

Olmstead Subcabinet Meeting Agenda

Monday, January 25, 2021 • 3:00 p.m. to 4:30 p.m.

For information on meeting logistics, send an email to MNOlmsteadPlan@state.mn.us

- 1) **Call to Order**
- 2) **Roll Call / Question**
- 3) **Agenda Review**
- 4) **Approval of Minutes**
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- 5) **Reports**
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- 6) **Agenda Items**
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 - b) Public input process on 2021 Plan amendments
 - c) Overview of Olmstead Implementation Office website
 - d) Update on Big 6 workgroups
- 7) **Discussion Item** 55
- 8) **Adjournment**

Next Subcabinet Meeting: March 22, 2021 – 3:00 p.m. – 4:30 p.m.

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Olmstead Subcabinet Meeting Agenda Item

January 25, 2021

Agenda Item:

4) *Approval of Minutes*

a) *Subcabinet meeting on December 21, 2020*

Presenter:

Commissioner Ho (Minnesota Housing)

Action Needed:

☒ Approval Needed

☐ Informational Item (no action needed)

Summary of Item:

Approval is needed of the minutes from the December meeting.

Attachment(s):

4a- Olmstead Subcabinet meeting minutes – December 21, 2020

Olmstead Subcabinet Meeting Minutes

Monday, December 21, 2020 • 3:00 p.m. to 4:30 p.m.

1) Call to Order

The meeting was held using GoTo Webinar. Commissioner Ho welcomed everyone and thanked them for attending.

Subcabinet members present: Jennifer Lemaille Ho, Minnesota Housing (MHFA); Jodi Harpstead, Department of Human Services (DHS); Larry Herke, Minnesota Department of Veterans Affairs (MDVA); Rebecca Lucero, Minnesota Department of Human Rights (MDHR); Roberta Opheim, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD); Mary Catherine Ricker, Minnesota Department of Education (MDE); Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD);

Designees present: Jean Wallace, Minnesota Department of Transportation (MNDOT); Blake Chaffee, Department of Employment and Economic Development (DEED); Mary Manning, Minnesota Department of Health (MDH); Kate Erickson, Department of Corrections (DOC); Nick Thompson, Metropolitan Council (Met Council); and Bruce West, Department of Public Safety (DPS) joined at 3:26 p.m.

Guests present: Mike Tessneer, Rosalie Vollmar, Shelley Madore, Diane Doolittle, Chloe Ahlf, Carolyn Sampson and Sue Hite-Kirk, Olmstead Implementation Office (OIO); John Patterson and Ryan Baumtrog (MHFA); Kristie Billiar (MnDOT); Erin Sullivan Sutton, Catherine Courcy and Shireen Gandhi (DHS); Daron Korte, Tom Delaney and Holly Andersen (MDE); Ann Schulte and Mark Kinde (MDH); Dee Torgerson, Department of Employment and Economic Development (DEED); Michelle Smith, Department of Corrections (DOC); Mike McElhiney, Minnesota Department of Veterans Affairs (MDVA); Gerri Sutton, Metropolitan Council (Met Council); Kylie Nicholas, Audrey McIntyre and Katherine Lymn, The Improve Group

Note: In the interest of time, all attendees to the GoToWebinar were not identified.

CART provider: Paradigm Captioning and Reporting Services, Inc.

2) Roll Call / Question

Commissioner Ho stated that the COVID-19 response has created a disruption in the normal way agencies do business. In this disruption there may be opportunities for systemic strategic change. Commissioner Ho asked members to talk about possible areas in their agency where opportunity may exist.

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- **Commissioner Ho:** Minnesota Housing had a chance to really think about accessibility of our programs and website, and how to improve getting information out to people.
- **Commissioner Harpstead:** DHS has spent much time talking, listening and thinking about day services and other social and emotional supports for people with disabilities.
- **Deputy Commissioner Chaffee:** DEED has learned about our shortcomings around accessibility both internally and externally with the goal of having improved and equitable access for all Minnesotans.
- **Jean Wallace:** MnDOT is aware that Greater Minnesota transit has had a decrease in ridership and use. As a result, they are looking at transport of meals, vaccines and other goods and services, and thinking about how transit can serve emergency operations.
- **Kate Erickson:** DOC has learned that within their system we can work fast and with intention to serve people. In addition, DOC can look at evaluations differently by stepping back and asking what works and what doesn't work and what could work better.
- **Mary Manning:** MDH sees an opportunity to do much more to provide accommodations to meet the needs of people with disabilities.
- **Commissioner Lucero:** MDHR has learned that there are many types of "reasonable accommodations" and we can be much more flexible than we think we can.
- **Commissioner Herke:** MDVA is improving virtual communications for veterans in their homes and will soon be using video for internment ceremonies of veterans for families and friends.
- **Commissioner Ricker:** MDE had the opportunity to have greater interaction with students and their families. Their listening sessions were expanded to many groups of student leaders across the state giving the opportunity to talk about inclusion efforts in their school communities.
- **Nick Thompson:** Met Council echoes comments about the opportunity to redesign the system, to transform services long term in the areas of transit to deliver caregivers, groceries, and services to the homes of people with disabilities.
- **Roberta Opheim:** OMHDD staff have learned to become adaptable at finding ways to resolve issues so that clients flourish.

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- **Colleen Wieck:** GCDD's survey of the general population prior to the pandemic shows that we aren't making much progress in terms of inclusion, with half the people with developmental disabilities telling us they still are not treated as equal citizens.

3) Agenda Review

Commissioner Ho reviewed the agenda. There were no requests for any changes to the agenda.

4) Approve Subcabinet Minutes/Review Executive Committee Minutes**a) Subcabinet meeting on August 24, 2020****b) Executive Committee meeting on November 13, 2020**

Commissioner Ho stated that the November Executive Meeting minutes are included for review and asked if there were any changes needed to the August meeting minutes. No changes were requested.

Motion: Approve August meeting minutes

Action: Motion – Ricker Second - Wieck

In Favor: Vote was taken with 12 Ayes and 0 Nays

MHFA – Aye

DHS – Aye

DEED – Aye

MNDOT – Aye

DOC – Aye

MDH – Aye

MDE – Aye

MDVA – Aye

Met Council – Aye

OMHDD – Aye

GCDD – Aye

MDHR – Aye

5) Reports**a) Chair**

Commissioner Ho and Commissioner Harpstead talked about the end of the court's jurisdiction and the impact of Olmstead Plan implementation. Commissioner Harpstead stated the intention is to keep doing the same reports and gathering the same metrics used while under the court's jurisdiction, because we want to make sure we are making progress for people with disabilities. Going forward quarterly reports will now be "accepted" versus "approved". Over time there will be opportunity to ask if there is anything we should stop, start, or do differently, but over the next few months there will be no sudden changes.

Questions/Comments:

Roberta Opheim (OMHDD) asked if reports will continue to be distributed. Commissioner Harpstead confirmed that the OIO staff will continue to generate and distribute the reports in the same way as in the past.

Commissioner Ho agreed that continuing in the same way demonstrates to people with disabilities and advocates that we take this work seriously. It also means that we do the work of the Big 6 and that over time imagine a plan with additional aspirations.

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Shelley Madore (OIO) reviewed the Director's Report, which provides an overview of the work being completed by OIO. Public Input sessions will be scheduled in February.

Questions/Comments:

Kate Erickson (DOC) asked how all the engagement information from the website is going to be collected. Shelley Madore indicated the website will have many ways to measure activity as we work with providers, agencies and people with disabilities. The main goal is to expand engagement with people with disabilities. Information collected from the website can be shared with the Subcabinet and agency leads. There are two sessions scheduled to provide a preview of the website. They are scheduled for December 28, 2020, and January 4, 2021.

c) Compliance Office

No report.

6) Agenda Items**a) November 2020 Quarterly Report**

Commissioner Ho reported that the November 2020 Quarterly Report was reviewed by the Executive Committee on November 13th. They recommend that the report be accepted by the Subcabinet. The November 2020 Quarterly Report is included in the separate handout.

Motion: Accept November 2020 Quarterly Report

Action: Motion – Wieck Second - Lucero

In Favor: Vote was taken with 12 Ayes and 0 Nays

MHFA – Aye

DOC – Aye

Met Council – Aye

DHS – Aye

MDH – Aye

OMHDD – Aye

DEED – Aye

MDE – Aye

GCDD – Aye

MNDOT – Aye

MDVA – Aye

MDHR – Aye

b) 2020 Annual Report on Olmstead Plan Implementation

Mike Tessneer provided an overview of the 2020 Annual Report which was included in the supplemental handout. The Annual Report provides an update on the progress on all of the goals in the Olmstead Plan and includes information already reported in the 2020 Quarterly Reports. The Executive Summary of the report provides a summary of the goal progress during the last year. The Annual Report is part of the annual review of the goals and the beginning of the annual Plan amendment process. There was more detailed discussion in the later agenda items.

Motion: Accept 2020 Annual Report

Action: Motion – Chaffee Second - Herke

In Favor: Vote was taken with 13 Ayes and 0 Nays

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MHFA – Aye
 DHS – Aye
 DEED – Aye
 MNDOT – Aye
 DOC – Aye

MDH – Aye
 MDE – Aye
 MDVA – Aye
 Met Council – Aye
 OMHDD – Aye

GCDD – Aye
 MDHR – Aye
 DPS - Aye

c) 2021 Olmstead Plan amendment process / 2021 Meeting Schedule

Mike Tessneer provided a brief overview of the Plan amendment process. OIO met with the Subcabinet agency leads on December 17, 2020 to review the process and related timelines. Shelley Madore reviewed the 2021 meeting schedule provided on the back side of that document. The schedule includes the primary agenda item for each meeting and includes steps of the plan amendment process, Quality of Life Survey, and Big 6 workgroups.

Questions/Comments: None

d) OIO Compliance Recommendations on 2021 Olmstead Plan amendments

Mike Tessneer reviewed the annual review of the Plan goals and the analysis of goal performance since 2015. He explained the process used to identify the status of each goal and the recommendations for Olmstead Plan amendments. Mike also reviewed the graphs showing the progress of 12 critical goals and walked through 3 of them: Transition Services Goal 3; Employment Goal 1; and Education Goal 1.

Questions/Comments

Colleen Wieck (GCDD) asked for DEED/Vocational Rehabilitation Services (VRS) to provide additional information about the decline in their numbers and if there was a correlation to their adoption of customized employment, which is a much more intensive process.

Deputy Commissioner Chaffee (DEED) responded by saying in part numbers are affected by the Workforce Innovation and Opportunity Act (WIOA) and having a stronger focus on pre-employment training and services. Further evaluation of the metrics will determine the success of the program or if VRS does something different.

Roberta Opheim (OMHDD) commented that in the past there has been a narrow focus of people in the Subcabinet agencies that understand the goals. She suggested agencies have broader outreach. Shelley Madore (OIO) referred to the OIO website having a dashboard which will display details of goals and be used to actively engage the public around each goal. Website features such as “Commissioners’ Corner” and “Tell us Your Story” will also be great ways to talk about goals.

Commissioner Ho indicated that DHS and MDE have more goals than some of the other agencies. She encouraged Subcabinet members to work with their agency leads and teams

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and to reach out to Mr. Tessneer and Ms. Madore soon if there are any further questions on the direction outlined by Mr. Tessneer.

Colleen Wieck (GCDD) asked that the amendment process consider standardization in terms of dates and measures for the Plan goals. Commissioner Ho stated we will do our best and that the website dashboard may help with standardization.

e) Quality of Life Survey preliminary findings

Shelley Madore reviewed the preliminary findings of the QOL survey. The full report of results will be provided at the February 2021 meeting.

Questions/Comments:

Roberta Opheim (OMHDD) suggested that as we look at making One Minnesota whole, we look at equal access to the internet for people with disabilities. They may not be able to afford the cost of internet, and so we would need to look at provider requirements to determine how we get to a place of equal access.

Commissioner Ho indicated that DEED and the Department of Commerce work on broadband issues and access. Deputy Commissioner Chaffee (DEED) stated that he couldn't speak for the Department of Commerce but confirmed that DEED's role is to work with them on managing the state's grant program.

Commissioner Ho emphasized that internet connection is a huge issue with distance learning. Shelley Madore (OIO) stated equal access to the internet is also important in the areas of employment, telehealth, and connection with family and friends.

7) Closing Remarks and Adjournment

Commissioner Ho recognized Shelley Madore in her new role as OIO Director stating she appreciates her energy and leadership. She further stated that with no longer being under the court's jurisdiction, she and Commissioner Harpstead are looking forward to focusing on the Big 6 Issues. Commissioner Ho thanked the Subcabinet for their patience over the last two years while a new focus of inter-agency work for the Subcabinet has been defined. She also thanked the Executive Committee for their extra work. Rotation of the committee membership will be reviewed.

Adjournment: 4:17 p.m.

Next Subcabinet Meeting: January 25, 2021 – 3:00 p.m. – 4:30 p.m.

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Olmstead Subcabinet Meeting Agenda Item

January 25, 2021

Agenda Item:

- 5) *Reports*
 - b) *Director*

Presenter:

Shelley Madore (OIO)

Action Needed:

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

Summary of Item:

The OIO Director will provide the report on the work of the Olmstead Implementation Office.

Attachment(s):

5b) Director's Report

[AGENDA ITEM 5b]

Olmstead Implementation Office
Director's Report to Subcabinet Members
January 25, 2021

Director's Summary

I am happy to announce that OIO has met significant milestones:

- OIO website will launch on Tuesday, January 26th.
- OIO has received a ZOOM waiver, and we are beginning internal staff training to support this platform. Our license allows up to 10 meetings at one time with up to 350 participants. This gives us the most flexibility as we move forward with our public engagement efforts. We will be using this platform for our Plan amendment public input meetings.
- Social media pages were launched on January 21st with teasers about our new website. On January 23rd, a social media campaign was launched to discuss Ed Roberts, the independent living movement leader. At the meeting on February 22nd, we will be reporting on several social media and website analytics, covering various details about site usage and participation.
- The Communications Specialist position interviewing has been completed, and a decision will be made by January 28th.

Olmstead Plan Amendments

Three public meetings are planned to begin on or around February 22nd. These meetings will be hosted on our new Zoom platform. Additionally, the website will collect comments starting January 28th.

Quality of Life Survey

The survey is completed, and the vendor is working on analyzing the data for the final report. The report will be delivered to the full Subcabinet in April. Following the presentation to the Subcabinet, we will be hosting two public engagement opportunities in May.

Workgroups – Big 6

We are finalizing our support plans for the Big 6 workgroups. We will start contacting agency leads to reach out to their external partners within the next two weeks. Our goal is to have the first meetings of the workgroups scheduled by March 5th to assign leads and co-leads. Following these meetings, the calendar will be developed and advertised. Public meetings will be announced on the website and advertised. At the February 22nd meeting, we will present our plan for the groups, including public engagement calendars and social media support.

I appreciate your time and consideration to give you this update on the work of the OIO staff. Thank you.



Director
Olmstead Implementation Office

Olmstead Subcabinet Meeting Agenda Item

January 25, 2021

Agenda Items:

6 (a) *Olmstead Plan Draft Plan Amendments*

Presenter:

Mike Tessneer

Action Needed:

- ☒ Approval Needed (provisionally approve to go out for public comment)
- ☐ Informational Item (no action needed)

Summary of Item:

This includes the draft amendments to Olmstead Plan measurable goals being proposed by the Subcabinet agencies.

A summary page is included to provide an overview of the changes to the goals.

Once provisionally approved by the Subcabinet the draft amendments will be posted for public comment.

Attachment(s):

6a1 – Summary of Draft Plan Amendments to Olmstead Plan

6a2 – Draft Plan Amendments to Olmstead Plan Measurable Goals

Summary of Draft Plan Amendments to Olmstead Plan

The Subcabinet agencies have submitted proposed amendments to the measurable goals. This is the summary of the changes to the Plan. There are 47 measurable goals in the Olmstead Plan March 2020 Revisions.

Olmstead Plan Goals status	Number
Extended overall goal date and reset targets <ul style="list-style-type: none"> 10 targets were reset to continue progressing from current target 10 targets were reset based on current performance 	20
Extended overall goal date to achieve current targets	7
No change to goal date or target	12
Goal discontinued in Plan / continue to monitor	8
Total Goals	47

In addition to the above changes: the baseline was reset for 5 goals using more recent data; new strategies were added to 7 goals; and new measures were added to 2 goals.

The December 21, 2020 Subcabinet meeting included OIO Compliance analysis and recommendations for Olmstead plan amendments. Twelve goals were highlighted due to their importance or due to their lack of sufficient progress. Those 12 goals are included below along with the amendment being proposed.

Olmstead Plan Goal	Proposed amendment
Transition Services 2 - Awaiting discharge from AMRTC	The measure is being adjusted.
Transition Services 3 - Leaving MSH to integrated setting	The measure is being changed.
Employment 1 - VRS/SSB employed	The goal is being extended and targets reset. Information is provided to explain impacts on performance.
Employment 2 - Medicaid recipients employed	The goal is being extended and targets reset based on current performance. New strategies are being added.
Employment 3 - Students employed	The goal is being extended and targets reset.
Education 1 - Integrated classroom	New strategies are being added. Information is provided to explain targets.
Positive Supports 3 - Reports of mechanical restraints	A new measure is being developed. It will be available in the next round of edits.
Positive Supports 4 - Students restrictive procedures	The goal is being extended and targets reset based on new baseline.
Positive Supports 5 - Reports of restrictive procedures	The goal is being extended and targets reset based on new baseline.
Crisis Services 1 - Children stay in community after crisis	The goal date is being extended to achieve the current target.
Crisis Services 2 - Adults stay in community after crisis	The goal date is being extended to achieve the current target.
Preventing Abuse 4 - Student maltreatment	The goal is being extended and targets reset based on new baseline. New strategies are being added.

[AGENDA ITEM 6a1]

Draft Plan Amendments to Olmstead Plan Measurable Goals

January 19, 2021

This document includes the draft amendments to Olmstead Plan measurable goals being proposed by the Olmstead Subcabinet agencies. The Olmstead Subcabinet will review these amendments on January 25, 2021.

The Olmstead Subcabinet will begin obtaining public comment on these amendments in February 2021 and the amendments are subject to change.

The measurable goals appear in the order that they occur in the Plan, with the page number and the reason for the change noted. Blackline changes indicate the edits to the original language from the Plan.

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PERSON-CENTERED PLANNING GOAL ONE (page 37)**REASON FOR CHANGE**

The goal is being extending. The 2020 goal does not have a numerical target. A 2022 overall goal target is being set. The target goal is a combined average of the rate of occurrence of the eight required criteria.

Goal One: ~~By June 30, 2020, p~~ Plans for people using disability home and community-based waiver services will meet protocols based on the presence of eight required criteria. Protocols are based on the principles of person-centered planning and informed choice.

By June 30, 2022, the eight required criteria will be present at a combined rate of 90%.

Baseline: In state fiscal year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below. The combined rate of the eight criteria was 67%.

1. The support plan describes goals or skills that are related to the person's preferences. (74%)
2. The support plan includes a global statement about the person's dreams and aspirations. (17%)
3. Opportunities for choice in the person's current environment are described. (79%)
4. The person's current rituals and routines are described. (62%)
5. Social, leisure, or religious activities the person wants to participate in are described. (83%)
6. Action steps describing what needs to be done to assist the person in achieving his/her goals or skills are described. (70%)
7. The person's preferred living setting is identified. (80%)
8. The person's preferred work activities are identified. (71%)

PERSON-CENTERED PLANNING GOAL TWO (page 38)

REASON FOR CHANGE

The goal is being discontinued from the Plan because the measures that were used for this goal are no longer available from the National Core Indicator (NCI) Survey.

The annual NCI Survey results will continue to be reported annually.

Goal Two: By 2019, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability to make or have input into major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

~~(A) By 2019, the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions.¹ will be 60% or higher.~~

~~Baseline: In the 2014 NCI Survey, 40% reported they had input into major life decisions.~~

~~**Annual Goals** to increase the percent of people reporting they have input into major life decisions:~~

- ~~• By 2015, the percent will increase to $\geq 45\%$~~
- ~~• By 2016, the percent will increase to $\geq 50\%$~~
- ~~• By 2017, the percent will increase to $\geq 55\%$~~
- ~~• By 2018, the percent will be 58% or higher~~
- ~~• By 2019, the percent will be 60% or higher~~

~~(B) By 2019, the percent of people with intellectual and developmental disabilities who make or have input in everyday decisions.² will be 93% or higher.~~

~~Baseline: In the 2014 NCI Survey, 79% reported they had input into everyday decisions~~

~~**Annual Goals** to increase the percent of people reporting they have input in everyday decisions:~~

- ~~• By 2015, the percent will increase to $> 84\%$~~
- ~~• By 2016, the percent will increase to $> 85\%$~~
- ~~• By 2017, the percent will increase to $\geq 85\%$~~
- ~~• By 2018, the percent will be 90% or higher~~
- ~~• By 2019, the percent will be 93% or higher~~

¹-Of those not currently living with family, percentage who chose or had input into where they live; of those not currently living with family, percentage who chose or had some input in choosing their roommates; among those with a day program or activity, percentage who chose or had some input in where they go during the day. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

²-Among those with a paid community job, percentage who chose or had some input in where they work; percentage who choose or help decide their daily schedule; percentage who choose or help decide how to spend their free time. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

~~(C) By 2019, the percent of people with disabilities other than I/DD who are always in charge of their services and supports.³ will be 80% or higher.~~

Baseline: In the 2014 NCI Survey, 65% reported they were always in charge of their services and supports.

~~Annual Goals to increase the percent of people reporting they are always in charge of their services and supports:~~

- ~~• By 2015, the percent will increase to > 70%~~
- ~~• By 2016, the percent will increase to > 75%~~
- ~~• By 2017, the percent will increase to ≥ 80%~~
- ~~• By 2018, the percent will be 80% or higher~~
- ~~• By 2019, the percent will be 80% or higher~~

³ ~~The percent who respond “yes” they are in charge of the supports and services.~~⁴ This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options being reported under Housing Goal One.

TRANSITION SERVICES GOAL ONE (page 42)

REASON FOR CHANGE

The goal is being extended and annual goals are being reset.

Goal One: By June 30, ~~2020~~, 2022, the number of people who have moved from segregated settings to more integrated settings⁴ will be ~~7,138~~, 9,782.

Annual Goals for the number of people moving from: **(A)** ICFs/DD; **(B)** nursing facilities; and **(C)** other segregated housing to more integrated settings are set forth in the following table.

	2014 Base line	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019	June 30, 2020	June 30, <u>2021</u>	June 30, <u>2022</u>	Cumulative Total
(A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72*	84	84	84	72	72	72	<u>72</u>	<u>72</u>	<u>612</u> 468
(B) Nursing Facilities (NF) under age 65 in NF > 90 days	707*	740	740	740	750	750	750	<u>750</u>	<u>750</u>	<u>5,970</u> 4,470
(C) Segregated housing other than listed above	1,121	50	250	400	500	500	500	<u>500</u>	<u>500</u>	<u>3,200</u> 2,200
Total	1,900	874	1,074	1,224	1,322	1,322	1,322	<u>1,322</u>	<u>1,322</u>	<u>9,782</u> 7,138

* Calendar Year 2014

⁴This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options being reported under Housing Goal One.

TRANSITION SERVICES GOAL TWO (page 42)

REASON FOR CHANGE

The 2020 overall goal was not achieved. The goal is being extended and annual goals reset using an adjusted measure. In the original version of the Olmstead Plan, all people at Anoka Metro Regional Center (AMRTC) were included in the goal. Over time, there was concern that for people who were committed due to incompetency transition out, the facility has little control over when they leave. There was concern that this group was staying longer and skewing the data. In the 2017 Plan Revision, the goal measure was amended to not include those individuals in the measure.

Upon further review, the data indicates that this group does not negatively affect the transition rate. In fact, as a group, they are moving out faster. Therefore, the proposed amendment is to once again include this group into the measure. This means that the measure will look at the length of stay past the need for hospitalization for the whole population at AMRTC. The intent of the goal is to transition all individuals through AMRTC, regardless of commitment type.

Goal Two: By June 30, ~~2020~~, the percent of people under ~~mental health~~ commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting⁵ will be reduced to 30% (based on daily average).

Baseline: In State Fiscal Year 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.

Annual Goals to reduce the percent of people at AMRTC awaiting discharge:

- By June 30, 2016 the percent awaiting discharge will be reduced to ≤ 35%
- By June 30, 2017 the percent awaiting discharge will be reduced to ≤ 33%
- By June 30, 2018 the percent awaiting discharge will be reduced to ≤ 32%
- By June 30, 2019 the percent awaiting discharge will be reduced to ≤ 30%
- By June 30, 2020 the percent awaiting discharge will be reduced to 30% or lower
- [By June 30, 2021 the percent awaiting discharge will be maintained at 30% or lower](#)
- [By June 30, 2022 the percent awaiting discharge will be maintained at 30% or lower](#)

⁵ As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

TRANSITION SERVICES GOAL THREE (page 43)

REASON FOR CHANGE

The measure for this goal is being changed. The current goal measure includes individuals leaving Forensic Services (formerly known as Minnesota Security Hospital) to a more integrated setting. The proposed amendment to the measure will include individuals moving out of the facility to a less restrictive setting, even if the new setting isn't fully community integrated. An example would include moving to treatment facilities in the community. While those facilities aren't fully community-integrated, they are less restrictive than Forensic Services. Secure units at Forensic Services are considered one of the most restrictive settings in the State. Therefore, transition to any other non-secure setting out of a Forensic Services facility is a move to a less restrictive setting. It is believed that from a quality of life perspective, it is valid to track the people who move from the facility to a less restrictive setting.

The baseline is being reset to only include individuals committed as mentally ill and dangerous other committed. The annual targets have been reset based on the new baseline. The current measure included individuals committed after finding of incompetency. Forensic Services will soon no longer be housing that population within Forensics, so they will not be included in the measure.

Goal Three: By December 31, ~~2022~~, 2020, the average monthly number of individuals at Forensic Services⁶ ~~leaving Minnesota Security Hospital to a more integrated setting~~ moving to a less restrictive setting will increase to an average of 5 ~~10~~ individuals per month.

Baseline: During the last four years, for individuals committed under MI&D and other commitments, the average rate of transition per month is approximately 3 per month.

~~Baseline: In Calendar Year 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.~~

Annual Goals ~~to increase~~ for the average monthly number of individuals at Forensic Services moving to a less restrictive setting; ~~leaving Minnesota Security Hospital to a more segregated setting:~~

- By December 31, 2021 the average monthly number of individuals moving to a less restrictive setting will be 4 or more
- By December 31, 2022 the average monthly number of individuals moving to a less restrictive setting will be 5 or more
- ~~By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 8~~
- ~~By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 9~~
- ~~By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 10~~
- ~~By December 31, 2020 the average monthly number of individuals leaving to a more integrated setting will increase to 10 or more~~

⁶ For the purpose of this Plan, goal, Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as mentally ill and dangerous ~~Mentally Ill and Dangerous~~ and other commitment statuses. ~~and individuals under competency restoration treatment, Minn. R. Crim. P. 20.01.~~

TRANSITION SERVICES GOAL FOUR (page 43)**REASON FOR CHANGE**

The 2020 overall goal was not achieved. The goal is being extended and the target reset. The current target of 100% is not a reasonable standard. The proposed amendment extends the goal and resets it to 90%. This is above the threshold of 86% that Centers for Medicare and Medicaid Services use as a reasonable level of compliance for their requirements.

Goal Four: ~~By June 30, 2020, 100%~~ By June 30, 2022, 90% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.]

Baseline: For the period from October 2017 – December 2017, of the 26 transition case files reviewed, 3 people opted out of using the My Move Summary document and 1 person did not inform their case manager that they moved. Of the remaining 22 case files, 15 files (68.2%) adhered to the transition protocol.

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?
6. How the person will get his or her belongings.
7. Medications and medication schedule.
8. Upcoming appointments.
9. Who will provide support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes.
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis.

HOUSING SERVICES GOAL ONE (page 48)

REASON FOR CHANGE

The 2020 overall goal was not achieved. The goal is being extended and annual goals are being reset based on previous year's performance. Two new strategies are also being added.

Goal One: By June 30, ~~2020~~ 2022, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by ~~1,167~~ 5,569 from 5,995 to 11,564 or about a 92% increase).

Baseline: In State Fiscal Year 2014, there were an estimated 38,079 people living in segregated settings.⁷ Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing⁸. [From July 2014 – June 2020, an additional 5,388 individuals moved into integrated housing of their choice \(an annual average of 898\).](#)

Annual Goals to increase the number of individuals living in the most integrated housing with a signed lease:

- ~~By June 30, 2019, there will be an increase of 5,569 over baseline to 11,564 (about 92% increase)~~
- ~~By June 30, 2020, there will be an increase of 5,569 over baseline to 11,564 (about 92% increase)~~
- [By June 30, 2021, the number of individuals moving into integrated housing will be 569](#)
- [By June 30, 2022, the number of individuals moving into integrated housing will be 598](#)

Strategies [\(adding 2 new strategies\)](#)

[Implement new Medicaid Housing Stabilization Services benefit for people with disabilities or disabling conditions who have housing instability.](#)

[Increase use of Minnesota Supplemental Aid Housing Assistance for people with disabilities who are eligible have more resources to pay for housing.](#)

Create More Affordable Housing

- Increase the number of affordable housing opportunities for people with disabilities exiting segregated settings by re-allocating existing funding.

Improve the Ability to Gather Information about Housing Choices

- Implement a process to gather and measure choices made by people with disabilities regarding housing.
- Once a process for capturing and measuring choice is in place, analyze the data and report annually to the Subcabinet on progress in meeting goals.

⁷ Based on "[A Demographic Analysis, Segregated Settings Counts, Targets and Timelines Report](#)" and information from ICFs/DD and Nursing Facilities.

⁸ The programs that help pay for housing included in this measure are: Housing Support (three setting types which require signed leases), Minnesota Supplemental Aid Housing Assistance, Section 811, and Bridges.

Improve Future Models for Housing in the Community

- Increase access to information about integrated housing for people with disabilities through outreach, technical assistance and improved technology.
- Actively promote and encourage counties, tribes, and other providers to implement best-practices and person-centered strategies related to housing.
- Develop policy recommendations and strategies to access Medicaid coverage for housing related activities and services for people with disabilities.

Identify and assess barriers for individuals to obtain and maintain housing, and provide recommendations to the Subcabinet of strategies to address policy and funding barriers.

DRAFT

EMPLOYMENT GOAL ONE (page 52)

REASON FOR CHANGE

The 2019 overall goal was not achieved. The goal is being extended. The baseline is being updated to include recent performance. The annual goals are being reset based on the baseline. The performance on this goal has been impacted by the implementation of the Workforce Innovation and Opportunity Act (WIOA) in July 2014.

Implementation of WIOA led to shifts in funding and resources for DEED VRS and SSB. Some changes included:

- New required information and referral service to be completed with each individual at least annually for nearly 12,000 adults in MN who were working in sub minimum wage employment.
- New service to any youth prior to them entering subminimum wage employment.
- New preETS (pre employment transition services) for students which includes 50,000 potentially eligible students in Minnesota.

Many of these services were new requirements which included establishment of new relationships and new processes. This was labor and resource intensive new work and impacted other services provided by DEED. This has impacted the number of applicants, the time needed to achieve employment outcomes and the number of employment outcomes.

Goal One: By September 30, ~~2019~~, the number of new individuals⁹ who are in competitive integrated employment as a result of receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 5,667 ~~14,820~~.

Baseline: In 2014, Vocational Rehabilitation Services and State Services for the Blind helped 2,738 people with significant disabilities find competitive integrated employment. In 2019, VRS and SSB helped 2,670 people find competitive integrated employment.

Annual Goals to increase the number of individuals in competitive integrated employment:

- By September 30, 2020, the number in competitive integrated employment will increase by 2,072
- By September 30, 2021, the number in competitive integrated employment will increase by 1,495
- By September 30, 2022, the number in competitive integrated employment will increase by 2,100
- ~~By September 30, 2016, the number of new individuals with disabilities working in competitive integrated employment will be 2,911~~
- ~~By September 30, 2017, the number of new individuals with disabilities working in competitive integrated employment will be 2,969~~
- ~~By September 30, 2018, the number of new individuals with disabilities working in competitive integrated employment will be 3,028~~
- ~~By September 30, 2019, the number of new individuals with disabilities working in competitive integrated employment will be 3,059~~

⁹ "New" individuals mean Individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive integrated jobs. These numbers are based on historical trends for annual successful employment outcomes.

EMPLOYMENT GOAL TWO (page 53)

REASON FOR CHANGE

The 2020 overall goal was not achieved. The goal is being extended and annual goals are being reset based on previous performance. The new goals continue to increase the number of people going into competitive employment at the same pace as most of the previous years. In addition, new strategies are being added.

Goal Two: By June 30, ~~2022~~ 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of ~~6,283~~ 5,000 over baseline to ~~12,420~~ 11,137 in competitive integrated employment.

Baseline: In 2014, of the 50,157 people age 18-64 in Medicaid funded programs, 6,137 were in competitive integrated employment. Medicaid funded programs include: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD).

Annual Goals to increase the number of individuals in competitive integrated employment

- ~~By June 30, 2017, a data system will be developed to measure the following: the number of individuals who are working in competitive integrated employment; the number of individuals not working in competitive integrated employment; and the number of individuals not working in competitive integrated employment who would choose or not oppose competitive integrated employment.~~
- By June 30, 2017, the number of individuals in competitive integrated employment will increase by 1,500 individuals over baseline to 7,637.
- By June 30, 2018, the number of individuals in competitive integrated employment will increase by 1,100 individuals over baseline to 8,737.
- By June 30, 2019, the number of individuals in competitive integrated employment will increase by 1,200 individuals over baseline to 9,937.
- By June 30, 2020, the number of individuals in competitive integrated employment will increase by 1,200 individuals over baseline to 11,137.
- By June 30, 2021, the number of individuals in competitive integrated employment will increase to 11,420
- By June 30, 2022, the number of individuals in competitive integrated employment will increase to 12,420

Strategies (adding 4 new strategies)

- Promote tools for support professionals and people to achieve employment goals: The Disability Hub MN provides resources for both support professionals and people in exploring work options, setting goals, and achieving employment success. Promote these tools and increase their use.
 - Work toolkit: Promote the work toolkit to lead agencies as a go to place for resources and tools when supporting people in employment
 - Charting the LifeCourse tools: Promote the use of Charting the LifeCourse tools as a way support person centered planning in the context of employment
- Provide technical assistance to support transitions to competitive, integrated employment: Day and employment service providers in Minnesota are shifting business models to support competitive integrated employment. Provide assistance to these organizations and areas during this transition.

- **Implement E1MN interagency agreements to support employment for adults and youth receiving Medicaid waiver services:** In September, 2019 DHS and DEED signed an interagency agreement to align our systems so that our common customers get seamless and timely supports to make informed choices and meeting competitive, integrated employment goals. Implement the agreements and carry out associated training.
- **Carry out upcoming changes to Prevocational Services in a manner that supports competitive integrated employment:** Upon federal approval, all center based work will be transitioned to prevocational services and the service will be time limited for new recipients. Carry out these changes in a manner that supports transitions to competitive, integrated employment.

Implement the Employment First Policy

- Implement the Minnesota Employment First Policy which encourages competitive integrated employment.

Utilize Data System to Measure and Evaluate Integrated Employment

- Agencies will continue to collaborate on efforts to determine the best ways to use data and common measures to evaluate employment services and measure increases in competitive integrated employment.

Implement the Home and Community-Based Services (HCBS) Rule in a Manner that Supports Competitive Integrated Employment

- Implement federal requirements regarding employment under the Centers for Medicare and Medicaid Services Home and Community-Based Services Rule, the federal rule that governs waived services for individuals with disabilities.

EMPLOYMENT GOAL THREE (page 53)

REASON FOR CHANGE

The 2020 overall goal was not achieved. The goal is being extended and annual goals reset.

Goal Three: By June 30, ~~2025~~ 2020, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive integrated employment will be ~~1,513~~ 763.

~~MDE, DEED and DHS will focus efforts on two groups of students consecutively.~~

- ~~• The first group (2014 group) will be all students with developmental cognitive disabilities, ages 19-21 receiving special education services and included in MDE's December 1, 2014, Unduplicated Child Count.~~
- ~~• The second group (2017 group) will be those students with developmental cognitive disabilities, ages 19-21 receiving special education services and included in MDE's December 1, 2017, Unduplicated Child Count.~~

~~Through our collaborative work MDE, DEED and DHS will develop and enhance interagency strategies that can be replicated across other populations of students with disabilities.~~

Annual Goals for the number of students that enter into competitive integrated employment:

~~2014 group total in competitive integrated employment – 313 (35%) (N=894)~~

- By June 30, 2016 (using fiscal years 2015 and 2016 data), the number of students with Developmental Cognitive Disabilities (DCD) in competitive integrated employment will be 125.
- By June 30, 2017, the number of additional students in competitive integrated employment will be 188.

~~2017 group total in competitive integrated employment – 450 (50%) (N=900)~~

- By June 30, 2018, the number of additional students in competitive integrated employment will be 150.
- By June 30, 2019, the number of additional students in competitive integrated employment will be 150.
- By June 30, 2020, the number of additional students in competitive integrated employment will be 150.

- [By June 30, 2021, the number of students in competitive integrated employment will be 150.](#)
- [By June 30, 2022, the number of students in competitive integrated employment will be 150.](#)
- [By June 30, 2023, the number of students in competitive integrated employment will be 150.](#)
- [By June 30, 2024, the number of students in competitive integrated employment will be 150.](#)
- [By June 30, 2025, the number of students in competitive integrated employment will be 150.](#)

EMPLOYMENT GOAL FOUR (page 54)

REASON FOR CHANGE

The 2019 overall goal was not achieved. The goal is being extended and annual goals reset for 5% growth per year over 2019 performance.

Goal Four: By December 31, ~~2022, 2019~~, the number of Peer Support Specialists who are employed by mental health service providers will increase to 88. ~~by 82~~.

Baseline: As of April 30, 2016, there are 16 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota. [As of December 2019, there were 76 employed peer support specialists.](#)

Annual Goals to increase the number of employed peer support specialists:

- ~~• By December 31, 2017, the number of employed peer support specialists will increase by 14~~
- ~~• By December 30, 2018, the number of employed peer support specialists will increase by 30~~
- ~~• By December 30, 2019, the number of employed peer support specialists will increase by 38~~

- [By December 30, 2020, the number of employed peer support specialists will be 80](#)
- [By December 30, 2021, the number of employed peer support specialists will be 84](#)
- [By December 30, 2022, the number of employed peer support specialists will be 88](#)

LIFELONG LEARNING AND EDUCATION GOAL ONE (page 58)

REASON FOR CHANGE

No changes are being made to the measurable goal. Annually increasing the percentage of students in the most integrated setting by 0.25% equates to moving 300 students into the most integrated settings each year, with an increase of 600 students moving into the most integrated setting over the next two years. This goal is in alignment with MDE's Plan that is reported to the federal office and required by the Individuals with Disabilities Education Act (IDEA). MDE's Plan is developed with and reviewed by internal and external stakeholders.

New strategies are being added to support efforts in achieving the goal. The strategies from Education Goal Three related to Assistive Technology are being moved under this goal as they impact students being in the most integrated setting. A new strategy is being added related to data analysis to identify underrepresented student groups to inform future strategies for improvement.

Goal One: By December 1, 2021 the percent of students with disabilities³³, receiving instruction in the most integrated setting³⁴, will increase to 63%.

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.1%) received instruction in the most integrated setting.

Annual Goals to increase the percent of students with disabilities receiving instruction in the most integrated settings:

- By December 1, 2019 the percent of students with disabilities receiving instruction in the most integrated setting will increase to 62.5%.
- By December 1, 2020 the percent of students with disabilities receiving instruction in the most integrated setting will increase to 62.75%.
- By December 1, 2021 the percent of students with disabilities receiving instruction in the most integrated setting will increase to 63%.

Strategies (adding new strategies)

Improve Graduation Rates for Students with Disabilities

- Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR). Application of these strategies has proven successful in increasing graduation rates for students with disabilities.
- [Implement Minnesota's State Personnel Development Grant, designed to reduce dropout rates and improve graduation outcomes for American Indian children and youth with disabilities through the implementation of evidence-based practices and increase the number of American Indian teachers in special education through support of higher education partnerships.](#)

[Broaden the Effective Use of Person-Centered Planning Principles and Techniques](#)

- [Continue the Person-Centered Planning pilot of the Minnesota State Interagency Committee \(MNSIC\) Interagency Coordination Model. This incorporates person-centered planning practices into the Individualized Education Program \(IEP\) process. The cohorts will be supported with tools and practices learned from the previous rounds of pilot programming.](#)

[Continue the Expansion of Assistive Technology \(AT\) Teams Project](#)

- [Continue to expand AT Teams Projects, designed to support school district AT Teams in providing services that are in alignment with legal standard and best practices in AT. A matrix of potential AT determinations](#)

[will be provided to each district team, which will gather data for MDE as part of the team's agreement for participation in the AT Teams Project. MDE utilizes implementation fidelity and scale-up measures to evaluate the extent to which school districts apply MDE training for active consideration of AT in individualized education program \(IEP\) meetings. This data will be used to evaluate implementation and impact in school districts for students with disabilities.](#)

[Analyze Minnesota Special Education Setting Data to Identify Underrepresentation of Student Groups](#)

- [Analyze Minnesota annual special education setting data to specifically identify student disability and race/ethnicity categories that are underrepresented in the state's students with disabilities educated in the most integrated setting.](#)
- [Use annual analysis of data to develop or revise strategies specifically for these underrepresented student groups to increase the proportion educated in the most integrated setting.](#)
- [Annual analysis will be reported to the Olmstead Subcabinet and be available to the public at MDE's online Data Center \(under Data Reports and Analytics\).](#)

Improve and Increase the Effective Use of Positive Supports in Working with Students with Disabilities

- Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS) to improve the capacity of school districts to include students in integrated classrooms, and reduce the disciplinary removal of students from the classrooms. In 2016-2017, there were 137,601 students with disabilities, and 19,488 disciplinary actions involving students with disabilities (i.e. an out of school suspension for one day or more, expulsion or exclusion). MDE annually reviews disciplinary actions for disproportionality related to student disability and race/ethnicity, in an annual report to the legislature. As of August 2019 there are 769 or 37% of Minnesota schools implementing PBIS, impacting an estimated 350,000 students. (40% of all students)

Continue Strategies to Effectively Support Students with Low-Incidence Disabilities

- Continue implementation of the Regional Low Incidence Disability Projects (RLIP). These projects provide equitable services to students with low incidence disabilities (those students in categorical areas comprising less than 10% of students receiving special education services) throughout the state. The projects support equity in service through professional development, technical assistance and access to qualified educators to support access to a free, appropriate public education in the student's home district.

Improve Reintegration Strategies for Students Returning Back to Resident Schools

- Continue collaboration between MDE and DOC at the Minnesota Correctional Facility in Red Wing. This project will improve reintegration of students with disabilities exiting the facility to their resident district or to a more integrated setting.
- Implement a reintegration protocol statewide for students placed out of state or in juvenile correctional facilities.

LIFELONG LEARNING AND EDUCATION GOAL TWO (page 58)

REASON FOR CHANGE

The 2020 overall goal was not achieved. The goal is being extended. The baseline is being reset from the original 2014 baseline in order to adjust for improved Minnesota's Statewide Longitudinal Education Data System (SLEDs) data collection. The annual targets are being reset based on the new baseline.

Goal Two: By June 30, ~~2025~~ ~~2020~~ the percent of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to ~~34.8%~~ ~~36%~~ (from the ~~2020~~ ~~2016~~ baseline of ~~29.8%~~ ~~31%~~).

Baseline: Based on ~~2020~~ ~~2014~~ Minnesota's Statewide Longitudinal Education Data System (SLEDs), of the ~~7,212~~ ~~6,749~~ students with disabilities who graduated statewide in ~~2018~~ ~~2014~~, a total of ~~2,151 (29.8%)~~ ~~2,107 (31%)~~ enrolled in the fall of ~~2018~~ ~~2014~~ into an integrated postsecondary institution.

Annual Goals to increase the percent of students with disabilities enrolling in an integrated postsecondary education setting in the fall after graduating are:

- ~~By June 30, 2019, the percent will increase to 35%~~
- ~~By June 30, 2020, the percent will increase to 36%~~
- [By June 30, 2021, the percent will increase to 30.8%](#)
- [By June 30, 2022, the percent will increase to 31.8%](#)
- [By June 30, 2023, the percent will increase to 32.8%](#)
- [By June 30, 2024, the percent will increase to 33.8%](#)
- [By June 30, 2025, the percent will increase to 34.8%](#)

Strategies ([adding a new strategy](#))

Increase the Number of Students with Disabilities Pursuing Post-Secondary Education

- Utilize the "Postsecondary Resource Guide-Successfully Preparing Students with Disabilities." This resource guide and training modules provide regional technical assistance to IEP teams including youth and families, to increase the number of students with disabilities who enter into integrated, postsecondary settings.
- MDE will continue working with the National Secondary Transition Technical Assistance Center (NSTTAC) to provide regional capacity building training for the purpose of increasing the number of students with disabilities who are in a postsecondary education setting by 2020.
- MDE will partner with TRIO Student Support Services at institutions of higher education in order to increase postsecondary enrollment of recent high school graduates. MDE will continue to disseminate Minnesota Postsecondary Resource Guides and share on-line training resources. These resources are currently located on the Normandale Community College website at <http://www.normandale.edu/osdresources>.
- [MDE will collaborate with DEED/VRS and local school districts to develop a transition framework to provide guidance and alignment for programs for transition age students \(14-21\). This framework will provide statewide alignment for local school districts on scope and sequence and the Pre-Employment Transition Services \(Pre-ETS\) framework.](#)

LIFELONG LEARNING AND EDUCATION GOAL THREE (page 59)

REASON FOR CHANGE

The goal is being discontinued in the Plan. The implementation of the Assistive Technology Teams Project (ATTP) will continue. The ATTP is a strategy employed by MDE to increase the integration of students with disabilities. The strategies related to this goal are being moved under Lifelong Education and Learning Goal 1 (Most Integrated Setting). MDE will continue to analyze data to determine the impact of Assistive Technology Teams Project training on the active consideration of assistive technology during the IEP process. MDE will continue to annually report ATTP progress data to the Olmstead Subcabinet through workplan reporting.

Goal Three: ~~By June 30, 2020, students with disabilities will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. Active consideration is based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.~~

There are two measures for this goal:

~~(A) School districts trained in active consideration~~

~~Baseline: From December 2016 to December 2018, fifteen school districts have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting.~~

Annual Goals to increase the number of school districts that completed MDE training in active consideration of assistive technology (AT):

- ~~• By June 30, 2019, the number of school districts that completed AT training will increase to 21.~~
- By June 30, 2020, the number of school districts that completed AT training will increase to 31.

(B) Students with disabilities in districts trained in active consideration

Baseline: From December 2016 to December 2018, 11.1% (15,106 of 136,245) of students with disabilities statewide (K-12) are served in school districts that have completed MDE training in active consideration of AT during the student's annual individualized education program (IEP) team meeting to ensure education in the most integrated setting.¹⁰

Annual Goals to increase the percent of students with disabilities statewide in school districts that have completed training in active consideration of assistive technology during their annual IEP team meeting:

- ~~• By June 30, 2019, the percent of students with disabilities in school districts that have completed MDE training will increase to 15%.~~
- By June 30, 2020, the percent of students with disabilities in school districts that have completed MDE training will increase to 20%.

¹⁰ Source: MDE 2017 Child Count data for trained school districts and the state total, not including intermediate school districts and educational cooperatives.

TIMELINESS OF WAIVER GOAL ONE (page 64)

REASON FOR CHANGE

The current goal does not include an overall goal date or target to achieve. The proposed amendment adds both a date and target to achieve. The targets are based on recent performance and show significant improvement over baseline.

Goal One: Lead agencies will approve funding at a reasonable pace for persons with a need for the Developmental Disabilities (DD) waiver. By June 30, 2022, the percentage of persons approved for funding at a reasonable pace for each urgency of need category will be: (A) Institutional exit (71%); (B) Immediate need (74%); and (C) Defined need (66%)

~~Goal One: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver.~~

Baseline: From January – December 2016, of the 1,500 individuals assessed, 707 individuals or 47% moved off the DD waiver waiting list at a reasonable pace. The percentages by urgency of need category were: Institutional Exit (42%); Immediate Need (62%); and Defined Need (42%).

Assessments between January – December 2016

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days
Institutional Exit	89	37 (42%)	30 (34%)
Immediate Need	393	243 (62%)	113 (29%)
Defined Need	1,018	427 (42%)	290 (28%)
Totals	1,500	707 (47%)	433 (29%)

(A) Persons exiting institutional settings will have funding approved at a reasonable pace, which means that:

As people residing in an institutional setting are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person makes an informed choice of alternative community services that are more integrated, appropriate to meet their individual needs, and the person is not opposed to moving, and would like to receive home and community-based services.

(B) Persons with an immediate need will have funding approved at a reasonable pace, which means that:

As people are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person meets criteria under Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b).

The current statutory criteria are: The person has an unstable living situation due to age, incapacity, or sudden loss of primary caregivers; is moving from an institution due to bed closure; experiences a sudden closure of their current living arrangement; requires protection from confirmed abuse, neglect, or exploitation; experiences a sudden change in need that can no longer be met through state plan services or other funding resources alone or meet other priorities established by DHS.

- (C) Persons with a defined need of requiring services within a year of assessment will have funding approved at a reasonable pace, which means that:

As people are assessed as having a defined need for waiver services within a year from the date of assessment, and within available funding limits, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days of determining the defined need.

DRAFT

HEALTH CARE AND HEALTHY LIVING GOAL ONE and TWO (page 74)

REASON FOR CHANGE

The 2019 overall goals were not achieved. The goals are being extended to continue to work toward the target.

Goal One: By December 31, [2022](#), ~~2019~~, the rate of adult public enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days will be 20% or less.

Goal Two: By December 31, [2022](#), ~~2019~~, the rate of enrollees with disabilities who used an emergency department for non-traumatic dental services will be 0.20% or less for children with disabilities and 1% or less for adults with disabilities.

POSITIVE SUPPORTS GOAL ONE and TWO (page 79)

REASON FOR CHANGE

The 2020 overall goals were achieved. The goals are being extended and the targets reset.

Goal One: By June 30, ~~2022~~, ~~2020~~, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. rule, Part 9544, (for example, home and community-based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed ~~506~~. ~~650~~.

Goal Two: By June 30, ~~2022~~, ~~2020~~, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544 (for example, home and community-based services) will not exceed ~~2,821~~. ~~3,500~~.

POSITIVE SUPPORTS GOAL THREE (page 80)**REASON FOR CHANGE**

The 2020 overall goal was not achieved using the current measure.

DHS intends to extend the goal and propose a new measure that best shows progress over time. The proposed new measure will be available in the next version of draft Plan amendments.

Goal Three: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, with limited exceptions to protect the person from imminent risk of serious injury. Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle. By June 30, 2020 the emergency use of mechanical restraints, other than use of an auxiliary device⁴⁵ will be reduced to no more than 93 reports.

Baseline: In SFY 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals. In SFY 2019, of the 658 reports of mechanical restraints, 336 were for use of auxiliary devices to ensure a person does not unfasten a seatbelt in a vehicle. The number of reports other than use of auxiliary devices were 322.

Annual Goals to reduce the use of mechanical restraints:

- By June 30, 2020, reduce mechanical restraints, other than use of auxiliary devices, to no more than 93 reports

POSITIVE SUPPORTS GOAL FOUR and FIVE (page 80)

REASON FOR CHANGE

The 2020 overall goals were not achieved. The baseline is being reset to adjust for improved reporting and data collection. The targets are being reset using the new baseline.

Goal Four: By June 30, 2024, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 735 318 students or decrease to 1.94% 1.98% of the total number of students receiving special education services.

Annual Baseline: During school year 2018-2019, 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,603 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2018-2019, 2015-2016, the number of reported students receiving special education services was 147,605 133,742 students. Accordingly, during school year 2018-2019, 2.4% of 2015-2016, 2.3% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

Annual Goals to reduce the number of students experiencing restrictive procedures at school:

- ~~By June 30, 2017 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.~~
- ~~By June 30, 2018 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.~~
- ~~By June 30, 2019 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.~~
- ~~By June 30, 2020 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.~~
- By June 30, 2020 the number will be reduced by 147 students or 0.1% of the total number of students receiving special education services.
- By June 30, 2021 the number will be reduced by 147 students or 0.1% of the total number of students receiving special education services.
- By June 30, 2022 the number will be reduced by 147 students or 0.1 % of the total number of students receiving special education services.
- By June 30, 2023 the number will be reduced by 147 students or 0.1% of the total number of students receiving special education services.
- By June 30, 2024 the number will be reduced by 147 students or 0.1% of the total number of students receiving special education services.

Goal Five: By June 30, ~~2024~~ 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 3.615 or by 1.0 ~~2,251 or by 0.8~~ incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

Annual Baseline: During school year 2018-2019 ~~2015-2016~~, school districts (which include charter schools and intermediate districts) reported 22,772 ~~22,028~~ incidents of emergency use of a restrictive procedure in the school setting. In school year 2018-2019 ~~2015-2016~~, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,603 ~~3,034~~ students receiving special education services. Accordingly, during school year 2018-2019 ~~2015-2016~~ there were 6.3 ~~7.3~~ incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

Annual Goals to reduce the number and rate of incidents of restrictive procedures in school:

- ~~By June 30, 2017, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.~~
- ~~By June 30, 2018, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.~~
- ~~By June 30, 2019, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.~~
- ~~By June 30, 2020, the number of incidents of emergency use of restrictive procedures will be reduced by 562 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.~~
- By June 30, 2020, the number will be reduced by 723 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- By June 30, 2022, the number will be reduced by 723 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- By June 30, 2023, the number will be reduced by 723 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- By June 30, 2024, the number will be reduced by 723 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

CRISIS SERVICES GOAL ONE (page 85)

REASON FOR CHANGE

The 2019 overall goal was not achieved. The goal is being extended and the targets are being reset based on past performance and the current situation. Due to COVID-19, the data is expected to look different in 2021. Crisis teams have reported a decrease in calls and more apprehension about having crisis teams in the home during the pandemic. Families may be less likely to reach out sooner which may result in the crisis escalating to a level that might require a higher level of care outside of the home by the time they do seek help. There is also more stress on families due to online school and being in the home with fewer breaks from one another. While potential for crises may increase, families are concerned about having in person face to face assessments in the home. This may change when the weather improves and assessments can occur outdoors.

Goal One: By June 30, ~~2019~~, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

Baseline: In State Fiscal Year 2014 of 3,793 episodes, the child remained in their community 79% of the time.

Annual Goals to increase the percent of children who remain in their community after a crisis:

- ~~• By June 30, 2016, the percent who remain in their community after a crisis will increase to 81%~~
- ~~• By June 30, 2017, the percent who remain in their community after a crisis will increase to 83%~~
- ~~• By June 30, 2018, the percent who remain in their community after a crisis will increase to 85%~~
- ~~• By June 30, 2019, the percent who remain in their community after a crisis will increase to 85%~~
- [By June 30, 2020, the percent who remain in their community after a crisis will increase to 80%](#)
- [By June 30, 2021, the percent who remain in their community after a crisis will increase to 85%](#)

CRISIS SERVICES GOAL TWO (page 85)

REASON FOR CHANGE

The 2020 overall goal was not achieved. The goal is being extended and the targets are being reset based on past performance and the current situation. Due to COVID-19, the data may look different in 2021. Crisis teams have reported a decrease in calls and more apprehension about having crisis teams in the home during the pandemic. Families may be less likely to reach out sooner which may result in the crisis escalating to a level that might require a higher level of care outside of the home by the time they do seek help. There is also more stress on families due to online school and being in the home with fewer breaks from one another. While potential for crises may increase, families are concerned about having in person face to face assessments in the home. This may change when the weather improves and assessments can occur outdoors.

In addition to the factors listed above, adults are coping with the pandemic and isolation, additional stress related to employment, housing and finances that have been brought on by the pandemic so it may escalate crises soon that pre-pandemic times and the compounded stressors might result in more intense crisis episodes that might result in a higher level of care. There is also decreased bed capacity in crisis residential settings due to the staffing issues and social distancing requirements resulting from the pandemic so there may be fewer options for support in the community for crises.

Goal Two: By June 30, ~~2020~~, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to ~~64%~~ 65% or more.

Baseline: From January to June 2016, of the 5,206 episodes, for persons over 18 years, the person remained in their community 3,008 times or 57.8% of the time.

Annual Goals to increase the percent of adults who remain in their community after a crisis:

- ~~• By June 30, 2017, the percent who remain in their community after a crisis will increase to 60%~~
- ~~• By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%~~
- ~~• By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%~~
- ~~• By June 30, 2020, the percent who remain in their community after a crisis will increase to 64%~~
- By June 30, 2021, the percent who remain in their community after a crisis will increase to 55%
- By June 30, 2022, the percent who remain in their community after a crisis will increase to 65%

CRISIS SERVICES GOAL FOUR (page 86)

REASON FOR CHANGE

This goal has two measures. The 2019 overall goal for Measure A was not achieved. The goal is being extended and targets are being reset based on previous year's performance. The 2019 overall goal for Measure B was achieved and exceeded 94% for the last three years. Part B of the goal is being removed from the Plan and will continue to be monitored by the agency.

Goal Four: By June 30, 2022, 2019, people in community hospital settings due to a crisis, ~~will have appropriate community services within 30 days of no longer requiring hospital level of care and,~~ will have a stable, permanent home within 5 months after leaving the hospital. ~~, and they will have a stable, permanent home.~~

There are two measures for this goal:

(A) Stable Housing

Baseline: From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year. From July 2017 – June 2018, 77.8% were housed five months after the date of discharge.

Annual Goals to increase the percent of people who are housed five months after discharge from the hospital.

- ~~By June 30, 2017, the percent of people who are housed five months after discharge from the hospital will increase to 83%.~~
- ~~By June 30, 2018, the percent of people who are housed five months after discharge from the hospital will increase to 84%.~~
- ~~By June 30, 2019, the percent of people who are housed five months after discharge from the hospital will be 84% or higher.~~
- By June 30, 2020, the percent of people who are housed five months after discharge from the hospital will be 78% or higher.
- By June 30, 2021, the percent of people who are housed five months after discharge from the hospital will be 79% or higher.
- By June 30, 2022, the percent of people who are housed five months after discharge from the hospital will be 80% or higher.

(B) Community Services

Baseline: From July 2014 – June 2015, 89.2% people received follow-up services within 30 days after discharge from the hospital compared to 88.6% in the previous year.

Annual Goal to increase the percent of people who receive appropriate community services within 30 days after discharge from the hospital.

- ~~By June 30, 2017, the percent of people who receive appropriate community services within 30 days from a hospital discharge will increase to 90%.~~
- ~~By June 30, 2018, the percent of people who receive appropriate community services within 30 days from a hospital discharge will increase to 91%.~~
- ~~By June 30, 2019, the percent of people who receive appropriate community services within 30 days from a hospital discharge will be 92% or higher.~~

CRISIS SERVICES GOAL FIVE (page 87)**REASON FOR CHANGE**

The 2020 overall goal was achieved and exceeded 96% for the last two years. This goal is being removed from the Plan and will continue to be monitored by the agency.

~~Goal Five: By June 30, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.~~

~~Baseline: From July 2015—June 2016, of the people on Medical Assistance who were referred for clinically appropriate crisis services, 85.4% received those services within 10 days. The average number of days was 2.3.~~

~~Annual Goals to increase the percent of people receiving crisis services within ten days:~~

- ~~• By June 30, 2018, the percent of people who receive crisis services within 10 days will increase to 87%.~~
- ~~• By June 30, 2019, the percent of people who receive crisis services within 10 days will increase to 88%.~~
- ~~• By June 30, 2020, the percent of people who receive crisis services within 10 days will increase to 90%.~~

COMMUNITY ENGAGEMENT GOALS ONE, TWO, and THREE (page 92)

REASON FOR CHANGE

Goal One: The 2020 overall goal was not achieved. The goal is being extended and annual goal targets reset.

Goal Two: The 2020 overall goal was achieved. The goal is being extended and annual targets reset.

Goal Three: The goal has not yet been reported on. It is being discontinued in the Plan as it is a process measure. The measure of this process will be reflected in Goal Two.

The strategies for Goals One and Two are being expanded.

Goal One: By June 30, 2022, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members.

Baseline: Of the 3,070 members listed on the Secretary of State's Boards and Commissions website, 159 members (5%) self-identified as an individual with a disability. In 2017, the Community Engagement Workgroup and the Specialty Committee had 16 members with disabilities.

Annual Goals to increase the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet:

- ~~By June 30, 2018, the number will increase to 184 members~~
- ~~By June 30, 2019, the number will increase to 215 members~~
- ~~By June 30, 2020, the number will increase to 245 members~~
- [By June 30, 2021, the number will increase to 215 members](#)
- [By June 30, 2022, the number will increase to 245 members](#)

Goal Two: By April 30, 2022, 2020, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 20% 5% over baseline.

Baseline: From December 20, 2018 – March 11, 2019, there were 192 individuals who participated in public input opportunities related to Olmstead Plan. The number of comments received was 249.

[Annual Goals to increase the number of individuals with disabilities participating in public input opportunities and the number of comments received:](#)

- [By April 30, 2021, the numbers will increase by 15% over baseline](#)
- [By April 30, 2022, the numbers will increase by 20% over baseline](#)

Goal Three: By March 31, 2022, the number of engagement activities related to Olmstead Plan's measurable goals will increase by 5% over baseline.

- ~~By March 31, 2021, a baseline will be established.~~

Strategies (expanding on current strategies)**Increase the Awareness of People with Disabilities of Opportunities to Participate on Governor Appointed Boards and Commissions**

- [OIO will promote participation on Boards and Commissions for people with disabilities using a dedicated web page to showcase opportunities to serve, educational materials, and an online exploration tool to help people find options that best fit their skills.](#)

Create a Process that Encourages Participation of People with Disabilities in Providing Input on the Olmstead Plan

- [OIO will encourage public participation in Olmstead Plan Amendments using a dedicated web page to include information on the amendment process, educational materials, and multiple opportunities to participate in public and online forums.](#)

Strengthen communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public to ensure messages are accessible and effective.

- [OIO will increase engagement among all stakeholder groups by raising awareness of the Olmstead Plan and its purpose through social media, enhanced website user experiences, and educational tools.](#)

The Community Engagement Workgroup will provide the OIO and Subcabinet with recommendations regarding key elements of the Olmstead Plan as specified by the charter.

Design and implement community engagement activities to increase participation by people of color and indigenous communities.

PREVENTING ABUSE AND NEGLECT GOAL FOUR (page 97)

REASON FOR CHANGE

The 2020 overall goal was not achieved. This baseline is being revised from the original 2015 baseline of 20 students to adjust for improved local reporting and data collection. The goal is being extended and annual goals reset based on the new baseline. New strategies are being added.

Goal Four: By July 31, ~~2020~~, 2025, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by ~~10%~~ 25% compared to baseline.

Baseline: ~~From July 2015 to June 2016,~~ From July 2017 to June 2018, there were ~~32~~ 20 students with a disability statewide identified as victims in determinations of maltreatment.

Annual Goals to reduce the number of students with disabilities statewide identified as victims in determinations of maltreatment:

- ~~By July 31, 2019, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 19 students.~~
- ~~By July 31, 2020, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10% from baseline to 18 students.~~
- By July 31, 2021, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 29 students.
- By July 31, 2022, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10% from baseline to 26 students.
- By July 31, 2023, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 15% from baseline to 23 students.
- By July 31, 2024, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 20% from baseline to 20 students.
- By July 31, 2025, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 25% from baseline to 17 students.

Strategies (a new strategy is being added)

Continue and Expand Training for School Personnel

- MDE will award district grants to implement positive behavior supports in an effort to reduce the rates of maltreatment of students with disabilities. Participating school districts will measure the fidelity to which the defined positive behavior supports are in place. Information gathered from grantees over the course of the grant will inform schools, districts, and MDE about measuring and making systemic changes that result in the reduction of maltreatment through implementing positive behavior supports.
- MDE participates in quarterly meetings with metro child protection screeners to understand current child protection trends and ensure reporting requirements are being met.
- MDE continues to collaborate with MAARC regarding reports of maltreatment involving vulnerable students over the age of 18.

- Provide targeted MDE technical assistance, training, and support to schools through:
 - Annual training for schools on child maltreatment and mandated reporting requirements, PBIS, restrictive procedures, and discipline.
 - Develop web based trainings and informational materials on relevant topic areas (mandated reporting, child maltreatment, effective school and classroom discipline practices, etc.) to distribute to schools and incorporate into school/staff development trainings.

Utilize School Tracking Database

- Utilize database to track and identify schools that have multiple determinations of maltreatment of students with a disability (i.e. confirmed victim cases.) This data will be used to provide those schools with focused MDE training and technical assistance. The number of schools in this category will continue to be annually reported to the Olmstead Subcabinet in a data table.
- Annual reporting to the Subcabinet of number of students with disabilities identified as victims in determinations of maltreatment will also include explanation of this number as a percentage of the state population of students with disabilities, and in relation to the number of reports received by MDE annually.

Improve School Accountability for Training

- Collect annual verification from school districts indicating all school employees have been trained on mandated reporter duties and protections from retaliation when a report is made in good faith. Targeted MDE technical assistance and training will be provided to schools that cannot provide annual verification.

DRAFT

Olmstead Subcabinet Meeting Agenda Item

January 25, 2021

Agenda Items:

7) Discussion Items

Presenter:

Mike Tessneer

Action Needed:

- ☐ Approval Needed (provisionally approve to go out for public comment)
- ☒ Informational Item (no action needed)

Summary of Item:

This includes 2 questions and background information for Subcabinet discussion at the meeting.

Attachment(s):

7 – Discussion Item

Subcabinet Discussion Question

- 1) How can we improve the 2022 Olmstead Plan that results in outcomes that reflect the desires of people with disabilities?
- 2) How can we improve the 2022 Olmstead Plan to show systemic improvements over time?

Background

The activities listed below will influence the Olmstead Plan in 2022. It is anticipated that these efforts will result in improved outward communication and active engagement with people with disabilities, families, and supporters including the BIPOC communities.

- **2021 Olmstead plan amendment process**

The ongoing Plan amendment process will result in updates to the current Goal timelines and performance targets. These amendments will result in bringing the Plan up to date for 2021.

- **Community engagement efforts**

There are intense efforts to produce a plain language version of the Plan, Quarterly Reports, and associated reports which should result in making them easier to understand for people with disabilities, families and supporters, and the public.

Additionally there are substantial efforts to increase outward communication through multiple social media. These efforts are intended to increase engagement with Plan implementation and monitoring by people with disabilities, families and supporters thereby improving the Plan effectiveness. In particular there are planned efforts to engage BIPOC communities in ways that are meaningful to them.

- **Big 6 workgroups**

Another key activity is the Big 6 initiatives that will begin shortly. These will serve as opportunities for multiple stakeholders, the agencies, and people with disabilities, families, and supporters to investigate in depth these targeted areas and formulate strategies and measurable goals to address these areas in the coming year.