAMHSA’s Olmstead Policy Academy.

September 6, 2012

The Olmstead Planning Committee reviewed the first draft of the goals and recommendations for the topic “person-centered planning.” It was also noted that recommendations on the topic “other institutions where people receive treatment” would be developed for the committee’s consideration.

September 12, 2012

Governor Dayton responded to Senator Harkin’s letter asking for specific information about each state’s efforts to ensure their compliance with the Americans with Disabilities Act (ADA) and the Olmstead ruling. The letter included an attachment from the Commissioner of Human Services, Lucinda Jesson, which provided data on Minnesota’s response. Highlights included:

- The total number of people who moved to their own home remained relatively constant since state fiscal year 2008. However, the number of individuals who remained in their own home increased since 2008, with over 108,000 individuals remaining in their own home in 2011. As disability basic and long-term care enrollment in Medicaid grew, more people were being served in their own homes rather than in nursing homes, ICFs/DD, or treatment facilities.
- Minnesota spent over \$1.1 billion in state fiscal year 2011 for services to people with disabilities in various settings, excluding basic medical care. The majority of funding (\$542 million, or 46 percent) was spent serving individuals with disabilities in group homes, usually of four people or fewer. The next largest percentage of spending served people with disabilities in their own home (\$414 million, or 35 percent). The smallest percentage of funding was provided to people residing in board and care homes (0.24 percent). Board and care homes are licensed homes for persons needing minimal nursing care. Minnesota also spent \$68 million to serve people in a supervised living facility for individuals who were committed as mentally ill and dangerous. The supervised living facility funding includes all costs paid by the state to serve individuals in this setting, including medical care.
- Minnesota increased the number of people served at home since 2008. Just over 33,600 people received housing supports in their own home in fiscal year 2008. In fiscal year 2012, that number increased to over 46,100 people. Meanwhile, state spending to serve individuals with disabilities in their own homes fluctuated. Beginning in fiscal year 2009, Minnesota received enhanced federal match for Medicaid services through the American Recovery and Reinvestment Act (ARRA). This influx of federal dollars decreased the amount of state spending from fiscal year 2009 until fiscal year 2011. Examining the change in capacity to serve people with disabilities in their own homes shows that while state spending decreased from 2008 to 2009 and from 2009 to 2010, the number of people served increased by 3,591 and 4,019 people, respectively. In more recent years, the change in Minnesota’s capacity to

serve individuals with disabilities in their own homes increased, but growth slowed in both number of individuals served and state and federal dollars spent.

- From fiscal year 2008 to 2009, the change in total state and federal spending in Minnesota increased by \$94 million. From fiscal year 2009 to 2010 the total spending increased by \$43 million; from fiscal year 2010 to 2011 total spending increased by \$69 million; and from fiscal year 2011 to 2012, total spending increased by \$38 million. In addition to spending for nonresidential home- and community-based waiver services, spending for services in an individual's own home in this response includes several supportive housing programs. Minnesota established several programs and initiatives specifically targeted at helping people move into their own homes: Group Residential Housing, Minnesota Supplemental Aid Shelter Needy, Housing Access Services, Housing with Supports for Adults with Serious Mental Illness, Crisis Housing Fund.
- In December of 2011, DHS and the Plaintiffs in *Jensen et al. v. Minnesota Department of Human Services, et al.* Court File No. 09-CV-1775 entered into a settlement agreement that required the development of a Minnesota Olmstead Plan. Minnesota's Olmstead Planning Committee (OPC) members included individuals with disabilities, family members, providers, the Ombudsman for Mental Health and Developmental Disabilities, Plaintiffs' counsel, advocates, and senior decision-makers from DHS. During 2012, the OPC met twice a month from March through July, three times in August, and weekly in September. The meetings included briefing session topic areas that were relevant to the Olmstead Plan. Per the settlement agreement, (i) the OPC shall issue its public recommendations by October 5, 2012, and (ii) the State and the Department shall develop and implement a comprehensive Olmstead Plan by June 5, 2013. Full implementation by June 5, 2013, may be restricted to the extent additional legislation is required.
- Policy recommendations:
 - Establish consistent policies on employment supports
 - Streamline access to housing vouchers; strengthen waiver setting definitions; funding for permanent supportive services
 - Funding for quality initiatives
 - Enhance options to provide family/caregiver supports
 - Continued support for home- and community-based services reforms
 - Strengthen coordination of long-term care with medical care
 - Increase Medicare payments
 - Technical assistance, training, and fiscal frameworks for reform efforts
- Minnesota undertook several efforts to improve community outcomes for people with disabilities. Examples related to:
 - Community engagement
 - Home and Community-Based Waiver Programs
 - "Options Too" Initiative
 - Aging and Disability Resource Center (ADRC) and Linkage Line Programs
 - Family Support Grants
 - Semi-Independent Living Services
 - MnCHOICES
 - Pathways to Employment and Demonstration to Maintain Independence and Employment
 - Evidence Based Practices in Mental Health Block Grant

- Mental health grants
- Money Follows the Person Rebalancing Demonstration Grant
- Implementation of Evidence Based Practices in Adult Mental Health
- Addressing the 25-Year Lifespan Disparity for People with Serious Mental Illnesses
- Housing with Supports for Adults with Serious Mental Illness (HSASMI)
- Crisis Housing Fund (CHF)
- Bridges Regional Treatment Center (RTC) Pilot
- Reform 2020

September 13, 2012

It was announced that an extension to complete the Olmstead Planning Committee’s work would not be requested from the court since Olmstead planning would be a continuous effort and the committee’s efforts would not be the end of the planning process.

It was also noted that the Governor’s Office submitted a response to Senator Tom Harken’s letter requesting information about Minnesota’s efforts to increase community living options for people with disabilities and mental illness, as well as Olmstead planning efforts.

Additionally, it was announced that the section of the Olmstead Planning Committee’s report that included data from Truven would be complete by September 20th, in time for the Olmstead Policy Academy. The committee continued to work with the deadlines of October 5th for submitting recommendations to DHS and June 5, 2013 for DHS to draft an Olmstead Plan.

The Olmstead Planning Committee reviewed a draft document titled “Managing Risk While Empowering Choice.” The majority of this document was devoted to explaining the context of why it is important to deal with actual and perceived risk in community integration. This document also included the following recommendations:

- The state should address risk management policies and standards in a consistent manner. The State Quality Council and several private entities were considering policies and standards for risk management. Best efforts should be made to ensure that existing and proposed risk management policies and standards are reviewed and harmonized to conform to applicable law, including the ADA.
- The state should provide ongoing training to stakeholders on applicable risk management policies and standards to ensure that concerns about empowering individuals with disabilities to be fully integrated into the community are not derailed by unwarranted health and safety concerns.
- DHS should use internal and external stakeholders to decide which private and public entities should address individual safety and health concerns regarding a specific individual with a disability without undue delay. Qualification criteria and certification of individual responders should be required.

Person-centered culture recommendations were also reviewed by the committee (document previously titled “person centered planning”) as were the committee’s overarching vision and principles statements.

September 19–21, 2012

- Representatives from the Olmstead Planning Committee attended the Olmstead Policy Academy. Topics included:
 - Expanding housing options for people with disabilities: New resources and opportunities
 - Increasing housing supply
 - Housing affordability
 - From closing institutions to community integration
 - Employment innovations and strategies
 - Opportunities and partnerships in supportive housing
 - Community integration for people with co-occurring mental illness and intellectual/developmental disabilities
 - Overcoming obstacles to community integration for children and adolescents
 - Ombudsmen as advocates in systems change
 - Medicaid programs and support implementation strategies
 - Mapping out a state plan
 - Achieving integration through person-centered planning
 - Olmstead enforcement and implementation
 - Completing strategy development and action steps
 - An overview of technical assistance and federal-state dialogue

September 27, 2012

Olmstead Planning Committee members who attended the Olmstead Planning Academy shared information from the session with other committee members. It was noted that the DOJ's interpretation of the number of beds permissible in a community setting may not concur with CMS regulations and that these two agencies would have to coordinate on final regulations, which would be issued by CMS.

The following report sections were reviewed by the committee for additional feedback:

- Where people work
- Managing risk while empowering choice
- Vision and principles statement
- Where people live
- What we have

October 4, 2012

The Olmstead Planning Committee reviewed the recommendations for "where people live" and "community-based supports." A review of the remaining documents was scheduled for October 15th.

October 23, 2012

Minnesota's Olmstead Planning Committee presented a report to DHS Commissioner Lucinda Jesson. The report included recommendations to ensure that Minnesotans with disabilities had choices about where they live and were served in community settings more suitable to their needs and desires. One of the Committee's recommendations asked that the governor establish an Olmstead Subcabinet to ensure the most efficient and effective interagency coordination, planning, and implementation of an Olmstead Plan. The report was open for

public comment through December 31st and circulated in a DHS newsletter and hosted on DHS' website. Commissioner Jesson met with the governor's office and a decision was made to have the governor issue an executive order.

Back to [Table of Contents](#)

2013

January 28, 2013

Governor Mark Dayton issued [Executive Order 13-01](#) establishing a Subcabinet to develop and implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities. The [Olmstead Subcabinet](#) was chaired by Lieutenant Governor Yvonne Prettner Solon.

January 29, 2013

The [Olmstead Subcabinet agencies began work on a comprehensive Olmstead Plan](#), including establishing working groups, writing teams, and holding facilitated sessions. It was agreed that consultants should provide technical assistance to agency teams as they wrote and refined the Plan. Consultants provided services and regularly attended Olmstead Subcabinet meetings through October 2013.

June 11, 2013

The Olmstead Subcabinet reviewed the first draft of the Olmstead Plan, including a discussion of goal statements and releasing the draft plan to the public for comment. For details on these discussions, refer to [page 2 of the June 11, 2013 meeting minutes](#).

June 13, 2013

The [first Olmstead Plan](#) was submitted to the Court for review. This plan included the recommendation to form the Olmstead Implementation Office (OIO) for day-to-day oversight of the plan. Goals focused on supports and services, housing, transportation, employment, community engagement, lifelong learning and education, and healthcare and healthy living. Next steps outlined in this plan included:

1. The Olmstead Subcabinet holding listening sessions across the state and agencies seeking feedback from stakeholders.
2. Experts on Olmstead planning assisting Olmstead Subcabinet agencies.
3. Cross-agency and agency teams continuing to develop and revise plans.
4. Cross-agency teams of data experts meeting to develop measurements that could be used to show how well Minnesota was meeting its integration goals.
5. The Olmstead Subcabinet publishing revised drafts of the Olmstead Plan to gather additional feedback.
6. The final version of the Plan being released on November 1, 2013.
7. Implementing and monitoring the Plan.

June 25–August 19, 2013

A [public comment period was held on the first \(June\) Olmstead Plan draft](#). Comments were solicited from the Minnesota Olmstead Plan website and email address, yielding 112 comments.

July 9, 2013

A [public Olmstead Subcabinet listening session](#) was held in St. Paul, yielding 22 comments.

July 18, 2013

Senate Health, Education, Labor and Pensions (HELP) Committee Chairman Tom Harkin (Democrat—Iowa) released a report (titled [Separate and Unequal: States Fail to Fulfill the Community Living Promise of the Americans with Disabilities Act](#)) assessing states' ability to fulfill the integration mandate contained with the Americans with Disabilities Act (ADA). [Key findings from the report](#) include:

- Between 1995 and 2010, states reduced the share of Medicaid spending on institutions, including nursing homes, mental hospitals, and institutions for people with intellectual and developmental disabilities from 79 percent to 50 percent.
- Despite this progress, only 12 states spent more than 50 percent of Medicaid long-term services and supports (LTSS) dollars on home- and community-based services (HCBS) by 2010, and the population of working-age Americans with disabilities in nursing homes actually increased between 2008 and 2012. This is true even though 38 studies over the past seven years have clearly demonstrated that providing HCBS is more cost-effective than providing services in an institution.
- Widespread inequities in access to HCBS still exist across states. In 2009, the percentage of spending on HCBS LTSS varied from more than 80 percent to less than 20 percent, and 38 states spent less than 50 percent of LTSS costs on HCBS. Hundreds of thousands of people with disabilities remain on waiting lists for community-based services.
- From 2000 to 2007, nursing home use actually increased among adults ages 31 to 65 in 48 states. Current data shows that there are still more than 224,000 individuals younger than 65 in nursing homes—almost 16 percent of the total nursing home population.
- Perceived uncertainty about the potential total cost of providing HCBS to every eligible individual in the state may be preventing states from exercising new federal options for HCBS. Many states have focused more on enrolling people who are currently living in community settings into HCBS programs than on transitioning individuals living in institutional settings back into the community.
- When individuals are transitioned, it remains unclear whether they are transitioned to the most integrated setting possible or merely to a “less” institutional setting, and each state defines specific settings very differently.
- Many states' Olmstead implementation efforts have not involved meeting specific benchmarks designed to transition people with all types of disabilities out of institutions and into the most integrated setting consistently in a way that is cost-effective. No clear reporting system for HCBS programs exists to make it possible to analyze and compare how effectively states are meeting the Olmstead mandate.

Key policy recommendations from the report include:

- Congress should amend the ADA to clarify and strengthen the law's integration mandate in a manner that accelerates Olmstead implementation and clarifies that every individual who is eligible for LTSS under Medicaid has a federally protected right to a real choice in how they receive services and supports.
- Congress should amend the Medicaid statute to end the institutional bias in the Medicaid program by requiring every state that participates in the Medicaid program to pay for HCBS, just as every state is required to pay for nursing homes for those who are eligible. State and federal efforts should focus on helping people live in their own homes. Virtually all people with disabilities can live in their own

apartment or house with adequate supports. Accordingly, for virtually all people with disabilities, the most integrated setting appropriate is their own home.

- States should more fully examine the enhanced federal funding available under new federal programs designed to encourage states to transition more individuals into community-based settings and shift away from waivers, which allow states to set caps on the number of individuals served. Other federal programs provide significant additional federal resources in exchange for requiring the state to serve all of the eligible populations. Congress and CMS should help states to conduct analyses of the unmet need in individual states.
- DOJ should expand its Olmstead enforcement efforts to include investigations of segregated employment settings for individuals with disabilities and the inappropriate placement of young people with disabilities in nursing homes, especially in states that are in the bottom quartile of spending on HCBS and/or for discrete subpopulations.

August 2, 2013

A [public Olmstead Subcabinet listening session](#) was held in Moorhead, yielding 13 comments.

August 13, 2013

A [public Olmstead Subcabinet listening session](#) was held in Duluth, yielding 23 comments.

August 19, 2013

A [public Olmstead Subcabinet listening session](#) was held in Rochester, yielding 22 comments.

August 28, 2013

A [Court order](#) was issued for what the Olmstead Plan should include in the November draft: Based upon the presentations and submissions of the parties since the Court's order of April 25, 2013, including the submissions of the court monitor, and given the continued concerns of this Court, relating to the status of the case and ongoing concerns with noncompliance with the settlement agreement by the defendants; the Court having again reviewed the procedural history of the case; and the Court being otherwise duly advised in the premises, the Court hereby enters the following:

1. The Court, having been advised by the court monitor that the parties have agreed that the Court's retention of jurisdiction over the above-entitled matter may be extended for an additional year to December 4, 2014, beyond the current December 4, 2013 date, pursuant to Section XVIII.B. of the settlement agreement, the Court hereby extends its jurisdiction over this matter to December 4, 2014. However, the Court expressly reserves the authority and jurisdiction to order an additional extension of jurisdiction, depending upon the status of compliance by the defendants with the specific provisions of the settlement agreement, absent stipulation of the parties.
2. On or before October 15, 2013, the Minnesota Department of Human Services ("the DHS") shall submit a proposed implementation plan for the Court's review and approval, having first submitted by October 4, 2013 a draft of the proposed plan to the court monitor and the plaintiffs. The implementation plan shall encompass the settlement agreement requirements (aside from Rule 40 and the Olmstead Plan), shall be keyed to the evaluation criteria as set or amended by the court monitor, and shall include: tasks,

specific deadlines for each task, persons responsible, anticipated obstacles or challenges, actions to be taken to overcome such obstacles or challenges, and resources required. The implementation plan shall also include a separate chronological timetable of tasks and deadlines to facilitate tracking and reporting. The implementation plan format shall be subject to approval by the court monitor and submitted to him forthwith. Monthly updates to the implementation plan shall include activities.

3. With regard to the replacement of the Cambridge facility with community-based services, the implementation plan required above shall separately include:
 - A timetable for all tasks and activities;
 - Identification of resources to be reallocated to the community services, including funding and staffing for such services;
 - The nature, quantity, and location of the community-based services (residential and nonresidential), sufficient to serve current Cambridge clients and those who would otherwise be served if the Cambridge facility had been maintained; and
 - A description of the mechanisms through which the DHS will carefully track and monitor the replacement process.

The monthly updates to this section of the implementation plan shall provide the above information, as then current, together with information, including settlement agreement-required transition plans, for each person who leaves the Cambridge facility on or after the date of this order. The monthly updates shall also include activities undertaken pursuant to the plan, documentation of such activities, and any requests for modification of the plan's deadlines or other elements.

4. With regard to implementation of the Rule 40 modernization, on or before October 30, 2013, the DHS shall submit a proposed Rule 40 implementation plan for the Court's review and approval, having first submitted by October 15, 2013 a draft of the proposed plan to the court monitor and the plaintiffs. The Rule 40 implementation plan shall comply with the DHS' own commitment, that is, that it will "[d]evelop an implementation plan that adopts the recommendations of the Advisory Committee, including a phased implementation plan that provides for the necessary training and technical assistance to support best practices, and a plan for the oversight, and monitoring of provider practices and any emergency use of restraint or seclusion." It shall include: tasks, specific deadlines for each task, persons responsible, anticipated obstacles or challenges, actions to be taken to overcome such obstacles or challenges, and resources required. The Rule 40 implementation plan shall also include a separate chronological timetable of tasks and deadlines to facilitate tracking and reporting. The Rule 40 implementation plan format shall be subject to approval by the court monitor. Monthly updates to the implementation plan shall include activities undertaken pursuant to the plan, documentation of such activities, and any requests for modification of the plan's deadlines or other elements.
5. With regard to implementation of the Olmstead Plan, which is due from the State and the DHS by November 1, 2013 for the Court's review and approval, the state and the DHS shall submit a proposed implementation plan within the Olmstead Plan. The Olmstead Plan shall also include a separate chronological timetable of tasks and deadlines to facilitate tracking and reporting and for regular updates to the Court setting forth the status and progress in implementation. Updates to the Olmstead Implementation Plan shall include activities undertaken pursuant to the plan, documentation of such activities, and any requests for modification of the plan's deadlines or other elements.
6. Any requests for modification of due dates under the above provisions of this order and memorandum, or for modification of the Plans' deadlines or other elements, shall be in writing, for good cause shown,

and shall, in the first instance, be addressed and resolved by the court monitor, subject to review by the Court on written application by any party.

7. In light of the pending replacement of the Cambridge facility, and the submission by defendants of implementation plans under this order and memorandum, the court monitor need not submit a comprehensive quarterly report this Fall, 2013, but may submit compliance or other reports which may advise the Court on matters of concern. After submission of the DHS's implementation plan under Paragraphs 2 and 3 above, the court monitor is requested to provide the parties and the Court with a monitoring plan, which may address resumption of quarterly and other reports.
8. The Court specifically and respectfully directs the court monitor and Deputy Commissioner Anne Barry to discuss and seek an agreement on the amount of an additional deposit to the Court's Registry to not only accommodate the additional responsibilities of the court monitor, as described herein, but to carry out the provisions of the settlement agreement in the best interests of all parties concerned, absent stipulation of the parties and approval of the Court.

September 10, 2013

During the Olmstead Subcabinet meeting, [new materials for the September draft of the Olmstead Plan were reviewed](#), including:

- Goals for healthcare, healthy living, lifelong learning, and education were reviewed and adopted.
 - Healthcare and healthy living: People with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.
 - Lifelong learning and education: People with disabilities will experience an inclusive education system at all levels and lifelong learning opportunities that enable the full development of individual talents, interests, creativity, and mental and physical abilities.
- Four overarching strategic actions: See the [September 2013 draft Plan](#) for additional details.
- Quality assurance, oversight and monitoring.

September 11–October 8, 2013

A [public comment period was held on the second \(September\) Olmstead Plan draft](#). Comments were solicited from the Minnesota Olmstead Plan website and email address, yielding 32 comments.

October 8, 2013

The [third Olmstead Plan](#) was drafted. In this version of the Plan, writing teams developed specific actions and timelines related to different topic areas, such as employment, housing, and transportation. In developing this Plan, the Olmstead Subcabinet agencies listened to input from individuals with disabilities, family members and guardians, advocacy organizations, service providers, and integration experts. Goals continued to focus on supports and services, housing, transportation, employment, community engagement, lifelong learning and education, and healthcare and healthy living and overarching strategic actions remained unchanged from the September draft. An implementation plan was proposed to allow people to evaluate progress on the Plan.

October 10–31, 2013

A [public comment period was held on the third \(October\) Olmstead Plan draft](#). Comments were solicited from the Minnesota Olmstead Plan website and email address, yielding 17 comments.

November 1, 2013

The [fourth Olmstead Plan](#) was drafted. Similar to previous versions of the Plan, writing teams from Olmstead Subcabinet agencies developed specific actions and timelines related to topic areas such as employment, housing, and transportation. The teams used an iterative writing process, listening to input from individuals with disabilities, family members and guardians, advocacy organizations, service providers, and national experts as they revised the draft Plan. Goals continued to focus on supports and services, housing, transportation, employment, community engagement, lifelong learning and education, and healthcare and healthy living and overarching strategic actions remained unchanged from the October draft. Plan actions and timelines were outlined for each of these topic areas, though measurable goals were not yet identified.

November 1, 2013–April 23, 2014

A [public comment period was held on the fourth \(November\) Olmstead Plan draft](#). Comments were solicited from the Minnesota Olmstead Plan website and email address, yielding 63 comments.

December 11, 2013

David Sherwood-Gabrielson was named the Interim Executive Director of the OIO; David Thompson was named the Deputy Executive Director.

December 27, 2013

OIO staff were introduced to the court monitor.

December 31, 2013

The court monitor submitted a [report to the Court on the Olmstead Plan](#): The court monitor recommends provisional approval of the Minnesota 2013 Olmstead Plan subject to de novo review after the state revises the Plan based on this report by the court monitor, and on any submissions by the plaintiff class and the litigation's consultants. Major concerns of the court monitor include the assurance of sufficient resources in the Olmstead Implementation Office to carry the Plan forward. There are some issues which arise at the intersection of the state's implementation of the Plan and the Court's enforcement role:

1. The Plan does not provide any suggestions for the state's demonstration of sufficient substantial compliance to enable the Court to relinquish active jurisdiction.
2. The Plan should more carefully address the consequences under the Court's orders of a failure of the legislature to provide any needed statutory change, sufficient support and funding for implementation of the Plan.
3. Modification of the Plan is permitted under the process instituted by the Court. Unilateral modification of a court-ordered plan is not permissible. Therefore, the Plan's anticipation that financial challenges would permit unilateral modification is misplaced. The Plan does not state that the Plan and amendments to it are subject to the approval of the Court.

In addition, a number of general structural matters are of concern which are present throughout the proposed Plan:

1. The settlement agreement and the order of April 25, 2013 require that the Olmstead Plan “uses measurable goals” to achieve its purposes. In very many of its action steps, the Plan falls short of stating measurable goals.
2. The Plan often references future development of baselines upon which future action steps will build. The Plan does not state that these baselines and future action steps will be incorporated into the plan subject to review and approval by the Court.
3. The Plan often references future development of recommendations, policies and processes. The Plan does not state that these policies and processes will be incorporated into the plan subject to review and approval by the Court.
4. The Plan’s baseline development requirements are weakened by further unmeasurable plans which do not require actions to be taken or results achieved.
5. Often, “goals” are mentioned without specification of whether this term refers to a requirement which is to be considered measurable for accountability of the Plan.
6. Commitments in the Plan are often phrased weakly, in a manner which would make it difficult for the state or Court to evaluate compliance.

The Plan does not address technology and assistive technology. Additionally, the Plan references “prevention” of abuse and neglect but does not cover receipt of allegations, investigations, and the competence and training of investigators. Should the Court approve this report, it is suggested that:

1. Within twenty days of the date of the approval order, the plaintiff class will file any comments or objections to the Plan as currently submitted.
2. Within twenty days of the date of the approval order, the executive director of the Minnesota Governor’s Council on Developmental Disabilities and the Ombudsman for Mental Health and Developmental Disabilities will file any comments or objections to the Plan as currently submitted.
3. The state will file its first update on the Plan within 30 days of the approval order. See order of August 28, 2013 (“updates to the Olmstead Implementation Plan shall include activities undertaken pursuant to the Plan, documentation of such activities, and any requests for modification of the Plan’s deadlines or other elements.”). Given the anticipated revised Plan, the first update may, but need not, include requests for modification.
4. The state will file a revised Plan within 120 days of the date of the approval order, after first providing a draft to the court monitor within 90 days of the date of the approval order.

Back to [Table of Contents](#)

2014

January 2014

The OIO was operational, but appointments were minimal, interim-based, and time-limited.

January 16, 2014

The Centers for Medicare and Medicaid Services (CMS) published a [rule outlining new requirements for states' Medicaid home- and community-based services \(HCBS\)](#). The intent of the rule was to ensure that individuals receiving long-term services and supports through HCBS programs had full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate to meet the needs of the individual. The rule was designed to enhance the quality of HCBS and provide protections for people who use those services. The rule defined, described and aligned requirements across the HCBS programs. It defined person-centered planning requirements for persons in home- and community-based settings. The [regulations went into effect on March 17, 2014](#), and any new 1915(c) waivers or 1915(i) state plans had to meet the new requirements to be approved. For 1915(c) waivers and 1915(i) state plan programs that were already approved, states were afforded a maximum of a one year period to submit a transition plan for compliance. [In Minnesota](#), this impacted the Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Individuals with Disabilities (CADI; currently the Community Access for Disability Inclusion Waiver), Developmental Disabilities (DD), and Elderly Waiver (EW) programs. New programs under 1915(i), 1915(k) and any new 1915(c) were required to be in full compliance from the date of implementation. In Minnesota, the new Community First Services and Supports (CFSS) program needed to meet this requirement. The new federal HCBS rules required that individuals be afforded a real choice between settings in which they receive services. Minnesota's implementation of these rules furthered the state's progress in implementing its Olmstead goals. Later, on May 9, 2017, Health and Human Services (HHS) Secretary Tom Price and CMS Administrator Seema Verma announced a [three-year extension](#) (to March 17, 2022) for state Medicaid programs to demonstrate compliance with the final rule.

January 22, 2014

The [Court provisionally approved the Olmstead Plan](#) with revisions required: The Court has now received not only the Olmstead Plan, dated November 1, 2013, but also the court monitor's report to the Court: Minnesota's 2013 Olmstead Plan ("Report"). Based upon the presentations of all parties and the current procedural status of the case, and the Court having reviewed the contents of the file in this matter and being otherwise duly advised in the premises, the Court hereby enters the following:

1. The Court provisionally accepts and approves the Olmstead Plan, subject to the Court's review after the state of Minnesota revises the Olmstead Plan based upon the report by the court monitor and after the Court has reviewed any submissions by plaintiffs' class counsel and the executive director of the Minnesota Governor's Council on Developmental Disabilities and the Ombudsman for Mental Health and Developmental Disabilities.
2. Within 30 days of the date of this order, plaintiffs' class counsel may file any comments or objections to the Olmstead Plan as currently submitted.

3. Within 30 days of the date of this order, the executive director of the Minnesota Governor's Council on Developmental Disabilities and the Ombudsman for Mental Health and Developmental Disabilities may file any comments or objections to the Olmstead Plan as currently submitted.
4. The state of Minnesota shall file its first update, including any amendment to the Olmstead Plan and a factual progress report that shall not exceed 20 pages, within 90 days of the date of this order. The Court expects the parties to address the progress toward moving individuals from segregated to integrated settings; the number of people who have moved from waiting lists; and the results of any and all quality of life assessments. The Court needs to be in a better position to evaluate whether the settlement agreement is indeed improving the lives of individuals with disabilities, as promised and contemplated by the settlement agreement itself. As the Court ordered on August 28, 2013, updates to the Olmstead implementation plan shall include activities undertaken pursuant to the plan, documentation of such activities, and any requests for modification of the Plan's deadlines or other elements.
5. The state of Minnesota shall file a revised Olmstead Plan on or before July 15, 2014, after first providing a draft to the court monitor on or before July 5, 2014.
6. This Court respectfully directs that the Olmstead Subcabinet use all of its combined resources and talents to implement the Olmstead Plan. Further, the Court respectfully directs that the Olmstead Subcabinet cooperate, communicate, and work with the court monitor. The Court expects the Olmstead Subcabinet to discuss ongoing implementation with the court monitor, as well as the executive director of the Governor's Council on Developmental Disabilities and the Ombudsman for Mental Health and Developmental Disabilities, on a 60-day report system, with feedback and communication between all parties, so that true progress can be realized in the lives of the individuals with disabilities intended to benefit from the settlement agreement and so their lives can truly be significantly improved.

February 11, 2014

The [court monitor letter to lieutenant governor](#) outlined the deadline (April 22, 2014) of the first update to the Plan after provisional approval of the Court on January 22, 2014. The court monitor offered to discuss the deadline and a drafted response to the court order.

February 20, 2014

The [OIO joined the Olmstead Subcabinet meetings for the first time](#), offering support to both the Olmstead Subcabinet and the lieutenant governor's office in areas such as report review and plan revision.

February 22, 2014

The [OIO report to the Subcabinet](#) was reviewed. This report fulfilled the bi-monthly reporting schedule on the status of work being done within the Olmstead Plan to move toward greater integration for persons with disabilities. It also was used as a mechanism to recommend other actions (e.g., modification to the Plan) to the Olmstead Subcabinet and other parties, including the Court and other stakeholders. For the Olmstead Subcabinet's comments on the report, see [page 4 of the February 20, 2014 meeting minutes](#).

The [Quality of Life Assessment Subcabinet report](#) was also released. The OIO recommended that an annual plan for \$5,000 be developed with the Center for Outcome Analysis to create a Quality of Life assessment tool

specific to the Minnesota Olmstead Plan recommendations. A placeholder budget of \$500,000 for survey administration and analysis costs were included in the OIO budget.

March 17, 2014

[First draft of modifications to Minnesota's 2013 Olmstead Plan](#) were developed. To develop the revisions and additions in this draft, teams conferred with stakeholders and agencies (particularly mental health advocates and the Department of Corrections), and reviewed comments from the court monitor overseeing the Jensen settlement agreement. Representatives from the OIO worked closely with the court monitor and the Subcabinet's ex officio members to identify necessary changes to the 2013 Olmstead Plan. Goals continued to focus on supports and services, housing, transportation, employment, community engagement, lifelong learning and education, and healthcare and healthy living and overarching strategic actions remained unchanged from the November draft. Some goals were updated to further address mental health/illness. Plan actions and timelines were outlined for each of these topic areas, though measurable goals were not yet identified.

April 21, 2014

The [Quality of Life assessment tool was reviewed and approved by the Olmstead Subcabinet](#). Additionally, a contract with Management Analysis and Development was approved by the Subcabinet to conduct a pilot of the Quality of Life assessment. To review the assessment, see [page 60 of the April 22 report to the Court](#).

May 5, 2014

[Darlene Zangara was appointed the Director of the OIO](#), housed in the Department of Employment and Economic Development (DEED).

June 2014

The Quality of Life survey pilot was launched.

June 9, 2014

The [Olmstead Subcabinet reviewed Plan modifications](#) that were submitted to the court monitor. It was noted that 46 modifications were requested, of which 32 were either granted outright or with small modifications. Areas where modifications were already approved included:

- Adding assistive technology issues to the Plan and coming up with ways to address the topic in each area.
- Adding goals for the Department of Corrections (DOC).
- Incorporation of feedback from a mental health advocacy group.
- Defining baselines for employment work.

It was noted that the day training section of the employment topic focused more on processes than outcomes and needed more work. Additionally, the six areas pending approval from the court monitor were reviewed by the Subcabinet. However, exact language from the Plan regarding modifications was requested before approval would be given. For additional details on the six areas pending approval, see [page 2 of the June 9, 2014 meeting minutes](#).

The legislature also [approved a budget of \\$500,000](#), although it was noted that additional analysis would be needed to determine the breakdown of the budget. Darlene Zangara suggested several areas to focus on, including implementation of the Plan in compliance with the Court, properly resourcing the OIO, outreach and communications, and accessibility and contract services. It was also noted that additional discussions would be needed to determine the most effective structure and governance for the office and that consideration needed to be given to what legislative proposals would be brought forward for the next session regarding Olmstead. Discussion included:

- Resources for Darlene to consult.
- Resource needs for the OIO.
- Importance of everyone looking at policies and practices with an Olmstead lens.

Finally, the Olmstead Subcabinet noted that it was important to put together a plan to get to a place where there would no longer be [Court oversight](#), although it was mentioned that implementation of the Plan was in its early stages and the Subcabinet may not be ready to be out from under the Court's jurisdiction yet.

June 19, 2014

The [Olmstead Subcabinet approved the six proposed modifications to the Plan](#) that were [pending approval at the June 9, 2014 meeting](#). These modifications included:

- Clarification regarding replacing the personal care assistance (PCA) programs with a more flexible personal support service, with CFSS.
- A new action item to set annual goals to increase the number of counties and tribal nations providing individualized housing options.
- New proposed language intended to broaden the person-centered concept to include all people with disabilities.
- Edit to action item to extend the deadline from March 31, 2014 to August 31, 2014 to offer enhanced person-centered planning training components to assure employment planning strategies and employment first principles were understood and incorporated into the tools and planning process.
- New language to update the section on public comments on the Olmstead Plan to include feedback received from November, 2013 to the present.
- New language to provide background information on housing issues faced by individuals with disabilities when they were released from prison. New action items to track individuals with disabilities exiting and entering state correctional facilities and their ability to access appropriate services and supports. Identify trends and gaps and set measurable goals.

July 1, 2014

The state of Minnesota allocated \$500,000 to the OIO for fiscal year 2015. DEED, DHS, and Minnesota Housing (Minnesota Housing Finance Agency, or MHFA) also committed to the provision of monetary and in-kind support for the OIO in fiscal year 2015. Funding (\$875,000) for the OIO for in fiscal years 2016 and 2017 was also secured as base funding.

July 10, 2014

[Second draft of modifications to Minnesota's 2013 Olmstead Plan](#) were developed. To develop the proposed modifications in this document, teams conferred with stakeholders and agencies, considered comments from Subcabinet listening sessions held across the state, and reviewed comments from the court monitor overseeing the Jensen settlement agreement. Goals continued to focus on supports and services, housing, transportation, employment, community engagement, lifelong learning and education, and healthcare and healthy living and overarching strategic actions remained unchanged from the November draft. Plan actions and timelines were outlined for each of these topic areas, though measurable goals were not yet identified. The Olmstead Subcabinet did, however, commit to identifying specific strategic actions and timelines to modify the Plan accordingly, once baselines were established. Modifications regarding the elimination of prone restraint were made, as requested by the court monitor. Information on person-centered planning was added to the Plan for context. A full list of goal updates can be found in the [summary of proposed modifications to the Olmstead Plan document](#).

August 11, 2014

Darlene Zangara [reported](#) that staffing of the OIO was increasing, including moving a part-time position into a full-time position and plans for future staffing.

August 18, 2014

Included in the August 18, 2014 report to the court monitor was a report on the alignment of the Minnesota Council on Transportation Access (MCOTA) with the Olmstead Plan. MCOTA was established by the Minnesota legislature in 2010 (Minn. Statute 2010 174.285) to study, evaluate, oversee, and make recommendations to improve the coordination, availability, accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public. Due to the cross-agency nature of providing transportation for the Olmstead population, the Minnesota Department of Transportation (MnDOT) looked to MCOTA as a potential partner to begin the cross-agency conversation that would be needed to identify needs and expand overall awareness of Olmstead obligations. The relationship was useful for primarily exchanging information, and the strategic actions focused on gathering baseline information benefited from already planned MCOTA research. However, the connection to a more concrete strategic direction to directly contribute to Olmstead's population based outcomes was not apparent. While many strides were made in creating greater awareness on Olmstead needs among a broader group of transportation stakeholders, MnDOT, in conjunction with the MCOTA membership, determined that inclusion of MCOTA in the Olmstead Plan would be discontinued. The primary reason was that MCOTA's charge was advisory and the Olmstead Plan was seeking direct measurable impact to furthering Minnesota's Olmstead Plan, which was outside of MCOTA's purview. MnDOT did see value in maintaining a connection and MnDOT's Olmstead agency lead continued to provide updates on Olmstead progress to MCOTA and recommended Olmstead-based research for consideration in MCOTA's workplan. MnDOT was in the process of developing alternatives to replace MCOTA in the transportation section of Minnesota's Olmstead Plan. Recommended replacements included:

- Inclusive transit planning: Providing technical assistance to transit systems on best models for increasing the participation of people with disabilities in the design and implementation of responsive, coordinated transportation systems.

- Enhancing communications: Providing technical assistance on improving access of persons with disabilities to transit through improved communication techniques. These techniques could include: travel training, driver sensitivity training, and improved signage.
- Development of performance measures: Identification of key measures for determining increased access by persons with disabilities. These measures could include: overall disabled ridership, customer satisfaction responses, and level of investment.

For additional details on this report, see [page 82 of the August 18, 2014 report to the court monitor](#).

Also included in this report to the court monitor was a report on processes to access crisis services in schools in response to the action item: By June 30, 2014, establish a process for school districts to ensure that students with complex disabilities can access crisis services. This report defined key terms (e.g., complex disabilities, crisis), identified barriers to service provision in schools, and set forth goals and processes for schools to access crisis services. For additional details on this report, see [page 106 of the August 18, 2014 report to the court monitor](#).

September 18, 2014

The [Court declined adoption of the Olmstead Plan](#) and required revisions: On July 10, 2014, the state filed the proposed Olmstead Plan that is now before the Court. In response to the proposed Olmstead Plan, the plaintiff class submitted a letter to the Court on July 24, 2014, “reiterat[ing] the settlement class positions . . . in [its] prior letters to the Court and court monitor concerning the Olmstead Plan” and observing that “issues remain, including a necessary recommitment and focus needed to complete and implement an Olmstead Plan using measurable goals.” Specifically, the plaintiff class referenced a February 25, 2014 letter to the Court in which the plaintiff class expressed concerns that “the Olmstead Plan be strategic, measurable, and clearly state who is responsible, with a listing of specific timelines, and how the Plan will be implemented, and specific resources needed,” and an October 22, 2013 letter to the court monitor in which the plaintiff class criticized DHS’ “cavalier approach to the development of the Court ordered Olmstead Plan” and the resulting “rushed, incomplete and deficient Olmstead Plan.” On August 6, 2014, the court monitor filed the Olmstead Plan report with the Court, recommending final approval of the proposed Olmstead Plan. However, in the Olmstead Plan report, the court monitor observed that “[s]ome concerns remain.” The court monitor recommended “refinement with regard to [the Olmstead Plan’s] structure and specificity,” including the need for measurable goals, new methods for presenting and reporting information, and better phrasing of commitments to enable compliance evaluation. For the reasons discussed below, the Court declines to approve the proposed Olmstead Plan as it is currently written. The Court finds that the proposed Olmstead Plan contains significant shortfalls that require modification to comply with the comprehensive standards articulated in the settlement agreement and in subsequent Court orders and court monitor reports. The Court emphasizes two particularly deficient areas of concern:

1. The lack of measurable goals; and
2. The lack of accurate reporting.

Based on the entire record of this case, IT IS HEREBY ORDERED THAT:

1. The Court DECLINES TO ADOPT the state’s proposed Olmstead Plan at this time.

2. The parties shall submit a revised Olmstead Plan to the court monitor by November 10, 2014.

September 29, 2014

As part of its planning process, the Olmstead Subcabinet adopted a [Minnesota Employment First Policy](#), requiring all state agencies to integrate a vision, values and guiding principles in their work, and assigning three agencies (DHS, Minnesota Department of Education, and DEED) responsibility to define, operationalize and document a process to ensure a person-centered approach and informed choice were used. The three agencies needed to align programs, funding and policies, and develop uniform data collection and reporting procedures. The operational planning process was initiated. The policy was the culmination of an Employment First Coalition effort that began in 2007.

September 30, 2014

The Continuing Care Administration and the Children and Family Services Administration within DHS released a [report on potentially segregated settings](#). This report was produced in conjunction with the Olmstead Plan actions to:

1. Identify people with disabilities who desire to move to more integrated housing, the barriers involved, and the resources needed to increase the use of effective best practices; and
2. Support people in moving from institutions to community living, in the most integrated setting.

This report included demographic and baseline data about people receiving services in potentially segregated settings and laid out targets and timelines for moving people to more integrated settings. Included in this report were data about types of potentially segregated settings and day and employment services. This report also included information on targets and timelines related to residential interventions and day services interventions. Finally, this report included summary tables of Massachusetts, Oregon, and Rhode Island state reform initiatives around competitive, community-supported employment and community-based day support services.

September 2014–September 2015

Advocating Change Together created an [Olmstead Academy](#) and continued offering the academy on an annual basis. The academy includes training sessions on disability rights, leadership skills, and the Olmstead decision and Minnesota's Olmstead Plan. Fieldwork consists of community projects that promote full community integration.

October 13, 2014

A [presentation on the Environmental Quality Board's \(EQB\) framework was reviewed](#) as a potential model for the Olmstead Subcabinet regarding structure. Concepts for consideration when designing the framework for the Olmstead structure included: the focus of the governing entity, definitions, the governing body, membership, and staff. The Olmstead Subcabinet approved moving forward with designing a permanent structure that built on the existing structure and the EQB model.

October 20, 2014

The [crisis triage and hand-off process](#) was submitted with the October 20, 2014 report to the court monitor. For additional details on this process, see [page 40 of the March 27th Subcabinet status report to the Court](#), which includes the version of the process that was approved by the Olmstead Subcabinet.

November 3, 2014

In response to the September 18, 2014 Court order, which declined to adopt the proposed Olmstead Plan, emphasizing a concern with the lack of measurable goals, [agency staff worked on each Plan action item requiring establishment of baselines and measurable goals](#). A worksheet was prepared for each measurable goal to provide context, background, and source information used to establish the goals. The measurable goals submitted were based on existing resources. The goals were to be reviewed and modified once the 2015 budget was approved. The Court was also concerned about the accuracy of reporting. It was discussed during the Olmstead Subcabinet meeting that the measurable goals being proposed would provide more accurate, complete, and verifiable reporting in the bimonthly reports. Additionally, the report would continue to reflect the number of people who moved from segregated to integrated settings, the number of people who were no longer on the waiting list, and the Quality of Life measures.

December 22, 2014

In their report to the court monitor, the Olmstead Subcabinet included a report on the Olmstead HCBS waiver wait list from DHS. This report addressed the definition of urgency, how to track urgency and those waiting for waiver services, and how adopting the recommended practices would result in improving the waiting list process. DHS committed to taking the following administrative actions based on the recommendations of the Olmstead Wait List Workgroup members:

Within three months of this report's presentation, DHS will convene a group of county and disability stakeholders to discuss further action on maximizing the benefit of waiver funds. This was completed on September 5, 2014.

By December 31, 2014, DHS will:

- Establish four levels of urgency (institutional exit, immediate need, serious need, and planned need) for individuals requesting waiver services. Lead agencies will prioritize individuals applying for waiver services on their assessed level of urgency.
- Develop and distribute criteria based on statute and the prioritization for urgency of need for services (PUNS) system that will be used to determine urgency of need.
- Establish and publish a training curriculum on using the temporary electronic record system. This system will collect data on urgency of need categorizations.
- Offer support to lead agencies prior to implementation of the electronic record system.
- Create a temporary electronic record system to track the urgency of need categories across the DD, CAC, CADI and BI waivers.

By February 1, 2015, DHS will develop and publish a protocol for implementing the provisions of M.S. 256B.092, subd. 12 and M.S. 256B.49, subd. 11a, granting the commissioner the power to transfer waiver funds between lead agencies to accommodate statewide priorities.

Beginning February 1, 2015, DHS will:

- Require that individuals with the “institutional exit” categorization begin service planning within 90 days of an assessment. DHS will require that individuals with the “immediate” categorization receive services within 90 days to the extent that statewide resources are available to support them. This may be accomplished through DHS technical assistance or transferring waiver funds between lead agencies. Categorization of individuals will be completed on a rolling basis, as they are assessed and reassessed. Information about the number of days an individual has been on the waiting list will be available to DHS through the temporary electronic record system.
- Provide technical assistance to lead agencies that do not comply with the reasonable pace requirement.
- By July 1, 2015, DHS will provide technical assistance to lead agencies on their ability to access a second year to control excess spending as per M.S. 256B.0916, subdivision 11.
- Beginning February 1, 2016, DHS will provide summary data about waiting list urgency categories to the public on an annual basis.
- By February 2017, DHS will create a final electronic record system that may work with the state’s electronic assessment system to track the urgency of need categories across the DD, CAC, CADI and BI waivers. Corresponding training and support will be offered to lead agencies before this date. This system will replace the temporary electronic record system.
- DHS will participate in an upcoming discussion on waiver waiting lists, hosted by the National Association of State Directors of Developmental Disabilities Services.

For additional details on this report, see [page 150 of the December 22, 2014 report to the court monitor](#).

December 31, 2014

The [court monitor issued a report on Olmstead Plan deliverables](#): In this report, the court monitor notes that the current functioning of the Subcabinet and the OIO with regard to completing deliverables (reports, plans and analyses) is unacceptable. Of 26 deliverables due this past summer and fall, requirements in seven instances (27 percent) were completed and those in 19 (73 percent) have not been completed. Compliance is routinely very late. The Olmstead Implementation Office and its supervisory Subcabinet do not have a system which operates effectively to track and ensure timeliness, or to explain lateness, with regard to deliverables. This must be fixed immediately. The Subcabinet was required to issue a foundational report by August 31, 2014 on the staffing, funding and responsibilities of the Olmstead Implementation Office and on oversight and monitoring structure described above, including timelines for completion of any outstanding items. That report has not yet been issued. There is a failure to articulate a clear function for the OIO. Pursuant to the Court’s order of September 3, 2014, the court monitor finds defendants in NON-COMPLIANCE with the Olmstead Plan as described in this report and recommends that the Court act with regard to said non-compliance. In addition, the court monitor stands ready to oversee and supervise defendants’ activities under the Olmstead Plan with the goal of ensuring their substantial compliance.

Back to [Table of Contents](#)

2015

The legislature authorized [initial policy changes to the Group Residential Housing program](#), intended to increase the flexibility of housing benefits to allow more individuals to move from segregated to integrated settings.

January 9, 2015

The [Court provisionally approved the Olmstead Plan](#) with revisions required: On November 10, 2014, the state of Minnesota submitted its proposed revisions to the Olmstead Plan (“Revised Olmstead Plan”) to the Court and the court monitor for review. For the reasons set forth below, the Court provisionally approves the revised Olmstead Plan. Pursuant to the Court’s September 18, 2014 order, the state filed the revised Olmstead Plan that is now before the Court for review. The state also submitted an accompanying exhibit that outlines the measurable goals for certain Olmstead Plan action items and, pursuant to the court monitor’s request, includes worksheets with additional explanatory information. Although the state has made progress in developing a comprehensive Olmstead Plan since its initial draft submission to the Court on October 31, 2013, the Court remains concerned that certain aspects of the revised Olmstead Plan do not meet the requirements set forth in *Olmstead v. L.C.* and in the numerous prior orders of this Court. In reviewing the revised Olmstead Plan, the Court finds a number of specific items to be deficient. The Court provided a section-by-section review of the seven topic areas included in their revised Olmstead Plan (employment, housing, transportation, support services, lifelong learning and education, healthcare and healthy living, community engagement). Based upon the presentations of all parties and the current procedural status of the case, and the Court having reviewed the record and being otherwise duly advised in the premises, the Court hereby enters the following:

1. The Court provisionally approves the state of Minnesota’s proposed revisions to the Olmstead Plan, subject to the Court’s review of the state’s modifications and any submissions by plaintiffs’ counsel.
2. Plaintiffs’ counsel may file any comments or objections to the Olmstead Plan as currently submitted by February 6, 2015.
3. The state shall file a revised Olmstead Plan by March 20, 2015.

January 28, 2015

Governor Mark Dayton issued [Executive Order 15-03](#) which gave the Olmstead Subcabinet the responsibility of further defining the role and nature of the Olmstead Subcabinet, including appointment of an executive director of the OIO who would report to the chair of the Olmstead Subcabinet. Additionally a new Chair for the Olmstead Subcabinet, Mary Tingerthal, Commissioner of Minnesota Housing, was appointed.

February 2015

The [Quality of Life survey pilot](#) was completed. Key recommendations centered on improved data gathering methods, rather than findings from self-reported data.

February 9, 2015

The [Olmstead Subcabinet reviewed and approved](#) the report: Olmstead Barriers and Disincentives Identification Survey Results. For each of the Olmstead Plan’s seven topic goals, the questionnaire asked people to list barriers or disincentives that prevented each goal from happening. For each barrier or disincentive, people were asked

to list the federal or state policies, procedures, laws or funding that created the barrier or disincentive. The report was given to agencies and advocates to use as a tool as they reviewed proposals. For a complete list of participant responses by barrier or disincentive, see [page 40 of the February 20 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet also reviewed and approved](#) the 2014 Olmstead Plan annual report, which reviewed work that happened between November 1, 2013 and December 31, 2014. During this timeframe, activities were focused in large part on administrative and operational processes. In summary:

- Since the promise of Olmstead can only be achieved with cross-agency collaboration and dedication, staff roles were formalized and clarified for: the Olmstead Subcabinet, OIO, agency leads, and compliance function.
- Plan activities were focused in these five primary areas: implementation, reporting, modification, community engagement, and quality improvement.
- The Subcabinet and Olmstead staff engaged members of the disability community in order to learn from their perspective as well as build partnerships for Plan implementation.
- Financial activities by, or on behalf of, the OIO took place throughout the reporting period.

For additional details, see [page 146 of the February 20 Subcabinet status report to the Court](#).

Additionally, the [Olmstead Subcabinet reviewed and approved](#) the OIO report in response to the strategic action: By August 31, 2014 the Subcabinet will issue a report on the staffing, funding and responsibilities of the OIO and on the oversight and monitoring structure described, including timelines for completion of any outstanding action items. The report covered activities that occurred through December 31, 2014. The report covered the execution of the first and second executive orders and the transition process. The report also included the overview of the status of outstanding action items, structure of the office, and the utilization of DHS compliance team. For additional details, see [page 158 of the February 20 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet also reviewed and approved](#) two reports in response to the strategic action: By December 31, 2014, publicize statistics, research results, and personal stories illustrating the contributions of persons with disabilities in the workplace.

A report to the legislature on the status and evaluation of the individual placement and support approach to supported employment for people with serious mental illness. The report included data, statistics, comments, and recommendations for expanding the program to comply with the Olmstead Plan and meet the needs of Minnesotans with mental illness who require employment services. For additional details, see [page 192 of the February 20 Subcabinet status report to the Court](#).

An annual report from the State Rehabilitation Council. The report contained statistics and results of the Vocational Rehabilitation program, including personal stories about individuals who had obtained employment. For additional details, see [page 200 of the February 20 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet also reviewed and approved](#) MnDOT's ADA Transition Plan. In addition to establishing a baseline of the accessibility of the state's transportation system, the plan tracked MnDOT's progress to ensure that transportation was accessible to all users. The intent of MnDOT's transition plan was to be a living

document that would receive routine updates. Updates were scheduled to occur on a four year cycle. For additional details, see [page 238 of the February 20 Subcabinet status report to the Court](#).

Additionally, the [Olmstead Subcabinet reviewed and approved](#) Minnesota's statewide plan on building effective systems for implementing positive practices and supports, subject to a requirement that an implementation progress report be provided to the subcabinet by August 1, 2015. This report was drafted in response to the following strategic actions:

- By July 1, 2014, the state will create an inventory and analysis of policies and best practices across state agencies related to positive practices and use of restraint, seclusion or other practices which may cause physical, emotional, or psychological pain or distress.
- By July 1, 2014, a report outlining recommendations for a statewide plan to increase positive practices and eliminate use of restraint or seclusion will be delivered to the Olmstead Subcabinet or their designee by an assigned team of representatives from Olmstead Subcabinet agencies.
- By August 1, 2014, the state will develop, across state agencies, a common definition of incidents, including emergency use of manual restraint, that are to be reported, and create common data collection and incident reporting processes.

The report identified areas where gaps existed and included plans and timelines to address those gaps. Four major activities were used to further the vision outlined in the Olmstead Plan:

- Inventory Minnesota policies and best practices.
- Unify cross-agency definitions of key terms.
- Use best practices in positive supports.
- Use Minnesota's state-wide plan for implementing positive supports.

For additional details, see [page 362 of the February 20 Subcabinet status report to the Court](#).

Finally, a [Quality of Life Workgroup was established](#) to identify and analyze the recommendations of the Quality of Life report and determine the cost of the survey and the appropriate vendors. The workgroup was tasked with presenting recommendations to the Olmstead Subcabinet for next steps on the implementation of the Quality of Life survey.

February 27, 2015

The [Court monitor issued a report to the Court on the Olmstead Plan update](#): In this report, the court monitor strongly advises the Subcabinet to immediately examine and decide how it will monitor and assure agencies' compliance with the manifold implementation requirements of the various plans, which the Subcabinet is adopting under the Olmstead Plan. The court monitor noted that the Olmstead Plan updates essentially report on the Subcabinet's approval/review processes and generally on Olmstead Implementation Office activities. The updates do not report on what is being done under the various approved plans. In a previous report, the Court monitor urged an "immediate fix" to the lack of a "system, which operates effectively to track and ensure timeliness, or to explain lateness, with regard to deliverables."

The court monitor is pleased to report to the Court that the State has undertaken to improve the situation. Governor Dayton's Executive Order 15-03 was issued on January 28, 2015, amplifying the role and authority of

the Subcabinet and the Olmstead Implementation Office. A clear decision-making process is being established, along with establishment of an Executive Committee. Mary Tingerthal, Commissioner of the Minnesota Housing Finance Agency, is the new chair. The staffing reported to the Court is insufficient to achieve effective oversight of the Plan. The Court monitor previously expressed concern about staffing: "It is imperative that the OIO have sufficient resources." The annual report now provided includes only two staff in addition to the full-time executive director. One is a full-time assistant director and one is a half-time communications manager. The assistant director "focuses on plan compliance, interagency coordination, quality assurance and community relations." The court monitor urged an "immediate fix" to the lack of a "system, which operates effectively to track and ensure timeliness, or to explain lateness, with regard to deliverables." The Subcabinet report provides a schedule for action to ensure completion of all overdue deliverables at its February and March meetings.

The narrative in the Subcabinet update on movement from segregated to integrated settings includes much important data and graphs of some data. However, it does not graph census information for intermediate care facilities for persons with developmental disabilities (ICF/DD), Anoka, and Minnesota Security Hospital. The census information status over time is an important window into movement from one to another setting. Graphs for census should be provided along with the other information, which is graphed.

One key requirement was not met. The Subcabinet approved a report, which on its face is non-compliant, and the Subcabinet report does not explain the deficiency. The Olmstead Plan's earliest substantive section ("Overarching strategic actions") requires a "concrete plan for change, through administrative alignment and collaboration, legislative action, policy and rule changes, and funding changes and prioritization." This concrete plan "includes other agencies and departments in Minnesota (not only subcabinet agencies)." With regard to the requirement undergirding Exhibit 6-2. Olmstead Barriers & Disincentives Identification Survey Results, the state and DHS will address the matters in the Olmstead Plan by means in addition to opinion surveys (but may include opinion surveys) and will comply with the requirement to identify options to address barriers to integration that are linked to federal legislation, regulation, or administrative procedures. This will be completed by June 1, 2015. A plan for timely completion will be provided to the court monitor by April 1, 2015.

With regard to the Quality of Life Survey, the next Subcabinet update will include analysis of the results of the pilot, and future updates will include qualitative and quantitative analysis of the survey results, and any recommendations arising therefrom.

With regard to access to services and supports for people with disabilities leaving the corrections system, the next and subsequent updates will provide qualitative and quantitative reports on both the process and results of access to services and supports.

With regard to SS 2G/SS 2G.1, the next and subsequent update will set forth a revision of the "goals" section which will include measurable goals related to demonstrating benefits to the individuals, and which will fulfill the anticipated need over the current report's timeline (through fiscal year 2019), and with deadlines for accomplishing those efforts. There shall be no arbitrary or unexplained goals related to demonstrating benefits to the individuals.

With regard to the statewide plan for positive practices and supports, the Plan shall be supplemented in the next update to include commitments that funding, staff and other supports will be provided for all the steps in the Plan's implementation.

March 10, 2015

The [Olmstead Subcabinet procedures were approved](#). The [procedures](#) set forth clear and orderly processes for the Olmstead Subcabinet to implement the Olmstead Plan in furtherance of the order of the governor and the Court. The procedures outlined Olmstead Subcabinet membership, expectations of members, duties of the chair, the public nature of the meetings, the development and purpose of the executive committee, meeting regulations, duties of the Olmstead Subcabinet, the Olmstead Subcabinet's relationship with the OIO, convening of workgroups, and procedure amendment processes. The procedures were revised twice since their initial development.

The [Olmstead Subcabinet reviewed and approved](#) the crisis triage and hand-off process. The report summarized the crisis services available through community-based mental health services, home- and community-based services, and state-operated facilities. The report also identified barriers that existed in access, available services, and follow-up for people in crisis. The barriers were addressed in a three-pronged approach to improve crisis responses, including improving crisis triage and hand-off, use of positive supports and person-centered planning, and mental health system reform. One strategy that was being piloted included a single call-in number to handle referrals that came into DHS when people were at-risk and in need of crisis services. The report included measurable goals that would result from efforts to improve the crisis system. For additional details, see [page 40 of the March 27 Subcabinet status report to the Court](#).

Additionally, the HCBS waiver waiting list report was [reviewed and approved by the Olmstead Subcabinet](#). The report specified a structure based upon urgency of need by the individual to allow individuals to move from the wait list at a reasonable pace. The report outlined an enhanced assessment to better gather information about the urgency people have for services. Additionally, the report specified actions to enhance data collection and analysis to improve monitoring and transparency of the process. For additional details, see [page 72 of the March 27 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet also reviewed and approved](#) the report on districts' progress in reducing the use of restrictive procedures in Minnesota schools from the Minnesota Department of Education (MDE). This report included a summary of activities completed by the restrictive procedure stakeholder workgroup. The governor's budget for fiscal year 2016–2017 recommended additional support at \$2.3 million per year to accelerate the implementation of school wide positive behavioral intervention and supports (PBIS) in schools and districts throughout Minnesota. This funding would build on legislative priorities around the reduction in the use of restrictive procedures and actions in the Olmstead Plan. For additional details, see [page 94 of the March 27 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet also reviewed and approved](#) the Health Care and Community Supports Administration's overview of behavioral health homes (BHHs). This report summarized the work accomplished in meeting the objective: By December 31, 2014, DHS is to engage consumers of services to inform the design of the first framework to serve adults and children; design the model; obtain approval to implement the framework and develop a contingency plan for moving work forward if approval was not obtained; and determine the fiscal effects of statewide implementation in the near term. At the time, the report was presented, DHS was working to implement BHHs as a first step in the development of a framework. The BHH work group contracted with an external entity to conduct consumer focus groups; determine service eligibility; design the service definitions and structure; determine the team makeup, qualifications and responsibilities;

develop provider standards and preliminary certification process; develop a legislative proposal for submission in the governor's budget; and develop a state Plan amendment to be submitted to CMS for review and approval. It was noted that implementation would require additional funding and that the governor's 2015 budget proposal included funding for the project. For additional details, see [page 170 of the March 27 Subcabinet status report to the Court](#).

Additionally, the [Olmstead Subcabinet reviewed and approved](#) the baseline data for the current care report. In accordance with objective 2G under the healthcare and healthy living section of the Olmstead Plan, the Health Care Research and Quality (HQR) Division within DHS established baseline data for care of people with disabilities. HRQ selected several measures of health care utilization from the Healthcare Effectiveness Data and Information Set (HEDIS). Specific measures were chosen for three age groups: children birth to 20, adults aged 21-64, and adults aged 65 and older. For each measure examined, the rate of service use (i.e., billing) by Medical Assistance (MA) enrollees with disabilities was compared with the rate of service use by MA enrollees without disabilities. Summary findings included:

- Across all age groups, 48.3 percent of all comparisons (14 out of 29 comparisons) showed significantly greater service use among persons with disabilities than persons without disabilities.
- Across all age groups, 20.7 percent of all comparisons (6 out of 29) showed significantly less service use among persons with disabilities than persons without disabilities.
- Across all age groups, 31.0 percent of all comparisons (9 out of 29 comparisons) had non-significant differences in service use between the disabled and non-disabled populations.

For additional details, see [page 198 of the March 27 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet also reviewed and approved](#) a system analysis describing barriers that needed resolution for transitioning youth with special health care needs to adult health care. This report was based, in part, on information gathered during a series of community meetings. For a complete listing of barriers and suggested strategies, see [page 260 of the March 27 Subcabinet status report to the Court](#).

Measurable goals regarding receipt of services by transition age youth with disabilities to adult health care were [reviewed and approved by the Olmstead Subcabinet](#), for submission to the court monitor. The approved baseline was: There are 76,735 children aged 12-17 in Minnesota with special health needs. Of those youth, 36,065 or 47.1 percent receive the services necessary to make transitions to adult health care. Measurable goals included:

- By December 31, 2014, the number of Minnesota's transition age youth with disabilities who receive the services necessary to make transitions to adult health care will increase to 38,368 (50 percent).
- By December 30, 2016, the number of Minnesota's transition age youth with disabilities who receive the services necessary to make transitions to adult health care will increase to 42,204 (55 percent).
- By December 30, 2018, the number of Minnesota's transition age youth with disabilities who receive the services necessary to make transitions to adult health care will increase to 46,041 (60 percent).

For additional details, see [page 266 of the March 27 Subcabinet status report to the Court](#).

Finally, the [Olmstead Subcabinet reviewed and approved](#) the community engagement plan, which included strategies to meet the goals of four action items whose deadlines were not met:

- By December 31, 2014, leadership opportunities will be identified and implemented.
 - The plan set forth three ways to increase leadership opportunities: active engagement with governor-appointed councils, groups and boards; increased participation of self-advocates on Tuesdays at the Capitol; and increased state agency employment (as set forth in Executive Order 14-14).
- By December 31, 2014, the state will develop a plan to increase opportunities for people with disabilities to meaningfully participate in policy development and provide the plan to the Olmstead Subcabinet.
 - Each of the Olmstead Subcabinet agencies were provided with the community engagement plan and toolbox to supplement the engagement processes they already use. The measurement processes within the Plan were used to assess engagement of people with disabilities and the level of meaningfulness of that engagement process. The OIO provided technical assistance and training related to the engagement plan to ensure understanding.
- By December 31, 2014, in consultation with people with disabilities, family members, and diverse community groups, the state will assess the size and scope of peer support and self-advocacy programs; based on this information the state will set annual goals for progress. Recommendations, including funding and any necessary legislative changes, will be made to the Subcabinet.
 - The OIO reviewed literature regarding self-advocacy and peer supports and consulted with people with disabilities, family members, community groups and state agencies in order to assess the size and scope of programs in Minnesota.
- By December 31, 2014, the state will evaluate, revise as necessary, and disseminate guidelines and criteria when public dollars are used for ensuring that people with disabilities are incorporated in public planning processes, and that plans for public facilities and events are informed by attention to inclusion of people with disabilities. The guidelines and plans for incorporating them in public processes will be reported to the Olmstead Subcabinet or their designee.
 - The OIO was working with the State Treasury and Bonding Office and Minnesota Management and Budget to determine appropriate data sources for the creation of a baseline measurement of publicly funded action items at the state level. This information was the first step toward ensuring that people with disabilities were included and engaged in action items that were publicly funded and that their input was used in meaningful ways. This baseline measure was to be established by June 30, 2015. In addition to the baseline measurement and goals to be set related to publicly funded projects, cities, counties, and other local governments were to be provided with the community engagement plan and toolbox to aid them in engaging people with disabilities in their projects. The OIO was to offer education sessions to train county and other local government staff at least two times per year on the Olmstead community engagement plan. The purpose of these sessions was to familiarize staff with the plan and its requirements as well as teach them to train others on the same material.

For additional details, see [page 274 of the March 27 Subcabinet status report to the Court](#).

March 20, 2015

The Olmstead Plan was revised. After considering the revisions, the [Olmstead Subcabinet determined that more work was needed](#) in order to appropriately respond to the Court order from January 9, 2015.

April 13, 2015

The [Olmstead Subcabinet reviewed legislative and fiscal changes for the 2015 legislative season](#), including:

- Reform of Minnesota Supplemental Aid/Shelter Needy and Group Residential Housing to increase access to integrated housing.
- Expansion of funding for services in supportive housing for people with serious mental illnesses.
- Expansion of integrated health care for persons with mental illnesses through BHH.
- Expansion of mental health crisis services.
- Creation of assertive community treatment services for adults with mental illnesses exiting the DOC.
- Increasing funding for rental assistance for adults with mental illnesses.
- Expansion of PBIS in schools.
- Increasing funding for reducing the use of restrictive procedures and elimination of prone restraint in schools.
- Increasing funding for individual placement and supports employment service.

Budget documentation related to these items can be found on [page 42 of the April 20 Subcabinet status report to the Court](#).

Roles and responsibilities for DEED/Vocational Rehabilitation Services (VRS), DHS, and MDE in expanding competitive employment in the most integrated setting were [reviewed and approved by the Olmstead Subcabinet](#). Roles and responsibilities were broken down into three categories:

- Roles that increase the number of people getting competitive, integrated jobs by implementing the informed choice mandates of Minnesota's Employment First policy.
- Roles that facilitate the movement of adults into integrated, competitive employment.
- Roles that expand the numbers of transition age youth who achieve competitive, integrated employment under the Workforce Innovation and Opportunity Act (WIOA).

For additional details on cross-agency coordination, see [page 72 of the April 20 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet reviewed and approved](#) the Interagency Employment Panel annual report. The report included recommendations to ensure that policy and practice strategies aligned with Employment First principles. Major changes at the federal level, including WIOA and the new HCBS settings rule, drove the policy and funding changes necessary to increase opportunities to competitive employment for people with disabilities. Action steps for the next year included implementation of the Employment First Policy and seeking opportunities to move employment goals forward within existing resources and any additional resources made available through the 2015 legislative session. For additional details, see [page 132 of the April 20 Subcabinet status report to the Court](#).

The [Olmstead Subcabinet also reviewed](#) proposed legislation regarding housing and supportive services and increasing access to transportation. The housing and supportive services legislative proposal would reform state-funded income supplement programs to offer a housing benefit with flexible housing stability services. Upon full implementation, this reform would make integrated housing affordable for 3,100 people exiting institutions and other segregated settings into the community. Additional details about this proposal can be found on [page 144 of the April 20 Subcabinet status report to the Court](#). The transportation legislative proposal sought to increase public transit (i.e., hours of service and number of rides) in Greater Minnesota. Additional details about this proposal can be found on [page 150 of the April 20 Subcabinet status report to the Court](#).

A legislative proposal for electronic health records in correctional facilities to assist with release to community settings with appropriate levels of support was also [reviewed by the Olmstead Subcabinet](#). The Minnesota DOC submitted a request to the governor's office for funding for an electronic health record system in September 2014. The governor included this request in his budget that was released to the legislature in January 2015. The DOC presented this request to the oversight committees in both the Minnesota House of Representatives and Senate on February 10, 2015. For additional detail on this proposal, see [page 160 of the April 20 Subcabinet status report to the Court](#).

Additionally, the [Olmstead Subcabinet reviewed](#) a legislative proposal for forensics assertive community treatment (FACT) teams. DHS submitted a request to the governor's office for funding to develop a FACT service in October 2014. The governor included this request in his budget that was released to the legislature in January 2015. For additional detail on this proposal, see [page 172 of the April 20 Subcabinet status report to the Court](#).

May 2015

OIO moved from DEED to Minnesota Housing.

May 6, 2015

The [Court declined the March revisions to Olmstead Plan](#) and ordered a new Plan: Pursuant to the terms of the settlement agreement, the state and the Department of Human Services (DHS) were to develop and implement a comprehensive Olmstead Plan within 18 months of the Court's approval of the settlement agreement. After the state and DHS failed to develop and implement a comprehensive Olmstead Plan by the original due date, the Court ordered the state and DHS to file the Olmstead Plan with the Court by November 1, 2013—five months after the due date—for the Court's review and approval. On March 20, 2015, the State filed the proposed Olmstead Plan that is now before the Court for review. In response to the state's proposed Olmstead Plan, the plaintiff class filed objections with the Court, asserting that: [T]his Court's specific, important guidance has been repeatedly rejected by DHS which now offers another revised Olmstead Plan without the fundamental measures needed to be successful, and accountable, to the people with disabilities and their families DHS seeks to serve. The result remains an incomplete plan in violation of the Jensen settlement agreement, the many prior orders of this Court, and the civil rights of people with disabilities in Minnesota. Accordingly, the plaintiff class requests that the proposed Olmstead Plan "be rejected as insufficient and in violation of the Jensen Class Action Settlement Agreement."

On April 6, 2015, interested nonparties to this litigation, Advocating Change Together (ACT) and the Minnesota Disability Law Center (MDLC) of Mid-Minnesota Legal Aid filed letter responses to the proposed Olmstead Plan. ACT's concerns focus on the proposed Olmstead Plan's community engagement section, specifically, the lack of

supports and follow-up for person-centered plans and the lack of recognition of different engagement levels. MDLC's concerns pertain primarily to the lack of "sufficient sound baseline data, measurable goals, or outcomes." Consequently, MDLC contends that "[t]he Court should reject the state's proposed plan but allow the state to continue developing a plan that fully complies with applicable law and that delivers upon the promises of the Olmstead decision and the Jensen settlement."

On April 14, 2015, the Court monitor filed his report to the Court: "Verification of Representations by the State," in which he observes that "[t]he current proposed revised Plan does not comply with the Court's orders." In light of this observation, the court monitor recommends that "[t]he state should revise the entire Olmstead Plan on a short timetable in accordance with the Court's orders[.]" The Court has repeatedly provided defendants with the standards against which the Olmstead Plan is to be measured. As the Court has previously stated, "the proposed Olmstead Plan must contain concrete, reliable, and realistic commitments, accompanied by specific and reasonable timetables, for which the public agencies will be held accountable." "Vague assurances of future integrated options is insufficient; to be effective, the proposed Olmstead Plan must demonstrate success in actually moving individuals to integrated settings in furtherance of the goals." In addition, reports to the Court must be accurate, complete, and verifiable. The Court has provided numerous illustrative examples of the application of these standards in previous orders. After carefully reviewing the proposed Olmstead Plan, the Court concludes that the proposed Olmstead Plan does not comply with the comprehensive standards and requirements set forth in the settlement agreement, *Olmstead v. L.C.*, 527 U.S. 581 (1999), and in numerous prior orders of this Court. The Court has detailed with specificity the deficiencies of previous submissions by the state based on these requirements for the Olmstead Plan. Without citing each instance in which the proposed Olmstead Plan fails to meet these requirements, the Court finds that the state's submission as a whole fails to meet the above standards. To the extent that defendants request "further clarifications" of these standards, defendants' request is denied. The Court encourages defendants to review the above-named requirements, the Court's previous orders, and review and revise its Olmstead Plan accordingly to comply with these requirements. Based upon the presentations and submissions of the parties and the Court monitor, and given the continued concerns of this Court relating to the status of the case and defendants' noncompliance with the settlement agreement; and the Court being otherwise duly advised in the premises, IT IS HEREBY ORDERED that:

1. The Court DECLINES TO ADOPT the state's proposed Olmstead Plan.
2. The parties shall submit a revised Olmstead Plan to the Court by July 10, 2015. The revised Olmstead Plan shall encompass the requirements of the settlement agreement and prior orders of this Court and shall respond to previously identified gaps and deficiencies in the state's proposed Olmstead Plan.
3. In lieu of contempt and other sanctions at this time, the Court requires defendants to fulfill their obligations in a timely manner for the Court's review and approval; attend any status conferences that may be scheduled by the undersigned or Magistrate Judge Becky R. Thorson regarding the Olmstead Plan; and actively seek input from the consultants to the parties, Dr. Colleen Wieck and Roberta Opheim, in this process.
4. The Court expressly reserves the right to issue an order to show cause or impose sanctions, depending upon the status of compliance with the specific provisions of the settlement agreement and the Court's orders, as noted above.

June–August 2015

With mediation from Magistrate Judge Becky R. Thorson as required in the May 6 court order, a new draft of the Olmstead Plan was developed.

August 10, 2015

Minnesota’s [Olmstead Plan](#) was submitted to the Court for approval. The plan established a person-centered, informed-decision vision in which people with disabilities could choose where they live, with whom, and in what type of housing. This version of the plan focused on setting measurable goals to both:

1. Increase opportunities for people with disabilities to receive services that best meet their individual needs in the most integrated setting, and
2. Improve service delivery to promote a better quality of life.

In this way, the Plan differed from the original and other previous versions, which laid out processes to implement tasks, but in many areas lacked measurable goals to achieve defined outcomes.

September 29, 2015

The [Court approved the Olmstead Plan](#): The plaintiff class asserts that the state’s submission is deficient in some respects. For example, the plaintiff class objects to the revised Olmstead Plan to the extent that it fails to expressly prohibit the use of restraint and seclusion for individuals with disabilities with a single emergency exception. The plaintiff class also objects to the waiver waiting list provisions of the Olmstead Plan. The plaintiff class further expresses concerns regarding the state’s funding commitment and implementation plan to “ensure [the state and DHS] bring about actual tangible achievements rather than empty statements on a piece of paper.” The state, on the other hand, asserts that its revised Olmstead Plan meets, and in certain respects exceeds, the requirements set forth by the Court. Based on the files, records, and proceedings herein, and the Court being otherwise duly advised in the premises, IT IS HEREBY ORDERED that:

1. The Court APPROVES the state’s Olmstead Plan.
2. The Court reserves ruling on the approval of the Olmstead Plan’s implementation plan because corresponding workplans are not yet submitted to the Court. Once these workplans are submitted, the Court will review and approve the implementation plan based on the recommendations and input of Magistrate Judge Becky R. Thorson.
3. The Court reserves the right to exercise its continuing jurisdiction with respect to the revised Olmstead Plan to ensure that compliance with the settlement agreement is verified going forward. This paragraph contemplates that the Court will continue to carry out its oversight responsibility to oversee the state’s efforts in following through on the significant commitments it has made.

[Two topic areas remained under development when the Court approved the Olmstead Plan](#): assistive technology and preventing abuse and neglect. The approved Olmstead Plan stated that these topic areas would be developed during the first year of implementation of the Plan and would be included in the Plan as amendments.

October 10, 2015

[Workplans for the 2015 Olmstead Plan](#) were developed. The Olmstead Plan, approved by the Court on September 29, 2015, included specific strategies needed to achieve the identified measurable goals. The Plan required that these strategies be supported by workplans. These workplans were designed to make progress toward the Olmstead Subcabinet's commitment to ensure that Minnesota is a place where people with disabilities experience lives of inclusion and integration in their communities. In developing the workplans, agencies were asked to identify actions necessary to support each of the Plan's key strategies over a one to two year period. These actions needed to include verifiable outcomes, specific deadlines, and identify the agency responsible for implementation. By regularly reviewing the progress of the workplans, both the Olmstead Subcabinet and the public would be able to see that work was being done to support the achievement of the measurable goals. The workplans were data driven and focused on important process steps.

October 21, 2015

The Olmstead Subcabinet reviewed and approved (with minor changes) the compliance plan, measurable goal report process, workplan report process, and proposed timeline for reporting procedures. For an overview of these procedures, see [page 3 of the October 21, 2015 meeting minutes](#).

December 1, 2015

Reasonable pace guidelines for waivers were implemented. These [guidelines](#) stipulated that lead agencies would approve funding at a reasonable pace (no later than 45 days) for persons:

- Exiting institutional settings;
- With an immediate need; and
- With a defined need for the DD waiver.

Back to [Table of Contents](#)

2016

January 4, 2016

A [gap report on the Olmstead Subcabinet](#) was approved by the Olmstead Subcabinet and released to provide updates on:

- The number of people who had moved from segregated settings into more integrated settings (n = 700).
- The number of people who were no longer on the waiting list (n = 412 for CADI and n = 129 for DD).
- The results of any Quality of Life measures from March 1, 2015 to September 30, 2015.

Since goals for the number of individuals moved from ICFs/DD, from Nursing Facilities, and from Minnesota Security Hospitals (MSH) into integrated settings were met, these settings were earmarked for new goals in the August 10, 2015 Olmstead Plan update. Also included in the update were goals to eliminate certain waiting lists over specified time periods and goals related to reasonable pace standards.

January 25, 2016

The [role of the OIO was established by the Olmstead Subcabinet](#) and involved:

1. Quality assurance and accountability, including compliance evaluation, verification, and oversight.
2. Engagement with the community, especially people with disabilities, including on-going management of communications and the Quality of Life Survey.

Additionally, Olmstead Subcabinet procedures were revised. A full list of procedure revisions can be found in the [Subcabinet meeting minutes, beginning on page 6](#).

February 11, 2016

DHS released the [first bulletin](#) in a three-part series on requirements for person-centered principles and practices for people who receive publicly funded services in Minnesota. The bulletin was developed to provide a comprehensive introduction to person-centered principles and practices, including reasons for using person-centered practices, what person-centered means, and an overview of requirements to implement person-centered planning from federal rules and requirements, state rules, state statutes, and court settlement agreements.

February 12, 2016

The Chair of the Olmstead Subcabinet, Mary Tingerthal, submitted a [proposed compliance, evaluation, verification, and oversight of plan](#) to the Court. The purpose of the letter was to set forth the procedures that the OIO, under the guidance of the Olmstead Subcabinet, intended to use in carrying out its role of quality assurance and accountability, including compliance evaluation, verification, and oversight.

February 22, 2016

A [Court order](#) was issued for reporting on the Olmstead Plan outlining the submission of quarterly and annual status reports regarding Olmstead Plan implementation by DHS. Orders included details of the content of the reports as well as a reporting schedule.

Additionally, the [quarterly report](#) was approved by the Olmstead Subcabinet, including data acquired through January 31, 2016. This report included progress toward goals related to:

- Movement of people with disabilities from segregated into integrated settings (n = 532).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

The majority of Olmstead Plan measurable goals (18 of 24) were met, on track to be met, or in process. Notable findings and planned responses include:

- The 2015 goal of increasing the number of people that moved from ICFs/DD to more integrated settings to 84 was not met. In response, the state planned to increase reporting to counties about persons in ICFs/DD, and persons who were not opposed to moving with community services. DHS also planned to monitor and provide technical assistance to counties regarding timely access to the funding and planning necessary to facilitate a transition to community services. New person-centered planning and transition protocols were also being introduced, and technical assistance through different venues was focused on those helping people leaving ICFs/DD. Additionally, work was done to increase education and technical assistance on housing subsidies, and ways to work with landlords, or services available to do so. Housing access services also expanded to be available across the different waivers by MA-enrolled providers in July 2016.
- The goal to reduce the percentage of people at Anoka Metro Regional Treatment Center (AMRTC) who did not require hospital level care and were awaiting discharge to the most integrated setting to 35 percent or more by June 20, 2016 was also not on track to be met. Proposed actions to help achieve the goal included:
 - Exploring the feasibility of community-based competency restoration services for individuals with a Treat to Competence/Rule 20.01 commitment who do not require acute inpatient care.
 - Continuing monitoring of AMRTC's monitoring and reporting on the number, percent, and length of stay for AMRTC patients under Treat to Competence/Rule 20.01 commitment on a monthly basis as part of the Olmstead workplan process.
 - Optimizing lengths of stay through care management strategies, initiatives, and transition protocols to promote timely patient flow and throughput.
- The goal to increase the average monthly number of individuals leaving MSH to 14 individuals per month by 10 or more by December 31, 2015 was also not met. Efforts to increase this number included working with counties (particularly Hennepin and Ramsey) to increase the number of providers that were willing and able to serve individuals transitioning into the community from MSH.
- As of May 30, 2015, the goal to eliminate the CADI waiting list by October 1, 2016 appeared to be on track.

March 4, 2016

DHS released the [second bulletin](#) in a three-part series on requirements for person-centered principles and practices for people who received publicly funded services in Minnesota. The bulletin was developed to provide information to professionals at lead agencies (Developmental Disabilities-Vulnerable Adult case managers, MnCHOICES certified assessors, Moving Home Minnesota case managers, relocation services coordinators, Rule 185 case managers, targeted case managers, and waiver case managers) about the Person-Centered, Informed Choice and Transition Protocol, including defined person-centered support plans, when the protocol should be used, the skills and knowledge a person should have in order to provide person-centered planning, and essential protocol elements. The bulletin also outlined expectations for lead agencies and training and technical assistance resources for lead agencies.

April 12, 2016

A [Court order](#) was issued to submit an updated August 2015 Olmstead Plan:

1. Defendants will have until May 13, 2016 to submit an updated Olmstead Plan that incorporates their proposed goals for the remaining topic areas (assistive technology and preventing abuse and neglect);
2. If the parties require further mediated discussions, they must contact Magistrate Judge Becky R. Thorson's Chambers before April 18, 2016 for scheduling.

May 23, 2016

The [quarterly report](#) was approved by the Olmstead Subcabinet, including data acquired through April 30, 2016. This report included progress toward goals related to:

- Movement of people with disabilities from segregated into integrated settings (n = 241).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

The majority of Olmstead Plan measurable goals (12 of 18) were met, on track to be met, or in process. Notable findings and planned responses included:

- None of the goals to move people from segregated settings into more integrated settings were on track to be met. Responses included strategies such as continual monitoring and technical assistance, continued partnerships with lead agencies to improve the supply of affordable housing and knowledge of housing subsidies, and a planned expansion of housing access services (July 2016) to broaden the array of providers.
- National Core Indicator data from Minnesota from 2014 to 2015 suggested that people with intellectual and developmental disabilities were mobile, and that there was room for improvement in the choice of living situation and community engagement.

Also, two new baselines were reviewed and approved by the Olmstead Subcabinet:

- Transportation 1.C: In 2012: DOT maintains 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46 percent) met the 2010 ADA Standard and Public Right of Way (PROW) guidance.

- Community Engagement 1.C: As of April 30, 2016, there are 16 individuals employed by Assertive Community Treatment teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

For additional details on these baselines, see [page 39 of the May 23, 2016 meeting materials](#).

Finally, amendments to new measurable goals regarding assistive technology and prevention of abuse and neglect were reviewed and approved by the Olmstead Subcabinet:

- Assistive technology: A goal was added in the lifelong learning and education topic area that worked with a set of targeted school districts. The goal was to increase the number of Individualized Education Programs (IEPs) that met the required protocols for effective consideration of assistive technology.
- Prevention of abuse and neglect: The four goals included:
 - 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.
 - By January 31, 2020, the number of emergency room visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50 percent compared to baseline.
 - 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 percent compared to the baseline.
 - 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 percent 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 percent by July 31, 2020.

For additional details on these goals, see [page 10 of the May 23, 2016 meeting minutes](#).

May 25, 2016

DHS released the [last bulletin](#) in a three-part series on state protocols for monitoring lead agency compliance with requirements outlined in the Person-Centered, Informed Choice and Transition Protocol, including the monitoring process (e.g., waivers and alternative care, elderly waiver administered through managed care organizations, mental health services), expectations for lead agencies, and training and technical assistance resources for lead agencies.

June 1, 2016

The [2016 Olmstead Plan was amended](#) and incorporated proposed goals for two new topic areas: assistive technology and preventing abuse and neglect.

June 21, 2016

The [Court approved the June 1, 2016 update to the Plan](#), which included new goals on assistive technology and prevention of abuse and neglect.

June 27, 2016

Two new baselines were reviewed and approved by the Olmstead Subcabinet:

- Crisis Services 4:
 - Proposed baseline A: In fiscal year 2015, 89.21 percent of people received follow-up services within 30 days after discharge from the hospital compared to 88.56 percent in fiscal year 2014.
 - Associated proposed goals:
 - By June 30, 2017, the percentage of people who receive appropriate community services within 30 days from a hospital discharge will increase by one percent compared to the previous fiscal year.
 - By June 30, 2018, the percentage of people who receive appropriate community services within 30 days from a hospital discharge will increase by one percent compared to the previous fiscal year.
 - Proposed baseline B: In fiscal year 2015, 81.89 percent of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.94 percent in fiscal year 2014.
 - Associated proposed goals:
 - By June 30, 2017, the percentage of people who are housed five months after discharge from the hospital will increase by one percent compared to the previous fiscal year.
 - By June 30, 2018, the percentage of people who are housed five months after discharge from the hospital will increase by one percent compared to the previous fiscal year.
- Crisis Services 5: Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days.

For additional details on these baselines, see [page 19 of the June 27, 2016 meeting materials](#).

July 25, 2016

The Olmstead Subcabinet reviewed and approved the preventing abuse and neglect and assistive technology workplans. For additional details on the workplans, see pages [13](#) and [33](#) of the July 25, 2016 meeting materials. For additional details on changes sought by the Olmstead Subcabinet, see pages [3](#) and [10](#) of the July 25, 2016 meeting minutes.

August 22, 2016

The [quarterly report](#) was approved by the Olmstead Subcabinet, including data acquired through July 31, 2016. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 301).
- Movement of individuals from waiting lists.

- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

The majority of Olmstead Plan measurable goals (15 of 19) were met, on track to be met, or in process. Notable findings and planned responses included:

- The June 30, 2016 goal to increase the percentage of people at AMRTC awaiting discharge to 35 percent or more was not met. To address this, it was proposed that a third level of Competency Restoration Program care be developed to treat Minnesotans accused of a crime and in need of competency restoration (a large population within AMRTC; locked community residential setting), in addition to AMRTC and MSH.
- The 2016 goal to increase the average monthly number of discharges of individuals leaving MSH to 11 or more was also not on track to be met. Recommendations included MSH and county collaboration to identify individuals who were able to be served in more integrated settings while working to expand community capacity, collaboration between MSH and DHS to implement newer practices in an effort to expand re-integration options for individuals served, a proposal to increase staffing levels at MSH (funding not provided by the legislature), a bonding proposal to finish renovations to the therapeutic environment (funding not passed during the regular session), recommendations for additional resources and statutory changes to better support the mission of MSH, and specialty services necessary for patients with developmental disabilities and autism spectrum disorder, so they may be diverted (as necessary from a secure treatment setting) and reintegrated to the community in a timely fashion.
- Finally, the June 30, 2016 goals to reduce mechanical restraints to no more than 369 reports and 25 approved uses for emergency mechanical restraint were not on track to be met, though the goals were on track to realize reductions overall.

September 28, 2016

The abuse and neglect prevention plan was [approved by the Olmstead Subcabinet](#). Additionally, [the Specialty Committee](#) was formed to oversee the implementation of the [abuse and neglect prevention plan](#) as approved by the Olmstead Subcabinet, including recommendations to the Subcabinet for baselines and annual measurable goals and the provision of cost projections for key elements of the Plan.

September 29, 2016

[Workplans for the 2016 Olmstead Plan](#) were developed. In addition to the preventing abuse and neglect and assistive technology workplans, Plan modifications were made to the person-centered planning, transition services, employment, and lifelong learning and education topic areas. Workplans covered a one- to two-year time span. They were 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 would be able to see that work was being done to support the achievement of the measurable goals in the Olmstead Plan.

October 2016

The [CADI waiver waiting list was eliminated](#).

October 6, 2016

The [Improve Group was selected](#) for the administration of the Quality of Life Survey.

October 24, 2016

The [Specialty Committee's](#) charter was approved by the Olmstead Subcabinet. The Specialty Committee was responsible for the following areas:

- Establishing a comprehensive public awareness campaign targeted on the prevention of abuse and neglect to educate people with disabilities and their families, which included the bulleted items in the charter.
- Beginning discussions with state agencies regarding establishing a multidisciplinary approach to address violence committed against people with disabilities.
- Providing recommendations to the Subcabinet for baselines and annual measurable goals and cost projections for key elements of the Plan.

For additional details on the Specialty Committee's charter, see [page 25 of the October 24, 2016 meeting materials](#). For additional details on changes sought by the Olmstead Subcabinet, see [page 5 of the October 24, 2016 meeting minutes](#).

The Community Engagement Advisory Workgroup Charter was also reviewed and approved by the Olmstead Subcabinet. The workgroup strategically focused on:

- Strengthening community engagement between members of disability communities and the OIO and state agencies on matters impacting the implementation of the Olmstead Plan.
- Supporting the implementation of a communication plan for diverse communities with disabilities.
- Supporting the public input processes for amending and extending the Olmstead Plan.

For additional details on the workgroup's charter, see [page 29 of the October 24, 2016 meeting materials](#). For additional details on changes sought by the Olmstead Subcabinet, see page [6 of the October 24, 2016 meeting minutes](#).

November 21, 2016

The [quarterly report](#) was approved was by the Olmstead Subcabinet, including data acquired through October 31, 2016. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 276).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

The majority of Olmstead Plan measurable goals (15 of 19) were met, on track to be met, or in process. Notable findings and planned responses included:

- The 2016 goal to increase the average monthly number of discharges of individuals leaving MSH to 11 or more was not on track to be met. Recommendations included MSH and county collaboration to identify individuals who were able to be served in more integrated settings, collaboration between MSH and DHS to implement newer practices in an effort to expand re-integration options for individuals served, and convening a task force on mental health (planned for November 2016) as directed by executive order from the governor.
- As expected, based on the prior quarterly report, the June 30, 2016 goal to reduce mechanical restraints to no more than 369 reports was not met.
- The 2015 goal to increase the number of passenger trips to 13,129,593 was not met, though it was noted that the lack of success in this area may have been due to decreased gasoline prices. That is, low gas prices may have been a contributing factor to the decrease in ridership.
- Finally, the June 30, 2016 goal to increase the percentage of adults who received adult mental health crisis services and remained in their community (e.g., home or other setting) after crisis to 84 percent was not met, though it was noted that the lack of success in this area may have been due to changes in reporting requirements.

Additionally, the Quality of Life Survey Workgroup Charter was reviewed and approved by the Olmstead Subcabinet. The workgroup was created to provide support and guidance to the Improve Group and OIO to sustain the survey administration plan's progress. The charter included deliverables and benchmarks to keep the process on track. For additional details on the workgroup's charter, see [page 49 of the November 21, 2016 meeting materials](#).

December 19, 2016

The [2016 annual report on Olmstead Plan implementation](#) was approved by the Olmstead Subcabinet, including data acquired through October 31, 2016. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings.
- Movement of individuals from waiting lists.
- Quality of Life measurement results.
- Increasing system capacity and options for integration.

This annual report covered the 48 measurable goals in the Olmstead Plan. Thirty-eight of the annual goals were either met or were in process. Ten annual goals were not met. Significant strides were made in the implementation of the Olmstead Plan. Two milestones that represented meaningful change in the lives of people with disabilities in the state of Minnesota included:

- The CADI waiver waiting list was eliminated as of October 1, 2016. This represented a significant number of individuals with disabilities who gained access to housing and supports, providing the opportunity to successfully live in the community.
- In addition, as of the November 2016 quarterly report, the number of individuals approved for use of mechanical restraint was reduced to 13, an all-time low. This was a noteworthy trend in the right direction.

The Olmstead Subcabinet took several steps in the last year to review and update the Plan and workplan activities. With the assistance of the Court, State agencies developed new Plan goals in the areas of assistive technology and preventing abuse and neglect. The June 1, 2016 Olmstead Plan update incorporated the adopted goals and related strategies. The Court approved the updated Plan on June 21, 2016. State agencies also took a number of steps to update workplan activities. The Olmstead Subcabinet adopted new workplan activities for the new assistive technology and preventing abuse and neglect goals and strategies in July 2016. Many other successes were realized within specific domains and can be found in the [annual report highlights](#).

Additionally, several amendments to Plan goals were reviewed and approved by the Olmstead Subcabinet. For additional details on updates to measurable goals, see [page 73 of the December 19, 2016 meeting materials](#) and [page 4 of the meeting minutes](#).

Back to [Table of Contents](#)

2017

January 2017

The [Person-Centered, Informed Choice and Transition Protocol](#) was developed to ensure that people being served get to live the life they desire. This protocol communicated DHS' expectations regarding person-centered practices with its lead agency partners, which include counties, tribes, and health plans. Person-centered practices were the cornerstone of the Olmstead Plan. If adopted and practiced across systems, it would result in people being able to make informed choices for themselves and having a higher quality of life. It was the intent of the state that the entire system of long-term services and supports be person-centered. Thus, person-centered principles and practices were to be applied to all people who receive long-term services and supports and mental health services.

February 2017

The [Quality of Life Survey was launched](#).

February 22, 2017

During an Olmstead Subcabinet meeting, the Subcabinet reviewed and approved a baseline and goal for transportation goal 4: By 2025, transit systems' on time performance will be 90 percent or greater statewide. The proposed baseline for this 10-year goal was 76 percent on time performance within a 45-minute timeframe. For additional details, see [page 15 of the February 22, 2017 meeting materials](#).

The Olmstead Subcabinet also reviewed proposed revisions to the Plan, marking the Subcabinet's third review of the revised Plan. Changes to the Plan included (see [page 4 of the February 22, 2017 meeting minutes](#) for additional details):

- A new introductory letter.
- A summary of public comments received, particularly around direct service workforce issues, a topic that was to be discussed in further detail over the coming year.
- Addition of language that created a strategy for expanding and improving Minnesota's direct service workforce.
- Addition of language that created a cross-agency workgroup.
- Addition of background language to support the assistive technology topic area.

Finally, two new baselines were reviewed and approved by the Olmstead Subcabinet:

- Person-centered planning goal 1: Baseline for plans meeting protocols is 47.
- Transition services goal 1c: Baseline number of people who have moved from segregated settings to more integrated settings is 1,121.

For additional details on these baselines, see [page 23 of the February 22, 2017 meeting materials](#).

February 27, 2017

The [quarterly report](#) was approved by the Olmstead Subcabinet, including data acquired through January 31, 2017. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 487).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

The majority of Olmstead Plan measurable goals (18 of 25) were met, on track to be met, or in process. Notable findings and planned responses included:

- The June 30, 2017 goal to increase the percentage of people at AMRTC awaiting discharge to 33 percent or more was not on track to be met. To help address individuals under Rule 20 commitment, DHS increased capacity to provide additional community-based residential competency restoration services for individuals who no longer needed hospital level of care at AMRTC. The Community Competency Restoration Program (CCRP) was developed in late 2016 and began serving individuals in January 2017. An amendment to this goal was approved by the Olmstead Subcabinet on February 22, 2017. The amended goal focused on measurement of progress for individuals under mental health commitment.
- The 2016 goal to increase the average monthly number of discharges of individuals leaving MSH to 11 or more was not met. DHS efforts continued to expand community capacity. In addition, MSH continued to work towards the mission of Olmstead by identifying individuals who could be served in more integrated settings. Noteworthy was that MSH served a large portion of people committed as Mentally Ill and Dangerous (MI&D). Effective January 1, 2016, the Minnesota statute governing MI&D processes was updated to require that each person under MI&D commitment be reviewed every three years to consider appropriateness for a reduction in custody. A reduction in custody could include a transfer from MSH to a non-secure treatment setting, provisional discharge, or dismissal from civil commitment. This new action was anticipated to help ensure that those under MI&D commitment were also considered within Olmstead's mission, and were being assessed for the most integrated setting. To support this initiative, MSH worked to establish an internal committee in June 2016, the Forensic Review Panel (FRP). The FRP was responsible for conducting a thorough and comprehensive review of individuals' clinical progress and risk management factors in order to make recommendations for changes in custody.
- The June 30, 2017 goal to reduce mechanical restraints to no more than 277 reports was not on track to be met.
- The June 30, 2016 goal to decrease the number of people who discontinue waiver services after a crisis (indicating a more segregated setting) to no more than 55 people was not met. Given the small number of people being identified in any given quarter as part of this measure, beginning in March 2017, DHS staff planned to conduct person-specific research to determine the circumstances and outcomes of each identified waiver exit. This research would enable DHS to better understand the reasons why people were exiting the waiver within 60 days of receiving a service related to a behavioral crisis and target efforts where needed most to achieve this goal. Additionally, in December 2016, DHS awarded license capacity to serve 38 more people at any given time in out-of-home crisis respite services. This would

increase the system's ability to provide crisis stabilization services for people on a waiver in a home- and community-based services environment, rather than in more segregated settings. This new capacity was scheduled to begin in March 2017.

- The October 1, 2016 goal to increase the number of students who entered into an integrated postsecondary setting within one year of leaving secondary education by 50 over baseline to 275 was not met. MDE proposed to continue working with the colleges and universities in the Minnesota State system to provide technical assistance to local education agencies for the purpose of increasing the number of students with disabilities who were enrolled in an integrated (two- and four-year colleges and universities) postsecondary education setting by 2020.
- The June 30, 2016 goal to reduce the number of students experiencing emergency use of restrictive procedures by 105 was not met, nor was the goal to reduce the number of incidents of emergency use of restrictive procedures by 750. In addition to prohibiting prone restraint, several other steps were taken to address this goal, including a request for funding during the legislative session by the Restrictive Procedures Stakeholder's Workgroup to provide capacity building to schools so that students could remain in more inclusive settings, PBIS training for schools, and provision of resources and other technical assistance for schools.

February 28, 2017

[Annual amendment to the Olmstead Plan](#): Several rounds of public comment on the June 2016 Plan amendment were held. Many of the recommendations focused on direct service workforce issues either in general, or as they related to person-centered planning, transition services, housing, and employment. These comments raised concern that without improvements to these workforce issues, improvement in the topic areas was unlikely.

March 27, 2017

The [Community Engagement Workgroup](#) began. Changes to the [workgroup's charter](#), including clarification on the roles and responsibilities of the workgroup and an adjustment of deadlines for completing assigned tasks, were approved by the Olmstead Subcabinet.

Additionally, the [Person-Centered, Informed Choice and Transition Protocol](#), developed initially in January 2017, was approved by the Olmstead Subcabinet. This protocol communicated DHS' expectations regarding person-centered practices with its lead agency partners, which included counties, tribes, and health plans. DHS planned to work with lead agencies to implement this protocol across the home- and community-based long-term supports and services and mental health services systems. Person-centered practices ensure that the people served get to live the life they desire. Using person-centered practices also can improve job satisfaction for the professionals who use them. It is particularly important for a person who is transitioning from one living arrangement to another to have a person-centered process and transition plan. This protocol was fundamental to reforming systems to be in compliance with the Olmstead Plan. If adopted and practiced across systems, it would result in people being able to make informed choices for themselves and having a higher quality of life. The protocol was a set of essential elements that support planners and assessors needed to use to drive Minnesota's long-term services and supports and mental health system, including but not limited to, services provided when a person moves from one setting to another. Both parts of the protocol illustrated how these person-centered practices apply through the entire service cycle of: discovery, learning and assessment; support and action planning; implementation; and quality review.

Finally, the [Olmstead Subcabinet procedures](#) were revised, including:

- An update to the preamble to reflect the most recent updates to the Olmstead Plan.
- An update to the membership list to better reflect the Olmstead Subcabinet membership of the Ombudsman for the State of Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities and the executive director of the Minnesota Governor's Council on Developmental Disabilities, who were granted ex officio voting status.
- Clarifications on expectations regarding designees and designee alternates.
- Clarification regarding the expectation that agencies will take appropriate steps to further progress on the Olmstead Plan goals and to comply with OIO compliance procedures.
- Clarification regarding the distribution of meeting materials; regarding public comments at meetings; regarding the duties of the OIO related to compliance procedures; and regarding approval of workgroup membership by the Chair.
- Inclusion of the dates of original approval and subsequent revisions at the top of Olmstead Subcabinet procedures for archival purposes.

For additional details, see [page 5 of the March 27, 2017 meeting minutes](#).

April 5, 2017

A [Court order](#) was issued amending the deadline of the Plan amendment and submission of workplans. Also at the Status Conference, defendants' counsel raised an objection to the Court's continuing jurisdiction over this matter. Defendants' counsel argued that this Court lacked jurisdiction in light of the terms of the parties' settlement agreement. Plaintiffs' class counsel responded, arguing that the Court had jurisdiction, pointing to the procedural history of this case since the settlement agreement was approved. Based upon the presentations and submissions before the Court, and the Court being otherwise duly advised in the premises, IT IS HEREBY ORDERED that:

1. At the March 24, 2017 biannual status conference, Commissioner Mary Tingerthal, the Chair of the Olmstead Subcabinet, presented two administrative proposals for the Court's approval. First, Commissioner Tingerthal proposed an adjustment to the current reporting schedule to move the deadline for reporting Olmstead Plan amendments, to March 31. Second, Commissioner Tingerthal proposed that Olmstead Plan Workplans no longer be submitted to the Court for review or approval. The Court appreciates Commissioner Tingerthal's attentiveness to ensuring the accuracy of Olmstead Plan reporting and the efficiency of the Olmstead Subcabinet's efforts. Consistent with these aims, the Court APPROVES Commissioner Tingerthal's proposals. To the extent prior orders of the Court are inconsistent with these proposals, they are hereby superseded.
2. In light of defendants' objection to the Court's jurisdiction, the Court directs the parties to submit briefing on this issue, addressing whether the Court presently has jurisdiction over this case. The parties shall meet and confer to establish a briefing schedule and submit a proposal to the Court for approval no later than Friday, April 14, 2017. If the parties cannot agree on a briefing schedule, the Court will impose a schedule. The Court reserves the right to hold a hearing on defendants' jurisdictional objection or direct further briefing from the parties.

April 10–30, 2017

A [public comment period](#) was held on person-centered planning practices. Comments were obtained via email and survey, yielding 130 comments.

May 22, 2017

Two new baselines were reviewed and approved by the Olmstead Subcabinet:

- Waiting list goal 2: From January to December 2016, of the 1,584 individuals assessed, 719 individuals or 45 percent moved off the DD waiver waiting list at a reasonable pace. This baseline was updated because the 2015 baseline for Waiting List Two in the Olmstead Plan was based on the previous reporting system and cannot be used for direct comparison with current waiting list data. After a full year of urgency data was collected, this new baseline was proposed.
- Preventing abuse and neglect goal 2: Baseline number of hospital treatments that reflect abuse and/or neglect to a vulnerable individual is 50.

For additional details on these baselines, see [page 17 of the May 22, 2017 meeting materials](#).

The [quarterly report](#) was approved by the Olmstead Subcabinet, including data acquired through April 30, 2017. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 518).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

The majority of Olmstead Plan measurable goals (16 of 22) were met, on track to be met, or in process. Notable findings and planned responses included:

- The June 30, 2017 goal to reduce the percentage of people at AMRTC awaiting discharge to 33 percent or less was not on track to be met. It was noted that in order to meet timely discharge, individual treatment planning was necessary for patients under mental health commitment who no longer need hospital level of care. This could involve the development of customized living situations to meet their individualized needs which was almost always a very lengthy process.
- The 2017 goal to increase the average monthly number of MSH discharges to eight or more was not on track to be met. Ongoing efforts included collaboration with counties to identify individuals at MSH who had reached maximum benefit from treatment and to identify community providers and expand community capacity.
- The June 30, 2017 goal to increase the percentage of plans for people using disability- and community-based waiver services that met the required person-centered and informed choice protocols to 50 percent was not on track. In January 2018, DHS planned to begin taking corrective action, requiring remediation when lead agencies did not comply with the person-centered review protocols. When findings from case file review indicated files did not contain all required documentation, the agency would be required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections would need to be made within 60 days of the lead agency review site visits.

- The June 30, 2017 goal to reduce mechanical restraints to no more than 277 reports was not on track to be met.
- The 2016 goal to increase the percentage of people with disabilities other than intellectual and developmental disabilities (I/DD) who were always in charge of their services and supports to 75 percent or higher was not met.
- The June 30, 2017 goal to increase the percentage of adults who received adult mental health crisis services and remained in their community (e.g., home or other setting) to 60 percent was not on track to be met. DHS planned to provide training to mobile crisis teams to increase their ability to work with more complex clients/situations effectively.

June 26, 2017

A new baseline was reviewed and approved by the Olmstead Subcabinet:

Preventing abuse and neglect goal 2: After the quarterly report was approved by the Olmstead Subcabinet, it was discovered that the baseline was improperly calculated using a span of four years rather than the actual five year span. This resulted in the Olmstead Subcabinet approving a baseline of 50. The corrected baseline of 40 was included in the quarterly report that was filed with the Court and the corrected baseline was brought back to the Olmstead Subcabinet for ratification. For additional details, see [page 47 of the June 26, 2018 meeting materials](#).

August 28, 2017

A new baseline was reviewed and approved by the Olmstead Subcabinet:

Lifelong learning and education goal 3: Effective consideration of assistive technology in student IEPs baseline is 26 students with IEPs where there was active consideration of assistive technology in the IEP. For additional details, see [page 11 of the August 28, 2017 meeting materials](#).

The [quarterly report](#) was approved by the Olmstead Subcabinet, including data acquired through July 31, 2017. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 527).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

Just over half of Olmstead Plan measurable goals (12 of 20) were met, on track to be met, or in process. Notable findings and planned responses included:

- The June 30, 2017 goal to reduce the percentage of people at AMRTC awaiting discharge to 33 percent or less was not met. Ongoing efforts to improve progress toward this goal included collaboration between AMRTC and counties to aid in identifying more applicable community placements and resources for patients awaiting discharge as well as improvements in AMRTC's notification process for patients who no longer met hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved were informed of changes in the patient's status and resources were

allocated towards discharge planning. As in the previous quarterly report, it was noted that in order to meet timely discharge, individual treatment planning was necessary for patients under mental health commitment who no longer need hospital level of care. AMRTC continued to collaborate with county partners to identify, expand, and develop integrated community settings. Additionally, new legislation required that \$1 million in general fund revenues collected by the AMRTC and the community behavioral health hospitals (CBHHs) would be used to award grants to improve the access to and quality of community-based outpatient mental health services. Increased funding would help reduce the number of patients admitted to regional treatment centers and CBHHs and improve community resources for patients awaiting discharge.

- The 2017 goal to increase the average monthly number of discharges of individuals leaving MSH to eight or more was not on track to be met. DHS efforts continued to expand community capacity. In addition, Forensic Services continued to work towards the mission of Olmstead by identifying individuals who could be served in more integrated settings. Legislation increased the base funding to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding enhanced the staffing model to achieve a safe, secure and therapeutic treatment environment. Ongoing efforts also included collaboration with counties to identify individuals at MSH that reached maximum benefit from treatment and to identify community providers and expand community capacity.
- The June 30, 2017 goal to increase the percentage of individuals choosing to move to a more integrated setting who had a plan that adhered to transition protocols that met the principles of person-centered planning and informed choice to 30 percent was not on track to be met. In January 2018, DHS planned to begin taking corrective action, requiring remediation when lead agencies did not comply with the person-centered review protocols. When findings from case file review indicated files did not contain all required documentation, the agency would be required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections needed to be made within 60 days of the lead agency review site visits. To address continuing compliance issues, DHS planned to conduct regional day-long training and technical assistance sessions with counties and tribes from May through September 2017. A supervisor tool kit was also being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation was that the number of plans that adhere to the protocols would increase over time and during 2018.
- The March 1, 2017 goal to eliminate the DD waiver waiting list 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) was not met. In addition to updating this goal to more accurately define success in the institutional exit and immediate need categories accessing waiver funding at a reasonable pace, DHS planned to work with lead agencies to continue to approve funding according to the reasonable pace goals.
- National Core Indicator data from Minnesota from 2015 to 2016 suggested that the majority of people with intellectual and developmental disabilities would like a job in the community, were mobile, and that there was room for improvement in choice of living situation and community engagement.
- The June 30, 2017 goal to increase the percentage of plans for people using disability home- and community-based waiver services that met required person-centered planning and informed choice protocols to 50 percent was not on track to be met. All counties had received recommendations relating to person-centered practices. Counties were in varying stages on their person-centered journey. The

recommendations encouraged lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This could involve changes in agency practices as well as changes to how agencies worked with their community partners.

- The June 30, 2017 goal to reduce mechanical restraints to no more than 277 reports of mechanical restraint was not on track to be met.
- Both June 30, 2017 goals to increase the number of self-advocates by 50 and to increase the number of people with disabilities involved in a publicly funded project by 75 were not met because there was no reliable and valid data to report.

October 23, 2017

[Workplans for the 2017 Olmstead Plan](#) were developed and approved by the Olmstead Subcabinet, subject to [revisions discussed during the October 23, 2017 Subcabinet meeting](#).

Additionally, the Community Engagement Workgroup presented recommendations for the public input process to the Olmstead Subcabinet, which were approved with suggested edits. Major recommendations included the following—for additional details, see [page 19 of the October 23, 2017 meeting materials](#):

- Ensure that the public input process is as accessible and inclusive as possible.
- Build culturally-competent relationships and two-way communication with diverse communities.
- Develop strategies to incorporate transparency and accountability in every phase of the process.

An implementation plan for this work was to be developed by the OIO and presented to the Olmstead Subcabinet for review and approval at the November 27, 2017 Subcabinet meeting.

November 2017

The [Quality of Life Survey closed](#). At completion, 2,005 people, selected by random sample, participated in the survey. This survey was designed specifically for people with disabilities of all ages who were authorized to receive state-paid services in potentially segregated settings. This survey sought to talk directly with individuals to get their own perceptions and opinions about what affects their quality of life.

November 27, 2017

Two new baselines were reviewed and approved by the Olmstead Subcabinet:

- Employment goal 2: When the 2014 baseline was established, a data system was not yet developed to measure the number of people in competitive integrated employment. After data became available, a baseline was proposed: In 2014, of the 50,157 people age 18-64 receiving services from certain Medicaid funded programs, 6,137 were in competitive integrated employment.
- Transportation goal 3: In December 2016, public transportation in Greater Minnesota was meeting minimum service guidelines for access 47 percent on weekdays, 12 percent on Saturdays and 3 percent on Sundays.

For additional details on these baselines, see [page 15 of the November 27, 2017 meeting materials](#).

The [quarterly report](#) was approved by the Olmstead Subcabinet, including data acquired through October 31, 2017. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 495).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

Just over half of Olmstead Plan measurable goals (17 of 26) were met, on track to be met, or in process. Notable findings and planned responses included:

- The June 30, 2018 goal to reduce the percentage of people awaiting discharge at AMRTC to 32 percent or less was not on track to be met. Ongoing efforts to improve progress toward this goal included collaboration between AMRTC and counties to aid in identifying more applicable community placements and resources for patients awaiting discharge, as well as improvements in AMRTC's notification process for patients who no longer met hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved were informed of changes in the patient's status and resources were allocated towards discharge planning.
- The December 2017 goal to increase the average monthly number of individuals leaving MSH to a more integrated setting to eight or more was also not on track to be met. Ongoing efforts included collaboration with counties to identify individuals at MSH who reached maximum benefit from treatment and to identify community providers and expand community capacity.
- The June 30, 2017 goal to increase the percentage of those choosing to move to a more integrated setting who had a plan that adhered to transition protocols that met the principles of person-centered planning and informed choice to 30 percent was not met. Since July 2016, the lead agency review team made recommendations to each county visited on how to improve their person-centered practices. Counties were in varying stages on their person-centered journey. The recommendations encouraged lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This could involve changes in agency practices as well as changes to how agencies worked with their community partners. Beginning in January 2018, DHS planned to require individual remediation when lead agencies did not comply with the person-centered protocols. When findings from a case file review indicated that files did not contain all required documentation, the agency would be required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections would need to be made within 60 days of the lead agency review site visits. Corrective action plans would be required when patterns of non-compliance were evident. DHS conducted regional day-long training and technical assistance sessions with counties and tribes during May through September 2017. Due to high demand, DHS scheduled an additional five training sessions through December 2017. A supervisor tool kit was being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation was that the number of plans that adhered to the protocols would increase over time and during 2018.
- The March 1, 2017 goal to eliminate the DD waiver waiting list was not met. In addition to updating this goal to more accurately define success in the institutional exit and immediate need categories accessing

waiver funding at a reasonable pace, DHS planned to work with lead agencies to continue to approve funding for persons according to the reasonable pace goals.

- The June 30, 2017 goal to increase the percentage of plans for people using disability home- and community-based waiver services that met required protocols to 50 percent was not met. Since July 2016, the lead agency review team made recommendations to each county visited on how to improve their person-centered practices. Counties were in varying stages of their person-centered journey. The recommendations encouraged lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This could involve changes in agency practices as well as changes to how agencies worked with their community partners. Beginning in January 2018, DHS planned to require individual remediation when lead agencies did not comply with the person-centered review protocols. DHS conducted regional day-long training and technical assistance sessions with counties and tribes from May through September 2017. Due to high demand, DHS scheduled an additional five training sessions through December 2017. A supervisor tool kit was being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation was that the number of plans that adhered to the protocols would increase over time and during 2018.
- The June 30, 2017 goal to reduce mechanical restraints to no more than 277 reports of mechanical restraint was not met.
- The June 30, 2017 goal to increase the number of people with disabilities who lived in the most integrated housing of their choice where they had a signed lease and received financial support to pay for the cost of their housing by 2,638 over baseline was not met.
- The June 30, 2017 goal to increase the number of students who had enrolled in an integrated postsecondary education setting within one year of leaving high school by 100 was not met, though this may have been due to the limitation of not including data from the Office of Higher Education.
- The June 30, 2017 goal to increase the percentage of people who were housed five months after discharge from the hospital to 83 percent was not met, though there was an overall increase in the number of individuals receiving services. DHS also expanded the number of grantees for the Housing with Supports for Adults with Serious Mental Illness grants. These grants would support people living with a serious mental illness that resided in a segregated setting, as well as those that were experiencing homelessness or were at-risk of homelessness, to find and maintain permanent supportive housing. The first round of grants began in June 2016, with additional rounds occurring every six months. DHS expected to see the impact of this work in later data.

Finally, an overview of the Olmstead Plan amendment public input plan was presented to the Olmstead Subcabinet and approved. The workplan included:

- From December 20, 2017 to January 31, 2018 and February 27 to March 11, 2018:
 - Five listening sessions would be held throughout the state.
 - Host venues, collaborate with organizations, and utilize technology for listening sessions as needed.
 - Olmstead Subcabinet members would be informed of the dates of the listening sessions and may be asked to participate.
 - Three focus groups would be held with traditionally under-represented communities.
 - One video/phone conference call listening session would be held.
 - Two online input opportunities would be provided.

- Ongoing public input through social media, email, phone, etc.
- Communications plan toolkit developed for state agencies.
- Process developed for closing the feedback loop.

For additional details, see [page 79 of the November 27, 2017 meeting materials](#).

December 18, 2017

The Olmstead Subcabinet reviewed a preliminary Quality of Life Survey baseline report. Additionally, amendments to the Plan’s measurable goals were approved by the Olmstead Subcabinet for posting for public comment and for inclusion in the addendum to the annual report. For additional details see [page 133 of the December 18, 2018 meeting materials](#).

The [2017 annual report on Olmstead Plan implementation](#) was also approved by the Subcabinet, including data acquired through October 31, 2017. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings.
- Movement of individuals from waiting lists.
- Quality of Life measurement results.
- Increasing system capacity and options for integration.

This annual report covered the 50 measurable goals in the Olmstead Plan. Twenty-three of the annual goals were either met or were on track to be met. Seventeen of the annual goals were not met or on track to be met. For those 17 goals, the report documented how the agencies planned to work to improve performance on each goal. Ten goals were in process. There were a number of major activities that were completed or were in process, designed to make improvements in Olmstead Plan implementation:

- In October 2017, the Olmstead Subcabinet completed the second comprehensive review of the Olmstead Plan workplans. The annual results of the review of workplans can be found on [page 70 of the annual report](#). Of the 294 workplan activities reviewed, only seven were reported as exceptions. The Olmstead Subcabinet initiated the second annual Olmstead Plan amendment process. This review was planned to include multiple opportunities for people with disabilities and the public to review and offer suggestions. The process was planned to be completed in March 2018.
- During 2017, the Quality of Life Survey was initiated to establish a baseline. Subsequent surveys will use the baseline to measure progress on the Plan’s impact on improving quality of life for people with disabilities. A preliminary report was due to be presented to the Olmstead Subcabinet in December 2017.
- Additionally, movement was tracked in the following areas:
 - More individuals were leaving ICF/DD programs to more integrated settings;
 - More individuals were leaving nursing facilities for more integrated settings;
 - More individuals were leaving other segregated settings to more integrated settings;
 - There was an increase in the number of individuals exiting AMRTC in a timely fashion;
 - There was an increase in the number of individuals leaving MSH to a more integrated setting.
- DHS adopted reasonable pace goals and began measuring performance in 2015. Since then, data showed fewer people were waiting to access waiver services.

- Successful efforts to provide individuals access to the CADI waiver prevented the need for a waiting list since October 2016.
- There were fewer individuals waiting for access to a DD waiver.
- There continued to be increased capacity and options for integration in housing and employment. During this reporting period:
 - More people gained access to integrated housing;
 - There was an increase in the number of individuals obtaining competitive integrated employment.
- The emergency use of manual restraint continued to decrease.

December 20, 2017–January 31, 2018

The [first period for public comment](#) was held to amend and extend the Olmstead Plan 2017–2018. A [report of public input themes and agency responses](#) was presented to the Olmstead Subcabinet on February 26, 2018. Comments were obtained through public listening sessions, focus groups, and written input by email and the website, yielding over 102 comments.

Back to [Table of Contents](#)

2018

Planned “[strategic review](#)” of the Olmstead Plan (to review the results of Quality of Life Survey, achievements under measurable goals, and feedback from people with disabilities, families, providers, counties, counties and tribal governments, and state agencies) in establishing annual targets for measurable goals for subsequent periods. This strategic review may also indicate that some goals should be replaced because they are not the most effective measure and/or that goals need to be added.

January 29, 2018

The [comprehensive plan for prevention of abuse and neglect of people with disabilities report](#) was accepted by the Subcabinet. This plan outlined promising actions that could be taken before abuse and neglect occurs. The Specialty Committee, created by the Subcabinet in 2016 after the addition of a goal to the Olmstead Plan to develop a comprehensive plan to educate people with disabilities, their families, and the public on how to identify and report abuse and neglect and to develop a comprehensive prevention plan, developed eight major recommendations:

1. Create primary prevention strategies that focus on removing the causes of abuse and neglect before it happens.
2. Provide education that focuses on ensuring people with disabilities have the knowledge and skills necessary to exercise their rights to protect themselves from abuse and neglect.
3. Provide education for family members and supporters on the importance of autonomy and self-choice for people with disabilities in reducing the individual’s risk of abuse and neglect.
4. Increase awareness and education of the general public on how to report suspected abuse and neglect and where to access services and support for survivors.
5. Educate disability service providers, adult and child protection agencies, criminal justice systems, health care providers and others on the incidence of abuse and neglect, effective response models, and each other’s roles in the system.
6. Prevent re-victimization by treating the immediate needs of victims and creating a system of accountability to stop perpetrators from re-offending.
7. Complete routine data analysis to identify priority areas to target long term prevention strategies, reduce abuse and neglect, promote healing, and prevent re-offending.
8. This comprehensive prevention plan, when fully implemented, aims to reduce the likelihood of abuse occurring, and when it does occur, people with disabilities will receive timely and effective response, protection, and support. The plan builds on Olmstead Plan efforts to elevate the status of people with disabilities in our society by ensuring that they are leaders and partners in the state’s comprehensive abuse and neglect prevention efforts.

Additionally, during the Olmstead Subcabinet meeting, an [interest in numbers for the universe of individuals](#) who may be affected by the work related to the measurable goals was expressed. These numbers were intended to provide context, and can be interpreted as the total number of individuals who may be impacted by the related measurable goal. This information was planned for inclusion in the March 2018 Plan revision. For details on where these numbers would help provide context for a goal, and for the locations of current information on the goals, see [page 19 of the January 29, 2018 Subcabinet meeting materials](#).

February 26, 2018

The [Olmstead Subcabinet reviewed and approved](#) the baseline and annual goals for two measurable goals:

1. Preventing abuse and neglect goal 3: From July 2015 to June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4 percent) had a repeat episode of the same type of abuse or neglect within six months. The annual goals previously established can remain unchanged from the February 2017 Olmstead Plan.
2. Preventing abuse and neglect goal 4: From July 2013 to June 2016, there were 13 identified schools that had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years. There were 66 students with a disability who were identified as alleged victims of maltreatment within those schools.

Proposed annual goals to reduce the number of identified schools that had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years and the number of students with a disability who were identified as alleged victims of maltreatment within those schools:

- By July 31, 2018, the number of identified schools and students will decrease by 10 percent from baseline.
- By July 31, 2019, the number of identified schools and students will decrease by 25 percent from baseline.
- By July 31, 2020, the number of identified schools and students will decrease by 50 percent from baseline.

The [Community Engagement Workgroup charter was approved by the Olmstead Subcabinet](#). The Community Engagement Workgroup created strategies and activities to implement the Olmstead community engagement plan, making sure that engagement practices were person-centered, accessible, inclusive, transparent, and equitable for diverse communities.

Also, the [quarterly report](#) was approved by Olmstead Subcabinet, including data acquired through January 31, 2018. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 576).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

Just over half of Olmstead Plan measurable goals (18 of 30) were met, on track to be met, or in process. Notable findings and planned responses included:

- The June 30, 2018 goal to reduce the percentage of people awaiting discharge at AMRTC to 32 percent or less was not on track to be met. Ongoing efforts to improve progress toward this goal included collaboration between AMRTC and counties to aid in identifying more applicable community placements and resources for patients awaiting discharge as well as improvements in AMRTC's notification process for patients who no longer met hospital criteria of care to county partners and other key stakeholders to

ensure that all parties involved were informed of changes in the patient's status and resources were allocated towards discharge planning.

- The December 2017 goal to increase the average monthly number of individuals leaving MSH to a more integrated setting to eight or more was also not on track to be met. Ongoing efforts included collaboration with counties to identify individuals at MSH who had reached maximum benefit from treatment and to identify community providers and expand community capacity.
- The June 30, 2017 goal to increase the percentage of individuals choosing to move to a more integrated setting who had a plan that adhered to transition protocols that met the principles of person-centered planning and informed choice to 50 percent was not on track to be met. Since July 2016, the lead agency review team made recommendations to each county visited on how to improve their person-centered practices. Counties were in varying stages on their person-centered journey. The recommendations encouraged lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This could involve changes in agency practices as well as changes to how agencies work with their community partners. Beginning in January 2018, DHS required individual remediation when lead agencies did not comply with the person-centered protocols. When findings from a case file review indicated that files did not contain all required documentation, the agency would be required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections needed to be made within 60 days of the lead agency review site visits. Corrective action plans would be required when patterns of non-compliance were evident. DHS conducted regional day-long training and technical assistance sessions with counties and tribes during May through September 2017. Due to high demand, DHS scheduled an additional five training sessions through February 2018. In total 15 training sessions were offered to lead agency staff across the state. A supervisor tool kit was being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation was that the number of plans that adhered to the protocols would increase over time and during 2018.
- The March 1, 2017 goal to eliminate the DD waiver waiting list was not met. In addition to updating this goal to more accurately define success in the institutional exit and immediate need categories accessing waiver funding at a reasonable pace, DHS planned to work with lead agencies to continue to approve funding for persons according to the reasonable pace goals.
- The June 30, 2018 goal to increase the percentage of plans for people using disability home- and community-based waiver services that met required protocols to 70 percent was not on track to be met. Since July 2016, the lead agency review team made recommendations to each county visited on how to improve their person-centered practices. Counties were in varying stages on their person-centered journey. The recommendations encouraged lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This could involve changes in agency practices as well as changes to how agencies worked with their community partners. Beginning in January 2018, DHS required individual remediation when lead agencies did not comply with the person-centered review protocols. DHS conducted regional day-long training and technical assistance sessions with counties and tribes during May through September 2017. Due to high demand, DHS scheduled an additional five training sessions through February 2018. In total 15 training sessions were offered to lead agency staff across the state. A supervisor tool kit was being developed to support counties, tribes and contracted case management

providers in the oversight of plan development according to the protocol. The expectation was that the number of plans that adhered to the protocols would increase over time and during 2018.

- Neither the June 30, 2018 goals to reduce mechanical restraints to no more than 185 reports of mechanical restraint nor the goal to reduce the number of individuals approved for emergency use of mechanical restraint to 13 were on track to be met.
- The June 30, 2017 goal to decrease the number of people who discontinued waiver services after a crisis (indicating they left community services and were likely in a more segregated setting) to no more than 45 people was not met. Given the small number of people identified in any given quarter as part of this measure, as of March 2017, DHS staff began conducting person-specific research to determine the circumstances and outcome of each identified waiver exit. This would enable DHS to better understand the reasons why people were exiting the waiver within 60 days of receiving a service related to a behavioral crisis and target efforts where needed most to achieve this goal.
- The September 30, 2017 goal to increase the number of new individuals with disabilities working in competitive integrated employment to 2,969 was not met, though it was noted that this may have been related to acts that were passed (e.g., WIOA) and policies from Services for the Blind.
- The June 30, 2017 goal to reduce the number of students experiencing emergency use of restrictive procedures by 80 students or 0.02 percent of the total number of students receiving special education services was not met. The MDE Restrictive Procedures Stakeholders Workgroup (2017 Workgroup) focused its attention on reducing the use of restrictive procedures, specifically to eliminate the use of seclusion. Districts were requesting more tools to avoid the need for restrictive procedures. The 2017 Workgroup and MDE made significant progress in implementation of the 2016 statewide plan. The 2017 Workgroup and MDE continued to work toward availability of mental health services across the state, and improving the capacity of school districts to provide professional development in support of progress toward this activity's annual goals.
- The June 30, 2017 goal to increase the percentage of children who received children's mental health crisis services and remained in their community to 83 percent was not met, though there was an overall increase. DHS worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they were seeing and committed to providing trainings in identified areas specific to crisis response. It was anticipated that this would increase the teams' ability to work with individuals with complex conditions/situations effectively.
- The June 30, 2017 goal to increase the percentage of adults who received adult mental health crisis services and remained in their community (e.g., home or other setting) to 60 percent was not met. DHS worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities being seen and committed to providing trainings in identified areas specific to crisis response. It was anticipated that this would increase the teams' ability to work with more complex clients/situations effectively.

During their meeting, as part of the Olmstead Plan amendment process, the Olmstead Subcabinet reviewed a summary of the themes heard during the public input period. The public input period included public listening sessions, focus groups, and written input by email and through the website, yielding over 102 comments. Themes and agency responses can be found on [page 87 of the February 26, 2018 Subcabinet meeting materials](#).

[Second draft amendments to Olmstead Plan measurable goals](#) were also created. This addendum included the draft potential amendments to Olmstead Plan measurable goals that were proposed by the Olmstead

Subcabinet agencies after the first round of public comment. Changes focused on measurable goals in the following topic areas: transition services, community engagement, and preventing abuse and neglect.

March 19, 2018

A [draft revision of the February 2017 Olmstead Plan](#) was developed. Changes focused on timeliness of waiver funding and plan management oversight.

March 26, 2018

The [Quality of Life Survey baseline report](#) was accepted by the Olmstead Subcabinet after determining that the nonresponse bias weighting had no effect. The differences between this baseline survey and follow-up surveys will be used in the future to better understand whether increased community integration and self-determination occur for people with disabilities receiving services in selected settings. Key results included:

1. The survey measured participants' decision-making, as compared to what decisions paid staff made for them. This was scored 0 to 100 on the Decision Control Inventory (DCI). Minnesota's average DCI score was 66.2 out of 100.
2. Interviewers asked participants 14 questions, the answers to which were then calculated into an overall quality of life score. Minnesota's baseline quality of life score was 76.6 out of 100.
3. More than 800 participants reported some earnings, including wages or piecework. On average, participants earned \$95 per week. Hourly earnings ranged from \$3.30 to \$7.60 depending on employment type.
4. Participants averaged 32 outings per month, which was lower than the general population (46 outings outside the house per month, not counting work).
5. Integration scores were highest for activities such as competitive employment, self-employment, volunteer work, and supported employment. In contrast, integration was lowest in day training and habilitation, sheltered employment or workshops, and adult day programs. This was consistent with other research. However, these scores indicated a higher level of potential segregation in certain community-based settings.
6. Relatives were the most commonly reported relationship type (46 percent), followed by staff of any type (26 percent), and other friends (22 percent).

During their meeting, the Olmstead Subcabinet also reviewed and accepted the report: Recommendations to Expand, Diversify and Improve Minnesota's Direct Care and Support Workforce. The recommendations were developed by the cross-agency direct care and support workforce working group. This report aimed to provide a set of clear and consistent strategic priorities for future action to address the growing crisis in the provision of direct care and support services in Minnesota. If implemented, the actions could produce meaningful progress toward alleviating the direct care and support workforce shortage in Minnesota. To review the complete report, see [page 135 of the March 26, 2018 Subcabinet meeting materials](#). Major recommendations included:

1. Increasing worker wages and/or benefits.
2. Expansion of the worker pool.
3. Improving the workforce by enhancing training for direct care and support professionals.
4. Increasing job satisfaction (including quality of the job).
5. Raising public awareness by promoting direct care and support careers.

6. Promoting service innovation.
7. Enhancing data collection.

March 29, 2018

[Annual amendment to Olmstead Plan](#), which included 38 measurable goals. Updates focused on employment, transportation, and community engagement.

April 23, 2018

The Olmstead Subcabinet reviewed and approved updates to existing Quality of Life workplans. For additional details on proposed changes, see [page 13 of the April 23, 2018 Subcabinet meeting materials](#).

May 21, 2018

The [quarterly report](#) was reviewed by the Olmstead Subcabinet, including data acquired through April 30, 2018. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 575).
- Timeliness of waiver funding.
- Quality of Life measurement results (see the [Olmstead Plan Quality of Life baseline report](#) for more details, which was presented at the March 26, 2018 Olmstead Subcabinet meeting).
- Increasing system capacity and options for integration.

This was the first quarterly report to include universe numbers when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure. The majority of Olmstead Plan Measurable goals (10 of 13) were on track to be met, or in process. Notable findings and planned responses included:

- The June 20, 2018 goal to reduce the percentage of people at AMRTC awaiting discharge to 32 percent or less was not on track to be met. Ongoing efforts to improve progress toward this goal included collaboration between AMRTC and counties to aid in identifying more applicable community placements and resources for patients awaiting discharge as well as improvements in AMRTC's notification process for patients who no longer met hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved were informed of changes in the patient's status and resources were allocated towards discharge planning.
- The December 31, 2018 goal to increase the average monthly number of individuals leaving MSH to a more integrated setting to nine or more was not on track to be met. Ongoing efforts included continuation of expanded community capacity, as well as identification of individuals who could facilities to improve clinical direction and support to direct care staff treating and managing clients with c be served in more integrated settings. Legislation in 2017 increased the base funding for state operated complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment. Of the 65 additional funded positions, 45 full-time equivalents were filled as of April 13, 2018. These positions consisted primarily of direct care staff such as registered nurses, forensic support specialists and human

services support specialists. The positions that remained to be filled were in professional areas such as psychologists, social workers, recreational and occupational therapists.

- The June 30, 2018 goal to reduce reports of mechanical restraint to no more than 185 was not on track to be met.

The Olmstead Subcabinet also reviewed the Community Engagement Workgroup Charter/Membership, which was an updated charter for the 2018 Community Engagement Workgroup. Updates included members selected for the workgroup and updated workgroup goals. For details on the charter update, see [page 49 of the May 21, 2018 Olmstead Subcabinet meeting materials](#).

June 22, 2018

The Olmstead Subcabinet reviewed [legislative proposals related to the priorities in the Olmstead plan](#). Approved proposals included:

- Through the Bonding Bill, MDE had \$25 million approved for school safety grants, and a \$5 million grant to the Southwest/West Central Service Center to create a rehab center in Cosmos, Minnesota.
- The Minnesota Department of Human Rights (MDHR) was involved in legislation about misrepresentation of an animal as a service animal, which is now a misdemeanor.
- DHS received close to \$30 million in the bonding bill to establish regional crisis housing centers to deal with mental health crises.
- Through the Bonding Bill, Minnesota Housing received \$80 million in housing infrastructure bonds. These funds were heavily used in the last five years to provide permanent supportive housing of various types, to include units for people with disabilities. From the \$80 million, \$30 million will be for housing for people with behavioral health needs. Minnesota Housing will be working with DHS, counties and providers to define what that means.
- Minnesota Housing also received \$10 million in funds to renovate public housing throughout the state. This would be for basic repairs such as elevators, plumbing, roofs, and health and safety items. Low-income people with disabilities often live in public housing.

The [contract with the Improve Group was finalized](#) for the implementation of the Quality of Life survey, with the goal of re-surveying 500 individuals by the end of the year. Results from this survey are due for review by the Olmstead Subcabinet in December 2018.

Additionally, the [Community Engagement Workgroup Charter was approved by the Olmstead Subcabinet](#).

The Olmstead Subcabinet also reviewed the [Prevention of Abuse and Neglect Recommendations](#). The [Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities report](#) was accepted by the Subcabinet on January 29, 2018. That report outlined promising actions to prevent abuse and neglect for people with disabilities. The Subcabinet directed staff from DHS, MDH, MDE, and the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) to review the report and identify recommendations that could be implemented by adding and updating existing strategies and workplan action items. The Prevention of Abuse and Neglect Recommendations are the results of that review. The recommendations begin on [page 19 of the June 22, 2018 Olmstead Subcabinet meeting materials](#).

July 23, 2018

Commissioner Tingerthal provided a brief [summary of a recent status conference with the Court](#) to the Olmstead Cabinet, including the following:

- A status conference was held by the Court on July 12, 2018 on both Olmstead and the underlying Jensen litigation.
- The Court was provided an update on Olmstead, including:
 - An update on actions taken since the last status conference in December 2017.
 - Notable areas of success and areas that need improvement, which incorporated data reported in the December 2017 annual report, and the February and May 2018 quarterly reports.
 - An update on the Quality of Life Baseline Survey and the next steps in that process.
 - An overview of the process used to revise the Olmstead Plan, adopted in March 2018.
 - The upcoming strategic review process.
- The expectation was that there would be another status conference in six months.

The Olmstead Subcabinet also accepted the Direct Care/Support Workforce Report recommendations, which had been submitted for review in March 2018. This report laid out a strategic vision for tackling the crisis in the direct care and support workforce. The Cross-Agency Direct Care and Support Workforce Shortage Working Group identified seven prioritized recommendations, each which contained subordinate strategies. The Olmstead Subcabinet requested that the work group further review and edit the recommendations included in the report to:

- Prioritize the direct care report recommendations for implementation.
- Review and update the direct care report recommendations to identify:
 - Which recommendations would need legislative action.
 - Which recommendations would require state agency action.
 - Which recommendations require collaborative community efforts.

The workgroup submitted [Recommendations to Expand, Diversify, and Improve Minnesota's Direct Care and Support Workforce](#).

August 27, 2018

The Olmstead Subcabinet approved Transportation Goal 5, to be incorporated in the August 2018 quarterly report. This goal reads as follows:

- By 2040, 100 percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area.
 - Currently, the percent of the target population serviced by a regular route level of service for market area 1 is 95 percent, is 81 percent for market area 2, and is 67 percent for market area 3.
 - An interim goal was also set for Transportation Goal 5: By 2025, the percentage of target population served by regular route level of service for each market area will be 100 percent for market area 1, 95 percent for market area 2, and 70 percent for market area 3.

For additional details Transportation Goal 5, see [page 5 of the August 27, 2018 Olmstead Subcabinet meeting minutes](#) and [page 13 of the August 27, 2018 Olmstead Subcabinet meeting materials](#).

The [quarterly report](#) was also reviewed and approved by the Olmstead Subcabinet, including data acquired through July 31, 2018. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 593).
- Movement of individuals from waiting lists.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

Just over half of Olmstead Plan measurable goals (14 of 21) were met, on track to be met, or in process. Notable successes included:

- More individuals left ICF/DD programs to more integrated settings. During this quarter, 62 individuals left ICF/DD programs to more integrated settings. After two quarters, the total number was 104, which exceeded the annual goal of 72.
- More individuals with disabilities under age 65 in a nursing facility longer than 90 days left for more integrated settings. During this quarter, 201 individuals moved from nursing facilities to more integrated settings. After two quarters, 54 percent of the annual goal of 750 had been achieved.
- More individuals left other segregated settings to more integrated settings. During this quarter, 297 individuals moved from other segregated settings to more integrated settings. After two quarters, the total number was 595, which exceeded the annual goal of 500.
- Planning for individuals experiencing a transition has improved over the last three quarters. Adherence to Transition Protocols improved from 52.2 percent to 68.2 percent and most recently to 88.2 percent.
- The utilization of the Person Centered Protocols has improved over the last three quarters. Of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Seven of the eight elements showed consistent progress, and four of the eight were at 90 percent or greater in this quarter.
- There were fewer individuals waiting for access to a DD waiver. At the end of the current quarter there were 94 individuals who had funding approval pending compared to 237 people the same quarter last year.
- The number of reports of use of emergency use of manual restraints was lower at 904 reports this quarter compared to 955 in the previous quarter.
- The number of individuals approved for the emergency use of mechanical restraints at the end of the quarter was 13, which is on track to meet the annual goal of 13.
- More students with Developmental Cognitive Disabilities (DCD), ages 19–21 entered into competitive integrated employment. During the last year, an additional 179 students entered into competitive integrated employment.
- More students had active consideration of AT during their IEP team meetings. During the last year 94.9 percent had active consideration of AT.
- More individuals with disabilities participated in Governor appointed Boards and Commissions and Olmstead Subcabinet workgroups. During the last year there were 197 individuals participating who self-identified as having a disability.

Measurable goals targeted for improvement and planned responses included:

- The June 30, 2018 goal to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting to 32 percent or less was not met. Ongoing efforts from previous quarters will continue to support improvements in progress toward this goal.
- The December 31, 2018 goal to increase the number of individuals leaving the MSH to a more integrated setting to 9 or more was not on track to be met. Ongoing efforts from previous quarters will continue to support improvements in progress toward this goal. Additionally, increased funding for state operated facilities to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment.
- The 2018 goal to reduce the emergency use of mechanical restraints with approved individuals to 185 or less reports was not on track to be met.
- The June 30, 2018 goal to increase the percent of children who remain in the community after a mental health crisis to 85 percent was not on track to be met. DHS continues to work with mobile crisis teams to identify training opportunities for serving children in crisis, and to support the teams as they continue to support more children with complex conditions and living situations.
- The June 30, 2018 goal to increase the percent of adults who remain in their community after a mental health crisis to 62 percent was not on track to be met. DHS continues to work with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response.

Additionally, Community Engagement Goal Two (by April 30, 2018, establish a baseline and annual goals) and Preventing Abuse and Neglect Two (by January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10 percent compared to baseline) will be modified during the Plan amendment process, as it was determined that measures were not available to gather reliable and valid data.

September 24, 2018

The Olmstead Subcabinet examined strategic review findings from the past three years, including progress made toward each goal in the Plan:

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

The Subcabinet also discussed the development of a plain language version of the strategic review document. For additional details on the strategic review draft, see [page 2 of the September 24, 2018 Olmstead Subcabinet meeting minutes](#) and [page 21 of the September 24, 2018 Olmstead Subcabinet meeting materials](#).

October 29, 2018

Draft workplans for the 2018–2019 Olmstead Plan were reviewed by the Olmstead Subcabinet. For additional details on the draft workplans, see [page 3 of the October 29, 2018 Olmstead Subcabinet meeting minutes](#) and [page 27 of the October 29, 2018 Olmstead Subcabinet meeting materials](#).

November 26, 2018

During the Olmstead Subcabinet meeting, Commissioner Tingerthal announced that a recommendation was made to issue a new Executive Order, continuing the Olmstead Subcabinet under the new administration.

Additionally, [the Subcabinet reviewed and approved](#) the [November quarterly report](#), including data acquired through October 31, 2018. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n = 538).
- Timeliness of waiver funding.
- Quality of Life measurement results (not available at the time of the report).
- Increasing system capacity and options for integration.

Two-thirds of Olmstead Plan measurable goals (18 of 27) were met, on track to be met, or in process. Notable successes included:

- During this quarter, 36 individuals left ICF/DD programs for more integrated settings. After three quarters, the number was 140, which exceeded the annual goal of 72. (Transition Services Goal One A)
- During this quarter, 195 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After three quarters, 79% of the annual goal had been achieved. (Transition Services Goal One B)
- During this quarter, 272 individuals moved from other segregated settings to more integrated settings. After three quarters, the total number was 867, which exceeded the annual goal of 500. (Transition Services Goal One C)
- Planning for individuals experiencing a transition improved through adherence to Transition Protocols. Performance during this quarter was at 88.5% compliance. (Transition Services Goal Four)
- The utilization of the Person-Centered Protocols improved over the last four quarters. Of the eight person-centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Four of the eight elements showed progress over the previous quarter, and three of the eight were at 90% or greater in this quarter. (Person-Centered Planning Goal One)
- There were fewer individuals waiting for access to a DD waiver. At the end of the quarter 73% of individuals were approved for funding within 45 days. Another 20% had funding approved after 45 days.
- The number of individuals experiencing a restrictive procedure was lower, at 644 individuals in 2018 compared to 692 in 2017. (Positive Supports Goal One)
- The number of reports of emergency use of manual restraints was lower, at 843 reports this quarter compared to 904 in the previous quarter. (Positive Supports Goal Two)
- The number of individuals approved for the emergency use of mechanical restraints at the end of the quarter was 13, which met the annual goal of 13. (Positive Supports Goal Three B)

- The number of individuals in competitive integrated employment increased by 814 in the past year. (Employment Goal Two)
- The number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 27,270, which was an increase of 5,877 over baseline. (Health Care and Health Living Goal One)
- The number of children and adults with disabilities who had an annual dental visit was 33,746 over baseline. (Health Care and Healthy Living Goal Two)
- The percentage of people receiving community services within 30 days after discharge from the hospital was 94.1% and exceeded the annual goal of 91%. (Crisis Services Goal Four B)
- The percentage of people receiving crisis services within ten days of referral was 88.9%. This exceeded the annual goal of 87%. (Crisis Services Goal Five)

Measurable goals targeted for improvement and planned responses included:

- Transition Services Goal Two, to decrease the percentage of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting to $\leq 30\%$ by June 30, 2019.
 - AMRTC continues to serve a large number of individuals who no longer need hospital level of care, including those who need competency restoration services prior to discharge. The percentage of patients hospitalized at AMRTC who are civilly committed after being found incompetent continues to increase and was around 75% at the time of this report. The percentage of patients hospitalized at AMRTC who are under only mental health commitment was around 25%. With the continued decrease in the number of patients hospitalized at AMRTC under only mental health commitments, every patient not needing hospital level of care had greater impact on the overall percentage.
 - During the last year there was a higher percentage of individuals awaiting discharge for those under mental health commitment (50.9%) than for those who were civilly committed to AMRTC after being found incompetent (27.7%). However, the percentage of patients hospitalized at AMRTC who were civilly committed after being found incompetent continued to increase and was around 75% at the time of this report. Individuals under mental health commitment have more complex mental health and behavioral support needs. When they move to the community, they may require 24-hour-per-day staffing or 1:1 or 2:1 staffing. Common barriers that can result in delayed discharges for those at AMRTC include a lack of housing vacancies and housing providers no longer accepting applications for waiting lists.
 - Community providers often lack capacity to serve individuals who exhibit these behaviors:
 - Violent or aggressive behavior (i.e., hitting others, property destruction, past criminal acts);
 - Predatory or sexually inappropriate behavior;
 - High risk for self-injury (i.e., swallowing objects, suicide attempts); and
 - Unwillingness to take medication in the community.
 - Ongoing efforts are facilitated to improve the discharge planning process for those served at AMRTC:
 - Improvements in the treatment and discharge planning process to better facilitate collaboration with county partners: AMRTC increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.

- Improvements in AMRTC’s notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the individual’s status and resources are allocated toward discharge planning.
 - Improvements in AMRTC’s notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.
 - In order to meet timely discharge, individual treatment planning is necessary for individuals under mental health commitment who no longer need hospital level of care. This can involve the development of living situations tailored to meet their individualized needs, which can be a very lengthy process. AMRTC continued to collaborate with county partners to identify, expand, and develop integrated community settings.
 - DHS convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to the community. Counties and community providers will be consulted and engaged in this effort as well. Annual reporting to the Olmstead Subcabinet on the status of these efforts was scheduled to begin by December 31, 2018.
- Transition Services Goal Three, to increase the number of individuals leaving the MSH for a more integrated setting to 10 per month by December 31, 2019.
 - Legislation in 2017 increased the base funding for state-operated facilities to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure, and therapeutic treatment environment. These positions are primarily in direct care positions such as registered nurses, forensic support specialists, and human services support specialists. As of September 2018, 97% of professional positions were filled and 96.2% of direct care positions were filled.
 - One identified barrier for MI&D committed and Other committed is the limited number of providers with the capacity to serve:
 - Individuals with Level 3 predatory offender designation;
 - Individuals over the age of 65 who require either adult foster care, skilled nursing, or nursing home level care;
 - Individuals with DD/ID with high behavioral acuity;
 - Individuals who are undocumented; and
 - Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual.
 - Some barriers to discharge identified by the Special Review Board (SRB) in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:
 - The patient lacks an appropriate provisional discharge plan.
 - A placement that would meet the patient’s needs is being developed.
 - Funding has not been secured.
 - Ongoing efforts are being facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment.
 - Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services).
 - Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting.
 - The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. As a result of these efforts, through November 2018, Forensic Services recommended reductions-in-custody to the Special Review Board for 73 individuals, 55 of which were granted, with 11 results pending.
 - Collaboration within DHS to expand community capacity and individualized services for a person's transitioning.
- Positive Supports Goal Three A, to reduce the number of reports of emergency use of mechanical restraints with approved individuals to ≤ 93 reports and ≤ 7 individuals by December 31, 2019.
 - Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of serious injury due to self-injurious behavior and the use of mechanical restraints has not been successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use. These requests are reviewed by the External Program Review Committee (EPRC) to determine whether or not they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. With all approvals by the Commissioner, the EPRC includes a written list of person-specific recommendations to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members. Prior to February 2017, the duties of the ERPC were conducted by the Interim Review Panel.
 - Housing and Services Goal One, to increase the number of people living in the most integrated housing of their choice by 5,547 (or 92%) by June 30, 2019.
 - Although the 2018 annual goal was not met, the growth was larger than the previous year. A contributing factor to missing the goal may have been the tight housing market. When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with public assistance, limited rental history, or other similar factors.
 - Lifelong Learning and Education Goal Two, to increase the number of students with disabilities enrolling in integrated postsecondary education settings by 492 by June 30, 2020.
 - While Minnesota saw a decrease in the number of students enrolled in institutions of higher education in fall 2016, students may be choosing to enter into short-term certificate programs, within a technical college for specific skills training. To be considered enrolled in an accredited institution of higher education for the purposes of the Statewide Longitudinal Education Data

System (SLEDS) reporting, a student must be on a credit earning track toward a certificate, diploma, two- or four-year degree, or other formal award. In addition, Minnesota continues to have a strong employment outlook and many students with disabilities are choosing to enter the job market in entry-level positions, gaining experience and independence or saving money for college, as higher-education expenses continue to be on the rise. SLEDS 2016 data reported that 2,901 (44%) of students with disabilities were employed in competitive integrated employment. Based on a review of disaggregated data, a targeted activity was designed to increase successful postsecondary enrollment results for Black and American Indian students with disabilities. This aligned with MDE's current federal State Systemic Improvement Plan (SSIP). For school year 2017–18, MDE staff collaborated with TRIO Student Support Services currently serving students at institutions of higher education. Using a scale-up approach, for school year 2018–19, MDE will disseminate additional Minnesota Postsecondary Resource Guides at Minneapolis Community and Technical College, Hennepin Technical College, and Fond du Lac Tribal and Community College. In addition, MDE staff will share online training resources that are currently located on Normandale Community College website.

- Crisis Services Goal Four A, to increase the percentage of people who are housed five months after discharge from the hospital (due to a crisis) to 84% by June 30, 2018.
 - There was an overall increase in the number of individuals receiving services. In June 2017, the number of people receiving services in a treatment facility was nearly double the amount of people receiving treatment in a treatment facility at baseline. This indicates more people were receiving a higher level of care after discharge. This includes Intensive Residential Treatment Services (IRTS) and chemical dependency treatment programs that focus on rehabilitation and the maintenance of skills needed to live in a more independent setting. As noted for Housing and Services Goal One, a contributing factor to missing the goal may have been the tight housing market. When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with limited rental history or other similar factors. DHS is working to sustain and expand the number of grantees utilizing the Housing with Supports for Adults with Serious Mental Illness grants. These grants support people living with a serious mental illness who are residing in a segregated setting, experiencing homelessness, or at risk of homelessness to find and maintain permanent supportive housing. The grants began in June 2016, with a fourth round of grants planned for 2019.

National Core Indicator data from Minnesota from 2016 to 2017 either remained stable or somewhat declined (compared to 2015–2016 data) on most questions about employment, mobility, community engagement, and living opportunities.

December 17, 2018

The Olmstead Subcabinet reviewed and accepted the [Quality of Life Survey First Follow-Up Report](#). This report outlined the results of the Olmstead Quality of Life Survey's first follow-up survey and compared results to baseline survey data collected in 2017. The results of this survey are critically important to understanding how Minnesota is meeting the goals of its Olmstead Plan. The purpose of the Olmstead Quality of Life Survey is to talk directly to Minnesotans with disabilities who receive services in potentially segregated settings to collect individuals' perceptions and opinions about what affects their quality of life. The Olmstead Quality of Life

Survey: First Follow-up – 2018 was conducted between June and November 2018. A total of 511 people completed the survey. Key findings included:

- There was no significant change from baseline to follow-up in the amount of interaction respondents had with community members during outings.
- There was no significant change from baseline to follow-up in respondents' autonomy in choice-making.
- There was no significant change from baseline to follow-up in respondents' perspective in 14 different areas including health, happiness, comfort, and overall quality of life.
- Overall, respondents listed fewer close relationships in the follow-up sample compared to the baseline (statistically significant change). The average number of close relationships listed in the follow-up sample was 3.7, compared to 4.1 in the baseline sample. However, since the change was less than one person, it is difficult to determine if this was a meaningful change in practical terms. This difference will need further exploration.
- Past studies conducted by the developer of the survey showed that noticeable change can only be expected in the short term (about one year) when a large transition has occurred, such as moving from institution to community. Even in these studies, changes become statistically significant only at approximately two years. Given that a large transition like de-institutionalization did not occur during the period of study and the relatively short amount of time between the baseline and follow-up surveys, it is not unreasonable to expect little to no change in survey scores.

This report was intended as a high-level overview of the first follow-up survey results. A detailed technical report describing the relationships outlined in the regression models and survey results by region, service setting, and other individual characteristics was scheduled to be completed in January 2019. A second random sample of baseline respondents will be selected for a second follow-up survey. To provide enough time to see significant changes in module scores between the baseline survey and the second follow-up survey, the recommendation was to conduct the second follow-up survey starting in summer 2020.

The Subcabinet also reviewed and approved the [2018 Annual Report](#), including data acquired through October 31, 2018. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings.
- Movement of individuals from waiting lists.
- Quality of Life measurement results.
- Increasing system capacity and options for integration.

This annual report covered the 47 measurable goals in the Olmstead Plan. Thirty-two of the annual goals were either met, on track to be met, or were in process. Fifteen annual goals were not met. A number of major activities were completed or were in process to make improvements in Olmstead Plan implementation in 2019.

- In September 2018, the Olmstead Subcabinet examined a Strategic Review of Plan implementation over the three-year period. This review identified significant accomplishments in measurable goals and strategies and workplans, as well as areas that lacked progress on measurable goals that relate to the improvement in the lives of people with disabilities.
- In October 2018, the Olmstead Subcabinet completed the third comprehensive review of the Olmstead Plan workplans. Of the 231 workplan activities reviewed in 2018, only 5 were reported as exceptions.

- The Subcabinet initiated the third annual Olmstead Plan amendment process. This review will include multiple opportunities for people with disabilities and the public to review and offer suggestions. The process will be completed in March 2019.
- During 2017, the Quality of Life Survey was completed. This survey established a baseline. The Olmstead Plan Quality of Life Survey Baseline Report was accepted by the Olmstead Subcabinet on March 26, 2018. Subsequent surveys will use the baseline to measure progress on the Plan's impact on improving quality of life for people with disabilities. The first follow-up survey was completed in December 2018.

The following measurable goals were targeted for improvement. These goals were identified as not meeting projected targets. The agencies, OIO compliance staff, and the Subcabinet will provide increased oversight until projected targets are met.

- Transition Services Goal Two, to decrease the percentage of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three, to increase the number of individuals leaving the MSH for a more integrated setting.
- Lifelong Learning and Education Goal Two, to increase the number of students with disabilities enrolling in integrated postsecondary education settings.
- Positive Supports Goal Three A, to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Positive Supports Goal Four, to reduce the number of students experiencing emergency use of manual restraints.
- Crisis Services Goals One and Two, to increase the percentage of children and adults who remain in the community after a mental health crisis.
- Crisis Services Goal Four A, to increase the percentage of people who are housed five months after discharge from the hospital (due to a crisis).

[Olmstead Draft Plan Amendments](#) were reviewed and accepted by the Subcabinet, to be posted for public comment. For additional details on the Subcabinet's discussion of the draft amendment, see [page 4 of the December 17, 2018 Olmstead Subcabinet meeting minutes](#).

Finally, the Subcabinet reviewed and approved [revised Subcabinet procedures](#). The revisions were made to bring the procedures in line with the proposed language of the Executive Order. To review the changes made, see [page 137 of the December 17, 2019 Olmstead Subcabinet meeting materials](#).

Back to [Table of Contents](#)

2019

January 4, 2019

The OIO released a plain language report on the [Minnesota Olmstead Plan Review 2015–2018](#). This document provided answers to the following questions in plain language:

- What is the Minnesota Olmstead Plan?
- What is person-centered planning?
- What is the Olmstead Implementation Office (OIO)?
- What does the OIO report say about the Minnesota Olmstead Plan?
- What is Minnesota still working on?
- How do I learn more about the Minnesota Olmstead Plan and the 2015–18 report?
- How can I contact the OIO with questions?

January 8, 2019

The OIO released a plain language report titled [What's In The Minnesota Olmstead Plan](#). This report provides information on the history of the Plan, the purpose of the Olmstead Subcabinet, the goals in each of the thirteen topic areas included in the Plan, and next steps.

The [2018 Strategic Review of the Olmstead Plan](#), which was accepted by the Subcabinet on September 24, 2018, was also updated and released. This performance improvement process reviewed Plan implementation from September 2015 through August 2018. Examining Plan implementation over a three-year period allowed for identification of significant accomplishments in measurable goals and strategies and associated workplans. Most importantly, the review identified the progress or lack of progress on measurable goals that relate to the improvement in the lives of people with disabilities. The report is organized into the thirteen topic areas included in the Olmstead Plan. Each topic area includes the measurable goals in that area and the status of each goal based on performance to date. Goals are identified as having achieved the overall goal, making progress toward the overall goal, or needing improvement to reach the overall goal. Some goals are identified as in process. This means there is not yet two years of data to determine progress, or that data is not yet available to determine progress. At the time the report was released, 8 goals were achieved, 14 goals were making progress toward the overall goal, 7 goals needed improvement, and 19 goals were in process. Also included in each topic area is a review of major accomplishments achieved through the workplan implementation. This report also identifies areas of consideration where more progress could be made through changes in workplans, strategies, or measurable goals. Lessons learned from this review may be applied during the Olmstead Plan amendment process occurring from December 2018 through March 2019.

January 28, 2019

This was the first [Subcabinet meeting](#) under newly elected Governor Tim Walz. Commissioner Jennifer Ho (MHFA) was introduced as the new Olmstead Subcabinet Chair (formally announced by Governor Walz on January 25, 2019); this was her first Subcabinet meeting. Additionally, it was announced that the Subcabinet would continue to operate under [Executive Order 15-03](#). It was also noted the court retained jurisdiction over the Plan until December 2019.

The Olmstead Plan Quality of Life Survey: First Follow-Up – 2018 was reviewed again by the Subcabinet and accepted. Updates to this report included subgroup analyses and regression tables. For additional details on this report, see [page 21 of the January 28, 2019 meeting materials](#). The final report can be found [here](#), and a two-page summary of the report can be found [here](#).

February 22, 2019

The OIO released a three-page [summary of 2019 draft amendments](#). The purpose of this document was to provide a brief summary of the draft amendments being proposed by Subcabinet agencies to inform additional public comment (held from February 26th to March 11th).

February 25, 2019

It was noted during the Subcabinet meeting that Governor Walz's budget was released on February 19th. Commissioner Ho also discussed a request to commissioners to provide a brief overview of agency budget proposals that relate to the implementation of the Olmstead Plan at the March Subcabinet meeting.

The [Subcabinet reviewed and approved](#) the [February quarterly report](#), including data acquired through January 31, 2019. This report included progress toward goals related to:

- Movement of people with disabilities from segregated to integrated settings (n=610).
- Movement of individuals from waiting lists.
- Quality of Life measurement results.
- Increasing system capacity and options for integration.

Two-thirds of Olmstead Plan measurable goals (15 of 24) were met, on track to be met, or in process. Notable successes included:

- During the last four quarters, 150 individuals left ICF/DD programs for more-integrated settings. This exceeded the annual goal of 72 (Transition Services Goal One A).
- During the last four quarters, 830 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This exceeded the annual goal of 740 (Transition Services Goal One B).
- During the last four quarters, 1,188 individuals moved from other segregated settings to more integrated settings. This exceeded the annual goal of 500 (Transition Services Goal One C).
- The utilization of the Person Centered Protocols improved over the last four quarters. Of the eight person-centered elements measured in the protocols, performance on seven of the eight elements improved over the 2017 baseline. Five of the eight elements show progress over the previous quarter, and six of the eight were at 90 percent or greater in this quarter (Person-Centered Planning Goal One).
- There were fewer individuals waiting for access to a DD waiver. At the end of the current quarter 74 percent of individuals were approved for funding within 45 days. Another 23 percent had funding approved after 45 days.
- There was an increase in the number of individuals obtaining competitive integrated employment. More than 2,682 individuals found employment. This was short of the annual goal of 3,028 (Employment Goal One).

- There was an increase in the number of peer support specialists who were employed. There were 76 peer support specialists employed. This was an increase of 60, which exceeded the annual goal to increase by 30 (Employment Goal Four).
- There was an increase in the number and percentage of students with disabilities in the most integrated setting (Education Goal One).
- Accessibility improvements were made to 1,658 curb ramps, 85 accessible pedestrian signals, and 28.34 miles of sidewalks in the last year (Transportation Goal One).

Measurable goals targeted for improvement included:

- Transition Services Goal Two, to decrease the percentage of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting to ≤ 30 percent by June 30, 2019.
 - AMRTC continued to serve a large number of individuals who no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. In the last quarter, over 60 percent of admissions to AMRTC were patients who were committed after a finding of incompetency. During this last quarter there was a higher percentage of individuals awaiting discharge who were civilly committed after being found incompetent (41.6 percent) than for those under mental health commitment (35.3 percent). This was a change in trend from all previous reporting periods, in which the reverse was true. AMRTC continued to work with courts around the state on approving DHS discharges and transfers; however, this continued to be a barrier to discharge for individuals civilly committed after being found incompetent. The planned responses to meet, or be on track to meet, this goal remained unchanged from the November 2018 quarterly report.
- Transition Services Goal Three, to increase the average monthly number of individuals leaving the MSH for a more integrated setting to ≥ 9 by December 31, 2019.
 - The planned responses to meet, or be on track to meet, this goal remained unchanged from the November 2018 quarterly report.
- Transition Services Goal Four, to increase the percent of individuals' transition plans that meet the required person-centered, informed choice and transition protocol to 100 percent.
 - In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or noncompliant person-centered review protocols. When findings from case file review indicated files did not contain all required documentation, the agency was required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of noncompliance are evident. Because the move occurred prior to the Lead Agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated. However, Lead Agencies were provided information about which components of the My Move Plan were compliant/noncompliant for each of the transition cases that were reviewed.
- Positive Supports Three, to reduce the number of reports of emergency use of mechanical restraints with approved individuals to no more than 93 reports and 7 individuals by December 31, 2019.
 - The planned responses to meet, or be on track to meet, this goal remained unchanged from the November 2018 quarterly report.

- Positive Supports Four, to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures by 80 students or 0.02 percent of the total number of students receiving special education services by June 30, 2018.
 - For data reliability purposes, the student enrollment data was based on the state enrollment counts for students receiving special education services. It is worth noting that MDE does not have the ability to cross check the districts' reporting of students experiencing the use of physical holds with the quarterly reporting of students experiencing the use of seclusion. Accordingly, a student may be counted more than once if they are both physically held and secluded. In addition, a student may be counted more than once if they move to another district and are physically held in both districts during the same school year. Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup Legislative Report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016–17 and 2017–18 school years. For the 2017–18 school year, while the use of physical holding increased, the use of seclusion decreased by 11.6 percent and the number of students experiencing the use of a seclusion decreased by 15.1 percent. To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2018 Restrictive Procedures Workgroup. In addition, MDE conducted 12 trainings throughout the state to assist districts in understanding restrictive procedure laws and to assist them in developing processes to have more consistent understanding of terms and reporting. MDE also hired a data analyst in September of 2018, and her duties include analysis of restrictive procedures data. Data quality improvements also included a transition to improved software for data analysis.
 - The 2018 Restrictive Procedures Workgroup reached consensus on a revised statewide plan, which included specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan included stakeholder support and goals for recommendations to the commissioner and the legislature in three areas: funding for staff development grants, expansion of mental health services, and additional funding for technical assistance. These recommendations address identified needs for improved availability of mental health services across the state; improving staff capacity to implement evidence-based practices/positive supports; and providing time for staff to meet and discuss student needs related to reducing emergencies that result in the use of a restrictive procedure.
 - It was noted during the Subcabinet meeting that the Restrictive Procedure Workgroup reached consensus among school districts and advocates on the measurable targets for reduction of use of seclusion in educational settings, which should help in holding school districts accountable and in reaching goals for the coming year.
- Positive Supports Five, to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures by 563 incidents or 0.2 incidents of restrictive procedures per student who experienced the use of restrictive procedure by June 30, 2018.
 - See planned responses under Positive Supports Four.
- Crisis Services One and Two, to increase the percentage of children and adults who remain in the community after a crisis episode to 85 percent or more for children and 64 percent or more for adults by June 30, 2018.

- There has been an overall increase in the number of episodes of children receiving mental health crisis services, with likely more children being seen by crisis teams. In particular, the number of children receiving treatment services after their mental health crisis has increased by more than 30 percent since baseline and by almost 50 percent since December of 2016. While children remaining in the community after crisis is preferred, it is important for children to receive the level of care necessary to meet their needs at the time.
- DHS will continue to work with mobile crisis teams to identify training opportunities for serving individuals in crisis, and to support the teams as they continue to support more individuals with complex conditions and living situations. Mobile crisis teams focus on minimizing disruption in the life of an individual during a crisis. This is done by utilizing an individual's natural supports that already exist in their home or community whenever possible. It is important for the individual to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the most integrated setting possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with individuals with complex conditions/situations effectively. DHS will continue to work with providers to explore trends that might be contributing to children presenting in crisis with the need for a higher level of care.

In addition to the quarterly report, the Subcabinet reviewed the process used to solicit public input on the Plan, the [Report on Public Input Themes and Agency Responses](#), and how the comments received compared with those received in 2016, 2017, and 2018. It was noted that comments received include two types of themes:

- Themes that relate to topic areas in the Plan
- Themes that relate to topics not currently addressed in the Plan (i.e., guardianship and public safety)

Commissioner Ho proposed that white papers be drafted on the issues of guardianship and public safety. However, it was suggested that a review of existing materials around these topics be conducted before preparing white papers. The Subcabinet agreed that findings from a review of existing materials would be presented at the March 25th meeting.

Additionally, agencies provided a [brief summary of the proposed changes to the Plan and any modifications from the December 2018 drafts](#). The Subcabinet provisionally accepted the amendments to the Plan, pending final public comment.

February 26, 2019

[Draft proposed amendments to the Olmstead Plan's measurable goals](#) were released, which show changes to the original language in the Plan based on the first round of public comment (December 20, 2018–January 31, 2019). These amendments were provisionally accepted by the Subcabinet on February 25, 2019, pending a final

public comment period from February 26 to March 11, 2019. The Subcabinet planned to review the Olmstead Plan amendments for final approval at the March 25, 2019, Subcabinet meeting.

March 25, 2019

It was noted at the Olmstead Subcabinet meeting that the revised Plan was to be filed with the court by the end of March. Additionally, a status conference with Senior US District Court Judge Donovan Frank was scheduled for April 16th to review the status of the Plan and reports that had been filed with the court since the last status conference in July 2018. It was also reiterated that the 2015 Executive Order under which the Subcabinet operates would expire on April 7th and that the Governor's Office was in the process of developing a new executive order.

The Subcabinet reviewed current practices around guardianship at the national and state level. It was noted that there is tension between the Americans with Disabilities Act choice and integration mandates and the current application of guardianship. It was suggested that the Plan could align with existing efforts in reinforcing guardianship, including:

- DHS collaboration with Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) in publishing a series of YouTube videos about why giving people the ability to choose actually improves quality of life and improves their safety.
- Volunteers of America sponsoring training on alternative decision-making models and increasing awareness.

[Public input themes and agency responses](#) were also reviewed by the Subcabinet. The public comment period yielded more than 49 comments from approximately 41 people with disabilities, families, supporters, lead agencies, and providers. It was noted that the majority of comments received were focused on issues that were already included in the Olmstead Plan workplans or could be added to the workplans. The [March 2019 revision of the Plan](#) was [reviewed by the Subcabinet and approved with agreed-upon edits](#) (below), to be filed with the court by March 29th:

- Adjusting Lifelong Learning and Education Strategy Goal One
- A new letter from the chair
- Changes related to a new executive order
- No changes to the vision statement
- No changes to person-centered planning
- Strategy language on “diversify [workforce]” or topic of barriers

Each commissioner provided a brief overview of their agency's budget proposals as they relate to the implementation of the Plan, in light of Governor Walz's budget being released on February 19th. Details of those proposals can be found on [page 6 of the March 25, 2019, meeting minutes](#).

March 29, 2019

Governor Walz issued [Executive Order 19-13](#), which ordered the following:

- That a Subcabinet, to implement Minnesota's Olmstead Plan is constituted of the following members:

- The Ombudsman for the State of Minnesota Office of the Ombudsman for Mental Health and Developmental Disabilities
- Executive Director of the Minnesota Governor’s Council on Developmental Disabilities
- The Chair, Commissioner, or Chair’s or Commissioner’s designee of the following agencies:
 - Department of Human Services
 - Housing Finance Agency
 - Department of Employment and Economic Development
 - Department of Transportation
 - Department of Corrections
 - Department of Health
 - Department of Human Rights
 - Department of Education
 - Department of Veterans Affairs
 - Department of Public Safety
 - Metropolitan Council
- The Governor will designate one of the members of the Subcabinet to serve as chair.
- The Subcabinet will allocate such resources as it deems to be reasonably necessary, including retention of expert consultants, and consult with other entities and State agencies, when appropriate, to carry out its work.
- The duties of the Subcabinet are to:
 - Work to identify and address barriers to providing services and meaningful opportunities within the most integrated settings for persons with disabilities throughout Minnesota.
 - Work to identify and address areas of disparity in opportunities for individuals with disabilities to live, work, and engage in the most integrated settings.
 - Engage communities with the greatest disparities in health outcomes for individuals with disabilities and work to identify and address barriers to equitable health outcomes.
 - Provide oversight for and monitor the implementation and amendment of the Olmstead Plan and the impact of the Plan on the lives of people with disabilities.
 - Provide ongoing recommendations for further amendment of the Olmstead Plan.
 - Ensure interagency coordination of the Olmstead Plan implementation and amendment process.
 - Convene periodic public meetings to engage the public regarding Olmstead Plan implementation and amendments.
 - Engage persons with disabilities and other interested parties in Olmstead Plan implementation and amendment process and develop tools to keep these individuals aware of the progress on the Plan.
 - Continue to implement the Quality of Life survey process to measure the quality of life of people with disabilities over time and continue to identify and implement quality improvement strategies.
 - Convene, as appropriate, workgroups consisting of people with disabilities, families of people with disabilities, advocacy organizations, service, treatment, and health care providers, and/or governmental entities of all levels that are both members, and nonmembers, of the Subcabinet.
- The OIO will carry out the responsibilities assigned by the Subcabinet, as directed by the Chair of the Subcabinet.

- The Subcabinet will maintain procedures to ensure that they define a clear decision-making process, facilitate execution of the Subcabinet’s duties, and appropriately define the role of the OIO and revise such procedures as necessary.
- The OIO will provide staffing and administrative support to the Subcabinet.
- Executive Order 15-03 is rescinded.

Additionally, the [2019 Olmstead Plan](#) was released. Shortly after, on March 31st, the [public comments received](#) regarding the 2019 update to the Plan (December 20, 2018–January 31, 2019, and February 26, 2019–March 11, 2019) were released.

April 22, 2019

At the start of [this Subcabinet meeting](#), Commissioner Ho noted that it was the first meeting under new Executive Order 19-13, which reauthorized the Subcabinet and expanded its membership to include the Department of Public Safety, Department of Veterans Affairs, and the Metropolitan Council. Two other recently issued executive orders were discussed:

- [Executive Order 19-14](#), which provides for state agency coordination of the Americans with Disabilities Act.
- [Executive Order 19-15](#), which provides for increased state employment of individuals with disabilities.

It was noted that the Olmstead Plan March 2019 Revision was filed with the court by the end of March as required by the court order. The status conference with the court on April 16th was also discussed. At this meeting, Commissioner Ho provided an update to the court on Olmstead Plan implementation. This included an overview of goal areas in which progress had been made and goal areas that were targeted for improvement. The court was also informed of the Quality of Life Survey and the Olmstead Plan amendment process, including how public comments were reviewed throughout the process. The court was complimentary about the executive order, the current administration, and the trajectory and momentum it brings to Olmstead Plan implementation. The court indicated it would issue an order in the next few weeks. At the time of this meeting, jurisdiction extended through December 4, 2019, which meant that there would be three quarterly reports to be filed within that timeframe.

Back to [Table of Contents](#)