UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents, Guardians and next friends of Bradley J. Jensen, et al.,

Civil No. 09-1775 (DWF/FLN)

Plaintiffs,

v.

Minnesota Department of Human Services, an agency of the State of Minnesota, et al.,

Defendants.

Minnesota Olmstead Subcabinet Report to the Court

STATUS UPDATE
January 1, 2015 – February 28, 2015

Report Number 7

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I. PURPOSE

On January 22, 2014 the Court provided the following direction for updating the status of the Olmstead Plan implementation:

"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.

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.

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."

On September 18, 2014, the court ordered:

"Reports to the Court must be accurate, complete, and verifiable. The Court requires the State to report on the following: (1) the number of people who have moved from segregated settings into more integrated settings; (2) the number of people who are no longer on the waiting list; and (3) the quality of life measures. With respect to the first inquiry, any calculation must consider admissions, readmissions, discharges, and transfers—reflecting the dynamic movement of individuals through segregated settings—to determine the net number of people who have moved into more integrated settings. Regarding the second inquiry, the State must evaluate whether the movement is at a reasonable pace. Finally, with respect to the third inquiry, the State must summarize and submit to the Court any available data and highlight any gaps in information."

The bimonthly report to the court, court monitor, and the public provide the status of work being done by state agencies to implement the Plan. Each bimonthly report cover action items that were to be completed for a two month period as noted on the cover page of each report and any action items that are past due. Additionally, a preview of activities associated with action items for the following four months is included to inform on progress and potential issues.

This bimonthly report provides status updates on Olmstead Plan action items with deadlines in January and February 2015 and any items past due. Additionally, **Appendix 7-A** provides a preview of action items with deadlines through June 30, 2015.

Proposed Modifications to the Olmstead Plan

In accordance with the August 28, 2013 and January 22, 2014 orders from the Court, proposed modifications were submitted to the Court Monitor for review and approval. On June 9, 2014, the subcabinet adopted the approved modifications and provisionally adopted six modifications pending approval of the Monitor. The Plan with approved modifications was submitted to the Court Monitor on June 30, 2014 and to the Court on July 10, 2014.

On August 6, 2014, the Court Monitor issued a report to the Court recommending that the Court approve the Plan. The Monitor further recommended that concerns raised in the report be addressed during the implementation process. "One area of serious deficiency is that both treatment in the facility and transition planning for discharges from Anoka Metro Regional Treatment Center and Minnesota Security Hospital significantly fail to adhere to the Olmstead-required person-centered planning standards." Additionally, the Monitor stated that "the Plan continues to require refinement with regard to its structure and specificity," in particular, the establishment of baselines and measurable goals.

On August 20, 2014 the Court issued an order directing that the State modify the Plan in compliance with the Court Monitor's Reports. On September 18, 2014 the Court directed that the State submit a revised Olmstead Plan to the Monitor by November 10, 2014. The revision is to include measurable goals and address accurate reporting on the number of people who have moved from segregated to more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures. Proposed measurable goals were submitted to the Court Monitor on November 10, 2014.

On January 9, 2015, 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 same order provisionally approved the November 10, 2014 proposed revisions to the *Olmstead* Plan, subject to the Court's review of the State's modifications and any submissions by Plaintiffs' Counsel. The court ordered the State to file a revised Olmstead Plan by March 20, 2015. The Subcabinet Executive Committee approved the proposed modifications to the Plan and they were submitted to the Court on March 20, 2015.

II. OLMSTEAD PLAN IMPACT ON LIVES OF INDIVIDUALS

On January 22, 2014 the Court directed the following: "*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.*"

This table indicates the cumulative number of individuals who moved from various segregated settings to integrated settings and the number of individuals who have moved from the home and community-based services waiting list. The data to calculate net number of individuals moving for each setting is included in **Exhibit 7-1**.

During January and February, the cumulative number of individuals who:	
• Moved from segregated to integrated settings	123
• Moved from the wait list	213

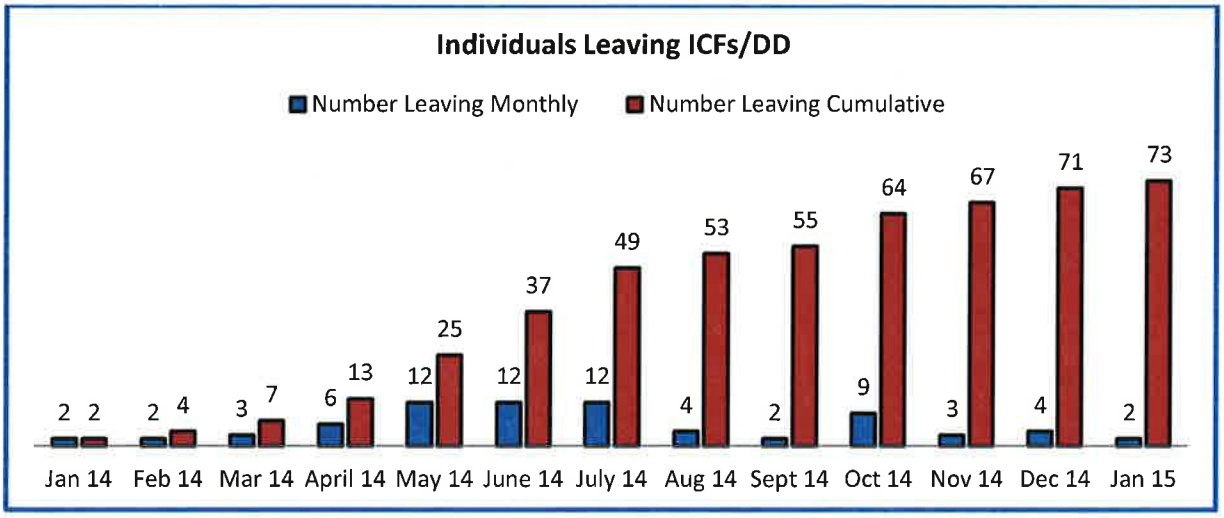
Movement from Segregated to Integrated Settings

Olmstead Plan action items related to moving individuals to integrated settings s are summarized in the graphs below. The action item is included to show progress toward the goal. A status update is provided for the current reporting period. The graphs are used to show progress over the last twelve months in the movement from segregated settings to integrated settings. In addition, **Exhibit 7-1** includes information on admissions, readmissions, discharges, and transfers to reflect the dynamic movement of individuals through segregated settings.

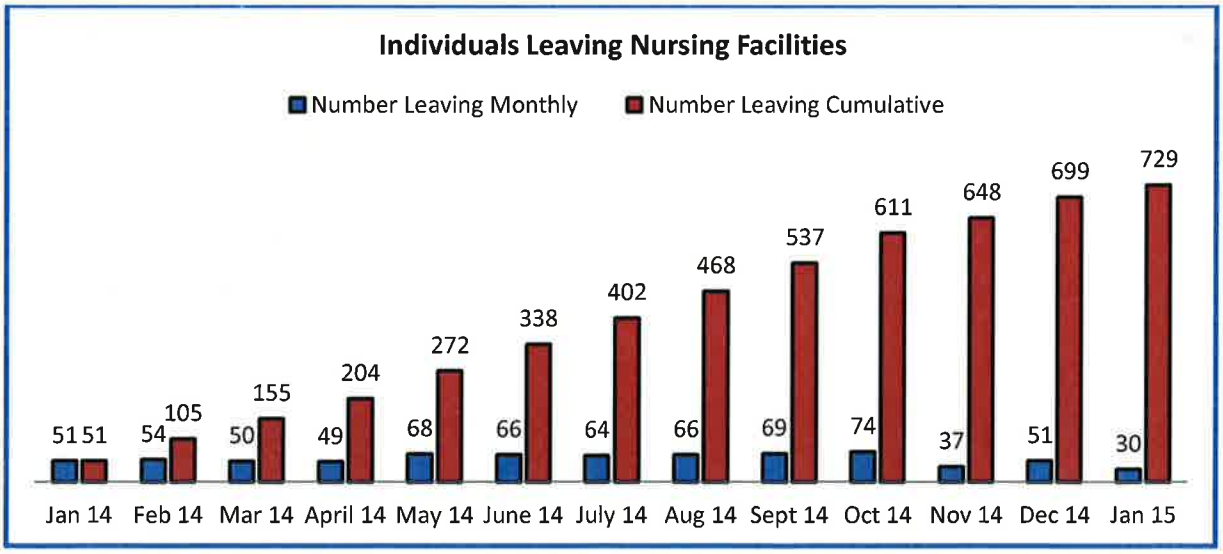
SS 2C - For individuals in Intermediate Care Facilities for Persons with Developmental Disabilities(ICFs/DD) and people under 65 who have been in nursing facilities longer than 90 days

- By December 31, 2014, 90 people will have transitioned to community services.

Status for ICFs/DD: During December 2014 and January 2015 the number of people moving from ICFS/DD to community services was 6. Since January 2014, the cumulative number was 73. During the same timeframe there were 103 admissions or readmissions, 40 transfers and 80 deaths. The number of individuals receiving services in an ICF/DD in January 2015 is 1,585.



Status for Nursing Facilities: During December 2014 and January 2015, 81 people with disabilities under age 65 (in nursing facilities longer than 90 days) transitioned to community services. During the same timeframe there were 13 transfers and 86 deaths. The number of people in a nursing facility under the age of 65 who had been there for at least 90 days in December was 1,556 and January was 1,533.



This goal was met. A modification request will be submitted to establish new measurable goals for this action item. **Exhibit 7-1** includes 13 months of information on admissions, readmissions, discharges, transfers and deaths and monthly census to reflect the dynamic movement of individuals through segregated settings.

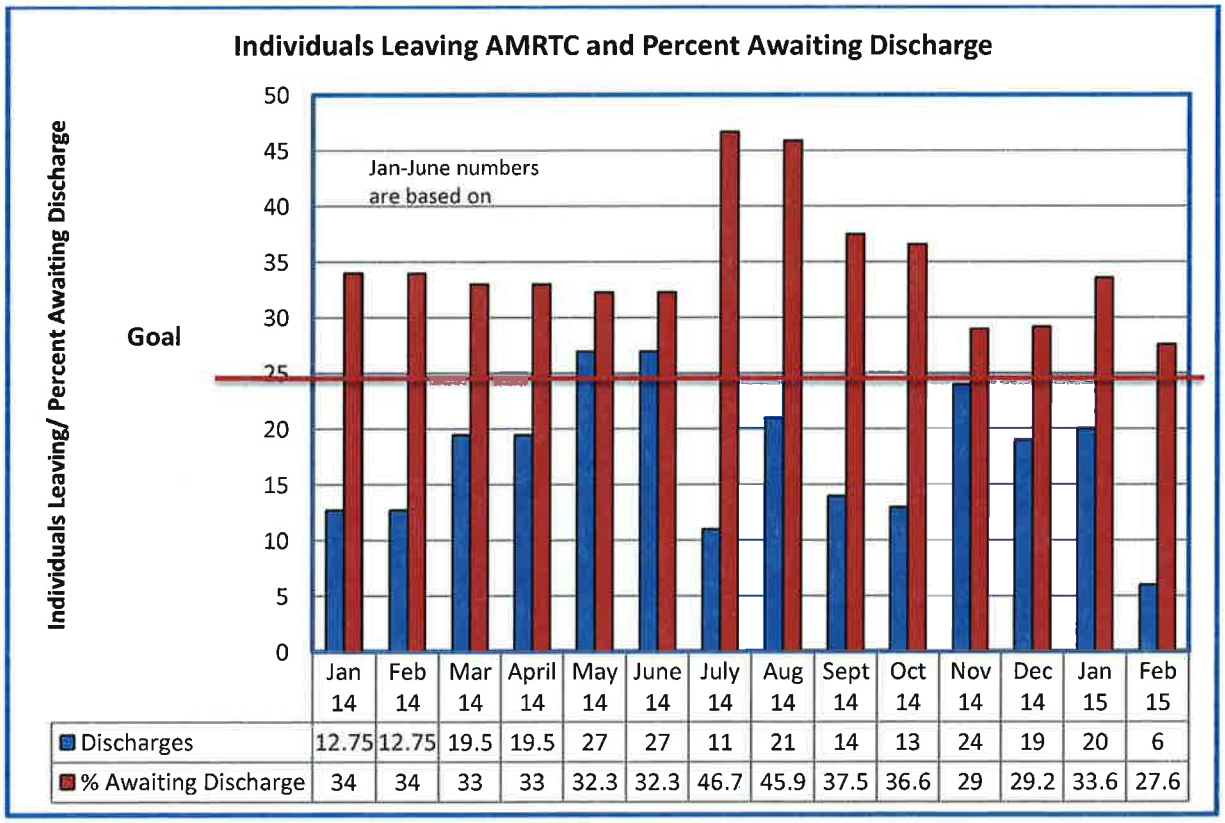
SS 2D - For individuals in Anoka Metro Regional Treatment Center (AMRTC):

Current daily average baseline of persons at AMRTC who do not require hospital level of care and are awaiting discharge to the most integrated setting is 40%.

- By December 31, 2015 the number of individuals who do not require hospital level of care and are awaiting discharge to the most integrated setting will be reduced to 25%.

Status: In January and February the percentages of individuals awaiting discharge averaged at 30.6% (just slightly above the 30% goal achieved in December 2014). In the same months there were 26 individuals discharged from AMRTC to more integrated settings. During that same timeframe there were 8 transfers, zero deaths, 57 admissions and 1 readmission. The average daily census was 96 in January and 99 in February.

Exhibit 7-1 includes 14 months of information on admissions, readmissions, discharges, transfers, deaths and daily census to reflect the dynamic movement of individuals through segregated settings.



	Jan 14	Feb 14	Mar 14	April 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Discharges	12.75	12.75	19.5	19.5	27	27	11	21	14	13	24	19	20	6
% Awaiting Discharge	34	34	33	33	32.3	32.3	46.7	45.9	37.5	36.6	29	29.2	33.6	27.6

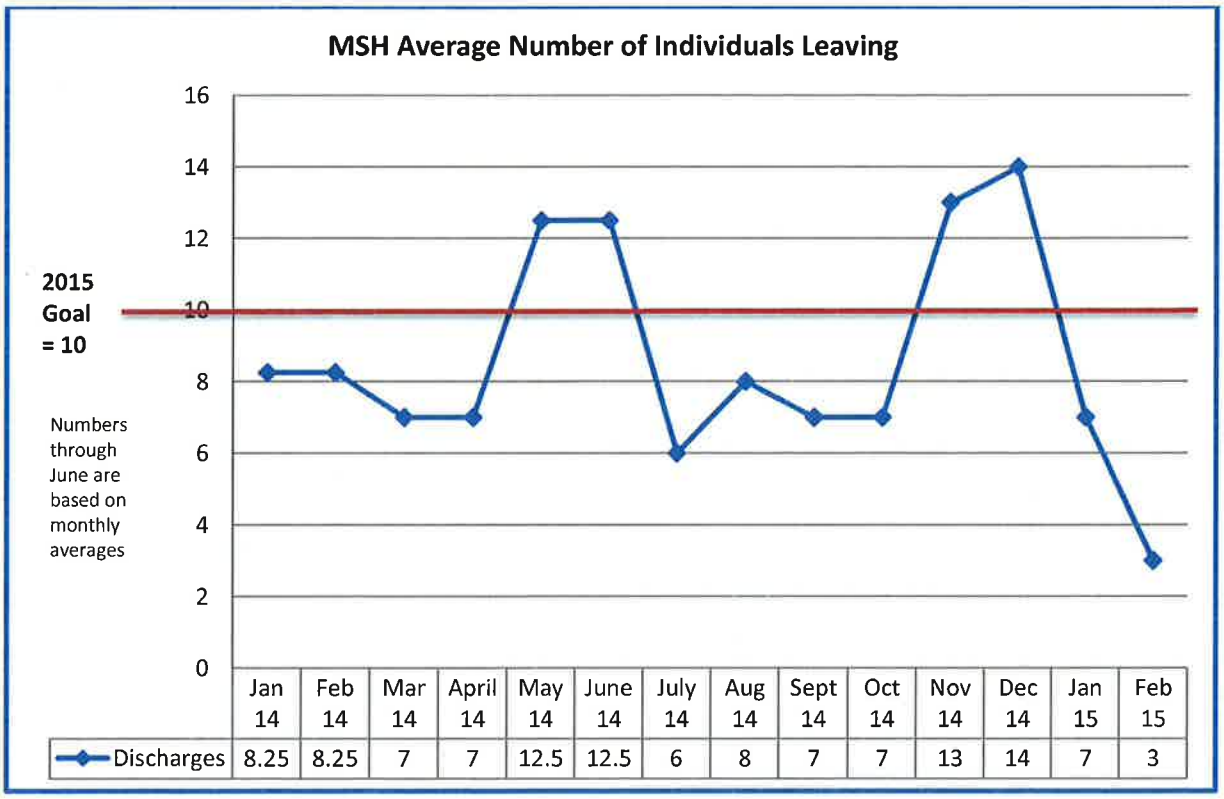
The spike in July and August was in part due to a new law that calls for people who are in jail to be admitted to Anoka within 48 hours. In many cases, that means on day one the individual does not meet hospital level of care criteria, so the influx of that population may have contributed to the increase of people who did not meet the criteria at the facility.

SS 2F - Minnesota Security Hospital (MSH) will increase the average monthly discharge rates according to the following timeline:

- By December 31, 2015, increase average monthly discharge rates from 9 individuals per month, to 10 individuals per month.

Status: In the months of January and February 2015 there were a total of 10 discharges, 12 transfers and 3 deaths. During that same timeframe there were 26 admissions and 0 readmissions. The average daily census was 373 in February.

Exhibit 7-1 includes information on admissions, readmissions, discharges, transfers and census to reflect the dynamic movement of individuals through segregated settings.



	Jan 14	Feb 14	Mar 14	April 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Discharges	8.25	8.25	7	7	12.5	12.5	6	8	7	7	13	14	7	3

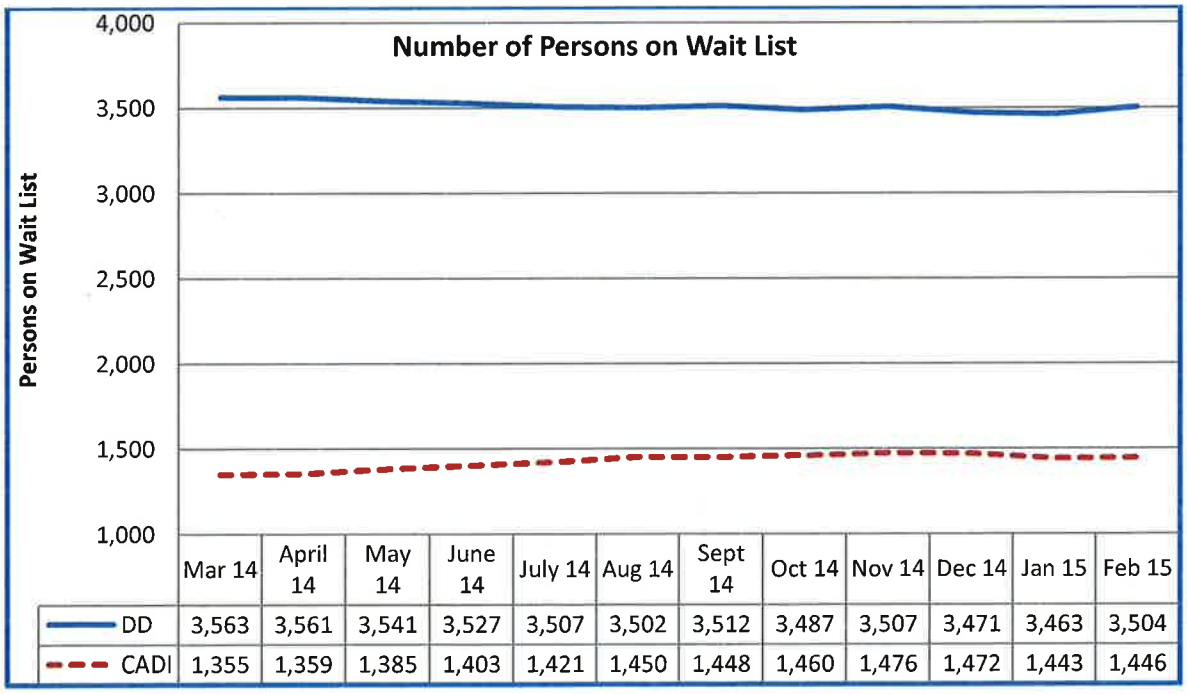
SS 4B: By September 30, 2014 DHS will report to the Olmstead Subcabinet, or its designee, recommendations on how to improve processes related to the home and community-based supports and services waiting list. The process will include the prioritization based on urgency and needs and describe how adopting these practices will result in the wait list moving at a reasonable pace.

Status: On March 20, 2015 a revised process to manage the waiting list was filed with the Court. The process established timeframes for people to be on the waiting list based on urgency of need. A tracking structure and process will be established to monitor compliance with the new process.

The graphs below provide the information that is currently available on the disability waivers wait list. It includes the number of individuals on wait lists for disability waivers[1], the number of individuals beginning waiver services and the number of individuals moving from the wait list.

This data does not include levels of urgency nor does it report the pace at which an individual moves off the wait list. A report submitted to the subcabinet included recommendations to establish urgency categories for waiting lists and parameters for measuring whether individuals are moving off the wait list at a reasonable pace. **Exhibit 7-1** includes the data over the last 12 months.

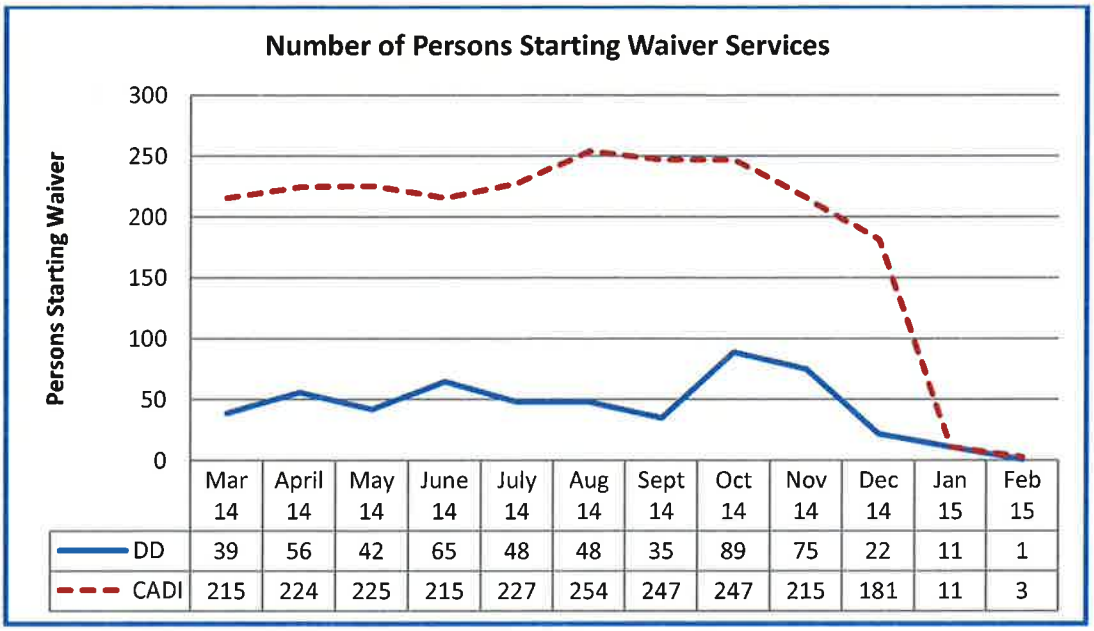
The first graph shows that the number of persons on the DD waiver wait list has decreased by 59 over the 12 month period, while the number of persons on the CADI waiver wait list has increased by 91 over the same timeframe.



	Mar 14	April 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
DD	3,563	3,561	3,541	3,527	3,507	3,502	3,512	3,487	3,507	3,471	3,463	3,504
CADI	1,355	1,359	1,385	1,403	1,421	1,450	1,448	1,460	1,476	1,472	1,443	1,446

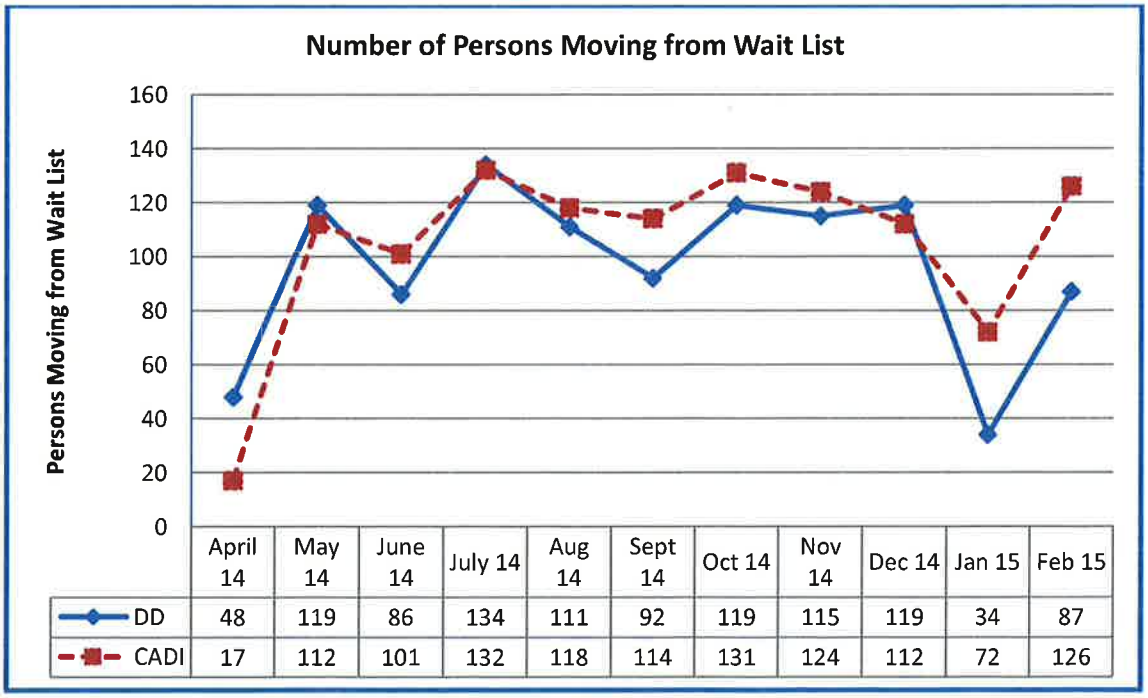
[1] Disability Waivers = Developmental Disabilities (DD) and Community Alternatives for Disabled Individuals (CADI)

The second graph shows the number of persons starting waiver services. This graph includes individuals on the wait list moving onto the waiver as well as those who were never on the wait list and has begun waiver services. Because lead agencies may enter waiver starts for previous months, the numbers in more recent months will likely be higher in future reports.



	Mar 14	April 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
DD	39	56	42	65	48	48	35	89	75	22	11	1
CADI	215	224	225	215	227	254	247	247	215	181	11	3

The third graph shows that the number of persons moving from the wait list has increased since April and has been a similar amount since August (except for January). This graph includes persons moving from the wait list onto the waiver and individuals leaving the wait list for any other reason.



	April 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
DD	48	119	86	134	111	92	119	115	119	34	87
CADI	17	112	101	132	118	114	131	124	112	72	126

Quality of Life Assessments

Quantitative Measure

The Quality of Life survey pilot was completed by December 31, 2014.

Qualitative Measure

Exhibit 7-1 includes personal stories about Carol and Tricia and how their lives were impacted after they moved to an integrated setting.

III. OLMSTEAD PLAN ACTION ITEMS STATUS UPDATE

TIMELINESS OF ACTION ITEMS IN REPORT

The table below indicates the timeliness of the completion of action items due during the two month reporting period and any outstanding items needing approval by the subcabinet. More detailed information of the status of each action item is provided below.

Item	Deadline	Brief Description	On Time	Late – Complete	Late – In process
OV 2C	1/6/15	Legislative proposals to reduce barriers to integration	X		
QA 4A	9/30/14	Quality Improvement Plan		X	
EM 2G	1/1/15	Cross agency employment service planning to expand competitive employment	X		
EM 3F	1/1/15	Technical assistance that lead to competitive employment	X		
EM 3L.1	1/1/15	Interagency Employment Panel findings and recommendations	X		
HS 1B	1/30/15	Timeframe for individual assessments for moves to integrated housing	X		
HS 3A	1/6/15	Legislative proposals promoting choice and access to integrated housing	X		
TR 1B	9/30/14	Review of administrative practices			X (6/8/15)
TR 1D	1/6/15	Legislative proposals increasing flexibility and access to integrated transportation	X		
SS 1B	1/1/15	Best practices in person-centered planning	X		
SS 2A.2	1/1/15	Transition protocols for individual leaving certain settings			X (6/8/15)
SS 2A.3	1/31/15	Track individuals transitioning			X (6/8/15)
SS 2H	1/31/15	Legislative proposal in support of moving individuals	X		
SS 2J	1/6/15	Legislative proposal for electronic health records in corrections facilities	X		
SS 3J.1	1/15/15	Expand crisis services and diversion	X		
SS 4C	12/31/14	Expand use of assistive technology			X (8/31/15)
SS 4E	1/6/15	Legislative proposal for forensics assertive community treatment teams	X		
ED 1E	2/1/15	Reduce restrictive procedures in schools	X		
HC 1A	1/1/15	Baseline/targets for health care homes	X		

- On Time = verified as completed on the due date
- Late/Complete = verified as completed after the due date
- Late/In process = not completed by due date(stated date for completion)

ITEMS FOR REVIEW AT APRIL SUBCABINET MEETING

The purpose of this section is to report the status of action items under each topic area that are due during this reporting period and items that need to be approved by the subcabinet.

OVERARCHING STRATEGIC ACTIONS

- **OV 2C** - By January 6, 2015 prepare proposals for legislative and fiscal changes for the 2015 legislative session.

  Status: The deadline was met. Several legislative proposals that relate to Olmstead action items were submitted. **Exhibit 7-2** includes some of the 2015 budget sheets for proposals related to:
  - Extended employment (rate increase)
  - Expansion of Individual Placement and Supports (IPS) employment service
  - Funding for the Olmstead Implementation Office
  - Expansion of Positive Behavioral Intervention and Supports (PBIS) in schools
  - Increase funding for rental assistance for adults with mental illnesses (Bridges program)
  - Improvement and expansion of mental health crisis services
  - Increased capacity for individuals with complex conditions
  - Expand Transition to Community Initiative

  Information on legislative proposals directly related to action items due during this reporting period, are included below and as Exhibits to that item.

QUALITY ASSURANCE AND ACCOUNTABILITY

- **QA 4A –** By September 30, 2014 the subcabinet will adopt an Olmstead Quality Improvement plan to be administered by the Olmstead Implementation Office.

  Status: The deadline was not met. A Quality Improvement Plan was submitted for review at the March subcabinet meeting. The Subcabinet requested revisions to include benchmarks and goals. **Exhibit 7-3** includes the revised Quality Improvement Plan which identifies seven OIO duties set out in the Olmstead Plan and the 2015 and 2016 targets for each duty. The OIO will report to the subcabinet bimonthly on the progress of the seven duties. These reports will be used to monitor overall performance in the specific areas and to identify areas that need additional attention or corrective action.

  The proposed Quality Improvement Plan also established goals to improve the timely completion of action items as reported in the Bimonthly status reports. The 2014 baseline of items that were completed timely was 48%. The goal is to achieve 70% timely completion for the August 2015 report and 100% timely completion for the February 2016 report.

  The Subcabinet approved the plan with instructions to the Executive Committee to substantiate and potentially modify the 70% and 100% timely completion targets.

EMPLOYMENT

- **EM 2G -** By January 1, 2015 clarify roles and responsibilities for cross-agency employment service planning and coordination that leverages DEED/VRS, DHS and MDE funding streams to expand competitive employment in the most integrated setting.

  Status: The deadline was met. The Interagency Employment Panel identified the roles and responsibilities for the three state agencies for cross-agency employment service planning and coordination. **Exhibit 7-4** includes a breakdown of roles and responsibilities in three categories.

  Some examples of cross-agency collaboration that leverages funding streams include:
  - Informed choice information gathered through DHS and MDE assessments can be shared with DEED to avoid costs of doing their own.
  - DHS will modify the employment services that are available through the disability waiver programs so that people get the help they need to learn about employment, get jobs, and receive the support they need to keep jobs.
  - The tools and resources on DHS-funded Disability Benefits 101 can allow DEED and MDE to focus their resources in other areas, rather than duplicating investments into development of similar tools.
  - Messaging and outreach to youth and their families done through the DHS-funded Disability Benefits 101 website can save MDE from having to invest funds in that messaging or in developing similar tools.
  - All three agencies will determine key messages and services that will be available to people, regardless of which agency serves them.

- **EM 3F -** By January 1, 2015 provide technical assistance and support to non-integrated/facility-based employment programs to develop and design new business models that lead to competitive employment in the most integrated setting.

  Status: The deadline was met. Facility-based employment programs received technical assistance and support to design and develop new business models. These models will lead to increased opportunities for integrated competitive employment for individuals with disabilities. **Training has been delivered to approximately 20% of the 241 agencies in Minnesota. Technical assistance has been provided in 4 different ways:**

  1. Association of Community Rehabilitation Educators (ACRE) customized employment training was provided 18 agencies and 62 individuals as of December 31, 2104. By June 30, 2015 another three cohorts will be trained.
  2. Of the 18 agencies, 17 received additional technical assistance.
  3. Moving toward Person Centered Services training on shifting the culture to person-centered and employment focused. 41 agencies, including 61 staff attended.
  4. The State offers technical assistance to any county that requests it. This is a new offering and only one county has requested the TA to date.

  Exhibit 7-5 includes the list of agencies trained; training materials and types of technical assistance provided; and the process for counties to request technical assistance.

- **EM 3L.1 -** Beginning January 1, 2015 and on yearly basis thereafter, distribute findings, policy interpretations and recommendations from Interagency Employment Panel to state and local agencies, providers and stakeholders to ensure policy and practice strategies align with Employment First principles and increase successful competitive employment outcomes.

  Status: The deadline was met. The Interagency Employment Panel Annual Report is included as **Exhibit 7-6.** Upon subcabinet approval the report will be distributed to counties, providers and other stakeholders through each agency's normal distribution channels. The Panel reviewed input and recommendations related to employment of people with disabilities gathered over a number of years. The links to those findings are included in the report. There were no policy interpretations during the time period; however the Panel was involved in drafting Employment First policy.

  The report includes recommendations to ensure alignment of policies and practices with Employment First principles. Major changes at the federal level including the Work Innovation and Opportunity Act of 2014 and the new Home and Community Based Services settings rule will drive the policy and funding changes necessary to increase opportunities to competitive employment for people with disabilities. Action steps for the next year include 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.

HOUSING

- **HS 1B –** By January 30, 2015 a timeframe for completing individual assessments and facilitating moves into more integrated settings will be completed.

  Status: The deadline was met. In September 2014, the "Other Segregated Settings Report" established targets for the number of individuals moving to integrated settings (Exhibit 6-13). The table below shows the number of individuals targeted to move, and the target number of individuals who will complete an individual housing assessment.

Calendar year	Targets # of individuals moving	# of assessments completed
2015	50	0
2016	125	50
2017	300	100
2018	350	200
2019	400	200

These estimates were established based on previous experience with the Disability Benefits 101 tool. A new website, Housing Benefits 101 which can be accessed at www.hb101.org, is designed to organize information about housing for people with low income who need services to maintain housing. An interactive tool called "Finding Home" is under development and expected to be ready for use by end of 2015. More information about the website and tool is available in **Exhibit 7-7.**

The 2015 target is zero to allow for the tool to be developed. The ramp-up period in the first several years was included to allow time for sufficient outreach and implementation of this tool which will be new to users. As awareness of the tool grows, it is expected that more people transitioning to community settings will be accessing the tool.

- **HS 3A -** By January 6, 2015 Prepare 2015 legislative proposal with the goal of increasing housing options that promote choice and access to integrated settings by reforming programs that provide housing and supports to allow greater flexibility.

  Status: The deadline was met. An advisory group was convened from March-July 2014 to develop a framework for the proposal, and over 600 individuals at statewide Community Conversations gave feedback and input. The legislative proposal would reform state-funded income supplement programs to offer a housing benefit with flexible housing stability services. Upon full implementation, this reform could make integrated housing affordable for 3,100 people exiting out of institutions and other segregated settings into the community.

  This Legislative proposal is attached as **Exhibit 7-8**, and is included in the Governor's January 26, 2015 budget. On February 12, 2015 it was introduced as House File 850 and Senate File 825. If passed, implementation would begin in July 1, 2015.

TRANSPORTATION

- **TR 1B** - By September 30, 2014 review administrative practices and implement necessary changes to encourage broad cross state agency coordination, including non-emergency protected transportation.

  Status: The deadline was not met. Delays were due to issues with reporting and interpretation of data. The report is now complete after the final review by MCOTA on April 7th. The report is now complete and submitted, but it was not received in time to be included in the April meeting materials. The Subcabinet approved this item being moved to the June meeting for review and approval.

- **TR 1D** - By January 6, 2015 prepare proposals for legislative and fiscal changes for the 2015 legislative session; priority will be given to identifying changes that will increase funding flexibility to support increased access to integrated transportation.

  Status: The deadline was met. A legislative proposal was submitted to increase public transit funding in greater Minnesota and is included as **Exhibit 7-9**.

SUPPORTS AND SERVICES

- **SS 1B-** By January 1, 2015 the state will establish characteristics and criteria that define best practices in person-centered planning and the *Olmstead* requirements, to be used by state agencies to evaluate their current assessment and plan content and practices, and revise those practices accordingly.

  Status: The deadline was met. The work involving this action item is being managed under the "Statewide Plan: Building Effective Systems for Implementing Positive Practices and Supports."

Characteristics and criteria have been established through the University of Minnesota Institute on Community Integration and are being used in the work around related to person-centered planning. These characteristics and criteria are informed by and aligned with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) settings rule and Workforce Innovation and Opportunity Act (WIOA) for person-centered planning requirements. **Exhibit 7-10** includes more detailed information. The criteria will be reviewed to see if any changes are needed, upon implementation of WIOA and the CMS rule.

- **SS 2A.2**- By January 1, 2015 for all individuals leaving for the most integrated settings, these protocols and processes will be used.

  Status: The deadline was not met. The process for developing the protocols was more complex than originally understood. For example, this is used across vastly different service providers which required accommodations in the protocols. In reviewing the Outreach, Transition Planning, Follow-up, and System Measurement Protocols document it was not clear that the components of the action item were sufficiently addressed. The subcabinet agreed to move the review and approval of the revised protocols and processes to the Executive Committee prior to the June Subcabinet meeting. All subcabinet members will have the opportunity to provide feedback on the transition protocols and will be invited to the Executive Committee meeting.

- **SS 2A.3**- By January 31, 2015 the state will develop a method to measure and track individuals transitioning from these settings to:
  - Identify whether individuals were able to access most integrated settings.
  - Identify whether they have achieved stability in most integrated settings.
  - Identify and propose resolution to problems.

  Status: The deadline was met. The method to measure and track individuals transitioning was established. The measurement is part of the protocols and processes document developed for action item SS 2A.2 above, so review and approval of this item will happen at the same time. The subcabinet agreed to move the review and approval of the revised protocols and processes to the Executive Committee prior to the June Subcabinet meeting. All subcabinet members will have the opportunity to provide feedback on the transition protocols and will be invited to the Executive Committee meeting.

- **SS 2H** - By January 31, 2015 DHS will make a legislative request in support of the movement of the individuals in other segregated settings within the established timelines

  Status: The deadline was met. Selected legislative proposals from DHS and across state agencies were introduced to the Legislature January 27, 2015 as part of the Governor's budget in support of the movement of individuals in other segregated settings. **Exhibit 7-2** includes budget sheets for selected 2015 legislative proposals.

- **SS 2J -** For individuals being released from a state correctional facility: By January 6 2015, the DOC will develop a legislative initiative to fund an electronic health record system to assist with release to community settings with appropriate levels of support.

  Status: The deadline was met. The Minnesota Department of Corrections (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. The final decision on this request will not be known until May 2015. **Exhibit 7-11** includes the Budget Change item.

- **SS 3J.1 -** By January 15, 2015 DHS will have completed the necessary analysis and planning to expand crisis services, diversion, and early intervention services to persons at risk of experiencing a crisis situation. The expansion plan will include projected start dates for implementation of the services.

  Status – The deadline was met. This action item is being completed in conjunction with the "Statewide Plan for Implementing Positive Practices and Supports" and the "Crisis Triage and Hand-Off Process" that were previously approved by the Subcabinet.

  The crisis workgroup is meeting in April to create a stand-alone inventory for crisis services in the state. They will use the system for inventory and analysis system identified in the Statewide Plan. The "Crisis Triage and Hand-Off Process" report includes strategic approaches to improve crisis services. A package of mental health reforms are before the 2015 legislature that address prevention and early intervention and expand capacity to care for children and adults with complex needs. **Exhibit 7-12** provides more detail and excerpts to illustrate how this action item is embedded within each of those reports.

- **SS 4C** By December 31, 2014, develop a plan to expand the use of assistive and other technology in Minnesota to increase access to integrated settings. The plan will specifically include an evaluation of Medicaid funding possibilities, a plan for agency collaboration regarding assistive technology, and a plan for coordinated refurbishment/reuse of assistive technology. The plan will include forecasts, goals, and timelines for expanding the use of technology that increases access to integrated settings.

  Status: The deadline was not met. At the March subcabinet meeting, the lead responsibility for this action item was assigned to the Department of Administration's STAR program coordinator. STAR is Minnesota's federally funded Assistive Technology Act program and serves Minnesotans with disabilities of all ages statewide. Transfer of duties and clarification of the lead's responsibilities occurred on March 23; therefore, there was not sufficient time to establish and convene a workgroup to develop the expansion plan for submission to the subcabinet at the April meeting.

  The subcabinet agreed to move the review and approval of the expansion plan to the Executive Committee by August 31, 2015. Based on the recommendation of the subcabinet, a representative from MNIT services will be included on the workgroup.

- **SS 4E -** By January 6, 2015, DOC and DHS will develop a legislative initiative to build capacity and/or expand Forensic Assertive Community Treatment (FACT) team services.

  Status: The deadline was met. The Department of Human Services (DHS) submitted a request to the Governor's Office for funding to develop a Forensic Assertive Community Treatment (FACT) service in October 2014. The Governor included this request in his budget that was released to the Legislature in January 2015. DHS will not know the final decision on this request until May 2015. **Exhibit 7-13** includes the Budget Change item.

LIFELONG LEARNING AND EDUCATION

- **ED 1E** - By February 1, 2015 submit a report to the legislature on districts' progress in reducing the using of restrictive procedures in Minnesota schools. These stakeholder recommendations on revised statutory language will be included in the report.

  Status: The deadline was met. On February 1, 2015, MDE submitted its report to the legislature entitled "A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools." The report is available on the MDE website and is included as Exhibit 6-24 Status Report 6 Addendum that was approved at the March 2015 subcabinet meeting.

  During the 2013-2014 school year the school districts reported:
  - 2,740 students with disabilities experienced restrictive procedures
  - 19,537 incidents of restrictive procedures (13,214 physical holds and 6,323 seclusion)
  - 837 incidents of prone restraint

  Baselines and measurable goals were established and proposed to the Court Monitor and the Court in November 2014. The first goal for the 2014-2015 school year will be reported in September 2015. The baselines used to establish the goals were based on the preliminary report of September 2014. The numbers above are included in the February 2015 report and reflect the final numbers with 100% of school districts reporting.

HEALTHCARE AND HEALTHY LIVING

- **HC 1A** - By January 1, 2015 establish baseline information about primary care teams across Minnesota that are able to provide integrated, person-centered primary care for persons with disabilities; establish timelines to increase the number.

  Status: The deadline was met. The total population of persons with disabilities within the MA program is estimated at 139,732. Of those individuals, 90,191 (64.5%) received primary care services from a patient-centered certified Health Care Home in 2013.

  In the November 2013 Olmstead Plan, a goal was established that by January 2016, the number of clinics that are certified as *health care homes* would increase from the current level of 35% of

Minnesota clinics to 67%. In January 2015, the number of clinics that are certified as HCHs is 356, or 56% of primary care clinics in the state.

In spring of 2015 a statewide Health Care Home Advisory Committee will convene to guide development of comparisons between existing HCH standards for patient-centered care and best practices that are specific to patients with disabilities. This group will help to develop the targets and measurable goals to increase the number of individuals receiving services from HCHs.

FOLLOW UP ON ITEMS FROM PREVIOUS REPORTS

This section includes status updates and follow up to action items that were included in previous reports.

- **HS 1E –** For individuals exiting Minnesota Correctional facilities: By December 31, 2014 develop a process to track the number of individuals with disabilities exiting state correctional facilities and their access to appropriate services and supports.

  Status Update: The Department of Corrections (DOC) has provided additional clarification on identification of individuals with disabilities in the custody of the DOC. Exhibit 7-14 includes clarification of the roles of intake, case management and release planning. In addition, the process identifies the array of services to which individuals upon release may be referred. The DOC is developing a plan for DHS and DEED to provide training to DOC staff on the types of community services available. In addition, the three agencies will develop a system to track the types and levels of services people receive upon release and the impact of those services on the individual.

  SS 3C, SS 3D, and SS 3E – Statewide Plan for Positive Practices and Supports
  Status Update: During the implementation of the Statewide Plan for Positive Practices and Supports, DHS shall monitor the funding, staffing and other necessary supports. To the extent possible, existing resources will be utilized. In the event that existing resources are insufficient, the DHS will follow the requirements detailed in the Financing Minnesota's Olmstead Plan section of the Olmstead Plan (page 93 of March 20, 2015 Plan). Additionally, DHS will include in their report to be delivered to the Subcabinet in August 2015, the status of resources related to implementation.

PREVIEW OF ITEMS DUE IN NEXT FOUR MONTHS

A preview of Olmstead Plan action items that are due from March 1, 2015 through June 30, 2015 are included in **Appendix 7-A**.

IV. ACTIONS TAKEN BY SUBCABINET

1. The subcabinet took the following actions on the Plan action items below:

Item	Deadline	Brief Description	Action Taken
OV 2C	1/6/15	Legislative proposals to reduce barriers to integration	No action needed
QA 4A	9/30/14	Quality Improvement Plan	Approved plan –Executive Committee to review targets and modify if needed
EM 2G	1/1/15	Cross agency employment service planning to expand competitive employment	Approved report
EM 3F	1/1/15	Technical assistance that lead to competitive employment	Approved report
EM 3L.1	1/1/15	Interagency Employment Panel findings and recommendations	Approved report with minor edit
HS 1B	1/30/15	Timeframe for individual assessments for moves to integrated housing	Approved report
HS 3A	1/6/15	Legislative proposals promoting choice and access to integrated housing	No action needed
TR 1B	9/30/14	Review of administrative practices	Moved review/approval to June subcabinet meeting
TR 1D	1/6/15	Legislative proposals increasing flexibility and access to integrated transportation	No action needed
SS 1B	1/1/15	Best practices in person-centered planning	Approved report
SS 2A.2	1/1/15	Transition protocols for individual leaving certain settings	Moved review/approval to Executive Committee prior to June subcabinet meeting
SS 2A.3	1/31/15	Track individuals transitioning	Moved review/approval to Executive Committee prior to June subcabinet meeting
SS 2H	1/31/15	Legislative proposal in support of moving individuals	No action needed
SS 2J	1/6/15	Legislative proposal for electronic health records in corrections facilities	No action needed
SS 3J.1	1/15/15	Expand crisis services and diversion	Approved report
SS 4C	12/31/14	Expand use of assistive technology	Moved review and approval to Executive Committee by 8/31/15
SS 4E	1/6/15	Legislative proposal for forensics assertive community treatment teams	No action needed
ED 1E	2/1/15	Reduce restrictive procedures in schools	Approved report
HC 1A	1/1/15	Baseline/targets for health care homes	No action needed

2. The subcabinet approved the April Bimonthly report.

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INDEX OF APPENDICES AND EXHIBITS

Appendix 7-A	Preview of March – June Action Items
Exhibit 7-1	Olmstead Plan Impact on Lives of Individuals
Exhibit 7-2	OV 2C - Legislative Proposals Related to Olmstead
Exhibit 7-3	QA 4A – Quality Improvement Plan
Exhibit 7-4	EM 2G –Employment Service Planning Agency Responsibilities
Exhibit 7-5	EM 3F – Technical Assistance Leading to Competitive Employment
Exhibit 7-6	EM 3L.1 – Interagency Employment Panel Annual Report
Exhibit 7-7	HS 1B – Timeframe for Individual Housing Assessments
Exhibit 7-8	HS 3A – Legislative Proposals for Housing and Supportive Services
Exhibit 7-9	TR 1D – Legislative Proposal Increasing Access to Transportation
Exhibit 7-10	SS 1B – Criteria for Person-Centered Planning
Exhibit 7-11	SS 2J – Legislative proposal for Electronic Health Records in Correctional Facilities
Exhibit 7-12	SS 3J.1 –Crisis Services Expansion Plan
Exhibit 7-13	SS 4E – Legislative proposal for Forensic Assertive Community Treatment (FACT) Teams
Exhibit 7-14	HS 1E – Tracking Individuals Exiting State Correctional Facilities

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APPENDIX 7-A: PREVIEW OF MARCH–JUNE ACTION ITEMS

Key to abbreviations used in Grid:

TOPIC AREAS

CE = Community Engagement

ED = Lifelong Learning and Education

EM = Employment

HC = Healthcare and Healthy Living

HS = Housing

OV = Overarching Strategic Actions

QA = Quality Assurance and Accountability

SS = Supports and Services

TR = Transportation

RESPONSIBLE AGENCY

DEED = Department of Employment and Economic Development

DHS = Department of Human Services

DOC = Department of Corrections

MDE = Minnesota Department of Education

MDH = Minnesota Department of Health

MDHR = Minnesota Department of Human Rights

MHFA = Minnesota Housing Finance Agency

MnDOT = Minnesota Department of Transportation

OIO = Olmstead Implementation Office

SC = Subcabinet

Appendix 7-A - Preview of Action items for March – June 2015 (in alphabetical order)

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
ED	1A.2	6/30/15	School districts will report summary data on their use of restrictive procedures (annual report)	71	MDE	To ensure data is provided in a consistent way, MDE has a summary report online that districts must use to report their annual summary data on the use of restrictive procedures.
ED	2A.1	6/30/15	Increase in number of schools (+40) using Positive Behavioral Interventions and Supports (PBIS)	72	MDE	MDE recently held an application process for schools to be a part of Cohort 11 training which will start in August of 2015. 53 schools applied and were accepted. With the addition of the new schools next fall, the number of schools will go from 479 up to 532. With the new schools, it moves to 26.5% of Minnesota schools. Expansion and acceleration of PBIS training was included in the Governor's Budget proposal for the 2015 legislative session. The current proposal would fund $2.3 million per year for the next two years to strengthen training, coaching and evaluation supports for schools implementing PBIS.
ED	5B	6/30/15	Implement reintegration plan protocol statewide for students who are placed out of state or who are in juvenile corrections	74	DOC	The University of Minnesota, Institute on Community Integration is working with DOC to assess the juvenile reintegration practices at the state juvenile correctional facility. Training has begun with designated staff on how to complete assessment and timeline for completion and information analysis. The assessment will identify gaps in the DOC transition process of students with disabilities returning to their home school. After gaps have been determined an action plan will be created to better support students transitioning to their home school after leaving MCF in Red Wing. The process to contract the University of Minnesota created unanticipated delays in the work plan.

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Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
EM	1C.1	6/30/15	Increase in number of schools (+20) adopting evidence-based practices for integrated competitive employment (annual) [Duplicate of Education goal]	41	MDE	Three efforts are underway: • Five businesses and 11 schools are participating in Project SEARCH. A new PS site under development with Mayo Clinic to begin in September 2015. • Seven Community Transition Interagency Committees, local workforce centers and 10 schools are using Guideposts for Success materials to improve integrated competitive employment outcomes. • Two districts in the Employment Community of Practice have introduced Customized Employment using the Discovery model from Griffin-Hammis and Associates.
EM	1D	6/30/15	Students on SSI/SSDI (approx. 1000) will receive information and assistance to inform employment planning and benefit choices	41	DHS	As of 3/1/15 the number of 14-21 year olds who have completed a DB 101 estimator sessions in SFY15 is 489. Processes to ensure students on SSI/SSDI receive information and assistance to inform employment planning and benefit choices are embedded within existing VR processes. A pilot project with 12 schools has begun with a statewide rollout to all high schools to take place in fall 2015.
EM	1J	6/30/15	Expand Individual Placement and Supports employment for Minnesotans with serious mental illness (+17 counties, +200 people)	42	DEED	The Legislature provided one-time funding in SFY 2013 and SFY 2014 to expand IPS Employment to serve persons with serious mental illness in an additional 17 counties. This led to service expansion to fund/expand additional IPS projects statewide. Expanded IPS services are now offered in 41 counties. Continuation of these expanded services is contingent upon a request for base funding ($500,000 for SFY 2017 and $500,000 for SFY 2018) that was included in the Governor's budget to continue these services.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
EM	1K	6/30/15	Establish a plan to expand Individual Placement and Supports employment for Minnesotans with serious mental illness statewide	42	DEED	DEED/VRS & DHS/AMHD have established a contract with the Management Analysis and Development Services (MAD) to provide consultants to assist DEED and DHS in developing this Plan to expand IPS services statewide. Governor's Biennial Budget includes an additional $500,000 for each year of the SFY 2017-2018 biennium. If approved, this additional funding will be directed to expansion of IPS services statewide.
EM	3G	6/1/15	Develop an improvement strategy for educators and families about the economic benefits of integrated competitive employment	44	MDE	Work underway includes: • Advocacy groups, families of students with disabilities provided insight into the messaging and design of the new Work-Benefits-Youth materials. Materials are at www.workbenefitsyouth.org • Twelve school districts will be conducting a minimum of 25 estimator sessions. The estimator sessions assist families in learning how benefit programs and employment can work together. • On April 23, 2015 a *Work is Possible* training at PACER Center from 6:30-9:00 PM will provide an opportunity for parents of transition-age youth to learn about the value of work and hear from a parent panel how to advocate for employment access and success. • A one-page fact sheet is being developed to outline strategies for families and the economic benefits of integrated competitive employment.
HS	1F	6/30/15	Analyze data regarding individuals with disabilities exiting correctional facilities; establish measurable goals	50	DOC	Efforts to identify business processes and data sharing are complete. Discussions underway with DEED and DHS to meet the identified benchmarks.

Topic Area	Action #	Deadline	Brief Description of Action	Page	Agency	Current Status and Next Steps
OV	1B	3/31/15	Initiate new individual planning service to assist people with disabilities in expressing their needs and preferences about quality of life	31	DHS	Work underway includes: • DHS established a case manager community of practice specific to person-centered planning and implementation of plans. This will supplement the training and inclusion of person centered practices into the assessment and support planning process for long term services and supported. • MDE and DHS are incorporating additional on-going training for assessors and case managers on person-centered planning, as well as strategies to increase access to person-centered planning into the Statewide Person Centered Positive Supports Plan and will be implemented accordingly. • DHS, MDE, DEED and MDHR are incorporating person centered planning into the implementation plans for the state's Employment First Policy.
SS	1A	6/30/15	Established numbers of state agency staff, providers, staff from counties, health plans, tribes, and advocacy organizations will receive training on person-centered thinking, planning, and awareness. The state will adopt a plan and timeline to ensure that person-centered training is provided to all state agencies, providers, counties, health plans, tribes, and advocacy organizations.	61	DHS	Trainings are underway. As of April 15, 2015 the numbers trained in each category are: • Person-centered thinking = 1,736 • Person-centered planning = 245 • Person centered awareness = 490
SS	1C	6/1/15	Establish funding mechanisms to support person centered planning	62	DHS	A review is underway of existing resources that can be directed in support of this action item.

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EXHIBIT 7-1: OLMSTEAD PLAN IMPACT ON LIVES OF INDIVIDUALS

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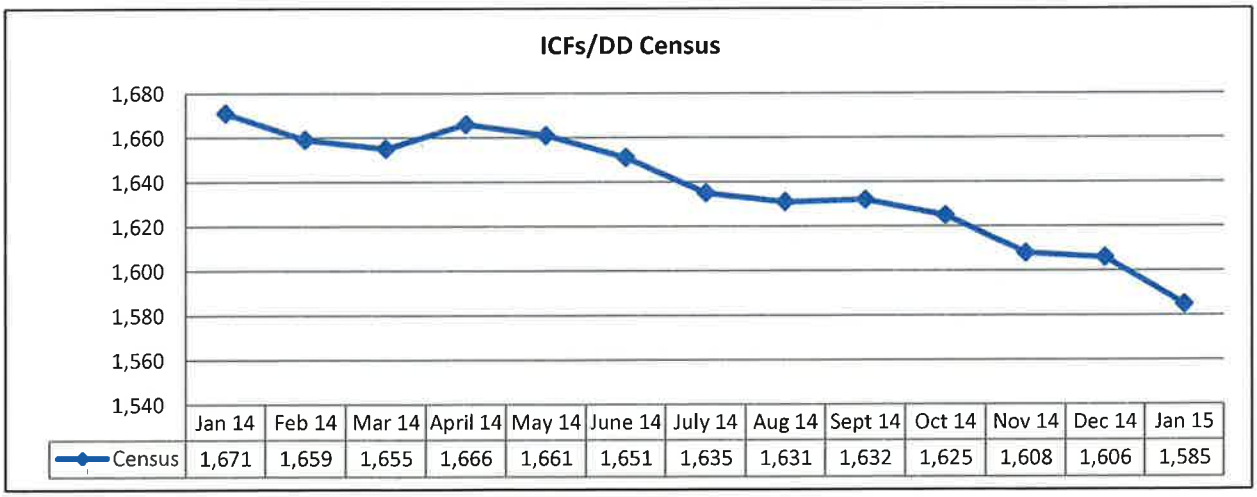
INDIVIDUALS MOVING FROM SEGREGATED TO INTEGRATED SETTINGS

SS 2C - Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)

The table below contains information about the movement of individuals through the segregated setting of ICFs/DD. It includes Medicaid recipients only and is based on MA billing databases. Revisions may be made in subsequent months due to billing and accounting practices.

Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD)

Month	Moved to community[2]	Admissions	Readmits[3]	Transfers[4]	Deaths	Census[5]
January 14	2	9	0	1	9	1,671
February 14	2	9	0	2	12	1,659
March 14	3	9	1	7	8	1,655
April 14	6	13	0	11	2	1,666
May 14	12	11	0	5	5	1,661
June 14	12	11	0	2	2	1,651
July 14	12	6	0	2	5	1,635
August 14	4	8	0	2	3	1,631
September 14	2	5	0	1	9	1,632
October 14	9	7	0	1	6	1,625
November 14	3	5	0	4	8	1,608
December 14	4	7	0	1	6	1,606
January 15	2	2	0	1	5	1,585
Totals	73	102	1	40	80	NA



[2] Community includes private home/apartment, board/care, group home and adult foster home.

[3] Readmissions pertain to individuals that returned to an ICF within 90 days of discharge to a community setting.

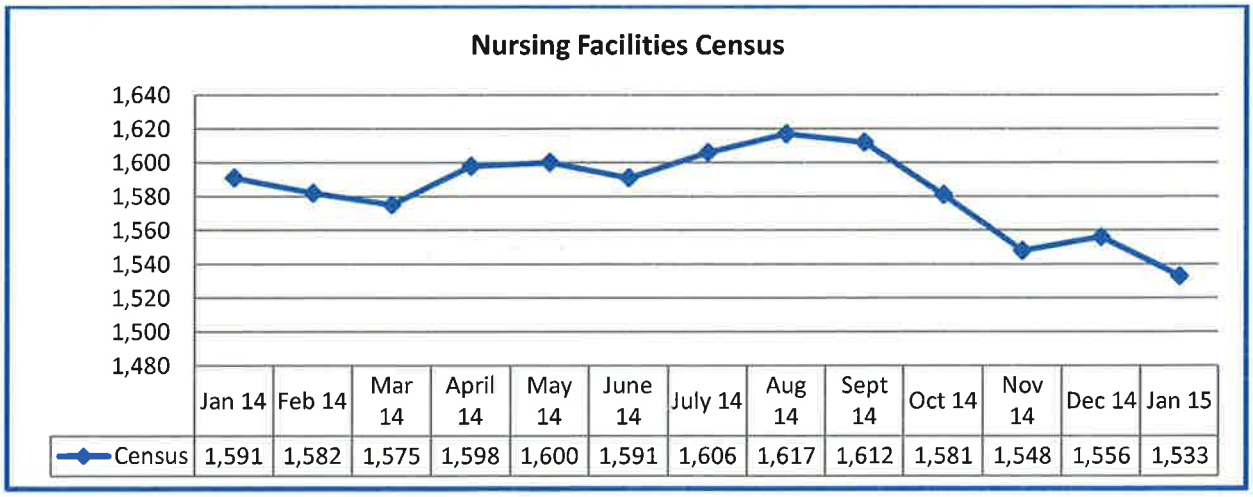
[4] A common definition of transfers will be included in the next report

[5] Pulled on the 15th day of each month and may include people who are using the facility for respite.

SS 2C - Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days)
The table below contains information about the movement of individuals through the segregated setting Nursing Facilities (NF). It includes Medicaid recipients only and is based on MA billing databases. Revisions may be made in subsequent months due to billing and accounting practices.

Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days)

Month	Moved to community[6]	Admissions	Readmits	Transfers[7]	Deaths[8]	Census[9]
January 14	51	64	15	17	15	1,591
February 14	54	65	12	11	18	1,582
March 14	50	73	7	9	27	1,575
April 14	49	74	13	17	29	1,598
May 14	68	74	14	10	37	1,600
June 14	66	69	16	7	24	1,591
July 14	64	77	10	12	27	1,606
August 14	66	70	13	7	34	1,617
September 14	69	69	14	11	33	1,612
October 14	74	77	15	9	40	1,581
November 14	37	61	10	7	34	1,548
December 14	51	79	9	10	51	1,556
January 15	30	71	13	3	35	1,533
Totals	**729**	**923**	**161**	**130**	**404**	**NA**

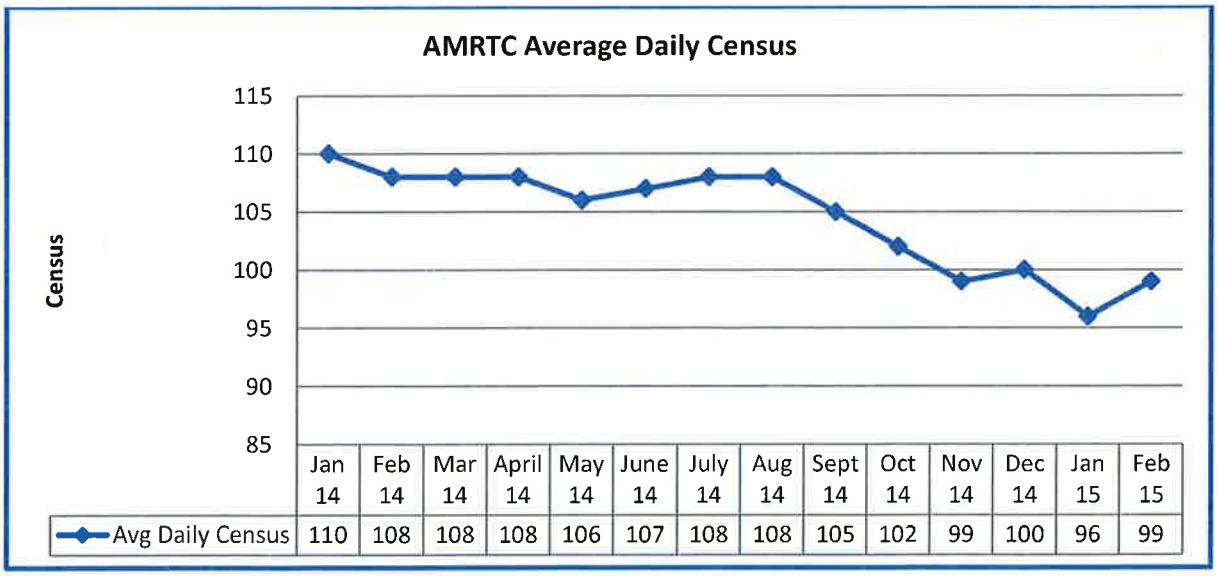


[6] Community includes private home/apartment, board/care, group home and adult foster home, and assisted living.
[7] A common definition of transfer will be included in the next report.
[8] This includes deaths for individuals with a 90 day cumulative stay in one or more nursing facility.
[9] The number of people aged 64 or younger who had been in a NF for 90 days or more on the 15th of the month. Information is from claims data so numbers in more recent months may be higher in future reports.

SS 2D - Anoka Metro Regional Treatment Center (AMRTC)

The table below contains information about the number of individuals at AMRTC who have been discharged to community settings and the percent of individuals who do not meet hospital level of care and are awaiting discharge. Readmissions include individuals returning whose Provisional Discharge has been revoked. Transfers are also reported as a discharge as they are not counted on the AMRTC census. Individuals who are transferred have a transition plan in place which includes a community service option and not a return to AMRTC.

Month	Discharges	% Awaiting discharge	Deaths	Admissions	Readmits *	Avg. Daily census	Transfers[10] *
Nov 13-Dec13	51 (Nov 13 – Feb 14)	34% (Nov 13 – Feb 14)					
January 14						110	
February 14						108	
March 14	39 (Mar/Apr)	33% (Mar/Apr)	0 (Mar/Apr)	62 (Mar/Apr)		108	
April 14						108	
May 14	54 (May/Jun)	32.3% (May/Jun)	0 (May/Jun)	61 (May/Jun)		106	
June 14						107	
July 14	11	46.7%	0	23		108	
August 14	21	45.9%	0	33		108	
September 14	14	37.5%	0	27	2	105	16
October 14	13	36.6%	0	19	2	102	12
November 14	24	29.0%	0	24	3	99	15
December 14	19	29.2%	0	17	5	100	12
January 15	20	33.6%	0	29	0	96	4
February 15	6	27.6%	0	28	1	99	4



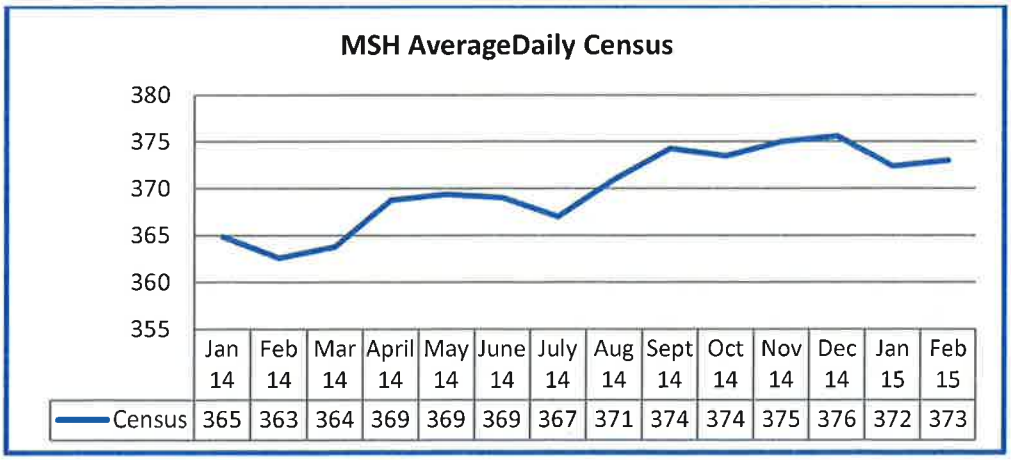
[10] A common definition of transfers will be provided in the next report.

SS 2F - Minnesota Security Hospital (MSH)

The table below contains information about individuals from MSH being discharged to more integrated settings. Information is also provided regarding the number of discharges in progress and the timeliness of the discharge process. Readmissions include individuals who were readmitted into a psychiatric treatment setting or jail within 3-6 months of discharge.

Month	Dis-charge	D/C in progress	< 180 days	> 180 days	Readmit	Deaths	Trans-fers[11]	Admits	Avg Daily census
Nov 13 – Dec 13	33	41	76%	24%	0				
Jan 14									364.9
Feb 14									362.6
Mar 14	14	60	77%	23%	0	0		26	363.8
April 14									368.8
May 14	25	56	79%	21%	0	1		27	369.4
June 14									369
July 14	6	56	37%	63%	1	1		10	367
Aug 14	8	64	55%	45%	0	0		14	371
Sept 14	7	72	48%	52%	0	1	1	14	374.3
Oct 14	7	77	54%	46%	0	0	0	11	373.5
Nov 14	13	67	31%	36%	0	1	10	12	375
Dec 14	14	73	36%	37%	1	0	7	15	375.6
Jan 15	7	43	51%	49%	0	1	5	13	372.4
Feb 15	3	43	49%	51%	0	2	7	13	373

*As of September 2014, the State began reporting readmissions and transfers in response to the September 18, 2014 Court order which stated, "Any calculation must consider admissions, readmissions, discharges, and transfers—reflecting the dynamic movement of individuals through segregated settings—to determine the net number of people who have moved into more integrated settings."



[11] A common definition of transfers will be provided in the next report.

SS 4B - WAIT LIST INFORMATION

Below is the information that is currently available on the disability waivers wait list. It includes the number of individuals on wait lists for disability waivers, the number of individuals beginning waiver services and the number of individuals moving from the wait list. This data does not include levels of urgency nor does it report the pace at which an individual moves off the wait list. Medical Assistance billing databases are being used to track these items. Variations from month to month may be due to billing and accounting practices. To reflect changes, monthly figures may be updated in future reports

On March 20, 2015 a revised process to manage the waiting list was filed with the Court. The process established timeframes for people to be on the waiting list based on urgency of need. A tracking structure and process will be established to monitor compliance with the new process.

Disability Waiver[12]	March 2014	April 2014										
	Recipients on waivers											
DD	15,279	14,206										
CADI	18,930	17,668										
	March 14	April 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
	Number of persons on wait lists for disability waivers[13]											
DD	3,563	3,561	3,541	3,527	3,507	3,502	3,512	3,487	3,507	3,471	3,463	3,504
CADI	1,355	1359	1,385	1,403	1,421	1,450	1,448	1,460	1,476	1,472	1,443	1,446
	Number of persons beginning waiver services[14]											
DD	39	56	42	65	48	48	35	89	75	22	11	1
CADI	215	224	225	215	227	254	247	247	215	181	11	3
	Number of persons moving from wait list[15]											
DD		48	119	86	134	111	92	119	115	119	34	87
CADI		17	112	101	132	118	114	131	124	112	72	126

[12] Disability Waivers= Developmental Disabilities (DD) and Community Alternatives for Disabled Individuals (CADI)
[13] Data in this table, especially for recent months, may change with future reporting.
[14] Lead agencies may enter waiver starts for previous months, so the numbers in more recent months will likely be higher in future reports.
[15] A person with urgent need does not go on a waiting list but goes directly to receiving waiver services.

PERSONAL STORIES OF INDIVIDUALS

Carol's Story

Carol was born and grew up in Minneapolis. Throughout her childhood Carol had to deal with a number of things including emotional, physical, sexual abuse, and substance abuse. These were pervasive throughout her family and most often ignored by the community. Carol recalls one time when she spoke with someone at her elementary school about what was happening. "The social worker took me to the house, walked me to the door, and told my parents what I had said. I got beat for that. So, after that I would never tell anybody anything. Ever!"

Although a physician identified that Carol had some mental health problems that should be addressed he did so by sending a note home to her mother and there was no follow up made. It was not until she was an adult and had developed anorexia/bulimia in addition to other issues that she was hospitalized. Over a period of six years, Carol was in a number of institutions including Willmar and Anoka Regional Treatment Center. Carol experienced abuse while she was at Anoka and with the assistance of other patients found her voice and started advocating for others. When she reported the abuse and requested assistance from someone outside the facility, she was punished by the staff and placed in a restraint chair.

Upon release from Anoka Regional Treatment Center Carol returned home with a mental health case manager and PCA supports. However, she did not receive any transition services before leaving the institution and became afraid to leave her home. Carol spent the next eight years stuck in her home. If not for the persistence of her PCA she would still be in her home. "My PCA assisted in a long road to recovery".

Carol lives with her husband and children in a rental home and although she, her husband and one of their children have waivered services she and her family continually feel at risk for losing the minimal supports that they have.

Carol wants to work, has worked hard by going on to complete higher education, and now holds two associates degrees and a bachelor's degree. However, she has been unable to pursue a career in her chosen field of criminal justice because her mental health diagnosis prevents her from getting a permit to carry a firearm. This is extremely frustrating for Carol because she was not informed that this would be an issue before she started on that educational path. Carol is a powerful public speaker and advocate and spends much of her time volunteering with various groups so as not to jeopardize the supports she and her family have but also to help others. "Higher education and support from staff and faculty literally saved my life. It also replaced the old tapes that I was ignorant and not educatable. In fact, I graduated the top of my class, was the commencement speaker, and the Outstanding Undergraduate of the Law Enforcement/Criminal Justice School".

Carol has returned to driving on a limited basis. Much of her volunteer work takes her all over the metro area so if she didn't have a vehicle it would be difficult for her to participate in all that she does. Carol is very involved in multiple communities. She is a member of the Native American community.

She also works with the local Somali and Liberian community and others to help eliminate the stigma associated with mental illness. She collaborates with law enforcement and schools to raise awareness as well. One of her goals is to write a book about her experiences. She would also like to work as a peer support specialist and is currently enrolled in a training program for that certification.

Despite all that Carol has been through in her life, she is an amazing outgoing and positive person. She wants to help others and be a contributing member of her community in all aspects. She strives to set an example for her children and others that says you can make a difference with consistent and proper supports along the way.

Carol – 2000

Carol -2015

Tricia's Story

Tricia was born in Coon Rapids, MN. She grew up in the northern suburban areas of Coon Rapids, Anoka, and Ham Lake. She lived with her mother and father, as well as her grandparents until age five. She has two sisters and one brother. Her family has always been supportive and even though her brother and mother have both died she continues to get support from her father and two sisters.

Tricia was not born with a disability. She acquired her disability at the age of 1 year when she had a stroke. Initially medical professionals suggested to her parents that they place Tricia in a setting outside of their home. They chose not to do this. Tricia describes herself as a people person and feels that her disability makes it take longer to learn things.

Growing up she remembers being treated like most other kids. She spent most of her school time in "mainstream" classes either on her own or with support staff. She recalls a few classes were in another area with other kids that had disabilities. "I flunked out of biology not matter how hard I tried. They didn't flunk me, they passed me with an E for effort. And then they pulled me out after the first quarter and did something else." Tricia does not recall having a formal Individual Education Plan and noted that if she had one she was not involved in the process of writing it. She graduated from High School in 1987 but did not go on for any additional education such as a transition program, technical school or college.

After high school Tricia worked as a live in nanny for about nine months. She enjoys working with children. Following that job she attended training with 6 acres so that she could gain independent living skills.

Tricia continues to live in the Coon Rapids area. In the past she has lived with roommates, that she has chosen. Since 2002 she has been living in her current location, on her own, with the help of section 8 housing support. One of her goals is to move to a townhouse with laundry right in the unit.

Tricia gets additional support from her social worker, food stamps and assistance with cleaning, running errands and sometimes entertainment. She also gets support from her family and friends. "My sister picks me up every Sunday and we go to my Dad's in Ham Lake."

Currently Tricia works at Wendy's but she isn't getting very many hours. The last few weeks she has only been working one three hour shift per week. This is frustrating for her especially when they have a sign posted saying "Now hiring". She is working with management at both her current location as well as another location to see if it would be possible to get more hours. If she can't get more hours Tricia is considering a career change. She would like to look at the possibility of a job coach so she can work in child care or maybe something secretarial or in a mailroom setting. One of the barriers she experiences with employment is transportation.

Tricia uses the local dial a ride transit when she can. She also uses the fixed route transit and Metro Mobility the para-transit provider in the Metro area. However, she finds this very difficult, as there is very limited service for the dial a ride and fixed route services in her area. She occasionally uses family

and friends as well, but they are not always available either. Tricia often speaks about her lack of transportation options and how it makes life more complicated for her.

Although Tricia has been in the community she finds there are many challenges to staying in the community and being involved at the level she would like to be. Lack of transportation options complicates all aspects of her life especially employment. Tricia wants to work more but can't always get transportation to line up with shift work schedules, which limits her. Although she receives supports they aren't always adequate to keep her as healthy as she would like to be. "It's hard to get food when you only have $30 for the week." Getting healthy food on this limited budget is very challenging and she is trying to manage diabetes.

As a people person Tricia enjoys being in the community. She likes to go bowling and just "hanging out" at the mall" with friends. Getting together with friends is also hard when no one drives and everyone is dependent on transit. She also likes going on cruises. She has been on a few so far with family and friends and is currently saving to go to Panama. She is a big Elvis fan and has been to Graceland. She would still like to visit Dolly world and Disney in Florida. She also tries to vote in every election but doesn't always get there if there isn't transportation available. "I use the machine (automark) to fill out my ballot." Tricia is a member of The Arc Greater Twin Cities Self-Advocacy Advisory group. She is also currently attending a leadership training course, Partners in Policy Making. This will expand her leadership skills and make her even more effective with telling her story to others to help change things.

EXHIBIT 7-2: OV 2C - LEGISLATIVE PROPOSALS RELATED TO OLMSTEAD

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Department of Employment and Economic Development

FY16-17 Biennial Budget Change Item

Change Item: Extended Employment

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Workforce Development Fund				
Expenditures	250	250	250	250
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	250	250	250	250
FTEs	0	0	0	0

Recommendation:

The Governor recommends $500,000 for the SFY16-17 biennium in order for the SFY 2015 one-time Extended Employment provider rate increases to continue as ongoing base funding.

Rationale/Background:

DEED's Extended Employment Program Overview

DEED's Extended Employment program provides long-term job supports to help Minnesotans with significant disabilities keep their jobs and advance in their careers. Those services typically include assistance in training or retraining job tasks, dealing with schedule changes, adjusting to new supervisors, advancement to new job tasks or positions, and managing changes in non-work environments or life activities that affect work performance. Individuals who already have work skills and experience and are highly motivated to achieve success in their job are most likely to benefit from these services.

All of the 22 current Extended Employment Program providers funded by DEED offer supports for competitive employment. These providers, however, have significant non-competitive programs where the provider itself is the employer (usually sub-contracting with businesses to provide paid work for individuals with significant disabilities, typically at sub-minimum wage). In SFY 2014, 48 percent of the 4,943 individuals served by the Extended Employment providers did not work in a competitive job. The average hourly wage for these individuals was $4.63, compared to an average wage of $10.12 for individuals in competitive employment.

Employment Disparity

People with disabilities experience a real and significant employment disparity that affects their livelihoods, families, and economic security. In 2012, 12.0% of the Minnesota population age 16 and over had a disability. The employment rate for individuals with disabilities was 26.7%, compared to 72.1% for the general population.

This employment disparity results in a disproportionately high level of poverty among people with disabilities and, in more general terms, poses a threat to future economic growth and to the health and well-being of communities and people across the state. For Minnesota businesses, the employment disparity also signifies a missed opportunity to tap into a large, underutilized, and valuable talent pool – a resource with great potential to bring growth and shared prosperity throughout Minnesota.

The Minnesota Olmstead Vision

The Minnesota Olmstead vision is to ensure that Minnesotans with disabilities have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment and to participate in community life. The vision includes:

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

Proposal:

The Governor recommends $500,000 for the SFY16-17 biennium in order for the SFY 2015 one-time Extended Employment provider rate increases to continue as ongoing base funding.

Extended Employment Program providers offering supported employment, community employment, and center-based employment services are paid at a specified rate for each hour worked by an individual with significant disabilities. These hours are based on verified hours and wages; verification comes from an annual program audit of individual worker records. In 2014, the Legislature added 2% to the rates paid to providers under this program.

This rate increase was necessary given the rising staff and benefit costs faced by community rehabilitation programs. If it is not continued, providers will face a 2% rate reduction in SFY 2016 and will struggle to maintain ongoing employment supports to almost 5,000 Extended Employment Program-supported workers across the state.

Approximately 55% of people served by the Extended Employment Program are in Greater Minnesota. Therefore, a cut to the rates paid under the program would disproportionately impact Greater Minnesota. The rate paid to Extended Employment Program providers had not kept up with inflation for many years.

The Minnesota Olmstead Plan Olmstead requires the State ensure that people with disabilities have choices for competitive, meaningful, and sustained employment in the most integrated setting. The rate increase has allowed providers to make greater strides toward a supported employment model of service. A cut would make it harder for them to continue that work as Olmstead Plan due dates get closer and closer.

IT Related Proposals:

N/A

Results:

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Number of individuals served	5,362	4,943	SFY 2010 – SFY 2014
Quantity	Hours worked by Extended Employees	4,112,387	3,939,191	SFY 2010 – SFY 2014
Quantity	Wages earned by Extended Employees	$25,498,327	$27,879,396	SFY 2010 – SFY 2014
Quality	Percent of Extended Employees with experience of competitive employment	43.8%	51.9%	SFY 2010 – SFY 2014
Quality	Percent of Extended Employment hours worked in competitive employment	35.9%	43.1%	SFY 2010 – SFY 2014
Quality	Percent of Extended Employment wages earned in competitive employment	56.7%	61.5%	SFY 2010 – SFY 2014
Results	Average hourly wage for all worked hours	$6.20	$7.08	SFY 2010 – SFY 2014
Results	Average hourly wage for all competitive employment hours	$9.79	$10.12	SFY 2010 – SFY 2014

Statutory Change(s):

N/A

Department of Employment and Economic Development

FY16-17 Biennial Budget Change Item

Change Item: Individual Placement and Supports

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	1,000	1,000	1,000	1,000
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,000	1,000	1,000	1,000
FTEs	1	1	1	1

Request:

The Governor recommends $2,000,000 for the biennium to maintain the expansion of Individual Placement and Supports projects that occurred in the FY2014-15 biennium and support further expansion of Individual Placement and Supports projects.

Rationale/Background:

Individual Placement and Supports Program Overview

National research has shown that work is a critical component of recovery for people with mental illness. Work allows independence; people who work feel better about themselves, have a sense of social connection to their communities and to other people, and earn higher incomes.

DEED's Individual Placement and Supports Program, operated by the agency's Vocational Rehabilitation Services Division, assists people with serious mental illness to achieve steady employment in mainstream competitive jobs by providing counseling and long-term job supports. Those services typically include assistance in training or retraining job tasks, dealing with schedule changes, adjusting to new supervisors, advancement to new job tasks or positions, and managing changes in non-work environments or life activities that affect work performance. In Minnesota, individuals with serious mental illness obtain a 56 percent success rate when engaged in the Individual Placement and Supports Program (resulting in 112 out of 200 individuals served by the program obtaining and maintaining employment).

Employment Disparity

People with serious mental illness experience a real and significant employment disparity that affects their livelihoods, families, and economic security. In Minnesota, 85 percent of individuals served by public mental health systems are unemployed. Those who are deaf/hard of hearing, New Americans, Native Americans, and African American with serious mental illness face an unemployment rate of more than 90 percent.

This employment disparity results in a disproportionately high level of poverty among people with disabilities and, in more general terms, poses a threat to future economic growth and to the health and well-being of communities and people across the state. For Minnesota businesses, the employment disparity also signifies a missed opportunity to tap into a large, underutilized, and valuable talent pool – a resource with great potential to bring growth and shared prosperity throughout Minnesota.

The Minnesota Olmstead Vision

The Minnesota Olmstead vision is to ensure that Minnesotans with disabilities have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment and to participate in community life. The vision includes:

- The opportunity and freedom for meaningful choice, self-determination, and increased quality of life, through: opportunities for economic self-sufficiency and employment options; choices of living location and situation, and having supports needed to allow for these choices;
- Systemic changes that support self-determination, through revised policies and practices across state government and the ongoing identification and development of opportunities beyond the choices available today;

- Readily available information about rights, options, and risks and benefits of these options, and the ability to revisit choices over time.

Proposal:

This recommendation will allow the State to meet the Minnesota Olmstead Plan action item that states: By June 30, 2015 expand Individual Placement and Support (IPS) employment for Minnesotans with serious mental illness in 17 additional counties, providing integrated employment for an additional 200 individuals.

Maintain expansion

In 2013, the Minnesota Legislature appropriated $1 million in one-time funding to expand the number of Individual Placement and Support (Serious Mental Illness) projects from 6 to 23.The Governor recommends this $1 million one-time funding become part of the permanent base funding to sustain the growth that occurred in the SFY14-15 biennium. If funding is not continued, there will be a significant reduction in services statewide. The 17 county, 200 person Individual Placement and Support service capacity required by the Olmstead Plan has been successfully established using the $1 million one-time funding from the 2013 Legislature. Additional funding is needed to maintain that expansion and continue these services. Funding at a lower amount would result in a cut to existing Individual Placement and Support services available to these 17 counties, 200 individuals.

Support further expansion

The Governor recommends an additional $1 million become part of the permanent base funding to maintain and augment existing Individual Placement and Support projects, and to support expansion of Individual Placement and Support projects.

IT Related Proposals:

N/A

Results:

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Number of individuals served in IPS	167	639	SFY13 to SFY14
Quality	Percentage of Counties with access to an IPS Project	10.3%	47.1%	SFY13 to SFY14
Results	Average hours worked per week	19.0	15.5	SFY13 to SFY14
Results	Average hourly wages earned by individuals served	$9.80	$10.37	SFY13 to SFY14

Statutory Change(s):

N/A

Department of Employment and Economic Development

FY16-17 Biennial Budget Change Item

Change Item: Olmstead Implementation Office

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	425	425	394	394
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	425	425	394	394
FTEs	**2.0**	**2.0**	**2.0**	**2.0**

Recommendation:

The Governor recommends an $850,000 increase for the FY2016-17 biennium and a $788,000 increase for the FY2018-19 biennium for the Olmstead Implementation Office (OIO).

Rationale/Background:

A 1999 US Supreme Court decision, Olmstead v. L.C., found that the Americans with Disabilities Act requires states to provide services to people with disabilities in the "most integrated settings" appropriate to their needs.

The court came to this conclusion for two reasons:

- That segregation of individuals with disabilities perpetuates the notion that some individuals are incapable or unworthy of participating in community life, and
- That such segregation severely diminishes a person's life, family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment.

In 2011, the Minnesota DHS entered into a settlement agreement that required the development of a Minnesota-specific Olmstead Plan. That Plan was developed over 2 years by a dedicated planning committee that included individuals with disabilities, family members, providers, and advocates; and the Olmstead Subcabinet, a group of 8 state agencies – including Corrections, Education, DEED, Health, Human Rights, Department of Human Services, Department of Transportation, and the Minnesota Housing Finance Agency – established by Gov. Dayton. These goals include, for example, commitments to individuals who are unnecessarily segregated in facilities for individuals with developmental disabilities, psychiatric hospitals, nursing homes and board and care homes.

To implement these changes in the agreed-upon timeline, the state has established an Olmstead Implementation Office, a cross-agency body that will oversee the implementation of Minnesota's Olmstead Plan. While DEED is the fiscal agent for the OIO, this Office is involved with all agencies in state government and its work is overseen by the Olmstead Subcabinet.

Federal court monitors are closely watching the progress of Minnesota's Olmstead Plan implementation and ensuring that we comply with the Jensen settlement agreement. Some of the reforms we need to make cannot be accomplished overnight, but we will be working hard to achieve these important goals.

The Olmstead Implementation Office is focused on providing accountability, coordination among the agencies, engagement with the community, and conducting the Quality of Life survey.

Proposal:

The Governor recommends an $850,000 FY16-17 increase for the Olmstead Implementation Office (OIO) to carryout duties as listed below.

The Olmstead plan establishes actions for reforming the delivery of programs and services to people with disabilities so they have a greater range of choices for living, working and going to school in more integrated settings. Because these programs are managed by eight separate state agencies, significant coordination is necessary to achieve these changes and to provide required reports to the

court monitor. The increased funding will allow the Olmstead Implementation Office to assume full responsibility for monitoring compliance with the plan (work currently being performed by DHS) and implement the Quality of Life assessment that will measure the changes to the lives of disabled people as a result of actions taken in other parts of the plan.

The OIO works within an extraordinarily dynamic and complex network of relationships – the Plan, governmental, interagency and multidisciplinary – all in an environment of the differing perspectives of diverse constituencies and stakeholders. The proposal increases the size of the OIO in order to reliably accomplish the follow functions envisioned by the Court and Subcabinet.

Plan Implementation: The OIO provides the interface on matters of Plan implementation to mutually inform the Court and the Sub-Cabinet on whether the requirements of the Olmstead Plan under the Jensen settlement agreement are being met. This means establishing and maintaining a working relationship with the Court through the Court Monitor that provides the conduit for communication about questions, concerns or issues in Plan implementation. The relationship to the Court Monitor is carried out through face-to-face meetings, video conferences, conference calls, and the exchange of information through reports, memos and email communication. Attorneys representing the state and legal counsel for the plaintiffs are typically included in formal communication about Plan monitoring, reporting and modification. The OIO is expected to raise issues of Plan performance to both the Sub-Cabinet and to the Court. The OIO provides the Sub-Cabinet with bi-monthly status reports on Plan implementation that are also provided to the Court, the Court Monitor, and the parties to the Jensen settlement agreement. Monitoring and reporting on implementation of the plan will take involvement of virtually all of the staff proposed for the OIO.

Sub-Cabinet: The OIO reports to the Olmstead Sub-Cabinet comprised of the Commissioner or designees from eight state agencies: Department of Corrections, Department of Education, Department of Employment and Economic Development, Department of Health, Department of Human Rights, Department of Human Services, Department of Transportation and Minnesota Housing Finance Agency. The Sub-Cabinet is chaired by the Lieutenant Governor. The OIO establishes and facilitates bi-monthly meetings of the Sub-Cabinet to update on the status of the Plan. The status reports in these bi-monthly meetings provide the content for the Sub-Cabinet's communication with the Court Monitor and the Court. The OIO also has responsibilities to work with representatives from the Governor's Council on Developmental Disabilities and from the Office of the Ombudsman for Mental Health and Developmental Disabilities who are ex-officio members of the Sub-Cabinet. The executive director will have direct reporting responsibility with the Sub Cabinet.

Interagency Coordination: The Olmstead Plan defines Strategic Actions with tasks and timelines across the public service domains of Olmstead Sub-Cabinet agencies. Strategic Actions with tasks and timelines are set forth for Employment, Housing, Transportation, Supports and Services, Lifelong Learning and Education, Healthcare and Healthy Living, and Community Engagement. Goals often involve complex and demanding interagency collaboration requiring new levels of multi-agency communication and coordination. To provide the monitoring, support and technical assistance to the Olmstead agency efforts, the OIO works with Olmstead Agency Leads responsible for coordinating and reporting on the Plan progress and problems within each agency. For the OIO, this requires establishing working relationships with agency leads and a working understanding of the key issues addressed across the public service domains of the Olmstead Sub-Cabinet agencies. When the Olmstead Plan is modified, Olmstead Agency Leads have primary responsibility for communicating with the OIO and the Olmstead Drafting Team. Consequently OIO staff understands and communicate about proposed modifications to the Plan in order to determine whether "good cause" for Plan modification has been shown. The work of facilitating interagency collaboration will be staffed by a team made up of the OIO legal/policy staff, data analyst, Executive and Assistant Directors.

Community Engagement: The OIO must relate to an exceptionally diverse group of stakeholders and constituencies. The focus of Olmstead is on Minnesotans with disabilities whose rights are protected by the Americans with Disabilities Act (ADA). This means people with disabilities, regardless of age or disability, are at the center of efforts under Olmstead. Thus, Minnesota's disability community, including parents and representatives of persons with disabilities and disability advocacy groups are preeminent among Olmstead stakeholders and constituencies. Olmstead agency service-providing staff and external service-providing entities are critically important constituencies. The OIO Executive and Assistant Director will conduct the bulk of community engagement work with the help of OIO communications staff person.

Quality of Life: The Quality of Life Assessment will be the critical piece that defines the purpose of the Olmstead Plan. The state of Minnesota will conduct annual surveys and interviews of people with disabilities to determine quality of life, including: How well people with disabilities are integrated into and engaged with their community? How much autonomy people with disabilities have in day to day decision making? Where people with disabilities are working and living in the most integrated setting that they choose. The aim of this tool that is tested, reliable, validated, low cost, systematic, and repeatable, and it will apply to all people with disabilities. The OIO will contract for the collection of Qualtiy of Life Assessment data. A three person team will conduct the evaluative analysis of the data and draft reports on progress toward meeting goals in the Olmstead Plan.

Quality Assurance: The purpose of the Quality Assurance and Accountability is to establish a statewide quality structure that measures performance, provide transparency, and assures accountability. The four main strategic actions to ensure quality and accountability are: Quality of Life measurement; dispute resolution process for individuals with disabilities; oversight and monitoring implementation of plan; and quality improvement. The Assistant Director will have operational responsibility for quality assurance and accountability activities with the support of the dispute resolution, legal/policy and data analyst positions.

The Olmstead Plan also identifies several specific responsibilities for the OIO, which operates under the authority of the Subcabinet. Although the Subcabinet will necessarily rely on subject matter experts from the agencies, the OIO will need staff and other resources to carry-out the inter-agency coordination required of the Subcabinet and to support the overall implementation of the Plan.

Many of the actions described in the Plan will take time and resources to implement, but there are important changes that will need to happen in the first year of the plan with substantial resources. These changes will make a real difference in the lives of individuals with disabilities.

- Concrete changes to reduce the number of people in segregated service settings
- Expansion of transition services for high schools students
- Expansion of self-advocacy and peer support options
- Increased control over housing
- Increased control over personal care.
- Increased integrated employment opportunities.
- Movement towards Positive Practices and away from seclusion, restraints and other restrictive practices.
- New practices to improve health outcomes.

The impact on the state agencies and Olmstead Office is significant. It is transformational in sense development of product, delivery and service. Transition will be necessary to prepare change in how we successfully collaborate, provide service and advocate for transformation. Effective implementation will require substantial resources in the early phase and complete support from the leadership and providers.

IT Related Proposals:

N/A

Results:

The Olmstead Office has adopted the Quality Improvement Plan and the Quality of Life assessment as the overarching monitoring and compliance practice for all Olmstead related activities. The quality assurance and outcome measures will be scrutinized and documented in bi-monthly reports for the Courts for each assigned action item. The subcabinet oversees the Olmstead Office. The Olmstead Office works closely with the administrative staff from various state agencies to ensure outcomes of action items are appropriately progressing.

Statutory Change(s):

N/A

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Change Item: Positive Behavioral Interventions and Supports (PBIS)

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	2,300	2,300	2,300	2,300
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,300	2,300	2,300	2,300
FTEs	2	2	2	2

Recommendation:

The Governor recommends providing additional support to accelerate the implementation of school-wide Positive Behavioral Interventions and Supports (PBIS) in schools and districts throughout Minnesota. This funding will increase the training, coaching, and evaluation supports available for schools and districts who are implementing PBIS.

Rationale/Background:

This proposal supports Minnesota schools to effectively implement school-wide PBIS. PBIS allows school personnel to organize evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students. PBIS is not a packaged curriculum, scripted intervention, or manual strategy. PBIS is a prevention-oriented way for school personnel to (a) organize evidence-based practices, (b) improve their implementation of those practices, and (c) maximize academic and social behavior outcomes for students. PBIS supports the success of all students.

This funding helps schools and districts to put an effective, evidence-based framework for behavior into place in their schools. It also builds on legislative priorities around the reduction in the use of restrictive procedures and the Olmstead plan. Minnesota has seen rapid growth in PBIS over the past ten years, and concurrent reductions in statewide disciplinary data as reported in the Disciplinary Incident Reporting system. After years of increases in the number of disciplinary incidents, the trend data has started to rapidly decrease, showing a 20% decrease for all students from 2010-11 to 2013-14. This decrease has resulted in increased time for principals and teachers to focus on instruction, and for students in class receiving instruction. Despite the improvements, Minnesota still has a long way to go to get to full implementation of these practices across the state.

Proposal:

This request provides additional support to schools to enhance and accelerate existing programs. Support includes grants to provide training, coaching, and evaluation for school teams in training. The training is free for schools, with regional grants supporting the costs of facilities, trainers and incidentals. Funding will also flow through to districts for collection and reporting of implementation and evaluation data, supporting sustained implementation. The funding can support schools individual needs, which could relate to data collection and reporting, ongoing professional development, cost of materials, etc.

To date there have been 167 districts (which includes 14 charter schools) that have participated in training, which means at least one school from the district has participated. The plan is to get to all districts in the state, by continuing to offer training cohorts for schools to get trained within their region of the state. The increased funding helps accelerate this process.

Results:

Results will consider effort, fidelity and outcome data. Effort relates to data such as the number of people, schools or districts trained. Fidelity data will address how well schools are implementing the evidence-based practices of PBIS, as a result of the training and coaching they receive. Outcomes will focus on the types of indicators that will be impacted with broad scale, effective implementation, such as decreases in suspensions, decreases in office disciplinary referrals, increases in school climate and student engagement, and increases in student achievement.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	% of schools trained in PBIS	NA	24%	2014
Results	Decrease in Disciplinary Incidents	NA	20%	2010-11 to 2013-14

Statutory Change(s):
n/a

Housing Finance

FY16-17 Biennial Budget Change Item

Change Item: Bridges

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Appropriation	1,250	1,250	1,250	1,250
Transfer Out	1,250	1,250	1,250	1,250
Housing Fund				
Expenditures	1,250	1,250	1,250	1,250
Transfers in	1,250	1,250	1,250	1,250
Net Fiscal Impact = (Expenditures – Revenues)	1,250	1,250	1,250	1,250
FTEs	0	0	0	0

Recommendation:

The Governor recommends a $2.5 million biennial increase in the base budget for the Bridges program. This represents a 44% increase to the program's base funding and a 2.5% increase to MHFA's base budget as a whole.

Rationale/Background:

Through the Bridges program, Minnesota Housing provides rental assistance for households in which at least one adult member has a serious mental illness. Households with incomes below 50 percent of the area median income are eligible for this program. Currently, 50% of area median income is $41,450 for a 4 person household in the metropolitan area and $36,200 for a 4 person households in much of the remainder of the state.

Under this program, households are stabilized in the community until a Section 8 certificate or voucher becomes available. This program will play an important role in the state's Olmstead Implementation Plan. The goal of the Olmstead Implementation Plan is for people with disabilities to live, work and learn in the most integrated setting. The Bridges program will help meet the goal of allowing people with disabilities to choose where they live, with whom and in what type of housing.

Minnesota Housing partners with the Department of Human Services (DHS) to deliver this program. Households served under the program receive both rental assistance and access to community mental health services. DHS provides referrals to Bridges through the Projects for Assistance in Transition from Homelessness (PATH) program, as well as other referral sources. PATH is a federal grant program to help people who are homeless and have serious mental illness. The program funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services. In 2013, more than 1,900 households were enrolled in the PATH program. In 2013, we served 707 households with Bridges. The current waiting list for Bridges is 1,300 households.

Prior to receiving a rental assistance voucher through Bridges, households frequently live with family or friends, live in housing that is more expensive than they can afford, live in emergency shelter, or have been in an institution.

Proposal:

This proposal represents an increase to an existing program. This increase will allow MHFA to serve an estimated 200 additional households for the biennium. This additional assistance will help reduce the current waiting list and will help us meet goals outlined in the state's Olmstead Implementation Plan. Persons with mental illness are often among the most difficult to house.

Minnesota Housing works with local government agencies to deliver the Bridges program. Administrators are selected or re-certified each biennium following the legislative session. Minnesota Housing will also continue to work directly with DHS to administer the Bridges program.

This initiative does not increase operating expenses because it is incorporated into an existing program and funding process.

Results:

MHFA measures success in this program by examining the housing stability of households served. The performance measures below are for all of Minnesota Housing's supportive housing programs, which include Bridges, the Housing Trust Fund, and the federal Housing Opportunities for Persons with AIDS (HOPWA) program.

Type of Measure	Name of Measure	Previous	Current	Dates
Quality	Percentage of people who remained in housing for at least a year or had a positive exit (moved to permanent affordable housing)	87%	98%	FFY 2012, FFY2013
Results	Percentage of people served who did not return to institutions.	89%	88%	FFY2012, FFY2013

Under the Bridges program in state fiscal year 2014, of 695 participants, only 3 exited to an institution during the year, which is less than 1% of participants. Of those participants, 95% stayed for at least one year or had a positive exit.

Statutory Change(s):

None

Change Item: Improvement and Expansion of Mental Health Crisis Services

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	1,296	1,284	2,987	3,697
Revenues				
Other Funds – Health Care Access				
Expenditures	1,035	1,040	0	0
Revenues	0	0	0	0
*Net Fiscal Impact = (Expenditures – Revenues)	2,331	2,324	2,987	3,697
FTEs	**2.0**	**2.0**	**2.0**	**2.0**

Recommendation:

The Governor recommends the improvement and expansion of mental health crisis services, including establishing a single statewide phone number, enhancing oversight and training of the state's mobile crisis services, and providing 24/7 coverage statewide by July 2018. This proposal will also fund specialty telephone consultation 24 hours a day to mobile crisis teams serving people with traumatic brain injury or intellectual disability who are experiencing a mental health crisis. The net state cost of this proposal is $4.6 million in the FY2016-17 biennium and $6.7 million in the following biennium.

Rationale/Background:

Since 2006, Minnesota has been gradually building an infrastructure of mental health crisis response services throughout the state. While Minnesota has made progress in expanding access to mental health crisis response services, the quality and availability of crisis services still varies greatly. The current services vary from region to region and county to county in a number of ways. There is very little comparability in the hours of services and the criteria for when mobile crisis response services are dispatched. Metro county residents and some rural residents have mental health crisis response services available to them 24 hours a day, every day of the year while other regions do not offer services around the clock.

Recipients of emergency phone services have indicated that there is discrepancy in the way that the phone staff determines when to dispatch a mobile team. Some rarely dispatch mobile teams, while others dispatch teams upon request. This unevenness of services may be due to the requirement that each county fund an emergency toll-free phone line. In addition, there is no single statewide telephone number for accessing mental health crisis response services, which creates confusion for individuals attempting to utilize these services.

Mental health crisis response providers also serve individuals with brain injury or intellectual disability who are experiencing a mental health crisis. These providers do not always have the resources and expertise to serve these individuals. Providers need access to consultation and support in order to serve these individuals effectively.

Proposal:

The expansion of state grant funding proposed here will increase access to mental health crisis response services around the state and would make significant enhancements to the state's mental health crisis infrastructure. The proposal will support continued expansion of adult and children's mobile crisis services in order to provide statewide, 24/7 coverage by July 2018 and establish a statewide phone number that would immediately connect with the person's closest crisis response provider.

The proposal also seeks to improve the quality and consistency of mobile crisis services by providing enhanced oversight and training of the state's mobile crisis services, including certifying emergency phone lines to standardize and assure staff meet training requirements, establishing more appropriate standards for crisis services to distinguish them from rehabilitation services, and developing and implementing statewide protocols for triage and handoffs to other services. This proposal is an attempt to create a common expectation via standards about what crisis response providers must offer and what recipients of service may expect. The development of certification for emergency phone lines and protocols for "hand-off" between phone or text emergency lines and mobile crisis teams is also an effort to assure comparable services throughout the state.

This proposal will also provide funding to the Metro Crisis Coordination Program (MCCP) to allow them to begin providing specialty telephone consultation 24 hours a day to mobile crisis teams who are serving people with traumatic brain injury or intellectual disability who are experiencing a mental health crisis.

The proposal includes 2.0 FTEs and additional contract support to manage the expansion of services, the certification of emergency phone lines, and to provide training and technical assistance to the mobile crisis providers.

Results:

- Hospitalization rates following crisis services are collected. The number of episodes of service and the unduplicated number of individuals is tracked along with demographic information about the people served. The presenting problems are also tracked.
- The percentage of both adults and children who require hospitalization following crisis services has remained steady since the majority of the programs began in 2009. The number of episodes of service rose rapidly for the first several years of the service but seems to have peaked and remain stable.

Type of Measure	Name of Measure	Previous FY 2012	Current FY 2013	Dates
Quantity	Adult Crisis Response Episodes	11,094	10,918	FY2012 and 2013
Quantity	Children's Crisis Response Episodes	3618	3075	FY2012 and 2013
Quality	Adult Hospitalizations following crisis services	1553 (14%)	1637 (15%)	FY2012 and 2013
Quality	Children's Hospitalizations following crisis services	36 (10%)	31 (10.6%)	FY2012 and 2013
Results	Adults experiencing crisis did not need hospitalization	9541 (86%)	9280 (85%)	FY2012 and 2013
Results	Children experiencing crisis did not need hospitalization	3256 (90%)	2737 (89%)	FY2012 and 2013

Statutory Change(s):

Minnesota Statutes 256B.0624

DHS Fiscal Detail for Budget Tracking

Net Impact by Fund (dollars in thousands)			FY 15	FY 16	FY 17	FY 16-17	FY 18	FY 19	FY 18-19
General Fund				1,296	1,284	2,580	2,987	3,697	6,684
HCAF				1,035	1,040	2,075	0	0	0
Federal TANF									
Total All Funds			$0	2,331	2,324	4,655	2,987	3,697	6,684
Fund	**BACT#**	**Description**	**FY 15**	**FY 16**	**FY 17**	**FY 16-17**	**FY 18**	**FY 19**	**FY 18-19**
GF	33	Medical Assistance		0	0	0	37	147	184
HCAF	57	Adult MH Grants		1,035	1,040	2,075	0	0	0
GF	57	Adult MH Grants		0	0	0	1,353	1,653	3,006
GF	58	Children's Mental Health Grants		1,035	1,040	2,075	1,353	1,653	3,006
GF	15	Adult & Children's MH Division		402	376	778	376	376	692
GF	Rev1	FFP @ 35%		(141)	(132)	(273)	(132)	(132)	(264)
Requested FTE's									
GF	15	Adult & Children's MH Division		2.0	2.0		2.0	2.0	

Change Item: Increased Capacity for Individuals with Complex Conditions

Fiscal Impact ($000s)	FY2015	FY 2016	FY 2017	FY 2018	FY 2019
General Fund					
Expenditures	1,000	5,107	5,793	11,026	16,258
Revenues	0	1,122	1,122	1,122	1,122
Transfer In	1,000	0	0	0	0
Other Funds					
Expenditures	3,200	0	0	0	0
Revenues	0	740	1,480	1,480	1,480
Transfer In	3,200				
Transfer Out	4,200	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	3,245	3,191	8,424	13,656
FTEs	**0**	**50.77**	**50.77**	**92.32**	**133.87**

Recommendation:

Effective July 1, 2015, the Governor recommends increasing the general fund base for Direct Care & Treatment (DCT) State Operated Mental Health Services to provide funding for the creation of three new state-operated service locations – one Intensive Residential Treatment Services (IRTS) facility and two Community Behavioral Health Hospitals (CBHHs). The proposal also requests additional funding to support a staffing model at the existing CBHHs to allow these facilities to more fully utilize their licensed bed capacity.

The state cost of this proposal is $8.7 million in the FY16-17 biennium and $25 million in the FY18-19 biennium. The cost of this recommendation is partially offset by the county share of the cost of care and other dedicated revenue.

Effective the day following final enactment, the Governor also recommends making some one-time reallocations of a portion of the receipts earned by state-operated Intensive Residential Treatment Services and foster care services that are not currently dedicated to another purpose: $3.2 million is to be transferred to the Minnesota State Operated Community Services (MSOCS) enterprise account to prevent that account from ending fiscal year 2015 with a negative cash balance; and $1.0 million is to be transferred to the State Operated Services Mental Health budget activity, to help alleviate the significant fiscal year 2015 budget pressures from increased costs in that part of the department's direct care and treatment budget.

Rationale/Background:

The state needs increased capacity to serve individuals with the most complex conditions as current capacity is not adequately meeting the need. Anoka Metro Regional Treatment Center (AMRTC) is licensed as a psychiatric hospital with an operating bed capacity of 110. Due in part to a lack of system-wide capacity to serve individuals with the most complex mental health conditions, AMRTC has a lengthy waiting list — over 75 people as of January 2015.

In addition, on any given day 40% of the individuals at AMRTC do not require a hospital level of care but cannot be discharged due to placement barriers. A group of these individuals require on-going mental health rehabilitation services, but their needs do not fit into the current model of residential services being provided. This leaves these individuals "stuck" in a higher, more costly level of care than they need, and restricts the ability of AMRTC to admit individuals who need hospital level of care.

Furthermore, the state is not able to fully utilize its existing licensed capacity to serve individuals with the highest needs. DCT operates seven CBHHs around the state. CBHHs are 16-bed licensed psychiatric hospitals that treat individuals who are committed to the commissioner. Much like AMRTC, there is a waiting list for these facilities. Almost all of these sites are currently operating below their licensed bed capacity due to current funding levels that do not support the staffing required to care for individuals with complex needs. Under the current funding level DHS is only able to appropriately staff 86 out of the 112 licensed CBHH beds.

Lastly, some areas of the state do not have sufficient access to any inpatient mental health services for adults with complex needs and this requires individuals to travel long distances to receive the services they need. This further exacerbates the pressure on the rest of the system.

Proposal:

This proposal seeks to increase the capacity of the state to serve individuals with the most complex conditions by creating three new state-operated service locations — one Intensive Residential Treatment Services (IRTS) facility and two Community Behavioral Health Hospitals (CBHHs).

This proposal will add a new state-operated IRTS facility, which will serve as an alternative level of care for individuals currently being served at AMRTC who do not require hospital level of care but still need a higher level of care than can be found in most residential treatment facilities. This new level of care would reduce discharge barriers for people at AMRTC and reduce the number of days spent in an inappropriate and more restrictive level of care. This facility will be operational in FY16 and serve an average daily census of 12-14 once it is fully operational.

The proposal will establish two additional CBHHs in order to expand service availability in currently underserved geographic areas of the state. Each new CBHH (1 in FY18 and 1 in FY19) will serve an average daily census of 12-14 once they are fully operational.

All three of the new programs will need additional direct care staff including registered nurses, human services technicians, mental health professionals and other direct care staff.

The proposal also requests additional funding to support a staffing model at the existing CBHHs to allow these facilities to more fully utilize their licensed bed capacity. This proposal will allow the state to utilize an additional 11 licensed CBHH beds in existing facilities that are not currently being used by providing funding to support the appropriate staffing levels.

Effective the day following final enactment, the proposal also makes two one-time reallocations of a portion of the receipts earned by state-operated Intensive Residential Treatment Services and foster care services that are not currently dedicated to another purpose: using $3.2 million for the Minnesota State Operated Community Services (MSOCS) enterprise account, to prevent that account from ending fiscal year 2015 with a negative cash balance; and using $1.0 million to increase funding for the State Operated Services Mental Health budget activity, to help alleviate the significant fiscal year 2015 budget pressures from increased costs in that part of the department's direct care and treatment budget.

Results:

The opening of the new state-operated IRTS facility is expected to reduce the number of unnecessary hospitalization days at AMRTC by providing an additional step-down treatment location. We will monitor changes in our count of Do Not Meet Criteria (DNMC) days to evaluate the effectiveness of this proposal in positively impacting this measure.

AMRTC Do Not Meet Criteria (DNMC)	CY2010	CY2011	CY2012	CY2013	CY2014 (YTD)
Number of days	11,758	10,837	13,995	14,064	9,423

Statutory Change(s):

Rider in Appropriations article, section 2, subdivision 7

Change Item: Transition Initiatives Flexibility

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	382	1,259	2,210	3,333
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	382	1,259	2,210	3,333
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends expanding eligibility for the **Transition to Community Initiative** to help more people being served in state-operated facilities transition back to the community, regardless of age. This recommendation expands eligibility for the 2013 **Transition to Community Initiative** to people age 65 and older who are receiving services at Anoka Metro Regional Treatment Center, the Minnesota Security Hospital, or the Forensic Nursing Home in St. Peter and who no longer require hospital level of care. With this recommendation the Governor also expands eligibility to adults over age 65 being served at Community Behavioral Health Hospitals (CBHHs). This proposal invests $382 thousand in FY16 and $1.26 million in FY17.

Rationale/Background:

The 2013 Legislature created the **Transition to Community Initiative** to help people being served at Anoka Metro Regional Treatment Center (AMRTC) and the Minnesota Security Hospital (MSH), who no longer require the level of care provided at these facilities, to transition to the community. That initiative provides access to a range of services, including home and community based services waivers, to help people leave these facilities and live successfully in the community. DHS central office staff also work with staff at AMRTC and MSH, counties, tribes, and other stakeholders as part of this initiative to identify and address barriers for people who are ready to return to the community but who have not been able to do so. These efforts have resulted in a successful return to the community for a number of people.

The **Transition to Community Initiative** is on-going and will continue supporting people transitioning from AMRTC and MSH. We have learned that individuals over the age of 65 could also benefit from this type of transition support. People over age 65 also face an additional set of unique challenges. Under the current federally-approved Medicaid waiver plans and current state law, individuals age 65 and over who were not being served on a Brain Injury (BI) waiver or Community Alternatives for Disabled Individuals (CADI) waiver prior to entering AMRTC and MSH are not eligible for these waivers. In addition, for many individuals age 65 and older who are discharging from AMRTC and MSH, the level of funding available through the Elderly Waiver (EW) is not sufficient to meet their complex needs. This creates a barrier to an appropriate and timely discharge.

Proposal:

This proposal will support the transition of people, regardless of age, who have complex needs, and are trying to return to the community after receiving treatment at state-operated facilities. The goal of this proposal is to transition these individuals into and to see them remain in the community setting of their choice.

The proposal will expand eligibility for the **Transition to Community Initiative** to people age 65 and older who are receiving services at Anoka Metro Regional Treatment Center (AMRTC), the Minnesota Security Hospital (MSH), or the Forensic Nursing Home in St. Peter and who no longer require hospital level of care. It would also include people over age 65 who are being served at Community Behavioral Health Hospitals (CBHHs).

Transition grant funds already available under the **Transition to Community Initiative** will also be used to assist eligible individuals, across populations, and their providers in preparing for the move to the community and will meet any needs that cannot currently be met with MA-funded services.

This proposal will also provide an enhanced budget through the Elderly Waiver (EW) program for people over age 65 who are exiting these state operated institutional settings. This will address the issue that resources available under the EW program may not be sufficient to help people with complex needs transition to more integrated settings.

DHS anticipates serving 41 additional individuals, across eligible populations and settings, by FY 2019 under this proposal.

Results:

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Percent of people with disabilities who receive home and community-based services	93.7%	94.2%	2012-2013
Quantity	Percent of seniors served who receive home and community-based waiver services	67.1%	68.5%	2012-2013

To assess the effectiveness of this proposal we will measure the number of individuals, regardless of age, that transition from AMRTC or MSH under this proposal.

Statutory Change(s): M.S. §256.478; §256B.0915; §256B.092; §256B.49

DHS Fiscal Detail for Budget Tracking

Net Impact by Fund (000's)			FY 16	FY 17	FY 16-17	FY 18	FY 19	FY 18-19
General Fund			382	1,259	1,641	2,210	3,333	5,543
HCAF Fund								
Federal TANF								
Other Fund								
Total All Funds			382	1,259	1,641	2,210	3,333	5,543
Fund	BACT #	Description	FY 16	FY 17	FY 16-17	FY 18	FY 19	FY 18-19
GF	33	MA Grants – LW	374	1,236	1,610	2,177	3,298	5,475
GF	33	MA Grants – ED	8	23	31	33	35	68
Requested FTE's								

EXHIBIT 7-3: QA 4A– QUALITY IMPROVEMENT PLAN

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Olmstead Quality Improvement Plan

Author: Olmstead Implementation Office for QA 4A

Date Approved by Subcabinet: / /

3/30/15

Olmstead Quality Improvement Plan

Introduction

The Quality Improvement Plan will be an evolving and expanding process to address the changing needs for implementing the plan and making sure that the plan is working for individuals. The Jensen Settlement Agreement and the subsequent court orders make it clear that the state of Minnesota is expected to demonstrate that the plan is being monitored and is effectively implemented. The Quality Improvement Plan incorporates the processes and structures to make sure this happens and is the foundational framework for quality assurance and accountability.

The purpose of the Quality Improvement Plan is to document and assemble statewide quality structures that measures performance; provides transparency and assures accountability. The state will utilize these structures to monitor performance and initiate necessary changes. The structures will provide people with disabilities, their families and their advocates the necessary and sufficient information on outcomes to hold the state and other public entities accountable for implementation and when necessary recommend modification of the plan.

Quality Improvement is only one of the four main strategic actions to ensure quality and accountability. The four strategic actions include:

1) Quality of Life measurement

2) Dispute resolution process for individuals with disabilities

3) Oversight and monitoring implementation of the plan

4) Quality improvement

Quality Improvement Plan

The Plan states that the subcabinet will adopt an Olmstead Quality Improvement Plan to be administered by the Olmstead Implementation Office. (QA 4A) To meet this requirement, the Olmstead Implementation Office will provide a standard report at the subcabinet meetings on progress on the principles. The Olmstead Quality Improvement Plan includes the following duties assigned to the Olmstead Implementation Office:

- *Engagement methods of Governor's Appointed Councils and Advisory Committees*
- *Policies and procedures that establish best practice in the prevention of abuse and/or neglect of persons with disabilities.*
- *Methods to conduct ongoing quality of life measurement, quality improvement structures, and needs assessment.*
- *Description of the availability of self-advocates; peer support specialists or similar peer delivered services that promote self-determination and greater independence in life choices.*

- *Methods to monitor all legislative proposals that may impact the rights of persons with disabilities in accordance with the Olmstead Decision and ADA.*
- *A description of how people with disabilities and their families are involved in monitoring and reviewing the community services and support, and how they serve in leadership roles in modifying the services and supports over time.*
- *Coordinated data system and established process to measure and analyze existing data from abuse, neglect, exploitation, injuries, and deaths reporting systems. Establishing uniform definitions, standards and protocols, assuring transparency to the consumer, tracking trends, identifying problem areas; and aiding in the development of interventions using state of the art technology. (Olmstead Plan)*

Duties as defined:

1. **Engagement methods of Governor's Appointed Councils and Advisory Committees**

   The primary aim of engagement is to provide opportunities to exercise leadership by contributing to groups' decisions that affects one's life. The engagement with Governor's Appointed Councils and Advisory Committees provides opportunities to contribute to determinants of community engagement and increase opportunities in meaningful participation in policy development, programs, services and planning processes.

   - Refer to **COMMUNITY ENGAGEMENT PLAN**[1]. The Community Engagement Plan provides an extensive, detailed plan. The evaluation of the effectiveness in engagement methods are also incorporated in the plan. The outcomes of community engagement will be reported to the subcabinet on a regular basis.

   FY15- FY16 Targets:

   A. The OIO will establish a charter for the Olmstead advisory group. The charter will describe the scope of the work (monitoring and advising the OIO and Subcabinet on the implementation of the Plan). The members will be approved by the Chair by June 2015. The OIO will convene four to six advisory meetings per year.
   B. The OIO will identify 3- 5 projects that will align with the Olmstead plan's action items. The Olmstead subcabinet and Olmstead Implementation Office will work with 23 Governor's appointed councils, groups and boards to engage them in the creation of a plan that aligns one or more of their goals with a related action within the Olmstead Plan by December 31, 2015.

[1] Exhibit 6-29 to the Subcabinet Report 6 Addendum of March 27, 2015 is available on the Olmstead Plan website.

2. **Policies and procedures that establish best practice in the prevention of abuse and/or neglect of persons with disabilities.**

The subcabinet approved the delegation of action Item QA 4B.1-QA 4B.3 to Minnesota Department of Health, Department of Human Services and the Ombudsman for Mental Health and Developmental Disability (OMH/DD). The purpose of this working group is to develop a state-wide (centralized) intake system to meet the legislative mandate and the Olmstead Plan. Related working groups are currently addressing similar legislation from the 2013 session.

- Refer Action Items #QA 4B.1- QA 4B.3

FY15-FY16 Target:

A. The lead agencies will provide a written report to the subcabinet once a year.

3. **Methods to conduct ongoing quality of life measurement, quality improvement structures, and needs assessment.**

The Quality of Life Assessment Pilot concluded on December 31, 2014. A complete report was submitted and approved by the subcabinet. The subcabinet approved a workgroup to identify costs and develop a work plan for implementation of Quality of Life Survey to commence in July 2015.

- Refer to **QUALITY OF LIFE PILOT STUDY REPORT**[2].
- Refer to Action Items # QA 1A;1B; QA 1C; QA 1D.1; QA 1D.2- QA 1.4

Quality of Life (qualitative) assessment – This tool is the Smithsonian Folk life and Oral History. This methodology involves conducting an interview and documenting their memories and stories. The Olmstead Implementation Office conducts the interview. The standardized interview format and documents located in the Quality of Life- Interview Assessment Template & Forms. The interviews will be included in the bimonthly reports and posted on the website.

- Refer to **QUALITY OF LIFE – INTERVIEW ASSESSMENT TEMPLATE & FORMS**[3].
- Refer to Action Item # QA 1E & QA 1F

Reporting Process and Tools for Quality Assurance – The subcabinet meets the second Monday of every even numbered month (February, April, June, August, October, December) and as needed between these dates to approve the reports and action items.

FY15 –FY16 Targets:

Olmstead Implementation Office will implement methods to conduct ongoing quality of life measurement, quality improvement structures, and needs assessment.

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[2] Exhibit 6-3 to the Subcabinet Status Report 6 of February 20, 2015 is available on the Olmstead Plan website.

[3] Exhibit 4-2 to the Subcabinet Status Report 4 of October 20, 2014 is available on the Olmstead Plan website.

A. The Quality of Life workgroup to identify costs and develop a work plan for implementation of Quality of Life Survey to commence in FY16.

B. Two to three Quality of Life qualitative interviews narratives will be included in each of the bimonthly reports and will be posted on the newly updated website targeted for late summer 2015.

C. The Olmstead Implementation Office and Compliance staff will incorporate reporting process and tools for Quality Assurance.
   - The Olmstead Implementation Office will initiate a performance improvement project to improve the timely completion of action items as reported in the Bimonthly Status Reports. The baseline for action items due in 2014 was 35 of 73 (48%) completed on time.
   - The Goal is to increase the timely completion of action items for the August bimonthly report increase to 70% on time and 100% on time for the February 2016 report (for November and December 2015 action items).

4. Description of the availability of self-advocates; peer support specialists or similar peer delivered services that promote self-determination and greater independence in life choices.

The inclusion of peer delivered programs is critical to the Community Engagement Plan. The **COMMUNITY ENGAGEMENT PLAN** addresses the method of inclusion and description of availability of peer delivered programs.

FY15 – FY16 Target:

A. The description of the availability of existing self-advocates; peer support specialists or similar peer delivered services that promote self-determination and greater independence in life choices will be listed, posted and updated on the website twice a year. The first posting will be first quarter in FY16.

5. Methods to monitor all legislative proposals that may impact the rights of persons with disabilities in accordance with the Olmstead Decision and ADA.

The Olmstead Implementation Office (OIO) in collaboration with the subcabinet agencies legislative/government affairs staff monitor all legislative proposals and review for impact in relation to the *Olmstead* decision and the Americans with Disabilities Act (ADA) including its amendments.

Agency staffs are responsible for reviewing any legislative proposals being generated from within their agency for Olmstead/ADA impacts. The OIO is available to provide technical assistance as needed.

FY 15- FY16 Targets:

A. The OIO staff will maintain a spreadsheet with potential legislative proposals with impacts to Olmstead and communication efforts with subcabinet agencies on a monthly basis.

B. The OIO staff will keep the subcabinet and agency leads informed of potential problems that may arise from proposed legislation.

6. **A description of how people with disabilities and their families are involved in monitoring and reviewing the community services and support, and how they serve in leadership roles in modifying the services and supports over time.**

- The **COMMUNITY ENGAGEMENT PLAN** provides extensive, detailed plan of how people with disabilities and their families are involved in the activities.

FY15 – FY16 Targets:

A. The OIO advisory group established in #1 above will be surveyed to ascertain how many of their members are persons with disabilities, what types of roles they serve in, and what types of technical support/training is supplied by the group or may be required as well as how this impacts monitoring and reviewing of community services and support and other policy development. The purpose of the survey is to help try and determine other leadership roles that are either currently available within these groups, or opportunities in the groups to create leadership opportunities. This survey will be complete by May 1, 2015. (the Plan identifies the following items to be evaluated lists the following : leadership opportunities; paid and volunteer opportunities; provision of support, training, and technical assistance to exercise leadership. These items should be part of this survey).

B. The Olmstead Implementation Office is working with the Minnesota Consortium for Citizens with Disabilities (MN-CCD) to track the number of self-advocates participating in Tuesday's at the Capitol, a weekly event held at the capitol to inform and educate self-advocates and legislators; as well as share personal stories with law makers. This will begin in January 2015 and go through the remainder of the 2015 legislative session. By June 30, 2015 goals will be set based on this information and incorporated into the Community Engagement Plan.[4]

7. **Coordinated data system and established process to measure and analyze existing data from abuse, neglect, exploitation, injuries, and deaths reporting systems. Establishing uniform definitions, standards and protocols, assuring transparency to the consumer, tracking trends, identifying problem areas; and aiding in the development of interventions using state of the art technology.**

[4] (1) CCD is not the only organization or network that has self-advocates participating at the Capitol and (2) the Capitol is under construction and so participation levels are expected to be lower than previous years.

This is an expanded principle from #2 - Policies and procedures that establish best practice in the prevention of abuse and/or neglect of persons with disabilities. The responsibilities of the two duties are designated to the Department of Health, Department of Human Services and the OMH/DD

FY15-FY16 Targets:

A. The lead agencies will provide a work plan for coordinated data system and established process to measure and analyze existing data from abuse, neglect, exploitation, injuries, and deaths reporting systems; uniform definitions; standards and protocols; assuring transparency to the consumer; tracking trends; identifying problem areas; and aiding in the development of interventions using state of the art technology to the subcabinet by June 15, 2015.

B. The lead agencies will provide a written report September 30, 2015.

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EXHIBIT 7-4: EM 2G –EMPLOYMENT SERVICE PLANNING AGENCY RESPONSIBILITIES

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Olmstead Plan Report on EM 2G

Action item EM 2G - By January 1, 2015 clarify roles and responsibilities for cross-agency employment service planning and coordination that leverages DEED/VRS, DHS and MDE funding streams to expand competitive employment in the most integrated setting.

The roles and responsibilities for DEED, DHS, and MDE for cross agency employment service planning in each of the following categories are indicated below.

Increase the number of people getting competitive, integrated jobs by implementing the informed choice mandates of MN's Employment First policy	
Role	**Responsibility**
DEED, DHS, MDE share responsibility	Develop common data points to document informed choice
DEED lead	Developing and implementing an informed choice process for individuals receiving vocational rehabilitation services under the provisions of WIOA
DHS lead	Including informed choice into long-term services and supports planning
MDE lead	Including informed choice in IEP planning with youth in schools
DHS supports DEED	Sharing informed choice information gathered for people who have DHS-funded long-term services and supports with DEED
DHS lead	Increase number of adults who have completed DB 101 work/benefits estimator session
MDE lead	Increase number of youth who have completed DB 101 work/benefits estimator session
DEED lead	Increase number of adults who have completed DB 101 work/benefits estimator session

Facilitate the movement of adults into integrated, competitive employment	
Role	**Responsibility**
DEED lead	Working with all people who receive VR services (including extended employment services), increase the number who move to competitive, integrated employment
DHS lead	Increase the number of people who received DHS-funded long-term services and supports in competitive, integrated employment
DHS lead	Maintaining and promoting use of DB 101 website
DHS and DEED share responsibility	Increase number of adults who have completed a DB 101 work/benefits estimator session
DHS lead	Re-design waiver services to support competitive integrated employment outcomes

Expand the numbers of transition age youth who achieve competitive, integrated employment under the Workforce Innovation and Opportunity act (WIOA)	
Role	**Responsibility**
MDE lead	Increase the number of youth leaving secondary education who move into competitive, integrated employment
MDE lead	Increase the number of youth in secondary education who have work experience (one paid job before graduation)
DHS lead	Maintaining DB 101 website, including youth sections
DHS lead	Implementing family outreach plan
MDE lead	Increase number of youth in school who have completed a DB 101 work/benefits estimator session
DEED lead	Increase number of youth who receive VR services who have completed a DB 101 work/benefits estimator session
DHS lead	Increase number of youth who receive long-term supports and services who have completed a DB 101 work/benefits estimator session

Some examples of cross-agency employment service planning and coordination that leverages funding streams to expand competitive employment in the most integrated setting include:

- Informed choice information gathered through DHS and MDE assessments can be shared with DEED to avoid costs of doing their own.

- DHS will modify the employment services that are available through the disability waiver programs so that people get the help they need to learn about employment, get jobs, and receive the support they need to keep jobs.

- The tools and resources on DHS-funded Disability Benefits 101 can allow DEED and MDE to focus their resources in other areas, rather than duplicating investments into development of similar tools.

- Messaging and outreach to youth and their families done through the DHS-funded Disability Benefits 101 website can save MDE from having to invest funds in that messaging or in developing similar tools.

- All three agencies will determine key messages and services that will be available to people, regardless of which agency serves them.

EXHIBIT 7-5: EM 3F – TECHNICAL ASSISTANCE LEADING TO COMPETITIVE EMPLOYMENT

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Agencies Receiving ACRE Customized Employment Training

Moving Home Minnesota Supported Employment Services

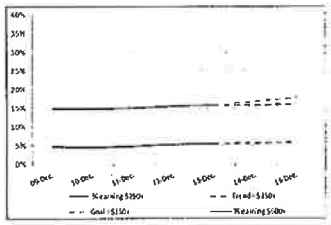
Approved Providers

					Version Date:	12/1/2014
					Previous Version Date:	10/27/2014
Provider Organization	Trained Practitioner	NPI/UMPI	Address	Primary Contact	Email	Phone
Kaposia	Heidi Mahan		223 Little Canada Road East	Heidi Mahan	hmaghan@kaposia.com	651-789-2806
	Julie Wilcox		Suite 100		jwilcox@kaposia.com	
	Toni Price		Little Canada, MN 55117		tprice@kaposia.com	
	Kandy Hagen				khagen@kaposia.com	
	Samantha (Sam) Lane		Dakota, Hennepin, and Ramsey		slane@kaposia.com	
	Sean Spooner				sspooner@kaposia.com	
	Don Bernstein				dbernstein@kaposia.com	
	KAYLEEN SMITH				ksmith@kaposia.com	
Lifeworks			7115 Northland Terrace, Suite 100, Brooklyn Park, MN 55428	Evan Henspeter	ehenspeter@lifeworks.org	763-746-3337
	Bev Adrian				BAdrian@Lifeworks.org	651-454-2732
	Aanders Johnson				aajohnson@lifeworks.org	
	Elaine Hartl				ehartl@lifeworks.org	612-735-3632
	Mitze Kile		Dakota, Hennepin and Ramsey		mkile@lifeworks.org	
Udac, Inc.	Zac Tuominen		500 E 10th St, Duluth, MN 55805		ztuominen@udac.org	218-722-5867
			St. Louis County			
Connections	Linda Hogan		810 4th Ave S, Suite 156, Moorhead, MN 56560	Linda Hogan	linda@connectionsofmoorhead.org	218-233-8657 x13
	Amanda Sauve		Clay, Otter Tail, Wilkins, Norman and Mahnomen		asauve@connectionsofmoorhead.org	
Functional Industries	Nick Monson		1801 Hwy 25 N	Nick Monson	nmonson@functionalindustries.org	763-233-5180
	Michael Benson		P.O. Box 336		mbenson@functionalindustries.org	
	Holly Roberts		Buffalo, MN 55313		hroberts@functionalindustries.org	
			Wright and Sherburne			
PossAbilities	Tiffany Sanborn		1808 3rd Ave SE Rochester, MN 55904-7948	Tiffany Sanborn	tsanborn@possabilities.org	507-281-6120
	Laurie Thompson				Laurie Thompson	
	SANDRA MARSHALL		Olmsted County		smarshall@possabilities.org	
	Tara Nail				tnail@possabilities.org	
MSOCS	Anita Walker			Anita Walker	Anita.Walker@state.mn.us	218-828-6062
	Staci Headley		Crow Wing county		staci.e.headley@state.mn.us	218-831-0137
	Rose Sorenson		Hennepin County		Rose.Sorenson@state.mn.us	952-826-6700
	Jolene Juhl		Itasca County		jolene.j.juhl@state.mn.us	218-485-5078
	Chad Norling		Anoka County		chad.norling@state.mn.us	612-879-3606
	Zeloduis A Clark		Hennepin County		Zeloduis.A.Clark@state.mn.us	952.832.6017
	Mary Wilde		Rice and Steele		Mary.J.Wilde@state.mn.us	507.444.2428
	Jeff Schimschock		Kandiyohi and Chippewa		jeffrey.a.schimschock@state.mn.us	651.634.2300
	Ashley Schmitt		Carlton county		Ashley.C.Schmitt@state.mn.us	6517664117
	Lacey Joslin		Carlton County		Lacey.C.Joslin@state.mn.us	6517664117
	Lindsay Alexander		St. Louis County		lindsay.l.alexander@state.mn.us	651.766.4117
Community Involvement Programs	Jolene Thibedeau Boyd		2300 Kennedy St NE, Ste 140	Jolene Thibedeau Boyd	jolenet@cipmn.org	612-353-4595
	Philip Roberts		Minneapolis, MN 55413		proberts@cipmn.org	
	Melissa Rosewall				mrosewall@cipmn.org	
	John Kruse		Dakota, Hennepin, Anoka and Ramsey		jkruse@cipmn.org	
	Megan Lee				mlee@cipmn.org	
	SARAH TIEMANN				STiemann@cipmn.org	
	Josh Dean				wdean@cipmn.org	
	Jessica Dudas				jdudas@cipmn.org	
MRCI	Kerry Nagel-Allen		701 Cory Lane Fairmont MN 56031		KAllen@MRCIWorkSource.org	507-238-4388
			Faribault and Martin county			
Rise, Inc.			8406 Sunset Rd NE,	Becky Rother	brother@rise.org	763-792-2432
	Tim Albert		Spring Lake Park, MN 55432		talberts@rise.org	763-786-8334
	Crystal Woolcott		Anoka, Isanti, Chisago		CWoolcott@rise.org	651-257-2281 ext 24
Industries Incorporated	Denise Johnson		500 S. Walnut Street,	Denise Johnson or Mary Barnes	djohnson@industriesinc.org	320.679.2354
	Mary Barnes		Mora, MN 55051		mbarnes@industriesinc.org	
	Jane Braman		Isanti		JBraman@industriesinc.org	
EPIC	Linda Hibbard		430 Railway Street South	Linda Hibbard	lhibbard@epicenterpriseinc.org	507- 645-6800
	Jan Gragg		PO Box 186		jgragg@epicenterpriseinc.org	
	Sandy McClintock		Dundas, MN 55019		smcclintock@epicenterpriseinc.org	
	John Hadfield		Rice, Goodhue, Steel and Dakota		jhadfield@epicenterpriseinc.org	
TSE	CATHY BREUER		2027 Rice St., Roseville, MN 55113	Marilee Larson	cbreuer@tse-inc.org	651-489-2595 ext 211
	DAWN ELLERING				dellering@tse-inc.org	
	JAELYNN ENDRES		Ramsey		jendres@tse-inc.org	
VRS	Abbie Wells Herzog				abbie.wells.herzog@state.mn.us	952-703-3181
Luthern Social Services	Lisa Kohn		14845 Kirkwood Drive, Baxter MN 56425	Lisa Kohn	lisa.kohn@lssmn.org	218-839-9336
			Crow Wing and Morrison			
Wadena DAC	Sylvia M. Silvers		PO Box 235, 305 5th Street SW, Sebeka MN 56477	Sylvia M. Silvers	wcdac@wcta.net	218-837-5182
	Rose Bakke		Wadena, Hubbard, Todd, Cass, and Ottertail		roseb@wcta.net	
Heartland Industries				Barb Hillenbrand	barbh@heartland-industries.org	320-231-3337
	Londa Folkerts		PO Box 83		LondaF@heartland-industries.org	320-266-2266
	LISA PICHE		Montevideo ,MN 56265		lisap@heartland-industries.org	
	JANIS SHEA		Lac qui Parle, Yellow Medicine, Redwood, Chippewa and Clay		janiss@heartland-industries.org	
Dependable Home Health Care				Alison Campbell	alisonc@dependable-care.com	612 839 8350
	Rachel Mccaleb		2985 Rice Street, Roseville, MN 55113		Rachel.mccaleb23@gmail.com	763-746-6246
Blue Sky				Steven Schmit	stevens@blueskyi.us	218-844-7591 x210
	Karry Spinar		P.O. Box 1491, Detroit Lakes, MN 56501.		karrys@blueskyi.us	218-844-7591
			Wadena, Ottertail, Becker, Hubbard, and Clay			

Moving Home Minnesota: A Money Follows the Person Demonstration

Winter 2015

Percent of working age disability waiver participants (18-64 years) earning $250+ monthly



What is Money Follows the Person?

- Federal Medicaid demonstration authorized by Congress
- Assists people with the transition from nursing homes, hospitals, intermediate care facilities (ICF/DD) to community living
- Allows states to develop, implement and evaluate demonstration services not otherwise covered by the state's HCBS waivers

Why Moving Home Minnesota Matters

The MFP Program is intended to be a time-limited benefit to help with the initial set up of basic living arrangements, as well as linkages to services needed to live independently.

Putting the person at the center of the transition planning

- Every MHM participant receives Person-Centered Transition Coordination
- If a MHM participant does not have a case manager, one will be paid for by the MHM demonstration
- Demonstration Services are available based on the needs of the person.

Demonstration and Supplemental Services

- Supported Employment Services
  - Customized Employment;
  - Incentive payments
- Tools, clothing and equipment
- Costs for finding employment and housing

GOAL: Competitive, integrated employment

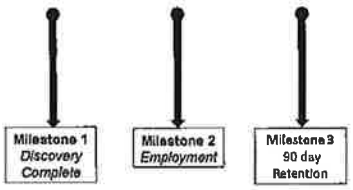
MHM Employment Demonstration services include:

- Customized Employment - Discovering Personal Genius as the person centered assessment tool for employment services.
- Supported Employment Service providers have ACRE (Association of Community Rehabilitation Educators) training.
- Benefits planning is part of the protocol

Approved Employment Providers

- Access to multiple funding streams for employment planning and employment support services
- Complete this 40-hour training
- Pass the post-test
- Use defined Customized Employment techniques to help people with disabilities gain competitive employment

Four Phases of Customized Employment



Customized Employment

Tools to Improve Employment Success

Bob Niemiec, Griffin-Hammis Associates, Inc.

www.griffinhammis.com
www.rentet.org

"Disability is a matter of perception. If you can do just one thing well, you're needed by someone."

-Martina Navratilova

Customized Employment

- CE is based on an Interest-Based Negotiation between the Job Seeker and the Employer
- CE is Person-Centered
- CE is One-Person-At-A-Time
- CE identifies the ideal Conditions of Employment using Discovery
- CE includes Self Employment

Customized Employment

- CE is designed for individuals with High or Complex Support Needs
- CE is applicable to anyone, with any disability, seeking employment
- CE circumvents the Comparison of Applicants made in Competitive Hiring
- CE relies on natural relationships, supports, training, etc.

Customized Employment

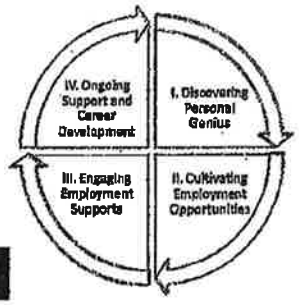
- CE Job Development avoids Market-Driven Approaches including Competitive Applications, Traditional Job Search, Readiness Training...
- CE relies on informational interviews, Paid Job Tryouts, Going Where the Career Makes Sense, Active Employer Councils, Social Capital....

Customized Employment

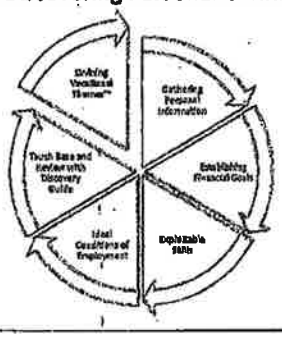
- CE uses Portfolios, Video Resumes, Referrals from Respected-Others, Picture Books
- CE emphasizes the Contributions, Skills & Interests of the Job Seeker in relation to the Employer's needs

1/26/15

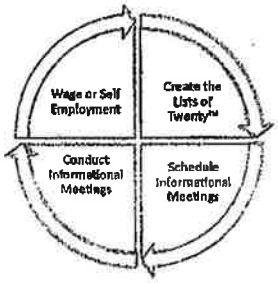
The Phases of Customized Employment



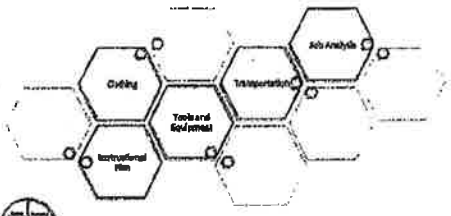
Phase 1: Discovering Personal Genius™



Phase 2: Cultivating Employment Opportunities



Phase 3: Engaging Employment Supports



Phase 4: Ongoing Support and Career Development

Name	Organization	Please sign in
Jamie Denn	Opportunity Partners	
Paul Fredendall		
DAN Meyers		
Josh Dean	CIP	
Melissa Rosewall		
DeAnn Koss	MSOCS	
Shirley Nelson-Williams		
David D. Wilson	Dungarvin	
Amber Eisfeld		
Joel Pralle	PossAbilities	
Katie Mahaffey		
Alison Campbell	Dependable	
Angie Cobbett		
Nick Monson	Functional Industries Inc.	
Holly Sunderman		
Tim Dickie	Rise, Inc.	
Mike Harper		
Evan Henspeter	Lifeworks	
Susan Winterfeld-Thompson		
Linda Hibbard	Epic	
Lisa Evert		
Joanne Simon	AMAS Inc.	
Mary Barnes	Industries	
Denise Johnson		
Heidi Maghan	Kaposia	
Steven Schmit	Blue Sky	
Ann Dahl	Udac	
Dan Rietz	TSE	
Marilee Larson		
Brenda Geldert	Options, Inc.	
Kelly Diiger		

Moving Home Minnesota – Leadership Summit – January 28, 2015

What is the top issue to getting individualized employment supports paid through the Waiver at your organization?

1. Putting new employment practices into place – individual employment approach – increase employment outcomes – ACRE training
2. Not having enough manpower and caseloads are getting too big for our staff (St. Louis Co.)
3. Some counties are more willing to pay than others – seems to be in some Co. budgets and not in others
4. Unbillable time/rates/positions
5. Service agreements don't support individualized employment
6. Lack of knowledge of case managers about how and what can be funded
7. Waiver rates aren't enough to cover costs with unit based services
8. Process for getting a waiver is complex
9. Lack of knowledge and preparation in transition
10. Staffing is difficult due to unpredictable support needs
11. Team fears and opposition
12. Stuck on 6 hrs. a day out of home – residences don't always support
13. Efforts being spent on other reforms: rate restructure, 245D
14. Raising personnel need money
15. No incentive
16. Transition not fluid
17. Getting referrals, counties not on board
18. Level of training and turnover
19. Caliber of staffing
20. Rate paid for SE - $1.90 Isanti Co. (VR = $75 per hr.)
21. Unbillable time
22. Limited CE waiver budgets
23. Low rate. Need 1:1 money. When dollars are tight counties are not willing to give 1:1 rate
24. Hard time getting counties to buy in (seems to be a lack of knowledge);
    a. Waiting to see what is happening with rates
    b. Olmstead implications
25. Staffing
    a. Providing 1:1 when people have been supported 1:4 or 1:6
    b. Higher turnover – retention is hard
    c. Hard to find qualified people
    d. Low wages paid to staff
26. Unbillable time when not with the individual
27. People not looking for a new service and are comfortable where they are
28. County differences
29. Unpaid skills training

Comments:

Moving Home Minnesota – Leadership Summit – January 28, 2015

What is your next big step to increase integrated employment at your agency?

1. Start at pilot program with ICI Customized Employment training. Griffin-Hammis online trng.
2. Created a new position to oversee the employment department
3. Finding what people are good at and coordinating the handoff between a service coordinator and a job developer
4. Increase the number of staff (trained and just more bodies)
5. Jump in – getting started – get referrals
6. Hired someone to lead the employment group
7. To increase referrals and service authorizations for SES
8. Marketing service to the community by sharing success stories
9. Marketing: acquired other companies that had supported employment.
10. Collect data and share
11. Already bit the bullet
12. Develop a financial model for 1:1 job development and placement that is sustainable
13. Figure out the business model and scale up
14. Get buy-in from higher up
15. Motivate staff to make it happen
16. Little steps – keep training and talking about it
17. Educating counties
18. System change – from in-center to more CE
19. Move from $9.00 - $10.00 per hour employment wage
20. Working with schools (CTIC – Transition age)
21. Educating Isanti County
22. Create sustainable CE training with agency
23. Develop staff capable to do the work
24. Help people not get stuck in center based work with their friends
25. Work with the administration to give the money to have a staff to do this work
26. Working more with youth
27. Educate within the organization – make more people aware of opportunities
28. Expand on outside partnerships and opportunities – capitalize on all opportunities
    a. Contacting VR across the state
    b. Get staff to training
29. Hear best practices/success stories/case studies
30. ID Technical Assistance needs
31. ID issues for putting this into practice
32. ID what you need to do to better leverage the waiver
33. Bring one case study of success (example of how it can be done)

Comments:

Feb. 17 Moving Home Minnesota Leadership Webinar

Question 1

Nancy Betts: not enough units of service in their budgets to get the service supports the person needs to be successful regardless of the funding source

Trish McGarry: There has not been an issue thus far for us, but we've only worked with one individual. That person stopped, the team didn't like how long it was taking

Nancy Betts: For someone to be employed successfully there are usually long term supports that are needed but not funded if our experience.

Trish McGarry: We worked with her a approximately three months and then started over with discovery

Nancy Betts: yes - each case manager has limited authorized units to authorize for service agreements

Sylvia Silvers: So far we have been fortunate. County is willing to approve our usual fees. We do worry about what the future will bring. Will our client numbers remain high enough to keep our program running?

Nancy Betts: At this time - CADI & BI especially

Trish McGarry: We consulted with Bob and he advised to start over because the staging records weren't that great

Question 2

Trish McGarry: Linda plans to host stakeholder meetings internally within our agency for our program coordinators/case managers, but also at the county level as an informational session

Trish McGarry: Individually. She will also be attending team meetings to provide information to gaurdians and participants, answer questions

Nancy Betts: We will need to figure out who to send to training and how many. Once it is determined then we will need to look at oru staffing resources and try and realign priorities in this area.

Sylvia Silvers: We are going to set up a competitive employment team. Although we worry about future numbers, we also know this is the service we need to provide for persons with disabilities.

Trish McGarry: We would like to send one more individual from our agency but she wasn't able to on train link?

Sylvia Silvers: We're planning to send 3

Griffin-Hammis Associates - TA

Month	Number of Contract Assistance
June	15
July	21
August	6
September	9
October	12
November	10
December	24
January	41
February	
March	
April	
May	
June	

Contract Deliverable through 6/30/15: Training and Technical Assistance 1:1 = 34 hours each month ($62 per hour ($2,108)

Bob Niemiec

Moving Home Minnesota Tracking - January 2015

DATE	ACTIVITY	# OF HOURS
01/05/15	Prep for SOCS Presentation	2.00
01/07/15	Presentation to SOCS Supervisors	3.00
01/10/15	TA - SOCS re: TA Plan	1.00
01/13/15	Webinar Survey Summary	2.00
01/14/15	TA Prep for Functional Industries	2.00
01/15/15	Follow up with EPIC	1.00
01/15/15	Follow up with Dependable	1.00
01/16/15	Webinar development	1.00
01/16/15	Technical Assistance with Funtional Industries	5.00
01/20/15	Technical Assistance MN SOCS	3.00
01/21/15	Follow Up TA - Functional Industries (gather & send materials)	2.00
01/21/15	Contact with Blue Sky Inc.	1.00
01/22/15	Follow Up with Blue Sky re: TA	1.00
01/26/15	DSR Review for MnSOCS	2.00
01/26/15	Prep for Leadership Workshop	2.00
01/27/15	TA with Dependable Home Health	2.00
01/27/15	Prep for Leadership Workshop	2.00
01/28/15	Leadership Workshop (Brookdale Library)	5.00
01/29/15	TA with SOCS (Ashley and Anita) re: Bryan	1.00
01/30/15	Review and initial compilation of Leadership Summit info.	2.00
		41.00

GHA
Creating Communities of Economic Cooperation
griffinhammis.com

GRIFFIN-HAMMIS ASSOCIATES, INC.

Technical Assistance Summary – January 2015

Organizations receiving technical assistance in January

- MnSOCS
  - CE presentation to supervisors on Jan.7
  - Follow up conversations regarding TA planning
  - Review of DSR with Anita Walker and Ashley Schmitt
  - Phone TA with Anita and Ashley regarding job seeker, Bryan
  - Next steps:
    - Establish training and technical assistance plan with Shirley Nelson-Williams
    - Continued follow up with Anita and Ashley re: Bryan

- Functional Industries
  - On-site technical assistance with Nick Monson, Holly Sunderman and new employment specialist, Luke.
  - Review DSR and DPG progress regarding 19 yr. old job seeker in Big Lake
    - Continued follow up with Nick and team
    - Register Luke for upcoming ACRE training
- Blue Sky
  - Phone conversations with Karry Spinar regarding TA
  - Conversation with Steve Schmit regarding TA
  - Next steps:
    - Follow up with Steve Schmit to schedule on-site TA
- Dependable Home Health
  - Met with Alison Campbell and Isaac Mensah regarding LUV application, and onsite technical assistance
  - Next steps:
    - Assure that Dependable completes LUV application
    - Schedule onsite TA

Organizations Participating in Leadership Training (1/28/15)

1. Dependable Home Health
2. Opportunity Partners*
3. Lifeworks
4. UDAC
5. Kaposia
6. Dungarvin*
7. EPIC
8. Community Involvement Programs
9. Industries Inc.
10. Blue Sky
11. Rise

12. MnSOCS
13. AMAS*
14. Functional Industries
15. PossAbilities of So. MN
16. TSE
17. Options Inc.*

- *indicates an organization that has not participated in the ACRE CE training through MHM
- Next Steps
    - Contact Evan Henspeter at Lifeworks re: TA
    - Contact David Wilson at Dungarvin re: TA
    - Contadct Joel Pralle at PossAbilities re: TA
    - Contact Heidi Maghan at Kaposia re: training

Moving Home MN Technical Assistance Utilization

Technical Assistance:

DSR: Review DSR (document only)
DSRC: Email or phone follow-up with Employment Consultant(s)
DPGTA: Technical Assistance or coaching on Discovery Activities, Themes, Ideal Conditions
JDTA: Technical Assistance/Coaching on Lists of 20 and other job development activities

Date	Organization	# of CE job seekers	Employment Consultant	Type	Outcome
12/3	Wadena DAC*	1 (8 hrs)	Sylvia Silvers, Rose Bakke	JDTA	JD ideas
12/4	MN SOCS**	1 (5 hrs)	Anita Walker	DPGTA	Awaiting DPG
12/8	EPIC Enterprises	3 (1 hr)	Linda Hibbard	DSRC	Set up appt. on 12/22
12/22	EPIC Enterprises	3 (3 hrs)	Linda Hibbard	DPGTA	Follow up in January
12/29	Functional Industries	1 (1 hr)	Nick Monson	DSRC	DPG info
12/30	Functional Industries	1 (1 hr)	Nick Monson	DSRC	Schedule TA in Jan.
12/31	Functional Industries	1 (2 hrs)	Nick Monson	DSRC	Send DPG materials
12/20	All	(2 hrs)	Create TA/Webinar Survey	Other	
12/31	All	(1hr)	Leadership Letter	Other	
	Total Hours	**24**			

- * Includes intro to CE training for 5 staff and travel time (4 hrs)
- ** Includes travel time Baxter to St. Paul (3 hrs)

Moving Home MN Technical Assistance Utilization

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JDTA: Technical Assistance/Coaching on Lists of 20 and other job development activities

Date	Organization	# of CE job seekers	Employment Consultant	Type	Outcome
11/4	CIP	1 (1hr)	Melissa Rosewall	JDTA	Video res.
11/11	Kaposia	1 (2hra)	Samantha Lane	DSRC	Re-write
11/13	MN SOCS	0 (2hrs)	Anita Walker/Jolene Juhl	JDTA	Schedule training
11/19	MN SOCS	0 (1hr)	Jolene Juhl	JDTA	Schedule training
11/19	EPIC	1 (1hr)	Jan Gragg	JDTA	Clarified PASS
11/20	Dependable	0 (2hrs)	Alison Campbell	JDTA	Assist w/LUV & EN applic.
11/12	Wadena DAC	0 (1hr)	Sylvia Silvers	JJDTA	Set up training for Dec. 3
	Total TA	10 hrs			
	Support for Nov. ACRE Training	20 hrs			

Upcoming:

Dec. 3: ½ day training with staff from Wadena DAC on CE and Discovery. Meet with executive director and key employment staff.

Dec. 4: Meet with Anita Walker (MN SOCS) in Brainerd as follow up to Nov. 13 meeting regarding training and technical assistance

Moving Home MN Technical Assistance Utilization

Technical Assistance:

DSR: Review DSR (document only)
DSRC: Email or phone follow-up with Employment Consultant(s)
DPGTA: Technical Assistance or coaching on Discovery Activities, Themes, Ideal Conditions
JDTA: Technical Assistance/Coaching on Lists of 20 and other job development activities

Date	Organization	# of CE job seekers	Employment Consultant	Type	Outcome
10/10	MN VRS	0 (1hr)	Abbie Wells Herzog	DSRC	General questions
10/20	EPIC	1 (2hrs)	Sandy McClintock	DSR	Schedule phone call
10/23	EPIC	1 (1hr)	Sandy McClintock	DSRC	Suggestions for DPG
10/20	Connections	1 (2hrs)	Amanda Suave	DSR	Schedule phone call
10/23	Connections	1 (1hr)	Amanda Suave	DSRC	DPG activities clarified
10/29	Connections	1 (1hr)	Amanda Suave	DPGTA	Review of DPG activities
10/28	Kaposia	1 (1hr)	Samantha Lane	DSR	Questions re: DSR
10/29	Kaposia	1 (2hrs)	Samantha Lane	DSR	Review
10/20	MNSOCS	1 (1hr)	Anita Walker	JGTA	Set up meeting
	Total	**12 hrs**			

Sept = 9 hrs

Moving Home MN Technical Assistance Utilization

Technical Assistance:

DSR: Review DSR (document only)
DSRC: Email or phone follow-up with Employment Consultant(s)
DPGTA: Technical Assistance or coaching on Discovery Activities, Themes, Ideal Conditions
JDTA: Technical Assistance/Coaching on Lists of 20 and other job development activities

Date	Organization	# of CE job seekers	Employment Consultant	Type	Outcome
9/3	Kaposia	1 (1hr)	Sean Spooner	DPTGA	
9/5	Kaposia	1 (2hrs)	Sean Spooner	DPTGA	Set up info interviews
9/10	Kaposia	1 (1hr)	Sean Spooner	DPTGA	Follow up
9/15	Kaposia	1 (1hr)	Sean Spooner	DPTGA	Follow up
9/16	Kaposia	1 (1hr)	Sean Spooner	DPTGA	Follow up
9/15	CIP	0 (2hrs)	Jolene Thibedeau Boyd	DPTGA	Recruiting for TA
9/25	Dependable	0 (1hr)	Alison Campbell	DPTGA	Follow up re: Angela Buchardt
	Total	**9 hrs**			

July - Aug = ?
Aug = 6 hours July = 21

Moving Home MN Technical Assistance Utilization

Technical Assistance:
- DSR: Review DSR (document only)
- DSRC: Email or phone follow-up with Employment Consultant(s)
- DPGTA: Technical Assistance or coaching on Discovery Activities, Themes, Ideal Conditions
- JDTA: Technical Assistance/Coaching on Lists of 20 and other job development activities

Date	Organization	# of CE job seekers	Employment Consultant	Type	Outcome
6/9	Kaposia	3 (2hrs)	Samantha Lane	DPTGA	Updated DSR
6/12	Kaposia	3 (3hrs)	Samantha Lane	DPTGA	Updated DSR
6/13	Kaposia	1 (1hr)	Samantha Lane	DPTGA	Updated DSR
6/30	Kaposia	1 (1hr)	Sean Spooner	DSR	
6/30	Kaposia	2 (2hrs)	Sam Lane/Toni Price	DPGTA	
7/1	Kaposia	1 (1hr)	Sean Spooner	DSRC	
7/14	Kaposia	1 (1hr)	Sean Spooner	DSRC	
7/25	Kaposia	2 (2hrs)	Sean Spooner	DSRC	
7/28	Kaposia	2 (1hr)	Sean Spooner	DSRC	
8/5	Kaposia	2 (2hrs)	Heidi Maghan	DPGTA	
8/7	Kaposia	2 (1hr)	Heidi Maghan, Sean Spooner	DPGTA	
8/25	Kaposia	1 (2hrs)	Sean Spooner	DSR	
8/29	Kaposia	1 (1hr)	Sean Spooner	DSRC	
	Lifeworks	No Info			
7/14	UDAC	1 (2hrs)	Zac Tuominen	DSRC	
7/15	UDAC	1 (1hr)	Zac Tuominen	DSRC	
7/16	UDAC	1 (1hr)	Zac Tuominen	DSRC	
	Connections of Moorhead				
	Functional Industries				
6/9	PossAbilities	1 (1hr)	Tiffany Sanborn	JDTA	
	MSOCS				

Moving Home MN Technical Assistance Utilization

Technical Assistance:

DSR: Review DSR (document only)
DSRC: Email or phone follow-up with Employment Consultant(s)
DPGTA: Technical Assistance or coaching on Discovery Activities, Themes, Ideal Conditions
JDTA: Technical Assistance/Coaching on Lists of 20 and other job development activities

Date	Organization	# of CE job seekers	Employment Consultant	Type	Outcome
	CIP				
	MRCI				
	Rise, Inc.				
6/24	Industries Inc.	0 (1hr)	Denise Johnson	DSRC	Scheduled Training
7/21	Industries Inc.	0 (10hrs)	Mary Barnes, Jane Braman	DPGTA	
	EPIC				
6/13	Dependable Home Healthcare	0 (1hr)	Angela Buchardt	DSRC	
6/23	Dependable	0 (2hrs)	Angela Buchardt	DSRC	

Minnesota Department of Human Services
Disability Services Division

Moving Toward Person-Centered Services

Classroom Training Announcement

Multiple dates and locations See list below

Workshop Description

This program will highlight steps agencies can take to begin shifting their cultures to become more person-centered and employment focused. Presentations share stories of how other organizations have made big changes by taking a series of small steps. Attendees will participant in a brainstorming session to identify action steps they can take immediately to promote the change toward person-centered services and employment.

Target Audience

Service Providers offering Day Training and Habilitation, Supported Employment, Customized Employment programs

Learning Objectives

- Understanding the concepts and principles of person-centered services
- Learning the steps organizations have taken to incorporate those principles in the provision of employment and day services
- Creating a preliminary action plan for their agencies to move toward more person-centered approaches in employment and day services

Registration Information

Participants must have a Unique Key to register for training. To register using TrainLink:

1. Go to TrainLink
2. Select Continuing Care Learning Center
3. Select Sign On in the upper right hand corner
4. Enter your Unique Key
5. Select Class Schedule/Registration
6. Select All Training for Disability Services
7. Search 'Planning for Successful Transitions'
8. Select the Class
9. Select Enroll in this class and follow the registration instructions

Registration closes 2 days prior to the date of event.

If you need assistance or more information, contact DSD Learn by email.

Links and Information

- Cancel a Class Registration Instructions
- Registration Instructions
- TrainLink
- TrainLink Unique Key Instructions
- Unique Key Requests

- Email **DSD Learn** with accommodation needs or questions.

Dates and location:

Date	Time	Address	Room Capacity
11/10/14	9:00-12:00p	Government Center 401 South 5th Street Mankato, MN 56001 Auditorium A & B	35
11/12/14	12:30-3:30p	Forest Lake Service Center 19955 Forest Lake Road North Forest Lake, MN 55025 Room 1203/1204	35
Dec	TBD	Brainerd, MN	

Embracing Change (Becoming A Person-Centered Organization)

Bob Niemiec
Griffin-Hammis Associates, LLC

Principles of a Person-Centered Service

Credo of Support

- **Do Not see my disability as the problem.**
  Recognize that my disability is an attribute.

- **Do Not see my disability as a deficit.**
  It is you who see me as deviant and helpless.

- **Do Not try to fix me because I am not broken.**
  Support me. I can make my contribution to the community in my way.

- **Do Not see me as your client.**
  I am your fellow citizen. See me as your neighbor. Remember, none of us can be self-sufficient.

Credo of Support

- **Do Not try to modify my behavior.**
  What you define as inappropriate may be my attempt to communicate with you in the only way I can.

- **Do Not try to change me, you have no right.**
  Help me learn what I want to know.

- **Do Not hide your uncertainty behind "professional " distance.**
  Be a person who listens, and does not take my struggle away from me by trying to make it all better as a deficit.
  It is you who see me as deviant and helpless.

Credo of Support

- **DO Not be charitable towards me.**
  The last thing the world needs is another Jerry Lewis. Be my ally against those who exploit me for their own gratification.

- **Do Not try to be my friend.**
  I deserve more than that. Get to know me. We may become friends.

- **Do Not help me, even if it does make you feel good.**
  Ask me if I need your help. Let me show you how you can best assist me.

-

Credo of Support

- **Do Not use theories and strategies on me.**
  Be with me. And when we struggle with each other, let that give rise to self-reflection.

- **Do Not try to control me.**
  I have a right to my power as a person. What you call non-compliance or manipulation may actually be the only way I can exert some control over my life.

- **Do Not teach me to be obedient, submissive, and** polite.
  I need to feel entitled to say NO if I am to protect myself

Credo of Support

- **Do Not admire me.**
  A desire to live a full life does not warrant adoration.
  Respect me, for respect presumes equity.

- **Do Not tell, correct, and lead.**
  Listen, Support, and Follow.

- **Do Not work on me.**
  Work with me.

Dedicated to the memory of Tracy Latimer
©1995 Norman Kunc and Emma Van der Klift

Making the Change

First Steps

- Owning the Problem
  - Not responsible for the past
  - Commitment to solve the problem
- Changing the Culture
  - Language
  - Everyone CAN work
  - Adopting professional standards
  - Developing a set of service principles

Service Principles

- The best places to learn how to live and work in the community are in the community.
- Our buildings should be places for people to come and go – not to stay.
- New people who come here should not get comfortable here.
- Smaller is better

Service Principles

- We shouldn't provide things here that exist naturally in the community:
  - Work
  - Recreation
  - Eating places
  - Love and affection
- We should never make the people we support look incompetent in the community
- Being close to people most of the time leads to inclusion

Operational Principles

- Manage our Money
- Wages and Groups
- Reluctantly Compromise
- Communication and Relationships
- Plan Ahead
- Hire "Who" not "What"
- Hold Each Other Accountable
- Celebrate and Acknowledge Good Work

Building a Responsive Organization

- Change comes from the top and is sustained by leaders.
- You can't expect different outcomes by doing what you've always done.
- Show me your budget and I'll tell you what you value.
- Control what you can control – three areas of resources in every business
  - Financial
  - Material
  - Human

Building a Responsive Organization

- Invest time and resources into Discovery-Based Employment practices.
- Stop selling and start listening.
- Build your social capital at all levels.
- Explore traditional and non-traditional sources of revenue.
- Assistance not assessment

Building a Responsive Organization

- Do it one person at a time, and do it a lot of times until you're done. You'll get better at what you do.
- Start small – clear the path. Don't get stuck in planning, processing and waiting for the time to be right for change. Take initial steps and they will lead to answers and next steps.
- Deal in actions (verbs should be active not passive).
- You can't succeed without others (teams)

Building a Responsive Organization

- Hire for what you want to become, not for who you are right now. Future hiring is based on values based questions that will ensure continuity of change based on hiring the "right people."
- Commit to ongoing staff training, mentoring and one-on-one learning models.
- It is difficult to live in two worlds at the same time – commit to one.
- Focus on supports and not so much on services.

Building a Responsive Organization

- During transition from facility based to community based, there are perils of facilitating change when there are dual services (i.e. tradition facility and progressive community based). Stay focused.
- Honor the past but commit to the future.
- No doesn't always mean no – sometimes it means "Know" – other times it means "Not Now."
- Clear open communication is key. You cannot communicate too much.

Building a Responsive Organization

- Values are the linchpin of the change process and the yardstick to determine the future and daily decision-making.
- Commitment to change must persevere through thick and thin and be grounded so that when things such as budgets cuts and other factors not in our control rear their ugly heads we do not revert to old ways but stay true to the values and innovations. Plan for the worst but expect the best.
- Stay focused on outcomes.

Building a Responsive Organization

Employment First is not a project, initiative or campaign – it is what it is – employment as the top priority for youth and working-age adults.

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Mankato 11-10-14

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Mankato 11/10/14

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Moving Toward Person-Centered Services
~~Nov 10th Mankato~~ Forest Lake 11/12/14

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Moving Toward Person-Centered Services
~~Nov 10th Mankato~~ Forest Lake 11/12/14

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Sign-in Sheet

Brainerd
12/04/14

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Technical Assistance
Offered to Counties

Framework for Employment Waiver Review Technical Assistance

I. First step

- Read the waiver review
- Summarize recommendations and issues identified in the waiver review for discussion
- Break the data down into real numbers. For example:
  - Stearns County CCB Participants age 22-64 Earned Income from Employment (2012)
  - (20% earn no income, 67% earn< $250 per month, 13% earn > $250 per month)
  - Raw numbers N= 255, 33 individuals (13%) have earned income >$250, Stearns County needs 26 more people, individuals earning >$250 to match the cohort performance assuming the total number served does not change.

II. Set up initial telephone interview

The first interview will be a "discovery" conversation about the county perception of the issues.

1. Why do you think your employment numbers for earned income are low?
2. What is your goal for this performance measure?
3. What are 1-2 things you think you can make a commitment to make a change in earned income for people on the DD waiver?
4. Do you feel the staff embrace the Employment First philosophy?
5. What agencies are providing employment services?
6. Have you set expectations for the providers about employment outcomes?

III. Follow-up to discuss Technical Assistance next steps

Consider what to resources to offer the county based on the discovery interview.

- Make a grid with a list of training areas we think the county needs to consider in order to achieve better employment outcomes.

Examples include:

- Lead agency staff: Specialized roles for staff, i.e. focus on youth in transition
- Provider Development: clear expectations, ACRE training request data
- Benefits Planning and education – DB101

"Please review the attached information. Use it to prepare for a discussion about which of these recommendations you will consider to expand the community employment opportunities for individuals with disabilities in Stearns County. I will follow-up with you to set up another phone call. After our discussion, I can pull together training resources to offer you."

Set/affirm internal culture and staff roles

Create an environment that supports and reinforces the role of employment. For example, consider structuring staff meetings as a learning forum to disseminate information to case managers about program and policy changes.

- Embed Employment First Principles and Policy by offering training and learning forums to develop thinking and approaches about Employment First.
- Hold people accountable to these new expectations. For example, review the details about each participant's services in their care plan, look for opportunities to expand community employment or increase earned income.
- Work is developed as a strategy to reach other goals – i.e. meet new friends, get out more, fill one's day – what is important TO someone and FOR someone.
- Work with your county Financial Department to the review the earnings panel and track earned income data quarterly between Waiver Reviews
- Create staff specialized roles for staff; assign certain staff to keep up to date on certain policy issues and serve as a resource. Develop internal specialized roles like Youth in Transition, or identify staff to complete the "Busting Down the Benefits Barrier" 80 minute in-depth training video in DB 101 Partners tab.
- Provide training and supports to help staff align their beliefs to new expectations about employment and earned income. Encourage them to embrace their role as influencers and become positive messengers and effective engagers by helping people overcome their fears and concerns about changing benefits, share success stories and learn from people who are already working in the community.
- Learn strategies from county cohorts achieving higher results. Share examples with staff and providers.

Benefits Planning and Education

- Utilize and promote DB101 as a tool to address benefits questions, educate and engage.
- Complete a Benefits Look Up and Estimator Session for all participants to support planning and education.
- Distribute DLL and DB101 resource information often.

Develop Providers

- Hold providers to higher standards for earned income and employment outcomes. Establish performance goals together.
- Collect employment data from providers and review annually (share Ramsey County data collection information)
- Utilize individualized employment planning and "Best Practices" for supported employment
- Try new strategies, assess, refine, and incentivize what works. For example, recommend participation in the Association of Community Rehabilitation Educators (ACRE) training in Customized Employment.
- Provide training and technical assistance resources

IV. Resources

Discuss the recommendations to expand the community employment opportunities for individuals with disabilities. Follow-up these phones call with training resources to offer.

Olmstead Plan Training & Technical Assistance Tracking

1/6/2015	High	Autism Works	Melissa King	telephone	Done	MHM ES - Tony Ganten	provided information about ACRE traininig & MHM	1/6/2015	
1/5/2015	Critical	Epic	Linda hibbard	email	Done	MHM ES - Tony G	leadership Trng attendance	1/5/2015	Answer questions about the vaule of leadership training
1/6/2015	High	Crow Wing County	Justine Vagle	telephone	Done	MHM ES	use of CADI waiver for S	1/5/2015	Status of MHM particpant
1/6/2015	High	Scott County	Katie Hassig	email	update 1/7	MHM ES	SES referal status	ongoing	Authorize SA for SES?
1/6/2015	Medium	MNVRS	Anne Paulson	Review information/materials		MHM ES	Discovery CoP	1/16/2015	Meeting preparation
1/7/2015	Medium	MSOCS	Shirley Nelson-Williams	Face-to-face	In process	Tony G & Bob N.	TA MHM	on going	Meeting with MSOCS supervisors and managers about SES
1/8/2015	Critical	Wadena DAC	Sylvia Silvers	email	Done	MHM ES	leadership Trng attendance	1/8/2015	questions about the vaule of leadership training
1/9/2015	Medium	MSOCS	Shirley Nelson- Williams	email	In process	MHM ES	TTA planning	1/23/2015	leadership strategy attendance
1/9/2015	Medium	Steams County	Janet Reigstad	email	In process	MHM ES	TTA planning	on going	Waiver Review TTA and FU
1/14/2015	Medium	EPIC	Linda Hibbard	Email	In process	Tony G	ACRE training	1/14/2015	
1/14/1900	Critical	AMAS	Joan Simon	telephone	Done	Tony G	ACRE training	1/29/2015	
1/20/2015	Critical	MNVRS	Anne Paulson	Face-to-face	Done	Tony G	Discovery CoP	1/20/2015	Attened CoP meeting
1/20/2015	High	MSOCS	Shirley Nelson-Williams	Face-to-face	Done	Tony G & Bob N.	TA MHM	on going	meeting with MSOCS mgmt team
1/22/2015	Medium	Many Lakes Home Care	Heidi Neuer	email/telephone	Done	MHM ES	ACRE training	1/23/2015	ACRE training
1/21/2015	High	MHM ACRE	see attendance	Monthly web meeting	Done	Tony G & Bob N.	MHM TA	1/21/2015	monthly web meeting for TTA
1/22/2015	High	AXIS Healthcare	Meribeth Arndt	email/telephone	Done	MHMES	con't MHM CM	1/23/2015	
1/22/2015	High	Scott County	Katie Hassig	phone	In process	Tony G	SES MHM	on going	Paricpant FU
1/23/2015	High	Scott County	Katie Hassig	email	In process	Tony G	SES MHM	on going	Paricpant FU
1/22/2015	High	AXIS	Debjo Sathrum	phone	In process	Tony G	SES MHM	ongoing	Paricpant FU
1/27/2015	Medium	Partnership Resources, Inc	Terri Bauernfeind	email	complete	MHM ES	leadership trng attendance		
1/28/2015	Critical	MHM ACRE	see attendance	Face-to-face	Done	Tony G & Bob N.	TA MHM		Leadership summit
1/30/2015	High	AXIS	Andrea Wollack	Telephone	Done	Tony G	TA MHM	1/30/2015	Paricpant FU

Olmstead Plan Training & Technical Assistance Tracking

2/4/2015	Critical	Aitkin County DAC	Paul Kellerman	Email	Done	MHM ES	Did not enroll in ACRE training	2/4/2014	
2/4/2015	Medium	Stearns county	Tim Jeffrey	Email	In process	MHM ES	ACRE Training enrollment	2/18/2015	Wacosa staff enrolled
2/4/2015	High	MSOCS	Shirley Nelson-Williams	Email	In process	MHM ES	FU on Train the Trainer request		Offer to all ACRE trainede agencies
2/5/2015	Medium	Stevens County	Kelsey Peterson	Telephone	Done	MHM ES	send approved MHM providers link	2/5/2015	
2/5/2015	High	Stevens County	Kelsey Peterson	Email	In process	MHM ES	Follow-up in March		Share new ACRE providers near Scott County in March
2/5/2015	Medium	Hammer Residence	Amanda Lewandowski	Telephone	In process	MHM ES	send approved MHM providers link	2/5/2015	
2/5/2015	High	Hammer Residence	Amanda Lewandowski	Email	Done	MHM ES	Authorize SA for SES?		FU in 2weeks - 2/24 update, DLL will engage individual in further discusion aobut employment services
2/12/2015	Medium	ACRE trained agency Leadership		Review information/materials	In process	MHM ES	Share information about issues from small group discussion		
2/12/2015	Low	Wacosa	Nancy Betts	Email	Done	MHM ES	ACRE enrollment	2/12/2015	
2/12/2015	low	MRCI	Bill Schwartz	Email	Done	MHM ES	particpation in ACRE leadership webinar	2/17/2015	
2/12/2015	Medium	Scott County	Katie Hassig	Email	Done	MHM ES	referal to SES providers		FU in 2 weeks
2/17/2015	Critical	ACRE trained agency Leadership	Linda Hogan, Sylvia Silvers, Nancy Betts, Bill Schwartz	Telephone	Done	MHM ES and GHA	leadership summit webinar	2/17/2015	
2/18/2015	High	ACRE webinars - MHM	ACRE cohorts 1-5	Telephone	Done	MHM ES and GHA	ACRE web meeting	2/18/2015	DPG Activities and Skill Verification
2/19/2015	Medium	MSOCS	Shirley Nelson-Williams	Telephone	In process	MHM ES	Train the Trainer		
2/20/2015	Medium	FII	Nick Monson	Review information/materials	In process	MHM ES	Meeting prep	2/23/2015	Read Waiver Reviews for Wright and Sherburne Counties
2/23/2015	Critical	See attendance sheet	See attendance sheet	Face-to-face	In process	MHM ES and GHA			ACRE Training
2/23/2015	Critical	FII	Nick Monson	Face-to-face	Done	MHM ES	Work with Wright & Sherburne Counties to use waivers for SES		Discussed the use of DB101 by staff & interal coordination within FII as a first step
2/24/2015	Critical	Scott County	Katie Hassig	Email	In process	MHM ES	SA for SES		Referal to CIP
2/25/2015	Critical	Brain Injury Alliance	Rose Martin	Email	In process	MHM ES	SA for SES		Referal for SES
2/26/2015	High	GHA	Molly Sullivan	Review information/mate	In process	MHM ES	Employment Planning Work Sheet		work sheet for DLL
2/27/2015	Critical	Scott County	Katie Hassig	Email	In process	MHM ES	SA for SES		Referral to CIP

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EXHIBIT 7-6: EM 3L.1 INTERAGENCY EMPLOYMENT PANEL ANNUAL REPORT

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Interagency Employment Panel
Update on Activities and Recommendations
January 2015

What is the Interagency Employment Panel?

The Interagency Employment Panel is the interagency leadership group formed to align policies and funding to meet the state's Olmstead Plan employment goals and Minnesota's Employment First Policy. Representatives from the Minnesota Departments of Employment and Economic Development (DEED), Human Services (DHS), and Education (MDE) are appointed by the Commissioners of their Departments.

Who is on the Panel?

Alex Bartolic	Director, Disability Services, DHS
Carol Pankow	Director, State Services for the Blind, DEED
Julie Pearson	Clinical Services Policy Supervisor, Adult Mental Health Division, DHS
Kimberley T. Peck	Director, Vocational Rehabilitation Services, DEED
Robyn Widley	Supervisor, Interagency Partnerships Unit, Special Education Division, MDE
Christina Schaffer	Case Processing Enforcement Officer, Minnesota Department of Human Rights, MDHR
Joan Willshire	Director, Minnesota State Council on Disability

Annual reporting

The Interagency Employment Panel will produce annual reports outlining their work from the previous year. These reports will contain information such as findings, policy interpretations and recommendations. This is the first annual report. The first year was truncated as the Panel was not formed until May 2014, nonetheless, the work accomplished through the first seven months will set the ground for more accomplishments in the future.

Findings

The Panel reviewed input and recommendations related to employment of people with disabilities gathered over a number of years, back to 2007. Beginning in 2007, there were several employment "summits" that targeted different groups from all stakeholders to business leaders, families, and individuals with disabilities. In 2009 and 2010 there were a series of listening sessions held with different disability populations: deaf/blind, brain injury, mental illness, physical disabilities, blind, intellectual and developmental disabilities, Autism Spectrum Disorder and transition age youth. In 2009 and 2010 there were meetings of employment community action teams. There were conferences on disability and employment in 2009, 2010, and 2012. In 2010 and 2011 learnings were recorded from meetings of Community Action Teams. In 2013, the Olmstead Plan community input process consisted of many opportunities for commentary.

Findings can be found at the following websites:

- From the employment summits: Minnesota Association of People Supporting Employment First (MNAPSE) (see Summit documents)[1]

[1] http://www.mnapse.org/employment-first/#!action/c1ulz

- From listening sessions: Minnesota Employment Policy Initiative final recommendations (see "MEPI Final Report", 2-page Summary of Recommendations)[2]
- From the Disability and Employment Conferences: Minnesota Employment Training and Technical Assistance Center (see "Annual Disability and Employment Conference")[3]
- From Community Action Team gatherings: Minnesota Employment Training and Technical Assistance Center(see "Community Action Teams")[4]
- From Olmstead Plan community input: Minnesota Olmstead Plan website, document "Where People Work" (see "Other Documents" section)[5]

Policy Interpretation

The Panel did not have any formal policy "interpretations" in its first year. However, the hallmark of the first year was developing and adopting an Employment First Policy.

The Panel members worked in consultation with the Employment Learning Community, Minnesota's Employment First Coalition, and the Olmstead Implementation Office to guide the development of Minnesota's Employment First Policy. The Panel reviewed and revised the final draft of the Employment First Policy and presented it to the Olmstead Subcabinet. The Subcabinet adopted the Minnesota Employment First Policy on September 29, 2014.

The Employment First Policy guiding principles are:

- Integrated, competitive employment is the first and expected service option
- Employment is prioritized as an outcome of services and supports
- Employment and support services are grounded in informed choice practices, which include but are not limited to:
    - Community-based experiences on which to base decisions
    - Knowledge about the potential impact of employment on one's quality of life
    - Information and support to understand one's options related to employment
    - Understanding of how earned income affects public benefits and resources so that work can be part of the plan without fear of losing essential benefits
- Individuals with disabilities have increased control and direction over services and supports
- Effective interagency coordination will be demonstrated in the delivery of innovative employment, education, and support services, and improved employment outcomes
- State agencies will be accountable for monitoring and reporting progress and for establishing interagency quality assurance procedures

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[2] http://www.mn-epi.org/reports/index.asp
[3] http://www.mntat.org/conference/conference10.asp
[4] http://mntat.org/sites/index.asp
[5] http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_archive

Interagency Employment Panel

Update on Activities and Recommendations

January 2015

Recommendations

Services

- Implement rule changes for extended employment

  Status: Interagency work group is meeting; legislation has been introduced; hearings will occur in the 2015 Legislative Session

- Reform pre-vocational, day training and habilitation, and supported employment services to encourage, incent, reward and support competitive employment outcomes for people with disabilities

  Status: DHS Disability Services Division is revising and developing employment services across all the disability waivers to include employment exploration, employment development and supported employment. These new services will be a part of a waiver amendment that is targeted to be sent to the federal Medicaid agency, the Center for Medicare and Medicaid Services (CMS) by October 15, 2015 (pending Olmstead Plan modification changes date to October 31, 2015). The payment for these services will be established, and will establish outcome incentives for competitive employment outcomes.

Standards

- All people will have the choice to attain competitive employment as defined in the Minnesota Olmstead Plan

  Status: Designing plan for implementation of the Employment First Policy; integrating employment planning into person-centered thinking and person-centered planning training; online training modules related to competitive employment are available

- All people will be able to make informed choices about all the services available to them, including competitive employment

  Status: Designing plan for implementation of the Employment First Policy; designed new employment exploration waiver service that will provide payment for experiential options to learn about employment and help people make informed decisions

- People will use a variance process to opt out of competitive employment

  Status: Designing plan for implementation of the Employment First Policy

- People will be given the opportunity to make informed choices about competitive employment on a regular basis

  Status: Will be a part of the operationalization for the Employment First Policy

Interagency Employment Panel

Update on Activities and Recommendations

January 2015

Funding

- Extended employment

  Status: Additional dollars are under consideration in 2015 legislative session

- Waiver funding

  Status: Counties are working with providers and families to identify opportunities to increase supported employment services; waiver amendment will revise employment services and payment structure for them, including outcome payments

- Consumer Directed Community Supports

  Status: Completed analysis and developed pilot and policy recommendations for future legislation

Coordination

- Compliance with federal funding changes: home and community-based services final rule and Workforce Innovations Opportunity Act

  Status: Have studied the Workforce Innovation and Opportunity Act that was passed by Congress and signed by President Obama on July 22, 2014 and the new home and community-based services rule issued by the Centers for Medicare and Medicaid Services in March 2014. The Act affects transition age youth. The CMS rule affects all home and community-based services funded by Medicaid. The Act and the home and community-based services rule will have a major impact on the content and focus of the Memorandums of Agreement/Memorandums of Understanding that the Panel will develop in 2015.

- Increase competitive employment outcomes for students with disabilities within one year of graduation

  Status: During the spring of 2014, an Employment Community of Practice (E-COP) was formed. The E-COP is a partnership activity between MDE, DEED, DHS and representatives from advocacy groups, community rehabilitation providers and twelve local education agencies. They agreed to work and learn together over a one to two year period of time to develop and share knowledge of specific strategies to increase the number of students with disabilities who within one year of graduating from high school are competitively employed

- Increase utilization of evidence-based practices that support competitive employment outcomes in local education agencies

  Status: During the 2014-2015 school years, the E-COP teams are being introduced to evidence-based practices such as Guideposts for Success, Career Planning, and strategies to increase paid job experiences prior to graduation. The E-COP teams are working in collaboration with DHS and DEED in promote Disability 101 estimator sessions. As a result of collaboration between

DEED, DHS, MDE and advocacy groups, families of students with disabilities contributed to the development of the new Work-Benefits-Youth materials. Materials can be reviewed in the Youth section of Disability Benefits 101[6]. The E-COP teams will continue to receive technical assistance from DEED, DHS and MDE and advocacy organizations through the 2015-2016 school years.

Implementation plans developed

The Panel recommended three legislative priorities to increase access to services and increase integrated employment.

- Secure funding for inter-agency competitive employment and community supports project for transition age youth and young adults (ages 14-26) with complex and significant disabilities
- Secure funding for employment data collection strategy to design, develop and implement a comprehensive statewide interagency data base for collecting and reporting on employment outcomes for students and adults with disabilities under the Olmstead Plan
- Secure funding for technical assistance and training to providers to help change business models related to employment

What's next?

Minnesota has prioritized three areas to work on in the next year: increasing the number of people getting competitive, integrated jobs by implementing the informed choice mandates of Minnesota's Employment First policy, facilitating the movement of adults into integrated, competitive employment and expanding the numbers of transition age youth who achieve competitive, integrated employment under the Workforce Innovation and Opportunity act (WIOA).

Action steps for the next year include:

- Complete planning and begin implementation of Employment First Policy
- Developing interagency Memorandums of Agreement/Memorandums of Understanding across DHS, DEED, MDE, and MDHR to support alignment, funding and coordination to meet integration and employment goals
- Seek opportunities to move priority areas forward, regardless of 2015 legislative outcomes

[6] http://www.workbenefitsyouth.org/

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EXHIBIT 7-7: HS 1B – TIMEFRAME FOR INDIVIDUAL HOUSING ASSESSMENTS

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Olmstead Plan Report on HS 1B

Action item HS 1B - Timeframe for Individual Housing Assessments
By January 30, 2015 a timeframe for completing individual assessments and facilitating moves into more integrated settings will be completed.

This action item falls under the first Housing overall strategy: "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." The plan states that "*Individual assessments* of what is necessary to facilitate movement from a restrictive setting to a more integrated setting will provide key information to refine the housing actions."

Currently, people who transition from institutions and other segregated settings to more integrated settings often have to complete a barrage of assessments and interviews designed to support their transition. Most of these assessments, however, are designed with the purpose of identifying service needs and eligibility for programs, and housing is only minimally addressed, if at all. As a result, DHS collects very limited information on the housing situation and preferences of people with disabilities that we serve. This makes it difficult to even fully know individuals' living situations, let alone whether they are in the most integrated setting possible or their preferred option.

Complicating matters is the fact that information about housing options and programs for people with disabilities in Minnesota can be difficult to find and understand. In response to this need, since early 2013 DHS has been in the process of developing a new website, Housing Benefits 101. This website is designed to help organize information around housing options for people who have low income and need services to help maintain their housing. The site recently went live, and can be accessed at www.hb101.org.

The second phase of the website design is the development of the Finding Home interactive tool. This is envisioned as a series of personalized tools that can be completed by an individual, family member, advocate, or any other person. The purpose is to provide the person with an individualized housing plan that can be stored electronically and printed, emailed and shared with others as needed. The tool will also provide a series of suggested next steps and a list of other helpful resources. This feature is expected to be ready for public use before the end of 2015.

The goal is to integrate the new Housing Benefit 101 tool into all applicable transition planning processes overseen by DHS. The benefit of this approach is that this website is independent of other assessment systems and protocols which mean that this tool is available to *anyone* who is transitioning and needs help exploring and identifying housing options in the community. DHS will ensure that all other relevant transition tools and protocols DHS administers include a series of simple questions to determine if the person expresses a desire or need to receive help with housing. If they do, they will be introduced to the Housing Benefits 101 Finding Home interactive tool. Ideally, the assessor, or other qualified professional, would assist the person in accessing and completing the tool, if requested.

The HB101 tool will provide a systematic way of assessing resources and barriers of people looking to move to more integrated settings. The tool will be available to anyone who is exploring making this transition. The information that will be gathered through the tool will then be used to identify gaps in our current housing plans and solutions for particular barriers that this population faces.

DHS will track the number of housing assessments completed through Housing Benefits 101.

Timeframe for Completing Individual Assessments

This action item relates to action item HS 1A which was included in the "Other Segregated Settings Report" (Exhibit 6-13 to Report 6 filed on February 20, 2015). The targets established in that report for the number of individuals moving to integrated settings is included in the table below.

The timeframe for completed housing assessments is below.

Calendar year	HS 1A/SS 2G targets for number of individuals moving	Number of housing assessments completed
2015	50	0[1]
2016	125	50
2017	300	100
2018	350	200
2019	400	200

These goals were established as an estimate based on previous experience with a similar tool, Disability Benefits 101. The ramp-up period in the first several years was included to allow time for sufficient outreach and implementation of this tool which will be new to users. As awareness of the tool grows, it is expected that more people transitioning to community settings will be accessing the tool.

[1] The target for 2015 is zero, because the website tool is being developed in 2015.

EXHIBIT 7-8: HS 3A – LEGISLATIVE PROPOSAL FOR HOUSING AND SUPPORTIVE SERVICES

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Human Services

FY16-17 Biennial Budget Change Item

Change Item Title: Housing and Supportive Services for People with Disabilities

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	1,409	2,268	8,899	15,922
Revenues	55	239	471	752
Other Funds				
Expenditures	36	149	273	425
Revenues	36	149	273	425
Net Fiscal Impact = (Expenditures – Revenues)	1,354	2,029	8,428	15,170
FTEs	**5**	**5**	**5**	**5**

Recommendation:

Beginning July 1, 2015, the Governor recommends changes to Group Residential Housing (GRH) to ensure quality services and settings for people with low incomes and disabilities, and to simplify program rules. Effective February 1, 2017, the Governor recommends restructuring GRH and Minnesota Supplemental Aid (MSA) Shelter Needy to meet the Olmstead Plan's Housing Goal to increase housing options that promote choice and access to integrated settings. This restructuring will include merging GRH funding for non-congregate settings with MSA Shelter Needy funding to provide housing assistance that allows people to choose where they want to live, and ensure that people receive services they need no matter where they live.

Rationale/Background:

GRH and MSA Shelter Needy are 100 percent state-funded income supplements to help address housing needs for people with low incomes and disabilities that keep them from supporting themselves. GRH pays for room and board, and some service costs. MSA Shelter Needy provides a cash benefit to help pay for housing costs. GRH and MSA serve people with a wide variety of disabilities including physical, developmental, mental health illnesses, and chemical dependencies. The goals of GRH and MSA Shelter Needy are to reduce and prevent institutionalization and homelessness for people by helping them afford their housing and stay in their own homes.

People with disabilities are often stuck in institutions, bouncing between friends' couches and crisis beds, and sleeping on mats in homeless shelters. Three main issues prevent people with disabilities from accessing housing in the community.

- **Many people with disabilities cannot afford to live in the community.** Only one out of three people with disabilities who live in their own homes can sustainably afford their housing. Annually, more than 30,000 people with disabilities who have low income get help paying for housing through GRH and MSA Shelter Needy, but these programs allow only a small portion of program recipients to live in a place of their own in the community. Most recipients live in group or congregate settings.
- **Medicaid-funded services that help people live independently in the community do not adequately serve all people with disabilities.** Many people cannot access Medicaid-funded services because their disability does not match the requirements or because they have not been adequately assessed or diagnosed. Many people also need services not covered by Medicaid, such as tenancy supports.
- **Access to affordable supportive housing in the community is inequitable.** People with disabilities who also have low incomes, have mental illnesses, or live outside the Twin Cities metropolitan area are overrepresented in group settings and in homelessness counts.

Additionally, state law does not define monitoring roles and authority for the state or counties, leading to inconsistent quality and potential for harm, fraud and misuse of state funds.

In recent years, the four significant reviews below have called for changes to these programs. This proposal will bring the department into compliance with mandates of these four reviews.

- **The Minnesota Olmstead Plan's Housing Goal, Action 3**, requires increasing housing options that promote choice and access to integrated settings by:

- Ensuring income supplement programs (i.e. GRH and MSA Shelter Needy) can be used in the most integrated setting of a person's choice
- Providing access to housing independent of receiving services from a particular provider, or receiving any services
- Implementing a Housing Stability Services option to those who need additional support to obtain housing or remain in the community.

The Olmstead Plan requires that a proposal be developed for legislative change by January 6, 2015 (HS 3A), and that program changes authorized by the Legislature be implemented by December 31, 2015 (HS 3B).

- **2013 State Plan to Prevent and End Homelessness** recommends reforming GRH and MSA Shelter Needy to allow greater flexibility, increased housing options, and increased access to these programs for people who are homeless.
- **2013 Legislated Service Rate Study** found no correlation among the GRH service rate amount, services provided and the level of individual need; and thus recommended separating the service rate from the housing rate to allow transition and choice, and setting rates based on individual needs and services provided.
- **2007 Office of the Legislative Auditor Report** recommended clarifying and simplifying program rules, adequately and equitably funding program administration at the counties, providing more training and guidance, and ensuring accountability performance across the state.

Proposal:

This proposal includes two parts: Quality Assurance and Simplification, and Olmstead Plan Implementation.

Quality Assurance and Simplification

Ensure quality services and housing for people with low incomes and disabilities.

- Clarify expectations of provision of room and board; implement minimum provider qualifications, including background studies; and add habitability inspections for non-congregate settings.
- Increase monitoring and oversight at the state and county level, including:
  - Internal Audits to review individual and provider eligibility (two staff)
  - Staff to training staff county financial workers (one staff)
  - Policy staff to implement changes, and train county contract managers, social workers and providers (one staff)
  - Termination clause for the department
  - Monitoring and oversight requirements for counties and tribes, supported by an administrative allocation.

An estimated 1,000 background studies will be completed in the first year and 350 background studies will be completed in subsequent years. In FY 2014, DHS completed nearly 293,000 background studies. Based on existing background study capacity, these additional studies can be incorporated into existing workloads. The standard fee is $20 per study and it is set at a rate that recovers the cost of the background study. This proposal will:

Assure equal access to housing and services across all counties by:

- Simplifying license requirements for supportive housing settings
- Simplifying individual eligibility for receiving the GRH Service Rate in supportive housing settings
- Standardizing contracting and service authorizations
- Allowing tribes to enter into GRH agreements.

Simplify program rules by:

- Automating overpayment tracking
- Simplifying budgeting and reporting
- Limiting eligibility to people with disabling conditions and defining who can verify disabling conditions
- Requiring that people apply for all benefits for which they might be eligible, and to agree to re-pay any GRH benefits received while successfully applying for other benefits by signing an Interim Assistance Agreement.

Olmstead Plan Implementation

Implement Minnesota's Olmstead Plan Housing Goal, Action 3, by ensuring people can use income supplements in the most integrated setting of their choice.

Provide Housing Assistance for people to live where they want by merging current GRH funding for non-congregate settings with MSA Shelter Needy to offer housing assistance. Housing assistance will be structured like other state and federal housing programs, based

on fair market rents and a portion of a person's income, and administered directly to housing assistance recipients, landlords, mortgage holders and utilities, instead of to a GRH vendor.

To be eligible, individuals must meet all of these criteria:

- Have a disability
- Demonstrate a need for services
- Have low incomes
- Reside in an institution or GRH setting, or receive MSA Shelter Needy in their own home
- Secure housing in the community with their own lease or mortgage.

Make services available to people who need them where they want to live by:

- Allowing people who receive housing assistance to receive GRH services, if not available from other sources
- Allowing people to choose their GRH services provider

Fund housing modifications to accommodate people's disabilities by allowing a county or tribe to negotiate a difficulty-of-care rate for a person receiving GRH or housing assistance, as approved by the commissioner of Human Services.

To be eligible, individuals must:

- Have extraordinary emotional, behavioral or physical health needs requiring the housing modification in order to secure housing
- Be transitioning from institutional care or a segregated setting into a more integrated setting.

Implementation timeline

The department will implement these proposals over three years.

- 2015: Increase program integrity and quality assurance, and begin building the infrastructure necessary to offer housing assistance and to allow housing and services to be independent of each other.
- 2016: Revise eligibility criteria, and simplify and standardize rules.
- 2017: Offer housing assistance and make services available for the new housing assistance recipients.

This timeline meets the requirements of the Olmstead Plan.

Results:

This proposal will satisfy recommendations of the Minnesota Olmstead Plan, the 2013 State Plan to Prevent and End Homelessness, the 2007 Office of the Legislative Auditor Report, and the 2013 Legislated Service Rate Study. It will prevent intervention and prescriptive remedies from the Olmstead court monitor.

Restructuring existing program elements will expand choices for people with low incomes and disabilities about where they can live and receive services by:

- Increasing people's ability to afford housing in the community
- Allowing people to receive services where they want to live
- Simplifying and standardizing program rules to increase access
- Increasing program integrity and quality of care.

This will decrease the backlogs and waiting lists for housing at hospitals and institutions, and prevent homelessness for people exiting institutions and other residential settings. An estimated 3,100 people per year will exit institutions and other residential settings upon full implementation of this proposal.

The department will use the Results-Based Accountability model to measure the impact of this proposal on increasing choices and quality of care for people with disabilities in Minnesota, including:

- Increase in number of people exiting institutions or group residential housing
- Decrease in number of people becoming homeless after exiting institutions or group residential housing
- Increase in number of income supplement recipients living in affordable housing in the community.

Statutory Change(s):

256I, 256D, 256.017, 245C

DHS Fiscal Detail for Budget Tracking

Net Impact by Fund (dollars in thousands)			FY 15	FY 16	FY 17	FY 16-17	FY 18	FY 19	FY 18-19
General Fund				1,354	2,029	3,383	8,428	15,170	23,598
HCAF									
Federal TANF									
DED Fund				0	0	0	0	0	0
		Total All Funds	$0	1,354	2,029	3,383	8,428	15,170	23,598
Fund	**BACT#**	**Description**	**FY 15**	**FY 16**	**FY 17**	**FY 16-17**	**FY 18**	**FY 19**	**FY 18-19**
GF	25	Group Residential Housing Grants (Housing grant/elig change, Difficulty of Care)		(121)	2,117	1,996	10,382	17,694	28,076
GF	23	General Assistance		0	13	13	81	158	239
GF	24	Minnesota Supplemental Aid		0	(962)	(962)	(2,661)	(3,027)	(5,688)
GF	REV2	Interim Asst Recoveries (non-dedicated)		(55)	(239)	(294)	(471)	(752)	(1,223)
DED	REV	Interim Asst Recoveries (dedicated 35%)		(29)	(129)	(158)	(253)	(405)	(658)
DED	EXP	Interim Assistance		29	129	158	253	405	658
GF	47	Children & Economic Assistance Grants (County Monitoring)		800	800	1,600	800	800	1,600
GF	12	Children & Families Operations (FTEs 2,2,2,2))		236	206	442	206	206	412
GF	12	Test Assessments/Rates		75	0	75	0	0	0
GF	13	Operations Health Care Admin. FTE 1,1,1,1		86	72	158	72	72	144
GF	11	Operations (Internal Audits FTEs 2,2,2,2)		199	168	367	168	168	336
DED	REV	Operations background study revenue		(7)	(20)	(27)	(20)	(20)	(40)
DED	EXP	Operations background study expense		7	20	27	20	20	40
GF	REV1	FFP @35%		(209)	(156)	(365)	(156)	(156)	(312)
GF	11	Operations (MAXIS)		311	0	311	0	0	0
GF	11	Operations (MMIS)		32	10	42	7	7	14
		Requested FTE's							
GF	11	Operations (Internal Audits)		2	2	2	2	2	2
GF	12	Children & Families Operations		2	2	2	2	2	2
GF	13	Health Care Admin		1	1	1	1	1	1

EXHIBIT 7-9: TR 1D – LEGISLATIVE PROPOSAL INCREASING ACCESS TO TRANSPORTATION

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Transportation

FY16-17 Biennial Budget Change Item

Change Item: NexTen for Transportation

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	6,530	8,600	12,600	12,600
Revenues	(1,900)	(4,200)	(5,300)	(5,800)
*Highway User Tax Distribution Fund				
Expenditures	234	222	222	222
Revenues	364,570	562,095	584,142	637,447
Transfers Out	364,277	561,791	583,833	637,133
Trunk Highway Fund				
Expenditures	306,221	426,621	482,538	534,194
Revenues	209,712	323,774	336,834	368,218
County State Aid Fund				
Expenditures	115,894	178,928	186,145	203,489
Revenues	115,894	178,928	186,145	203,489
Municipal State Aid Fund				
Expenditures	30,442	46,999	48,895	53,451
Revenues	30,442	46,999	48,895	53,451
Net Fiscal Impact = (Expenditures – Revenues)	(104,939)	(115,647)	(163,604)	(184,376)
FTEs (MNDOT)	**338**	**564**	**675**	**819**
FTEs (DOR)	**3**	**3**	**3**	**3**
*HUTD Transfers out are including transportation funds only.				

Recommendation:

The Governor recommends that the state commit to a major investment plan for transportation to fund the estimated $6 billion dollar gap that exists between funding needs and revenues in the next 10 years. The Governor proposes filling the $6 billion gap in road and bridge funding by:

- Initiating a 6.5% gross receipts tax on gas
- Increasing registration fees (increase additional tax rate from 1.25% to 1.5% and base tax from $10 to $20; phased-in over 4 years)
- Authorizing $2 billion in trunk highway bonds over the next 10 years
- Leveraging MnDOT efficiencies (up to15% of new revenue)

The gross receipts tax and registration tax increases will fund roads and bridges at the state, county and municipal levels.

The Governor recommends funding Department of Revenue's cost for administering the NexTen Transportation proposal. These costs include $234,000 in FY 2016 and $222,000 in subsequent years for initiating and implementing the 6.5% gross receipts tax on gas.

Other Components:

In addition to the new funding above, the Governor recommends:

- Appropriating the existing trunk highway fund balance for additional state road and bridge funding and to restore purchasing power to MnDOT's operations.
- Increasing general fund appropriations to fund transportation needs not eligible for trunk highway funds. These include:
  - Greater Minnesota transit - $4 million in FY16 and $6 million in FY17 for a $10 million increase for the biennium, with a $10 million dollar base increase in the following years.
  - Bike and pedestrian infrastructure, including Safe Routes to Schools – a $2.5 million annual base increase.

Decreasing general fund revenues of $4.1 million for the FY16-17 biennium for increased petroleum refunds and $2 million for increased income tax refunds from increased registration fees. Also, increasing general fund appropriations $130,000 for the biennium for increased aid under M.S. 270C.19 due to the increase in gas tax, and increasing highway user tax appropriations $456,000 for administrative costs related to the gross receipts tax.

Authorization for the sale of $2 billion in trunk highway bonds over the next ten years. Debt service for these bonds is estimated to be $2.750 million in FY 2016 and $29.734 million in FY 2017, a total of $32.484 for the FY2016-17 biennium. This estimate increases to $149.061 for the FY2018-19 biennium. These estimates were provided by the Department of Minnesota Management and Budget.

To maximize funding uses and deliver our program more efficiently the Governor recommends allowing the use of the State Road Construction appropriation for internal department costs associated with delivering MnDOT's construction program. Currently, consultant costs are eligible for State Road Construction funding, but costs for internal MnDOT staff are not.

Rationale/Background:

Minnesota cannot preserve and improve quality and performance of the state's transportation systems under current investment levels and current infrastructure lifecycle replacement practice. The consequences of underinvesting in the state's transportation system will include a deterioration in service, increase in congestion, failing infrastructure and diminished ability to remain economically competitive. This is because transportation systems facilitate the efficient movement of people and goods and create the opportunity for economic development, enhanced productivity, job formation and sustainable growth. Without additional investment, the transportation system will not be able to expand to accommodate expected population and job growth. In addition, alternatives to driving alone must play a larger role in satisfying growing transportation demand - roads, transit and other transportation modes must work together as one system.

Road and Bridge funding components

Inflation has overtaken revenue growth for transportation. In 2012 the Transportation Finance Advisory Committee (TFAC) determined additional funding was needed for transportation. The department faces a $6B gap in revenue over the next ten years above current fund balance projections, to fund activities such as state road construction and operations and maintenance. $4B is needed for preservation and modernization, and $2B is needed for strategic expansion.

Without additional revenue, there will be:

- Increased deterioration of pavement and bridges on state system
  - Currently 5% of highway pavement is considered in poor condition (rough driving surface); it is estimated to be 11% in 20 years
  - Currently 3% of bridge deck pavement is considered in poor condition; it is estimated to be 8-10% in 20 years
- Very little expansion to address population and economic growth
- Likely staff reductions at MnDOT, and therefore reduction of products and service delivery

In order to restore purchasing power lost from inflation, MnDOT needs operating appropriations increased 3 percent for FY 2016 and approximately 6 percent per year for FY 2017 (compounding from FY 2016). In addition, more operations and maintenance dollars are recommended, calculated as 5% of new trunk highway fund revenues. This additional funding will be spent on snow plowing, fixing pot holes and guard rails, etc. These are needed due to declining asset conditions, increased snow and ice requirements, and the need for more timely maintenance.

While the Department has always worked to be good stewards of public funds, the department has taken a more targeted approach to identify and quantify efficiencies as well as find areas for greater efficiencies. When the Department identifies savings on current projects, we release the programmed funds to advance additional projects (examples include the 494/694 project in Plymouth and Highway 371 north of Nisswa). Under this proposal, the Department commits to finding 15% efficiencies of new revenues.

General Fund - Transit

Greater Minnesota Transit has a statutory goal to meet 90% of the transit need by 2025. In 2013, public transit systems met 63% of the need, based on the demographic models developed for the recent Greater Minnesota Investment Plan. This gap of operating funds includes those needed by local service providers to deliver more service, acquire and replace buses, provide bus maintenance and storage facilities. A small portion will be used by MnDOT to administer the larger program and keep up with inflation.

General Fund – Bike and pedestrian infrastructure, including Safe Routes to Schools

There is a need to increase access to safe options for active transportation – walking and bicycling. Statewide Bicycle System and Pedestrian System plans are in progress to identify specific future needs. Since 2006 MnDOT has received Safe Routes to School applications requesting more than $100 million and has awarded approximately $17 million in grants, illustrating the gap between current need and investment. These grants to schools, in partnership with cities and counties, implement infrastructure projects that improve safety or access for children walking or bicycling to school.

Proposal:

Road and Bridge funding components

New revenues, bonding and MnDOT efficiencies would be identified to help close the funding gap in the next ten years. The goal is an integrated transportation system that optimizes the movement of people and goods across the state. With new funding, we can:

- Improve asset management - preserve and modernize the existing system
- Expand MnPASS and bus rapid transit lanes
- Complete strategic expansion on key corridors throughout the state
- Complete Main Street improvements

The benefits for taxpayers will include:

- reduced wear and tear on their cars
- fewer stops at the fuel pump
- fewer accidents
- more time doing what they need to do

MnDOT has identified pavement and bridge needs as well as mobility projects that are not currently being addressed through its 10-year work plan. These unmet needs and projects will be given priority. These funds will provide for capital costs of construction as well as project development and engineering activities of up to 17% of the project costs, allowing the department to utilize this funding in the most efficient manner.

Internally MnDOT will narrow the transportation funding gap by saving or avoiding costs through efficiencies, innovation and improved program and project management and thereby stretch public dollars further. Efficiencies will also be realized in the long-term asset management of the transportation system with increased benefits and savings when the right investment is made at the right time.

The increase in our operating and capital appropriations allow us to make more timely asset preservation investments and greater utilize our unreserved fund balance. This is reflected in the fiscal impact section which shows that expenditures will outpace the new revenue estimates. The agency understands that it is important to retain a reasonable amount of unreserved fund balance for unforeseen events, but also that the majority of the funds would be best used in state road construction and maintenance.

MnDOT proposes to utilize the increased operating appropriations for our highest-priority products and services. Some of these include:

- Snow and Ice - Keeping the roads clear of snow and ice
- System Roadway Structures Maintenance – remove potholes (Pavement repair)
- Bridges and Structures Inspection and Maintenance

General Fund – Transit

In Greater Minnesota, MnDOT's highest priorities will be to establish service in locations without any existing public transit. Currently, only Waseca County has no form of public transit service available, although many counties do not have county-wide service. Assuming all eligible locations are served by public transit, MnDOT's top priorities for service expansion include:

- Expand service hours in the morning and night to serve more trips
- Expand multi-county services to link more communities
- Provide service on more days of the week
- Expand service frequencies and coverage

General Fund – Bike and pedestrian infrastructure, including Safe Routes to Schools

Provide safe routes infrastructure to increase access to safe options for active transportation in communities across Minnesota. Safe routes for bicyclists and pedestrians are the most effective way to increase walking and bicycling. Safe bicycle and pedestrian access

to schools for Minnesota children has numerous benefits including reducing congestion around schools, reducing school transportation costs, and providing an opportunity for physical activity which decreases obesity, improves health and supports academic achievement.

IT Related Proposals:

N/A

Results:

Road and Bridge funding components

MnDOT would plan to rehabilitate the system for the 21st century by:

- Improving 2,200 additional miles of pavement
- Repairing or replacing an additional 330 bridges, such as Robert St bridge over Mississippi River in St Paul
- Accelerate progress toward state goal of zero highway deaths with targeted installation of rumble strips, median barriers, lighting and other safety improvements .The Minnesota Toward Zero Death program has helped decrease traffic fatalities on Minnesota roads by 40.5% - saving an estimated 2,046 lives since 2003
- Keep roadside infrastructure in a state of good repair.

In addition, MnDOT has operating performance measures that will be impacted by this proposal. All are anticipated to decline without additional funding; and this would reduce the decline. They include:

- Snow Plowing Performance – meet clearance targets
- Smooth Roads – percent of pavement patching addressed
- Percent of projects let in the year scheduled

General Fund – Transit

The additional funding allows the State to meets 90% of projected need for Greater Minnesota transit by 2025 by increasing transit service by nearly 500,000 service hours.

General Fund – Bike and pedestrian infrastructure, including Safe Routes to Schools

Additional bicycle infrastructure investments would focus on local bicycle networks via local planning assistance with partners. Expanding the State Bikeways Systems (e.g. Mississippi River Trail) and investing in local network connection projects would also be prioritized.

Additional pedestrian infrastructure investments will improve the condition of existing infrastructure (sidewalks, pedestrian bridges, traffic signals, etc.), and fill gaps in the sidewalk network.

Increasing the Safe Routes to Schools investment would provide safer walking and biking to school options for thousands of school students.

EXHIBIT 7-10: SS 1B – CRITERIA FOR PERSON-CENTERED PLANNING

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Olmstead Plan Report on SS 1B

Action item SS 1B –Characteristics and criteria for person-centered planning
By January 1, 2015 the state will establish characteristics and criteria that define best practices in person-centered planning and the Olmstead requirements, to be used by state agencies to evaluate their current assessment and plan content and practices, and revise those practices accordingly.

The work involving this action item is being managed under the "Statewide Plan: Building Effective Systems for Implementing Positive Practices and Supports." The working definitions (from the University of Minnesota Institute on Community Integration) being used for this work are:

> **Person-Centered Planning:** An organized method of gathering information about what is important to a person and for a person, how they would like to balance and be supported in these aspects of their lives and that clearly reflects their wishes, expectations, hopes, strengths, resources, and need for support or additional resources related to their goals. The person must direct this planning process (with help from an experiences person-centered facilitator) and must be able to include others in the processes as desired.
>
> **Person-Centered Plan:** An organized method of documenting for the purpose of organizing, managing and sharing information gathered through a person-centered planning process about what is important to and for a person, how they would like to balance and be supported in these aspects of their lives and that clearly reflects their wishes, expectations, hopes, strengths, resources, and need for support or additional resources related to their goals. The person who is the focus of the plan maintains control of the plan and information on it.

Minnesota is aligning state policies and services with person-centered planning characteristics identified in Centers for Medicare and Medicaid Services (CMS) Home and Community Based (HCBS) settings rule and Department of Labor's Workforce Innovation and Opportunity Act (WIOA) as listed below:

CMS Person-centered service plan characteristics

- The person-centered planning process is driven by the individual
- Includes people chosen by the individual
- Provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible
- Is timely and occurs at times/locations of convenience to the individual
- Reflects cultural considerations
- Includes strategies for solving disagreement
- Offers choices to the individual regarding services and supports the individual receives and from whom
- Provides method to request updates

WIOA Requirements

- Requires pre-employment transition coordination, including, when invited, participation in person-centered planning meetings.

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EXHIBIT 7-11: SS 2J – LEGISLATIVE PROPOSAL FOR ELECTRONIC HEALTH RECORDS IN CORRECTIONAL FACILITIES

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Corrections

FY16-17 Biennial Budget Change Item

Change Item: Offender Health Care

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	2,871	2,742	2,742	2,742
Revenues				
Other Funds				
Expenditures				
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	2,871	2,742	2,742	2,742
FTEs	**23.5**	**23.5**	**23.5**	**23.5**

Recommendation:

The Governor recommends $2.871 million in FY 2016 and $2.742 in FY 2017 for the Department of Corrections (DOC) to invest in more comprehensive health care services to the offender population and in an interoperable electronic health records (EHR) system.

This proposal includes:

- $1.1 million each year to purchase and implement an interoperable EHR system for offenders; and
- $1.771 million in FY2016 and $1.642 million in FY2017 and each subsequent year for medical/nursing and release planning services.

In total, this proposal represents a 3.8% increase to the budget for offender health care, and a 0.5% increase to the agency's total general fund budget.

Rationale/Background:

The DOC is required to provide professional health care to all incarcerated offenders. All of the initiatives in this proposal not only are representative of best practices in the industry, but are related to compliance issues with Minnesota's Olmstead Plan, the Prison Rape Elimination Act (PREA), recommendations by the Office of the Legislative Auditor, accreditation standards, and/or other statutory requirements. They also support our Transition from Prison to the Community initiative.

EHR: The 2007 and 2008 Legislatures enacted laws that mandated all hospitals and health care providers to have an interoperable EHR system by 2015. The DOC is considered to be a health care provider. An EHR system will ensure efficiency of health care delivery. It will integrate medical and behavioral health information and help manage the prescription medication process. Providers located in multiple locations will be able to view an offender's health care record simultaneously. The use of an EHR system is a required action step to ensure compliance with Minnesota's Olmstead Plan. Problems related to the sharing of health information have been a recurring complaint across all systems responsible for supporting and managing offender with disabilities. EHR systems improve continuity of care, decrease grievances, improve record-keeping capabilities and result in better overall client health care. Lastly, an EHR system will help us comply with recommendations made by the Office of the Legislative Auditor in 2014, citing the benefits that could be achieved and recognized by the agency with the use of an EHR system. Due to budgetary constraints the DOC has not had resources available to purchase an EHR system.

Medical/nursing services: In response to a recent report issued by the Office of the Legislative Auditor, we developed a detailed plan to address the key findings and recommendations as follows:

- Complete a staffing analysis and develop a comprehensive health services staffing plan;
- Expand and formalize chronic disease management protocols;
- Improve risk management, oversight, accountability and quality improvement processes; and
- Decrease overtime hours and associated expenditures with improved staff retention and satisfaction.

The staffing analysis indicates the current number of health services staff is inadequate to meet the increasing complex health care needs of the offender population. The offender population has increased in number and age. The number of Minnesota inmates over the age of 50 grew from 310 in 1998 to 1,349 in 2014. Skilled nursing beds have increased from 46 to 54, and 73 assisted nursing beds have been added. Research shows that prison inmates tend to be less healthy than the general population and are affected by chronic

disease and conditions at a higher rate than the general population. Approximately one-third of offenders in our prisons have been diagnosed with a chronic disease such as asthma, diabetes, epilepsy, heart disease, Hepatitis C, HIV/AIDS or hypertension.

Release planners: Due to limited resources it isn't possible to provide release planning services to all offenders diagnosed with chemical dependency (CD). A recent study published in the Journal of Offender Rehabilitation found that offenders who received post-release aftercare in addition to prison-based CD treatment were 44% less likely to return to prison within 6.9 years after release. A critical component of CD release planning is connecting the offender to supportive aftercare programming.

Proposal:

The DOC proposes an increase in funding to implement an EHR system, expand sick call access, expand 24-hour nursing coverage from two to five prisons, increase medication management and monitoring, increase and improve supervision and management of medical care activities, ensure review and compliance with professional health care standards, and expand our ability to provide comprehensive release planning services.

- The provisions of this proposal represent a significant expansion to accommodate the current offender population and offender health care needs, and include some operational changes. The requirement to use an EHR system is new.
- This proposal will add 23.5 FTEs as follows:
  - The EHR system will require 4 FTEs (3 DOC and 1 MN.IT) including a project manager, a management analyst, a support staff and an information technology specialist. Funding for contracted services, hardware, software and training will also be necessary.
  - The expansion of and improvements to medical and nursing services require
    - an addition of 10.5 FTEs for registered nurses to expand sick call access, ensure 24-hour nursing coverage at five prisons, manage the needs of a population that is aging and with chronic illnesses, and for required PREA screening;
    - an addition of 7 FTEs for licensed practical nurses to increase medication management and monitoring in 24/7 operations (more than 63% of the offender population receive prescription medications); and
    - an addition of 1 FTE to manage specialty appointments and off-site scheduling, track chronic care offenders, enter data into the corrections offender management system, and for medical records management.
  - We will add 1 FTE responsible for release planning for offenders with chemical dependency.
- We will work with other state agencies, county agencies and other providers and oversight entities. We will collaborate with the Olmstead Implementation Office.
- This proposal is intended to: 1) ensure e-health requirements apply across the entire continuum of care for offenders; 2) decrease risk; 3) provide for quality health care consistent with professional and correctional standards; 4) reduce the need for overtime in health services, 5) provide for optimal patient outcomes; and 6) ensure offenders with chemical dependency are better prepared for successful reentry into the community.
- Implementation of an EHR system will ensure compliance with state law and with Minnesota's Olmstead Plan. It will ensure health information can be shared among providers and will result in procedural efficiencies and time savings.
- The expansion of medical services will allow us to increase and improve delivery of on-site clinical services, improve oversight of clinical operations, increase accountability, and provide for a formalized chronic disease management program.
- Effective release planning will address offenders' CD health needs post-release and improve their chances for success.
- A formal quality assurance program will allow us to more adequately address performance indicators and health care outcome measures. We will work to establish relevant performance measures and achieve successful outcomes.
- An effective EHR system will ensure a continuum of care for offenders while incarcerated and after release from prison. Improvements in the provision of offender health care will decrease risk for adverse patient outcomes and potential litigation, reduce the need for overtime and increase the effectiveness of staff who are working, and provide for comprehensive care management.
- We have developed a request for proposal (RFP) for an EHR that includes nearly 1,000 business requirements, which can be updated and published within a short period of time. A vendor can be selected and contract negotiations can begin with six months of the publication of the RFP. We will immediately begin implementing organizational changes on July 1, 2015 to add medical/nursing staff and the release planner.

IT Related Proposals:

Estimated costs of approximately $800,000 to maintain the use of an EHR system will continue into the FY2020-21 biennium and subsequent years, including $700,000 each year for contracted services and $100,000 for personnel.

Results:

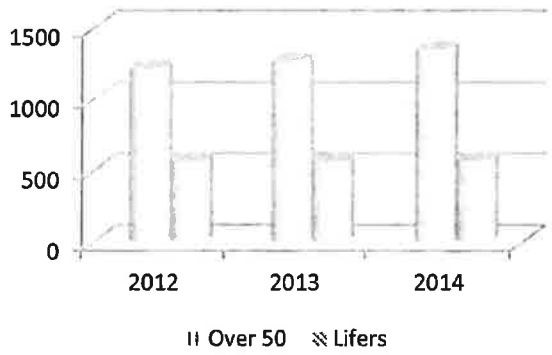
We will need to track the percentage of offender medical records converted to an electronic system to begin measuring performance. Subsequent measures will include but are not limited to tracking the dates of psychiatric visits to ensure appropriate and timely follow-

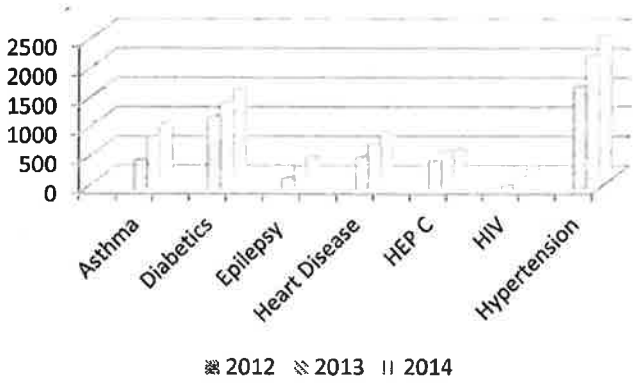
up, measuring the percent change in the number of repeat hospitalizations due to diabetes, tracking the number of physician-patient encounters and measuring the number and effectiveness of chronic care management for hypertensive offenders. It will be important to know providers are able to access e-health information for offenders after they are released into the community.

We will continue to monitor the use and cost of overtime. We authorized 17,837 hours of overtime valued at $901,755 for medical personnel in FY2014, which was fairly consistent with the previous year. The overtime usage is expected to decrease with this proposal.

We will develop performance measures to ensure we are adequately addressing the needs of the offenders identified in the charts below.

Minnesota Department of Corrections
Offender Age and Chronic Disease Data
October, 2015





Statutory Change(s):
Not applicable.

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EXHIBIT 7-12: SS 3J.1 –CRISIS SERVICES EXPANSION PLAN

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Olmstead Plan Report on SS 3J.1

Action item SS 3J.1 – Crisis services expansion plan
By January 15, 2015 DHS will have completed the necessary analysis and planning to expand crisis services, diversion, and early intervention services to persons at risk of experiencing a crisis situation. The expansion plan will include projected start dates for implementation of the services.

SS 3J.1 is related to several other Olmstead Plan action items including:

- SS 3J December 1, 2014 – ID best practices, develop and deliver training and TA
- SS 3J.1 January 15, 2015 – using the above analysis, plan to expand crisis services
- SS 3K July 1, 2015 – implement expansion of services
- SS 3L July 1, 2015 – develop measurements, create baseline, set targets for how system works

Status
The completion of SS 3J was delayed due to the extended period of time that was required to complete the positive supports rule and unavailability of staff assigned to that project to work on SS 3J. That delay affected the ability to meet the timeline for the rest of the sequence.

The delays will be addressed by managing this crisis work in conjunction with the positive supports/person-centered planning work, as described in the Statewide Plan for Implementing Positive Practices and Supports.

I. Analysis

"Minnesota's Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports,[1]" approved by the Olmstead Subcabinet in February 2015, includes an inventory of Minnesota policies and best practices. As part of this inventory process, the crisis workgroup is meeting in April to create a stand-alone inventory for crisis services in the state.

Page 5 of the *Statewide Plan* states:

"Inventory of Minnesota Policies and Best Practices. *DHS and MDE initiated a system for the inventory and analysis of both restrictive procedures and positive practices currently used across agencies. The results from the first dissemination of an online survey is available in Appendix A. Responses from the survey and earlier work from various team members was used to gather the initial identification of policies and practices from 25 different statutory citations. Once inventory data for DHS and MDE are finalized, the inventory review process will be expanded to other agencies. A subset of staff members from a state-wide planning team is continuing to meet regularly to complete the DHS and MDE inventory by January, 2015."*

[1] Exhibit 6-14 to the Subcabinet Report 6 of February 20, 2015 is available on the Olmstead Plan website.

II. Plan to expand crisis services, diversion, and early intervention services

The *"Crisis Triage and Hand-off Process[2]"* approved by the Olmstead Subcabinet in March 2015, includes strategic approaches to improving crisis services.

Page 11 and 12 of the Crisis Triage and Handoff Report states:

Minnesota has a package of mental health reforms before the Legislature in 2015 that address several of the gaps listed in the report. More information about these reforms is in Appendix B.

Prevention and early intervention

- *Offer training and consultation for staff at 250 child care centers. Provide assessments and treatment for 1,250-2,500 children with mental health concerns.*
- *Pilot a new model to help schools support students with mental health and substance use disorders in order to reduce arrests, expulsions and suspensions, while increasing referrals for treatment and services.*
- *Strengthen the state's capacity to serve youth (16-26) with early signs of psychosis and bridge gaps between children's and adult mental health services.*
- *Increase availability of mental health crisis services, moving toward a goal of 24 hours statewide coverage for both children and adults.*
- *Establish one statewide number for all mental health crisis services.*
- *Improve consistency and quality of crisis services.*
- *Expand children's mental health respite care grants to serve 500-1,000 additional children and their families.*
- *Provide training on Adverse Childhood Experiences to 5,000 community partners, parents, and providers. Support local efforts to provide earlier intervention.*

Expand capacity to care for children and adults with complex needs

- *Establish Psychiatric Residential Treatment Facilities (PRTF) to support children with very serious mental illnesses who are going unserved.*
- *Establish extended-stay hospital psychiatric beds, on a contract basis, for youth in need of intensive services on a longer term basis, including those currently served at the Child and Adolescent Behavioral Health Services (CABHS) program.*
- *Create three new Intensive Residential Treatment Service (IRTS) programs for people transitioning from Anoka-Metro Regional Treatment Center.*
- *Sustain improvements at MSH including more clinical services, strengthened treatment teams, and increased programming opportunities for patients.*
- *Create a public psychiatry track in the University of Minnesota's residency program.*

[2] Exhibit 6-21 to the Subcabinet Report 6 Addendum of March 27, 2015 is available on the Olmstead Plan website.

III. Expansion plan with projected start dates for implementation of the services

Implementation of an interim coordinated triage approach for crisis calls coming into the Direct Care and Treatment system and intersecting with the Disability Services Division is scheduled for July 1, 2015, with work continuing to build permanent processes and structures.

Implementation of the proposed expansion of mental health crisis services is dependent upon legislative action. If passed, some pieces, such as rate increases will be implemented July 1, 2015 and others will roll out over time. The intention is to have the statewide 24/7 central phone line for the mental health part of the crisis service system in place by July 1, 2018.

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EXHIBIT 7-13: SS 4E – LEGISLATIVE PROPOSAL FOR FORENSICS ASSERTIVE COMMUNITY TREATMENT (FACT) TEAMS

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Human Services

FY16-17 Biennial Budget Change Item

Change Item: Assertive Community Treatment Quality Improvement and Expansion

Fiscal Impact ($000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	571	751	760	750
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	571	751	760	750
FTEs	**1.0**	**1.0**	**1.0**	**1.0**

Recommendation:

Effective July 1, 2015, the Governor recommends improving the current quality of Assertive Community Treatment services, improving data analysis of Assertive Community Treatment, and expanding access to Assertive Community Treatment services associated with the state's Olmstead Plan. The net state cost of this proposal is $1.3 million in the FY2016-17 biennium and $1.5 million in the following biennium.

Rationale/Background:

As part of the Jensen Settlement Agreement, the state committed to adopting and implementing an Olmstead Plan to allow persons with disabilities attain the fullest feasible level community participation. The plan is uniquely comprehensive when compared to Olmstead initiatives in other states and outlines a vision where:

- 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.
- People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.
- People 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.
- People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.

In order to achieve these goals, the State's Olmstead Plan requires service expansion and quality improvements to support persons with mental illness in the community.

Assertive Community Treatment allows a person with mental illness to receive services in the most integrated community setting, staying out of the hospital and supports competitive employment, and independent community living. Several states under Olmstead enforcement are now required to improve access to and the quality of existing Assertive Community Treatment services for individuals at risk of institutionalization and improve the integration of individuals who have been institutionalized to a more integrated community setting.

Proposal:

Effective July 1, 2015 this proposal recommends funding to (1) improve the quality of current Assertive Community Services through statewide fidelity[1] (high quality) measurement and the provision of technical assistance and education to current providers; (2) analyze the need to expand high quality Assertive Community Treatment across Minnesota; and, (3) create collaborative services that support high quality Assertive Community Treatment to fill identified systems' gaps.

[1] Program fidelity is defined as the extent to which a program adheres to the intended model, both including features that are deemed essential to achieving the aspired outcomes and excluding those that would interfere (Waltz, Addis, Koerner, & Jacobson, 1993; Monroe-DeVita, Teague, & Moser, 2011).

This proposal would fund a total of 1.0 FTE and additional contracted support that would:

- Facilitate the improvement in the quality of current services;
- Analyze the need to expand high quality Assertive Community Treatment;
- Create collaborative services that support high quality Assertive Community Treatment.

This proposal also expands grants in order to enhance the quality of current Assertive Community Treatment services and continue to expand the service. Grants will also allow for the development of a specialized Forensic Assertive Community Treatment team by June 2017 to support people with serious mental illnesses who are exiting the correctional system. Beginning in July 2017, grants will support the development of two Assertive Community Treatment teams each year to continue the expansion of Assertive Community Treatment services throughout Minnesota, and address systems barriers to offering high quality Assertive Community Treatment Services to our most vulnerable adults with severe mental illness

This proposal improves access to services for Minnesotans with severe mental illness by doing a well-designed evaluation of the need for expansion, especially in our rural areas where individuals do not have access to an Assertive Community Treatment team, and by better understanding how to do this expansion without compromising high fidelity/quality services. The proposal impacts the community as well, and will engage multiple community stakeholders (e.g., National Alliance for Mental Illness, police officers, community hospitals, academic institutions) through education and partnerships to provide collaborative but non-duplicative services for Assertive Community Treatment clients. DHS has sought the opinions of ACT Team Leaders and a sample of county and agency providers regarding a larger strategic plan for Assertive Community Treatment. Some of that input provided information for this proposal. As part of this proposal, continued input with stakeholders will be sought.

Results:

This proposal supports the following strategies in the DHS Framework for the Future: 2014:

- Serves more people in their own homes, communities and integrated workplaces
- Integrates primary care, behavioral health, and long-term care
- Reduces the gap in access and outcomes for health care in cultural and racial communities

This proposal also supports the Adult Mental Health Division's internal and external dashboard measures by:

- Increasing the number of adults in Assertive Community Treatment receiving preventative exams (public measure)
- Increasing the number of adults served by Assertive Community Treatment teams (internal measure)

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	The number of adults served in Assertive Community Treatment services	1964	1991	2012 vs. 2013
Quality	The percent of adults in Assertive Community Treatment who receive an annual comprehensive preventative physical exam.	26.5%	27.8%	2012 vs. 2013

New accountable results based data will be collected via the Tool for the Measurement of Assertive Community Treatment (TMACT). This tool reviews both the quantity and quality of Assertive Community Treatment services. As part of the measure, information is collected from individuals served by Assertive Community Treatment teams and surveys if quality of life and recovery has improved. This data will be collected by trained reviewers (both inside and outside of DHS) and will be communicated back to individual programs, stakeholders, and aggregated for statewide comparisons.

Statutory Change(s):

MS § 256B.0622

DHS Fiscal Detail for Budget Tracking

Net Impact by Fund (dollars in thousands)			FY 15	FY 16	FY 17	FY 16-17	FY 18	FY 19	FY 18-19
General Fund				571	751	1.322	760	750	1,510
HCAF									
Federal TANF									
Other Fund									
		Total All Funds	$0	571	751	1.322	760	750	1,510
Fund	**BACT #**	**Description**	**FY 15**	**FY 16**	**FY 17**	**FY 16-17**	**FY 18**	**FY 19**	**FY 18-19**
GF	57	Adult MH Grants		250	500	750	500	500	1,000
GF	15	Adult MH Division		494	386	880	400	385	755
GF	Rev 1	FFP @ 35%		(173)	(135)	(308)	(140)	(135)	(275)
			Requested FTE's						
GF	15	Adult MH Division		1.0	1.0		1.0	1.0	

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EXHIBIT 7-14: HS 1E - TRACKING INDIVIDUALS EXITING STATE CORRECTIONAL FACILITIES

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HS 1E: Develop a process to track the number of individuals with disabilities exiting state correctional facilities and their access to appropriate services and supports. (pg. 50)

Lead Contact Person(s): Deb Kerschner, DOC, 651-361-7366

Within the Minnesota Department of Corrections' (DOC) Facilities Division, business procedures exist within the intake, case management, and release planning processes that can be used to identify inmates who meet the definition of "disability".

- ***Intake***
  When an individual is admitted to a Minnesota adult correctional facility, they are assessed by medical, educational, and behavioral health staff for the presence of any issues that would be defined as a disability under the Olmstead provisions. That information is collected in the DOC management information system. DOC admissions total over 7,800 per year, with all receiving appropriate screenings.

- ***Case Management***
  During the individual's incarceration in a Minnesota adult correctional facility, a DOC case manager assigned to that individual will also update any additions or changes to the individual's disability status. This would include health/medical, disability access planning and educational programming.

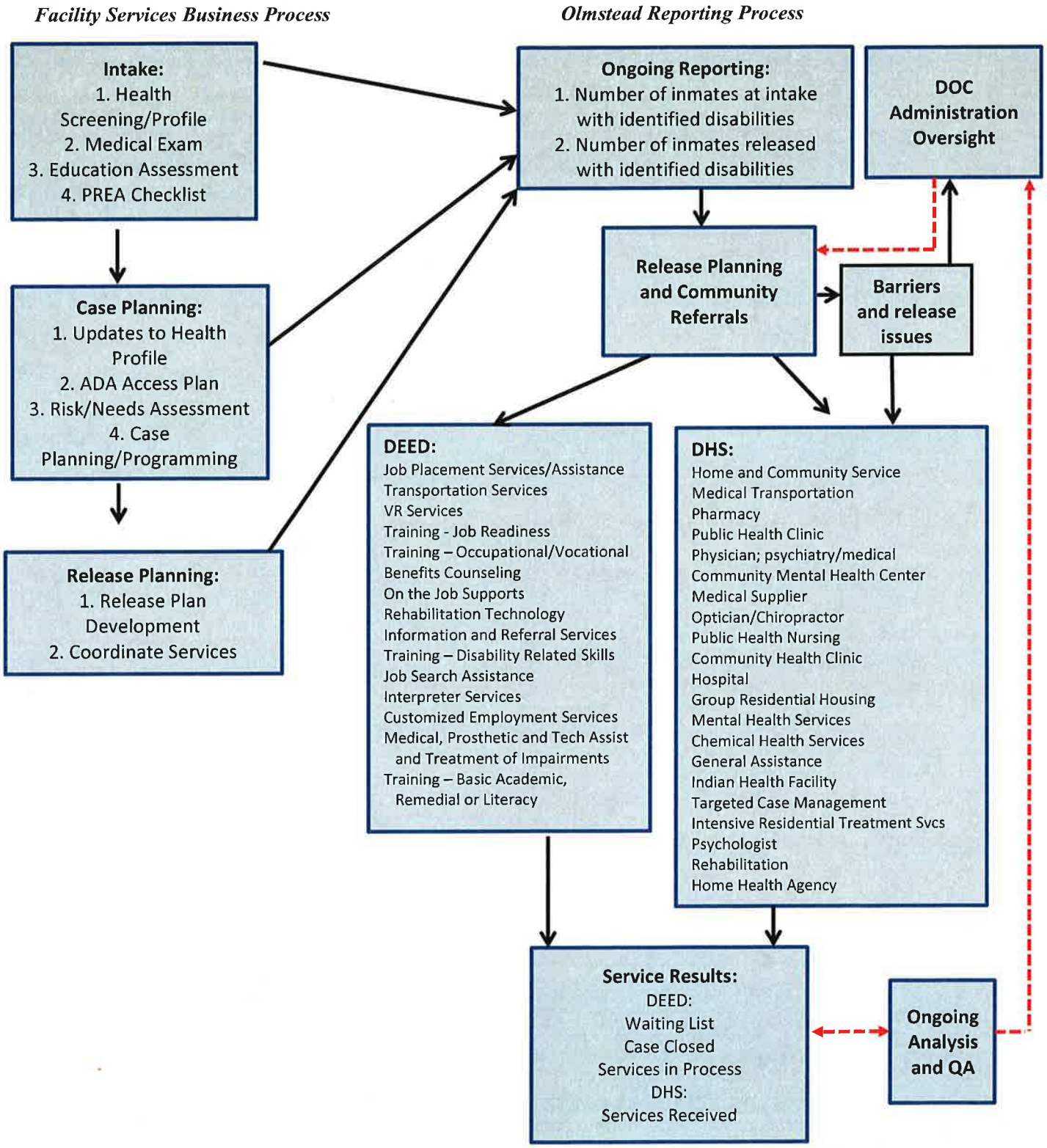
- ***Release Planning***
  In addition to traditional release planners, DOC also has specialized release planners for medical and SPMI/TBI/SO/CD[1] releases. Release planners track the qualifying diagnosis as well as referrals made to external community and system resources. DOC releases total over 7,500 per year, of which 88% receive some type of release planning services (the other 12% are released at expiration of their sentence). Approximately, 619 of that number received enhanced release planning services due to their medical/SPMI/TBI/SO/CD specialized issues.

While an information systems change will need to be made in order to compile those processes for purposes of reporting and for tracking services received following release, it will be possible to report on numbers existing who have the qualifying disabilities. In addition, DOC is developing a matching process with both the Department of Employment and Economic Development (DEED) and the Department of Human Services (DHS) for specific programs the identified offenders actually participated in at the community level, and participation rates.

The business process flow following illustrates how the information would be collected, compiled and reported. The process will also incorporate review of results and barriers in order to improve release planning efforts.

[1] Serious and Persistent Mental Illness/Traumatic Brain Injury/Sex Offender/Chemical Dependency

Process Flow Chart



UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

AFFIDAVIT CONCERNING MINNESOTA OLMSTEAD SUBCABINET REPORT TO THE COURT, STATUS UPDATE, JANUARY 1, 2015 – FEBRUARY 28, 2015, REPORT NUMBER 7, WITH APPENDIX AND EXHIBITS

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

MICHAEL L. TESSNEER, being first duly sworn on oath, states as follows:

1. I am familiar with above-captioned case and settlement.

2. I have reviewed the Court Monitor's April 14, 2015, Report to the Court, Doc. 414, which expresses concerns about verification of the accuracy of filings in the above-captioned matter.

3. As the Compliance Manager for the Olmstead Subcabinet, part of my role as defined by the Olmstead Subcabinet Procedures, adopted by the Olmstead Subcabinet on March 10, 2015, is to create, for each Olmstead Plan item, clear materials describing the degree to which the item is complete, timely, and sufficient to meet Olmstead Plan, Court, or Court Monitor requirements, as applicable.

4. For each Olmstead Plan item, I am responsible for reporting to the Olmstead Subcabinet the degree to which items are complete, timely, and sufficient to meet Olmstead Plan, Court, or Court Monitor requirements, as applicable.

5. With respect to the April 22, 2015 Olmstead Bi-Monthly Status Report, I have verified this information in accordance with the Olmstead Subcabinet Procedures.

6. I hereby verify, to the best of my knowledge and belief, that the information in the Minnesota Olmstead Subcabinet Report to the Court, Status Update, January 1, 2015 – February 28, 2015, Report Number 7, with appendix and exhibits (collectively "Report") is true and correct.

7. I further hereby verify, to the best of my knowledge and belief, the data contained in the Report is either (1) public data under applicable laws, or (2) if it is not-public data, the data subject(s) of any such not-public data have consented to such data being used publicly.

FURTHER YOUR AFFIANT SAYETH NOT.

MICHAEL L. TESSNEER

Subscribed and sworn to before
me on April 22, 2015

NOTARY PUBLIC

SARAH W. STEENHOEK
NOTARY PUBLIC
MINNESOTA
My Commission Expires Jan. 31, 2016