

Olmstead Subcabinet Meeting Agenda

Monday, October 23, 2017 • 1:30 p.m. to 3:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

- 1) **Call to Order**
- 2) **Roll Call**
- 3) **Agenda Review**
- 4) **Approval of Minutes**
 - a) Executive Committee meeting on September 25, 2017 5
 - b) Subcabinet meeting on September 25, 2017 7
- 5) **Reports**
 - a) Chair
 - b) Executive Director
 - c) Legal Office
 - d) Compliance Office
- 6) **Action Items**
 - a) Olmstead Workplan Refresh [separate attachment - 51]
 - b) Workplan Compliance Report for October 15
 - c) Communications 2A.1 –Recommendations for public input process (OIO) 19
- 7) **Informational Items and Reports**
 - a) Informational Items
 - 1) Olmstead Plan Amendment Process 23
 - 2) Proposed 2018 Subcabinet Meeting Schedule 27
 - b) Workplan activities requiring report to Subcabinet
 - 1) Quality of Life 3A.3 – Monthly report on survey implementation (OIO) 33
 - 2) Preventing Abuse/Neglect 2 2A–Quarterly report of citations issued - ICFs/IID (MDH) 35
 - 3) Preventing Abuse/Neglect 2 2B – Quarterly report of citations issued - SLFs (MDH) 39
 - 4) Employment 1A.7 – Focus groups on informed choice toolkit (DHS) 43
 - 5) Community Engagement 1D/1E – Quarterly report on community contacts (OIO) 47
- 8) **Public Comments**
- 9) **Adjournment**

Next Subcabinet Meeting: November 27, 2017 – 4:00 p.m. – 5:30 p.m.
 Minnesota Housing (**NEW LOCATION**), 400 Wabasha Street North, Suite 400

DRAFT

Olmstead Subcabinet Meeting Agenda Item

October 23, 2017

Agenda Item:

4) *Approval of Minutes*

- a) *Executive Committee meeting on September 25, 2017*
- b) *Subcabinet meeting on September 25, 2017*

Presenter:

Commissioner Tingerthal (Minnesota Housing)

Action Needed:

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

Summary of Item:

Approval is needed of the September 25, 2017 Executive Committee and Subcabinet meeting minutes.

Attachment(s):

- 1) *Executive Committee meeting minutes - September 25, 2017*
- 2) *Olmstead Subcabinet meeting minutes - September 25, 2017*

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Olmstead Executive Committee Meeting Agenda

Monday, September 25, 2017 • 8:30 a.m. to 9:30 a.m.

Department of Human Services – Elmer L. Andersen Building, Room 2380,
540 Cedar Street, St Paul

1) Call to Order

Action: N/A

The meeting was called to order at 8:35 a.m. by Commissioner Mary Tingerthal (Minnesota Housing).

2) Roll Call

Action: N/A

Executive Committee members present: Mary Tingerthal (Minnesota Housing); Charles E. Johnson, Department of Human Services Designee (DHS); Shawntera Hardy, Department of Employment and Economic Development (DEED) arrived at 9:00 a.m.

Subcabinet members present: Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)

Subcabinet Designees present: Tim Henkel, Department of Transportation (DOT)

Guests present: Mike Tessneer, Rosalie Vollmar, Darlene Zangara, Diane Doolittle, Melody Johnson and Sue Hite-Kirk, Olmstead Implementation Office (OIO); Anne Smetak (Minnesota Housing); Alex Bartolic, Adrienne Hannert, Erin Sullivan Sutton and Kim Anderson (DHS); David Sherwood-Gabrielson (DEED); Daren Nyquist and Kylie Nicholas (The Improve Group)

Sign Language and Captioning Providers: ASL Interpreting Services, Inc., Paradigm Captioning and Reporting, Inc.

3) Agenda Review

Commissioner Tingerthal stated that the purpose of the meeting was to get a detailed update of the status of the Quality of Life Survey.

4) Quality of Life Survey Implementation

Commissioner Tingerthal reported that there has been a slowdown in the ability to get the required 2,000 surveys. The purpose of the meeting is to discuss with the Executive Committee what actions will be helpful in terms of moving forward.

Darlene Zangara (OIO), Daren Nyquist and Kylie Nicholas (The Improve Group) provided an overview of the status report which was available at the meeting. They expressed their concern for reaching the goal of 2,000 interviews by the October 31 deadline. The 2,000 surveys will provide an important baseline for the work being done with the Olmstead Plan

[AGENDA ITEM 4a]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

and establish a group of individuals to go back to in subsequent years to collect longitudinal data through interviews.

The Improve Group reported that they frequently need to work with service providers to access the individuals or guardians to set up the surveys. Because DEED and DHS already have relationships with the service providers, the Improve Group reached out to those agencies for assistance. DHS and DEED in turn have reached out to providers to make sure that they understand the purpose and importance of the survey.

The current number of completed interviews is approximately 1,300 with another 200 already scheduled. If things proceed at the same rate, the goal of 2,000 is expected to ultimately be reached. However, it would be difficult to physically complete all of the surveys prior to October 31. An extension to November 30 was requested. The deadline to complete the report will not be impacted. An extra 30 days is needed to complete the interviews, but the deadline to complete the report remains unchanged. With that change, the Improve Group believes they will be able to reach the goal of 2,000 surveys.

Commissioner Tingerthal stated that a full report to the Subcabinet would include a summary of the discussion at the meeting. There will be a continued push to try to reach the 2,000 sample size and that there will be an amendment to the contract to grant the extension to November 30. There will also be a slight shift in the amount of reimbursement for travel because the average distance being traveled to do the interviews is more than had been anticipated.

5) Adjournment

The meeting was adjourned at 9:15 a.m.

[AGENDA ITEM 4b]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Olmstead Subcabinet Meeting Minutes

Monday, September 25, 2017 • 9:30 a.m. to 11:00 a.m.

Department of Human Services – Elmer L. Andersen Building, Room 2380, 540 Cedar Street, St Paul

1) Call to Order**Action:** N/A

The meeting was called to order at 9:32 a.m. by Commissioner Mary Tingerthal (Minnesota Housing).

2) Roll Call**Action:** N/A

Subcabinet members present: Mary Tingerthal (Minnesota Housing); Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD); Shawntera Hardy, Department of Employment and Economic Development (DEED)

Designees present: Tim Henkel, Department of Transportation (DOT); Daron Korte, Minnesota Department of Education (MDE); Rowzat Shipchandler, Minnesota Department of Human Rights (MDHR); Charles E. Johnson, Department of Human Services (DHS); Gil Acevedo, Minnesota Department of Health (MDH) joined the meeting at 9:33 a.m.; Deb Kerschner, Department of Corrections (DOC) joined the meeting at 9:35 a.m.

Guests present: Mike Tessneer, Rosalie Vollmar, Darlene Zangara, Diane Doolittle, Melody Johnson and Sue Hite-Kirk, Olmstead Implementation Office (OIO); Anne Smetak and Ryan Baumtrog (Minnesota Housing); Carol LaBine, Alex Bartolic, Adrienne Hannert, Erin Sullivan Sutton, Carol Anthony, Shirley Nelson-Williams, Linda Wolford and Kim Anderson (DHS); Christina Schaffer (MDHR); Tom Delaney, Sarah Knoph, Robyn Widley and Jayne Spain, (MDE); David Sherwood-Gabrielson (DEED); Christen Donley (DOC); Kristie Billiar and Noel Shughart (DOT); Gerri Sutton (Met Council); Leigh Benvenuti and Maura McNellis-Kudat, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD); Ellena Schoop (MN.IT); Bradford Teslow (Olmstead Community Engagement Workgroup); Susan O'Neill (Institute on Community Integration); Mary Kay Kennedy (Advocating Change Together); Rose Ann Faber (member of the public); Kim Pettman (member of the public); Kamal Hassan (Iska Inc.)

Guests present via telephone: Mika Baer (member of the public)

Sign Language and Captioning Providers: ASL Interpreting Services, Inc., Paradigm Captioning and Reporting, Inc.

3) Agenda Review

Commissioner Tingerthal asked if there were any changes to the agenda and there were none requested.

[AGENDA ITEM 4b]

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

4) Approval of Minutes

a) Subcabinet meeting on August 28, 2017

Commissioner Tingerthal announced that there were a few minor typographical and formatting edits made since the packet went out, but the content of the minutes had not been changed.

Motion: Motion to approve the August 28th meeting minutes

Action: Motion – Henkel

Second: Hardy

In Favor - All

5) Reports

a) Chair

- Commissioner Tingerthal provided an update on the Minnesota Housing move to the new location. The offices are complete but the building is still under construction. The October Subcabinet will be held in the new space at 400 Wabasha Street in St. Paul.
- Commissioner Tingerthal provided an update from the Executive Committee Meeting that took place prior to this meeting. Several Subcabinet members were in attendance. The purpose of the Executive Committee meeting was to discuss the Quality of Life Survey implementation. The Improve Group (the vendor) reported their concerns about reaching the goal of 2,000 interviews by the October 31 deadline. The 2,000 surveys will provide an important baseline for the work being undertaken with the Olmstead Plan and establish a group of individuals to go back to in subsequent years to collect longitudinal data through interviews.

The Improve Group reported that they frequently need to work with service providers to reach the individuals or guardians to set up the surveys. Because DEED and DHS already have relationships with the service providers, the Improve Group reached out to those agencies for assistance. DHS and DEED in turn have reached out to providers to make sure that they understand the purpose and importance of the survey.

The current number of completed interviews is approximately 1,300 with another 200 already scheduled. If things proceed at the same rate, the goal of 2,000 is expected to ultimately be reached. However, it would be difficult to physically complete all of the surveys prior to October 31. An extension to November 30 was requested. The deadline to complete the report will not be impacted. An extra 30 days is needed to complete the interviews, but the deadline to complete the report remains unchanged. With that change, the Improve Group believes they will be able to reach the goal of 2,000 surveys.

There will be an amendment to the contract to grant the extension. And there will be a slight shift in the amount of funding for travel. This is because the average distance being traveled to do the interviews is more than had been anticipated.

b) Executive Director

There was no report from the Executive Director.

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c) Legal Office

There was no report from the Legal Office.

d) Compliance Office

There was no report from the Compliance Office.

6) Action Items**a) Proposed Workplan for Abuse and Neglect Prevention Specialty Committee (PR1 2G)**

Assistant Commissioner Korte (MDE) co-chair of the Specialty Committee, presented the draft workplan that highlights the ongoing work of the Specialty Committee. The workplan culminates in the Abuse and Neglect prevention plan recommendations being presented to the Subcabinet in December. Additional documentation about the Committee's work, including meeting minutes, is available on the Olmstead Plan website.

Assistant Commissioner Acevedo (MDH) affirmed the work of the Specialty Committee. Parallel work is being completed by MDH. During the last legislative session, the Department of Health was directed to consult with stakeholders on two key areas: potential system improvements in the processes used to investigate reports of maltreatment of vulnerable adults; and established or well-known prevention strategies that deal with abuse and neglect. A series of stakeholder and community engagement public meetings are being scheduled to gather more information on these two areas. A number of individuals from the Specialty Committee have been invited to participate in these engagement meetings and information received through the meetings will be shared with the Specialty Committee. A summary of findings will be sent to the Legislature.

Motion: Motion to approve the workplan

Action: Motion – Korte

Second: Acevedo

In Favor – All

b) Workplan Compliance Report for September

Mike Tessneer (OIO) reported for the month of September, of the 18 workplan activities reviewed:

- 16 activities (89%) were completed
- 2 activities (11%) were on track
- There were no exceptions

Motion: Motion to approve Workplan Compliance Report

Action: Motion – Korte

Second – Johnson

In Favor – All

7) Informational Items**a) Workplan Review and Refresh Status Report**

[AGENDA ITEM 4b]

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Mike Tessneer (OIO) provided an update on the ongoing workplan review and refresh process. The Summary of Workplan activities table is based on a preliminary review of current workplans. Part of the workplan review and refresh process this year includes reviewing the measurable goals that have fallen short of anticipated progress. Meetings are underway with DHS, MDE, and OIO to review those goals, determine barriers, and establish modifications to strategies and workplans as appropriate.

Commissioner Tingerthal indicated that the Summary of Workplan activities on page 33 is a snapshot of the status of the workplans as of August 28, 2017. Workplan activities to be added are not part of this summary. Workplan activities that are completed will be removed from the ongoing workplan and moved to a separate document. The final version of the updated Olmstead Plan Workplan activities will be presented to the Subcabinet in October for review and approval.

b) Follow-up from previous Subcabinet meetings

Commissioner Tingerthal reminded the Subcabinet that the following reports were originally on the August Subcabinet meeting agenda. Those reports were carried forward to this meeting due to time constraints at that meeting.

1) Crisis Services 2D.4 – Data on Housing with Supports grantees (DHS)

Carol LaBine (DHS) presented the CR 2D.4 report. There have been two rounds of grants awarded, with 12 providers being awarded 13 grants. They are working on bringing on 13 more grantees for a total of 26 once all the contracts are completed. There are some limitations to the data reported as there was no mechanism in place to unduplicate the numbers. In addition, it is difficult to accurately measure the duration of tenancy.

Commissioner Tingerthal asked if the duration of tenancy data will indicate how many months an individual has been in stable housing. Ms. LaBine (DHS) stated that the current data does not capture that information, but she is hopeful that at some point it will.

Commissioner Tingerthal also asked if there was an overlap with the Homeless Management Information System (HMIS) and coordinated entry data. Ms. LaBine (DHS) reported that they continue to look at the Mental Health Information System (MHIS) and HMIS to determine how to merge the data. Commissioner Tingerthal stated that some of the Subcabinet members are also members of the Interagency Council on Homelessness. The Council has discussed the improvement of HMIS and there will be an outreach effort to each of the agencies to help understand what information is available and how to strategically integrate HMIS with their programs.

Commissioner Tingerthal noted that Minnesota Housing's Stability Team works very closely with DHS and Ms. LaBine's team. Even with duplication, data results would not

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THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET have been possible without the legislature continuing to support the development of permanent supportive housing.

2) Update on Disability Hub MN website (DHS)

Alex Bartolic (DHS) showed a YouTube [video](#) that introduces the new Disability Hub website.

c) Workplan activities requiring report to Subcabinet**1) Person-Centered Planning 4A.3 – Direct care/support workforce shortage team findings (DEED/DHS)**

David Sherwood Gabrielson (DEED) and Linda Wolford (DHS) presented the PC 4A.3 report.

Commissioner Tingerthal asked if the workgroup looked at best practices from other states. Ms. Wolford (DHS) stated that a list came out of the workforce summit and they are connecting with some colleagues at the University of Minnesota. Mr. Sherwood-Gabrielson also stated that they are using a Department of Labor career pathways toolkit, which is comprised of many best practices.

Commissioner Tingerthal asked for more information about the Research and Training Center. Ms. Wolford noted this group is with the University of Minnesota Institute on Community Integration and is funded under a five-year grant. It was suggested that it might be beneficial for this group to present at a future Subcabinet meeting.

Commissioner Tingerthal also offered to assist in recruiting members to their committee from the Office of Higher Education and State Colleges. Ms. Wolford will provide the needed information to Commissioner Tingerthal.

2) Transportation 3F – Engagement efforts and development of transportation (DOT)

Kristie Billiar and Noel Shughart (DOT) and Gerri Sutton (Met Council) presented the TR 3F report.

Commissioner Tingerthal asked the presenters how their community engagement opportunities are advertised. Met Council uses their website, press releases and social media. DOT uses social media, direct mailings, public notices, press releases and their website. Commissioner Tingerthal noted that it may be worth considering an electronic opportunity to participate to reach people in Greater Minnesota.

Commissioner Tingerthal informed the Subcabinet that the remainder of the reports on the agenda will not be presented but are included in the meeting materials. If the

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Subcabinet members have any questions on the reports, the agencies are available to answer questions. No follow up questions were asked.

8) Public Comments

Commissioner Tingerthal asked those who signed up for public comment to come forward to speak to the Subcabinet.

Kamal Hassan, Isak Inc., Director

Mr. Hassan has been working with the Somali community for the last 10 years. His concerns were as follows:

- Many individuals in the Somali community speak little or no English and are therefore not aware of services/assistance available to members of the community with disabilities.
- Somali community members with disabilities may not be adequately identified within the State programs.
- State resources are not available to the African community.
- Services and resources are not being offered in a culturally appropriate way to these communities.

Mr. Hassan requested:

- Include the Somali community in the Olmstead Plan.
- Develop benefits plan to include those who do not speak English.
- Provide a cultural liaison to bring more services to those with specific needs.

Kim Pettman, member of the public Ms. Pettman had the following concerns:

- The disability community experiences a higher rate of obesity, which can lead to a lack of accessibility in hospital and clinic settings and in the community.
- The DHS second floor accessible bathroom water has been out for a week.
- It's difficult to constantly have to ask for accommodations.

Ms. Pettman requested the following of the Subcabinet members:

- Subcabinet members should contact her for a list of names from Greater Minnesota that she would like to share.
- As a member of the Minnesota Medicaid Citizens Advisory Committee she would like others to attend the meetings.
- Think of accessibility from the perspective of the person with a disability.
- Hold Subcabinet meetings across the state.

Brad Teslow, OIO Community Engagement Workgroup co-chair Mr. Teslow expressed concerns on the following issues:

[AGENDA ITEM 4b]

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- From what he has learned from attending the Abuse and Neglect Prevention Specialty Committee meetings, he feels that the agencies need to be more aware of trauma-informed care.
- There should be more emphasis within the workplans on the DHS and MDH licensing reports and investigations.
- Mental health programs throughout state agencies are not very effective.
- Direct care staff feel good working for a service provider with high expectations.

9) Adjournment

The meeting was adjourned at 10:57 a.m.

Next Subcabinet Meeting: October 23, 2017 – 1:30 p.m. – 3:00 p.m.
Minnesota Housing (**NEW LOCATION**), 400 Wabasha Street North, Suite 400

[AGENDA ITEM 4b]

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DRAFT

Olmstead Subcabinet Meeting Agenda Item

October 23, 2017

Agenda Item:

6 (b) Workplan Compliance Report for October

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

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

Summary of Item:

This is a report from OIO Compliance on the monthly review of workplan activities. There are no exceptions to report this month.

Attachment(s):

Workplan Compliance Report for October 2017

DRAFT

Workplan Compliance Report for October 2017

Total number of workplan activities reviewed	29	
• Number of activities completed	28	97%
• Number of activities on track	1	3%
• Number of activities reporting exception	0	0%

Exception Reporting

There are no activities reporting exception

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Olmstead Subcabinet Meeting Agenda Item

October 23, 2017

Agenda Item:

6 (c) Communications 2A.1 –Recommendations for public input process (OIO)

Presenter:

Darlene Zangara (OIO)

Action Needed:

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

Summary of Item:

These are recommendations brought forth by the Community Engagement Workgroup regarding public input processes. The Subcabinet will review the recommendations for approval. Workplans to implement approved recommendation will be reviewed by the Subcabinet at the November 27, 2017 meeting.

Attachment(s):

Olmstead Plan Workplan Report to Subcabinet – CM 2A

DRAFT

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Communications
Strategy	Strategy 2: Strengthen two-way, reciprocal, and responsive communication among the Subcabinet, OIO, state agencies, people with disabilities, and the general public.
Workplan Activity	CM 2A.1
Workplan Description	With advice and counsel from the Community Engagement Workgroup develop a process for soliciting and utilizing public comment on Olmstead Plan implementation. The process will begin with listening to the voice of people with disabilities, their families and supporters. Report recommendations for the process to the Subcabinet.
Deadline	October 31, 2017
Agency Responsible	Olmstead Implementation Office (OIO)
Date Reported to Subcabinet	October 23, 2017

OVERVIEW

As per the [March 2017 Charter](#), the Olmstead Community Engagement Workgroup was directed by the Olmstead Subcabinet to “create recommendations and highlight best practices for inclusive and accessible public input processes for the annual process for updating and extending the Olmstead Plan.” As the Charter shows, “the Olmstead Plan is intended to serve as a vital dynamic evolving roadmap that will engage in purposeful evaluations and input from disability communities.”

REPORT

What are OIO’s current public input processes?

- 1) Public comment period during monthly Subcabinet meetings;
- 2) Special public comment periods on specified topics (such as person-centered practices);
- 3) Annual public input process for amending and extending the Olmstead Plan.

What is the Community Engagement Workgroup’s process for producing recommendations to the Olmstead Subcabinet:

- 1) OIO staff presented current public input processes to Community Engagement Workgroup;
- 2) Key questions used for discussion and consideration:
 - a) How can we improve the ways in which we hear from people with disabilities, advocates, and allies?
 - b) How can we get better at using feedback in a meaningful way?
 - c) How can we work to close the feedback loop with people with disabilities, advocates, and allies?
 - d) How can we make sure that people with disabilities feel heard and valued in the process?
- 3) Gathered feedback during two workgroup meetings in June and August.

Final Recommendations to the Subcabinet:

- 1) *Ensure that the public input process is as **accessible** and **inclusive** as possible.*
 - a) Take away barriers for public input (accommodations, interpretation, alternate languages, plain language, digital accessibility, transportation, childcare, etc.)
 - b) Consider how people request accommodations. Are public input meetings fully accessible?
 - c) Strengthen networks throughout the state to build awareness of the Olmstead Plan and participation in public input opportunities; focus targeted outreach on communities in Greater Minnesota.
 - d) Utilize strategic partnerships with existing advisory councils, advocacy organizations, immigrant and refugee networks, tribes and reservations, university disability centers, civic groups, nonprofits, school districts, local human rights commissions, etc.
 - e) Ensure that opportunities for public input are widely publicized throughout the state through a variety of media: Email, text, bulletins, social media, website, newspapers, word of mouth, etc.
- 2) *Build culturally-competent relationships and two-way communication with **diverse communities**ⁱ.*
 - a) Provide translation of materials and interpretation of spoken English.
 - b) Meet people where they are at in their communities; seek to understand the cultural perspective of each diverse community.
 - c) Go out into historically underrepresented communities and take time to build relationships with elders and leaders who can help build a meaningful, reciprocal relationship with the community, rather than a short-term, transactional relationship.
- 3) *Develop strategies to incorporate transparency and accountability in every phase of the process.*
 - a) Show how comments from the Subcabinet, special public comment periods, and the annual plan amendment process are gathered, tracked, analyzed, and then used to inform decisions.
 - b) Work to close the “feedback loop” by reporting back to the public in a timely manner about what was heard, what was done, and what changed as a result.
 - c) Be clear about how individual public comments will be tracked and given follow-up and also how themes of public comments are addressed and how the Subcabinet agencies will be accountable to address feedback.

Next Steps

OIO will develop an implementation workplan and submit to the Subcabinet for review and approval at the November 27, 2017 Subcabinet meeting.

ⁱ Definition of “diverse communities,” adapted from pg. 6-7 of [2015 Olmstead Community Engagement Plan](#): Historically underrepresented communities, including (but not limited to) communities of color, indigenous communities, religious minority groups, LGBTQ communities, women, aging adults, youth, and communities experiencing poverty or homelessness.

Olmstead Subcabinet Meeting Agenda Item

October 23, 2017

Agenda Item:

- 7 (a) *Informational Items*
1) *Olmstead Plan Amendment Process*

Presenter:

Mike Tessneer (OIO)

Action Needed:

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

Summary of Item:

This is the proposed process that will be followed for the 2018 Olmstead Plan Amendment process

Attachment(s):

7a1 – Olmstead Plan Amendment Process

Olmstead Subcabinet Meeting Agenda Item

DRAFT

[AGENDA ITEM 7a1]**Process to Amend the Olmstead Plan**

The Minnesota Olmstead Plan contains a provision for reviewing and updating the Plan annually. The 40 measurable goals in the February 2017 Plan are the product of extensive work between the state agencies, the consultants, the Court, and also incorporates input from the public. Once adopted by the Subcabinet, the measurable goals were submitted to, and approved by, the Court. The Olmstead Subcabinet is committed to ensuring that the ongoing work under the existing measurable goals continues in order to move towards a future where people with disabilities experience lives of inclusion and integration in the community.

Beginning in October, the Subcabinet agencies will conduct reviews of the 40 measurable goals to determine if there is justification to propose amendments. Proposed amendments must be for good cause, which means modifying the Plan to address obstacles that hinder progress or modifying the Plan with new ways to increase progress.

The Olmstead Plan lays out the parameters to be used in amending the measurable goals:

Excerpt from “Updating and Extending the Olmstead Plan” (page 108)

“As the subcabinet agencies work to accomplish the improvements described in the measurable goals, much will be learned regarding what practices are having a positive impact on the quality of life for people with disabilities. As improvements are made in the ability to gather and use better data, there will likely be opportunities to adjust the goals to accomplish improvements more quickly or in a better way. It will therefore be important that there is an established process for amending the Plan.

In addition to its on-going oversight of workplans, the Subcabinet and State agencies will undertake an annual review process to evaluate whether the measurable goals should be amended for future years. The Subcabinet will seek public comment regarding the existing measurable goals. Based on that feedback and the experience of the agencies over the preceding year, State agencies will develop a set of proposed amendments to the measurable goals and present them to the Subcabinet for review and approval. Any amendments that are provisionally approved by the Subcabinet will be posted for review by the public and the Court, and will allow for a specific public comment period of at least 30 days. Following the comment period, the Subcabinet will consider whether any changes to the proposed amendments are warranted as a result of the public comments. Any subsequent changes to the proposed amendments will be posted for a brief public review period prior to adoption of the amendments to the Plan by the Subcabinet.”

The process to accomplish updating and extending of the Olmstead Plan will use the following criteria:

- The amendment process will focus on quantifiable measures of the 40 goals and associated strategies in the February 2017 Olmstead Plan.
- People with disabilities, families, and the public will have multiple opportunities to comment throughout the amendment process.
- Amendments will be for good cause and informed by public comments and lessons learned during the implementation of the Plan. Proposed amendments to the goals and/or strategies will improve progress.

Proposed process for Amending the Plan

DATE	TASK
October	Subcabinet approves the amendment process.
November	Agencies submit to OIO potential amendments to the Plan
December	OIO prepares: <ul style="list-style-type: none"> • Annual Report (including a summary of potential amendments); and • First draft of proposed amendments to the Plan.
December	OIO sends to the Subcabinet: <ul style="list-style-type: none"> • Annual Report (including a summary of potential amendments); • Summary of public comments and how they were taken into consideration when formulating amendments to the Plan; and • First draft of proposed amendments to the Plan.
December	Subcabinet approves the Annual Report and provisionally approves proposed amendments to the Plan, pending public comment.
December January	Public comment period to solicit feedback on proposed amendments. – OIO sends comments to agencies weekly.
December	DHS submits Annual Report to the Court
February	Agencies submit to OIO: <ul style="list-style-type: none"> • Any revisions to the proposed amendments to the Plan; and • A summary of how public comments were taken into consideration.
February	OIO sends to the Subcabinet: <ul style="list-style-type: none"> • Revised proposed amendments to the Plan; • Summary of public comments and how they were taken into consideration in the proposed amendments to the Plan.
February	Subcabinet approves proposed amendments to the Plan.
February	Public comment period to solicit final feedback on proposed amendments.
February	OIO sends final public comments to agencies for consideration.
March	Agencies send final draft of proposed amendments to OIO.
March	OIO sends Final draft of the amended Plan to the Subcabinet.
March	Subcabinet approves the amendments to the Plan.
March	DHS submits amended Plan to the Court.

Olmstead Subcabinet Meeting Agenda Item

October 23, 2017

Agenda Item:

- 7 (a) *Informational Items*
2) *Proposed 2018 Subcabinet Meeting Schedule*

Presenter:

Mike Tessneer (OIO)

Action Needed:

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

Summary of Item:

This is the proposed schedule for 2018 Olmstead Subcabinet Meetings

Attachment(s):

7a2 – Proposed 2018 Olmstead Subcabinet Meeting Schedule

Olmstead Subcabinet Meeting Agenda Item

DRAFT

2018 Subcabinet Meeting Schedule

All meetings will be held at Minnesota Housing, Lake Superior

Date	Time
Monday, January 29	3:00 – 4:30
Monday, February 26	3:00 – 5:00
Monday, March 26	3:00 – 4:30
Monday, April 23	3:00 – 4:30
Monday, May 21	3:00 – 5:00
Monday, June 25	3:00 – 4:30
Monday, July 23	3:00 – 4:30
Monday, August 27	3:00 – 5:00
Monday, September 24	3:00 – 4:30
Monday, October 29	3:00 – 4:30
Monday, November 26	3:00 – 5:00
Monday, December 17	3:00 – 4:30

DRAFT

Olmstead Subcabinet Meeting Agenda Item

October 23, 2017

Agenda Item:

7 (b) *Workplan activities requiring report to Subcabinet*

- 1) **Quality of Life 3A.3 – Monthly report on survey implementation (OIO)**
- 2) **Preventing Abuse/Neglect 2 2A–Quarterly report of citations issued - ICFs/IID (MDH)**
- 3) **Preventing Abuse/Neglect 2 2B – Quarterly report of citations issued - SLFs (MDH)**

-
- 4) **Employment 1A.7 – Focus groups on informed choice toolkit (DHS)**
 - 5) **Community Engagement 1D/1E – Quarterly report on community contacts (OIO)**

Presenter:

Reports 1, 2, and 3 will be presented to the Subcabinet.

Responsible agencies will be on hand to answer any questions Subcabinet members may have on the other reports (4 and 5).

Action Needed:

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

Summary of Item:

These reports to the Subcabinet provide an update on a workplan activity.

Attachment(s):

- 7b1 – 7b5 - *Olmstead Plan Workplan - Report to Olmstead Subcabinet*

DRAFT

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Quality of Life
Strategy	Strategy 3 – Implement survey
Workplan Activity Number	QL 3A. 3
Workplan Key Activity	Provide monthly report to the Subcabinet on the progress of survey implementation.
Workplan Deadline	June 30, 2017 and monthly thereafter
Agency Responsible	OIO and Improve Group
Date Reported to Subcabinet	October 23, 2017

OVERVIEW

This is a progress update on the implementation of the Quality of Life Survey. The survey has been in the field since late February 2017 and is expected to continue through November 2017. The goal is to complete 2,000 surveys.

REPORT

ACCOMPLISHMENTS:

- A total of 1,500 interviews have been completed through October 11, 2017.
- 140 interviews currently scheduled.
- Over 21,000 phone calls made.
- 11,663 potential participants have been identified (includes DHS and DEED).
- 3,400 (29%) responded “yes” or “no” (20%-25% response rate is usually considered very good).

CHALLENGES:

The Improve Group shared some logistical challenges of getting the correct contact information to schedule an interview. The list below describes the nature of the challenges.

- Locating the correct contact person in the provider organization or non-response from provider
- Staff turnover, leave, and time to respond to requests
- Inaccurate or old guardian contact information – DHS is collaborating with the Improve Group with multiple strategies to obtain current guardian information.
- Guardian non-response
- Large provider non-response

NEXT STEPS:

- Executive Committee Meeting was held on September 25, 2017 to address the challenges of reaching the baseline of 2,000 surveys by October 31, 2017. The Subcabinet has agreed to extend the timeline for survey administration to November 30, 2017.
- Continue strategies to target identified providers and employment focused groups via letters and direct contacts by DEED and DHS.

[AGENDA ITEM 7b1]

- Continue survey implementation to November 30, 2017.
- Ongoing check-in with advisory workgroup monthly and weekly check-in with Improve Group.
- Monthly progress report.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Preventing Abuse and Neglect
Strategy	Monitor and improve accountability of providers
Workplan Activity	2A
Workplan Description	Report quarterly to the Subcabinet, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document failure to report abuse, neglect and other maltreatment.
Deadline	January 1, 2017 and quarterly thereafter
Agency Responsible	MDH
Date Reported to Subcabinet	October 23, 2017

OVERVIEW

This key activity requires MDH to report quarterly to the Olmstead Subcabinet the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document **failure to report maltreatment** (this includes abuse, neglect and financial exploitation). This report was developed by counting citations that were issued to ICFs/IID during this reporting period as a result of failure to report maltreatment.

The Vulnerable Adults Act mandates providers to report maltreatment to the Common Entry Point (MAARC). Thus, this report reflects how often reportable maltreatment was found to *have not been* reported by ICF/IID providers to the Common Entry Point.

Citations may be issued due to a standard federal certification and/or state licensing survey, or they may be issued as a result of a complaint investigation. MDH conducts a survey to ensure compliance with the federal certification requirements for ICFs/IID annually, and conducts a licensing survey every other year (the federal and state survey are conducted at the same time during those years).

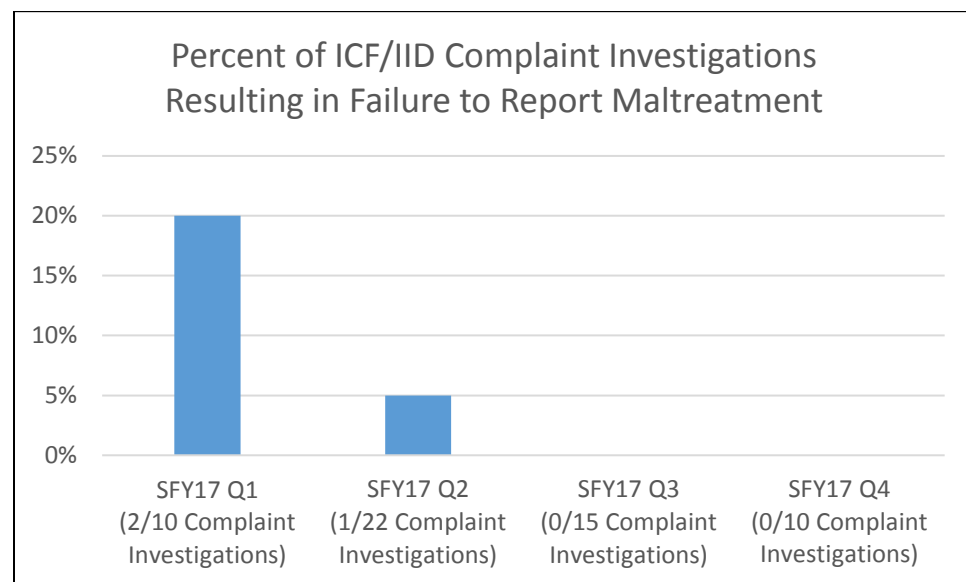
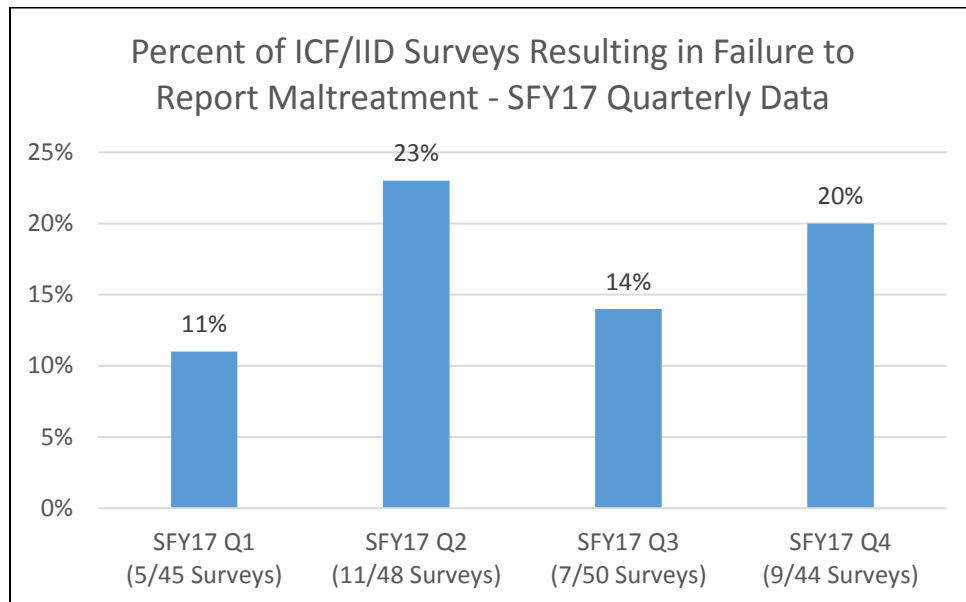
Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

REPORT

During April 1 – June 30, 2017 (SFY17 Q4):

- MDH conducted 44 surveys and 10 complaint investigations for ICFs/IID. Of those, **MDH found failure to report maltreatment on 20% of the surveys** (9 of the 44 surveys conducted) **and on 0% of the complaint investigations** (none of the 10 complaints).
- MDH issued a citation to an ICF/IID that documents failure to report maltreatment **ten** times (any maltreatment, could be abuse, neglect or financial exploitation).
- The citations involved **nine** different ICF/IID providers.

Time Period	Number of ICF/IID Surveys Conducted	Number of ICF/IID Complaint Investigations	Percent of ICF/IID Surveys Resulting in Failure to Report Maltreatment	Percent of ICF/IID Complaint Investigations Resulting in Failure to Report Maltreatment	Number of ICF/IID Providers Cited for Failure to Report Maltreatment
SFY17 Q1	45	10	11% (5/45)	20% (2/10)	7
SFY17 Q2	48	22	23% (11/48)	5% (1/22)	12
SFY17 Q3	50	15	14% (7/50)	0% (0/15)	7
SFY17 Q4	44	10	20% (9/44)	0% (0/10)	9

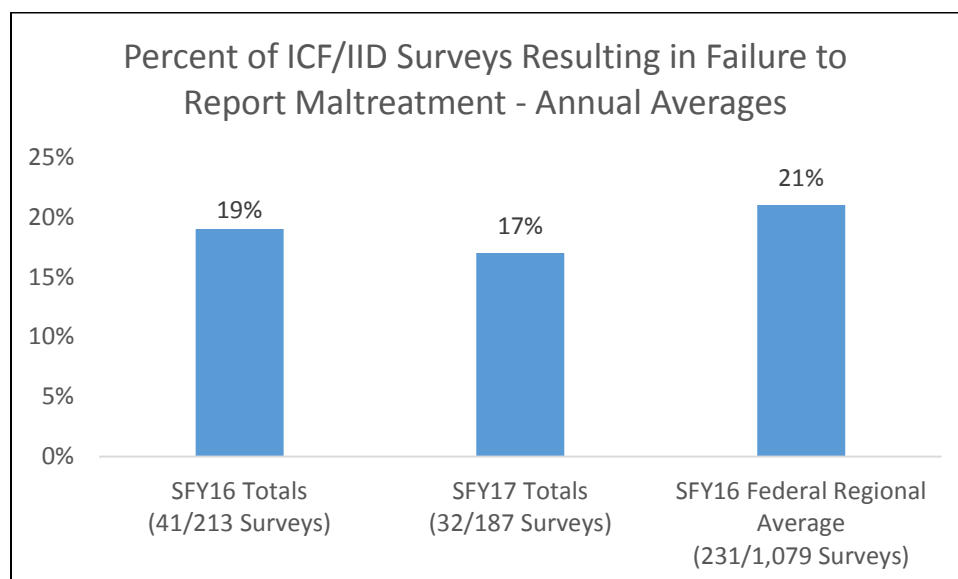


[AGENDA ITEM 7b2]**SFY17 CUMULATIVE REPORT**

During July 1, 2016 – June 30, 2017 (State Fiscal Year 2017):

- MDH conducted 187 surveys and 57 complaint investigations for ICFs/IID.
- Of those surveys and complaints, **MDH found failure to report maltreatment on 17% of the surveys** (32 of the 187 surveys conducted) **and on 5% of the complaint investigations** (three of the 57 complaints).
- SFY17 was consistent with the averages from SFY16 (17% compared to 19%), though reflecting a slight improvement and involving 5 fewer providers (35 compared to 40).
- There were seven providers cited for this deficiency in both SFY16 and SFY17.
- Both SFY16 and SFY17 Minnesota averages were lower (better) than the Federal Regional¹ average of 21% for SFY16.

Time Period	Number of ICF/IID Surveys Conducted	Number of ICF/IID Complaint Investigations	Percent of ICF/IID Surveys Resulting in Failure to Report Maltreatment	Percent of ICF/IID Complaint Investigations Resulting in Failure to Report Maltreatment	Number of ICF/IID Providers Cited for Failure to Report Maltreatment
SFY16 Total	213	29	19% (41/213)	3% (1/29)	40
SFY17 Total	187	57	17% (32/187)	5% (3/57)	35



¹ Minnesota belongs to CMS Region V, which also includes Wisconsin, Ohio, Illinois, Indiana and Michigan (though Michigan did not report their numbers and were therefore not included in the regional average).

[AGENDA ITEM 7b2]

Planning for a public education campaign began in July 2017. The campaign will be launched in 2018 and will be targeted to providers serving individuals with disabilities, and focusing on how to recognize and prevent maltreatment. Through tracking and analysis of data, MDH can identify areas where prevention strategies can be applied that improve the safety and quality of life for people with disabilities.

Therefore, this data should help serve as a starting baseline on how frequently non-reporting of maltreatment is found on surveys or complaint investigations. Eventually, as a result of the education campaign on how to recognize and report suspected maltreatment, it is expected that the number of citations issued reflecting failure to report maltreatment will decrease.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Preventing Abuse and Neglect Goal 2
Strategy	Monitor and improve accountability of providers
Workplan Activity	2B
Workplan Description	The number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan.
Deadline	January 1, 2017 and quarterly thereafter
Agency Responsible	MDH
Date Reported to Subcabinet	October 23, 2017

OVERVIEW

This key activity requires MDH report quarterly to the Olmstead Subcabinet the number of citations issued to providers who are licensed as a Supervised Living Facility, that document **failure to develop an individualized abuse prevention plan**, as required Minnesota Statute 626.557 subd.14 (b).

Citations may be issued due to a standard federal certification and/or state licensing survey, or they may be issued as a result of a complaint investigation. MDH conducts a survey to ensure compliance with the federal certification requirements for ICFs/IID annually, and conducts a licensing survey every other year (the federal and state survey are conducted at the same time during those years).

Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

REPORT

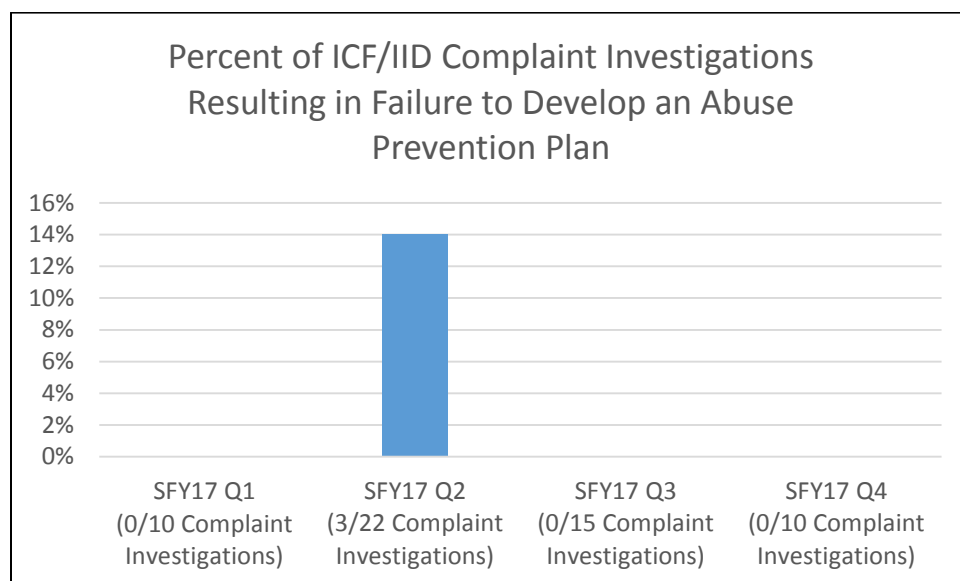
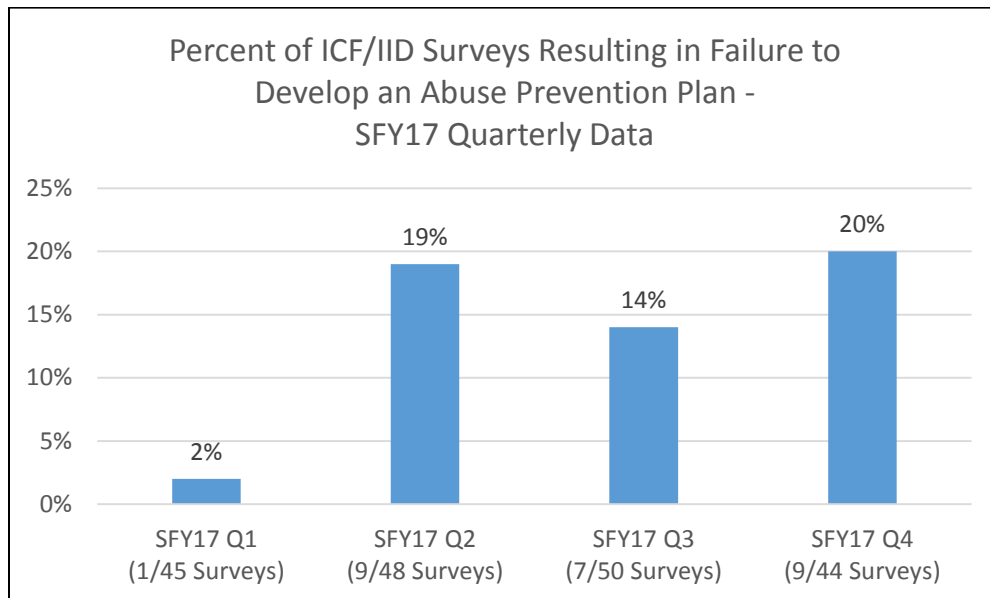
During April 1 – June 30, 2017 (SFY17 Q4):

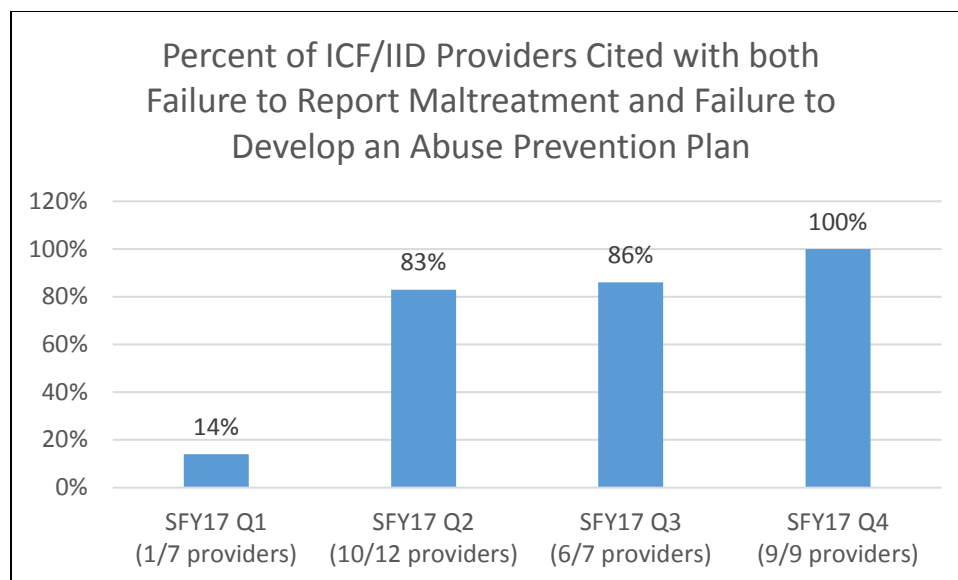
- MDH conducted 44 surveys and 10 complaint investigations for Supervised Living Facilities¹. Of those, **MDH found failure to develop an individualized abuse prevention plan on 20% of the surveys** (nine of the 44 conducted) **and on none of the complaint investigations** (zero of the 10 complaints).
- MDH issued citations that document failure to develop an individualized abuse prevention plan **nine** times.
- The citations involved **nine** providers.
- All of these providers were also cited for failure to report maltreatment, as described in Workplan Activity 2A. **One hundred percent (nine of nine) of the providers who were cited for failure to report maltreatment were also cited for failure to develop an individualized abuse prevention plan** during this reporting period.

¹ All of these licensed supervised living facilities are also federally certified as ICFs/IID in this reporting period

[AGENDA ITEM 7b3]

Time Period	Number of ICF/IID Surveys Conducted	Number of ICF/IID Complaint Investigations	Percent of ICF/IID Surveys Resulting in Failure to Develop an Individualized Abuse Prevention Plan	Percent of ICF/IID Complaint Investigations Resulting in Failure to Develop an Individualized Abuse Prevention Plan	Number of ICF/IID Providers Cited for Failure to Develop an Individualized Abuse Prevention Plan
SFY17 Q1	45	10	2% (1/45)	0% (0/10)	1
SFY17 Q2	48	22	19% (9/48)	14% (3/22)	12
SFY17 Q3	50	15	14% (7/50)	0% (0/15)	7
SFY17 Q4	44	10	20% (9/44)	0% (0/10)	9



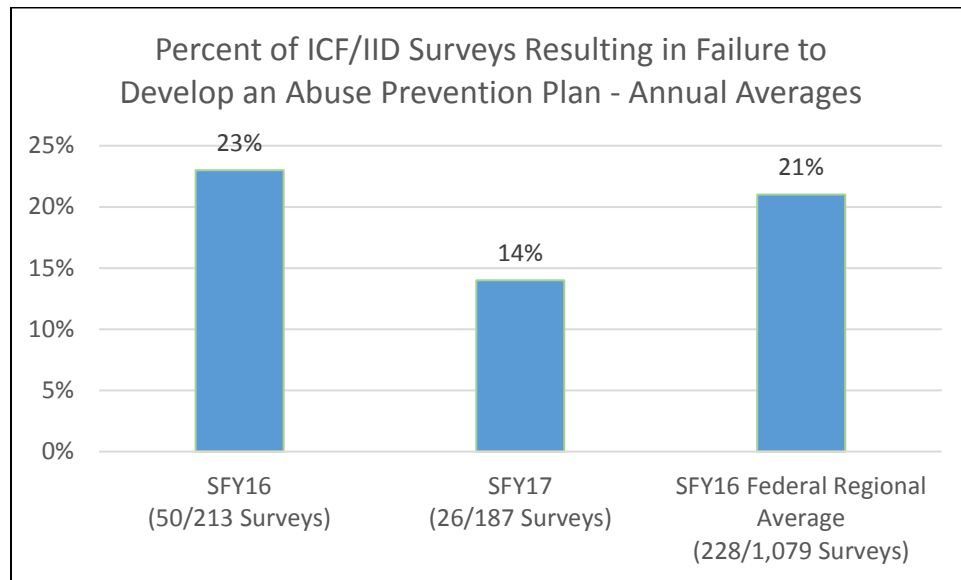
[AGENDA ITEM 7b3]**SFY17 CUMULATIVE REPORT**

During July 1, 2016 – June 30, 2017 (State Fiscal Year 2017):

- MDH conducted 187 surveys and 57 complaint investigations for Supervised Living Facilities that are federally certified as ICF/IIDs.
- Of those surveys and complaints, **MDH found failure to develop an individualized abuse prevention plan on 14% of the surveys** (26 of the 187 conducted) **and on 5% of the complaint investigations** (3 of the 57 complaints).
- SFY17 averages reflected an improvement in this deficiency when compared to SFY16 averages (14% compared to 23%), and involved 18 fewer providers (29 compared to 47).
- There were eight providers cited for this deficiency in both SFY16 and SFY17.
- While SFY16's average was consistent with the Federal Regional average for that period (23% and 21% respectively), SFY17 Minnesota average of 14% was lower (better) than the Federal Regional² average of 21% for SFY16.

Time Period	Number of ICF/IID Surveys Conducted	Number of ICF/IID Complaint Investigations	Percent of ICF/IID Surveys Resulting in Failure to Develop an Individualized Abuse Prevention Plan	Percent of ICF/IID Complaint Investigations Resulting in Failure to Develop an Individualized Abuse Prevention Plan	Number of ICF/IID Providers Cited for Failure to Develop an Individualized Abuse Prevention Plan
SFY16 Total	213	29	23% (50/213)	0% (0/29)	47
SFY17 Total	187	57	14% (26/187)	5% (3/57)	29

² Minnesota belongs to CMS Region V, which also includes Wisconsin, Ohio, Illinois, Indiana and Michigan (though Michigan did not report their numbers and were therefore not included in the regional average).



Planning for a public education campaign began in July 2017. The campaign will be launched in 2018 and will be targeted to providers serving individuals with disabilities, and focusing on how to recognize and prevent maltreatment. Through tracking and analysis of data, we can identify areas where prevention strategies can be applied that improve the safety and quality of life for people with disabilities.

Therefore, this data should help serve as a starting baseline on how frequently failure to develop an individualized abuse prevention plan is found on surveys or complaint investigations. Eventually, as a result of an education campaign about how to recognize, report, and prevent suspected maltreatment, it is expected that the number of citations issued reflecting failure to develop an individualized abuse prevention plan will decrease.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Employment
Strategy	Strategy 1: Implement the Employment First Policy
Workplan Activity	EM 1A.7
Workplan Description	<p>Hold focus groups with people with disabilities including people with mental illness, people from racially and ethnically diverse communities, and their families to inform tool and communications development.</p> <p>Report to the Subcabinet on the number of focus groups held and the number of people who participated.</p>
Deadline	October 31, 2017
Agency Responsible	DHS, MDE, DEED
Date Reported to Subcabinet	October 23, 2017

OVERVIEW

Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose integrated, competitive employment, or indicate that they are willing or do not object to moving to competitive, integrated employment, or they may choose day services and/or other employment options.

It is important that people with disabilities are making an informed choice about their employment options. Informed choice means that people are making decisions and choices with complete information for their situation. Ensuring informed choice means that a person understands all of their options, understands methods to overcome barriers and understands the potential risks and benefits of their decisions.

REPORT

To assist the process of having conversations containing informed choice, DHS developed the Informed Choice Toolkit. The Informed Choice Toolkit is a guide for support professionals to use in helping people with disabilities and/or mental illness consider employment as an option and develop a plan for work.

Three focus groups were held to gather feedback on the Informed Choice Toolkit, on whether it is a useful resource for consumers, what people like about it, and how it could be improved. These focus groups were facilitated by two DHS staff and included people with disabilities, people living with a mental illness, service providers, case managers, advocates, and family

[AGENDA ITEM 7b4]

members. Feedback from participants is also informing the information and communications as presented on the Disability Hub. Racially and ethnically diverse populations were represented in all of these focus groups. A summary of the focus groups and findings are included below.

Employment Learning Community

- Held on September 8, 2017 at the Department of Education in Roseville
- 15 participants, including employment providers, self-advocates, county and state employees and advocates

The Employment Learning Community was created in 2014 and is a voluntary network of persons engaged in providing employment services and supports, including people with disabilities who provide and/or receive services. Members share their experience and knowledge of emerging practices to provide feedback, input and information to advance the progress of individuals with significant disabilities in achieving their goals for competitive, integrated employment. The Employment Learning Community provides recommendations to the Interagency Employment Panel on ways to increase competitive integrated employment under Minnesota's Olmstead Plan.

The Employment Learning Community appreciated the depth of the information provided in the toolkit as well as the tips for having conversations that help people make an informed choice. Recommendations for improvement included:

- Add more success stories of people with many kinds of disabilities who are working.
- Incorporate more language about how benefits may be affected by work, as there is much fear around this
- Add more information about specific disabilities
- Include a list of employment providers as many people, especially in greater Minnesota are unaware of who may provide services
- Find ways to build awareness for Human Resources staff who may not be familiar with accommodations that may be needed for people with disabilities

Employment Capacity Building Cohort

- Held on September 19, 2017 at the Department of Education in Roseville
- 11 participants included transition counselors and employment coordinators from 7 school districts

The Employment Capacity Building Cohort is a group of 16 local education agencies focused on finding jobs for transition age youth with intellectual disabilities. In addition to the education agencies, members include vocational rehabilitation counselors and county staff. The larger goal of the group is to create competitive, integrated employment opportunities in all participating districts.

[AGENDA ITEM 7b4]

In general, this group found the toolkit to be very beneficial in meeting students where they are at. The budgeting section, benefits estimator was the most beneficial part of the toolkit. Informed choice was explained clearly and the material flowed well.

Recommendations for improvement included:

- Include additional resources, employment success stories, and information on soft skills.
- Include information for parents on how to be supportive of their child getting a job.
- Include sections that can be pulled out that are relevant for different students and where they are at.
- Include a toolkit for employers.

Certified Peer Specialist Training

- Held on September 20, 2017 at the Wellstone Center in West St Paul
- 15 participants included individuals enrolled in peer specialist training

This focus group specifically reached out to people living with mental illness. The participants are enrolled in training to become Certified Peer Specialists, a certification and training to become direct service mental health staff available to people with a lived experience of mental illness. The focus group was a voluntary option available to course enrollees during their lunch hour.

Participants found the toolkit encouraging and informative, and recommended that the toolkit include reviews from employers who have had successful experiences with hiring peer specialists. Many people were not aware of the resources available to them until reviewing the toolkit. The group also inquired about including information for people who may have a mental illness or disability but do not receive public benefits. Some of the major recommendations about how to improve services, in particular to people with mental health conditions, included working on ways to address the following:

- The benefit system is complex, difficult to understand and service providers don't often explain things accurately.
- People are often placed into entry level jobs regardless of their education level or past experience and left in those positions. Career advancement/change is not discussed.
- There is a lack of consistent services across service providers or area of the state.
- People with criminal records, which is often due to untreated mental health/chemical dependency issues, have an especially difficult time finding employment.
- There is a lack of available resources for things like professional clothing and transportation.

Summary:

All three groups found the informed choice toolkit to be a valuable resource. Key themes across all three groups included: knowing how benefits are impacted by work, the need for a similar resource to be provided to employers, and identifying more resources that could be added to address specific populations such as transition age use, people living with mental health conditions and parents. Additionally, each group mentioned the importance of including discussions on building careers and job advancement. The feedback received will be incorporated in both the toolkit and the Disability Hub as necessary.

A complete report of the methodology of the focus group process, questions asked and complete responses can be made available upon request.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

Topic Area	Community Engagement
Strategy	Strategy 1: Increase the number of leadership opportunities for people with disabilities.
Workplan Activity	CE 1D and 1E
Workplan Description	<p>CE 1D: Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information or networking sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised.</p> <p>CE 1E: Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).</p>
Deadline	October 31, 2017 (quarterly)
Agency Responsible	Olmstead Implementation Office (OIO)
Date Reported to Subcabinet	October 23, 2017

OVERVIEW

OIO strategically engages with communities and individuals with disabilities to enhance or promote their own self-advocacy and leadership opportunities. Greater awareness of the Olmstead Plan, training and networking opportunities helps increase opportunities for self-advocacy and leadership by people with disabilities. The interested individuals are often provided information and referrals for opportunities for professional growth, including employment opportunities for the State of Minnesota, volunteer opportunities or opportunities to participate in a training program.

OIO also engages with many providers, families and organizations that serve or work with individuals with disabilities. These interactions are a platform for networking, information-sharing, and critical conversations about what Olmstead means to diverse communities with disabilities. Through these strategic meetings, OIO staff seeks to act as a resource for disability communities and serve as a bridge between people with disabilities and state agencies.

[AGENDA ITEM 7b5]**REPORT**

OIO continues to inform community members regarding collaborative work and activities that promote the Olmstead Plan's goals and strategies. OIO has tracked all contacts. The tracking form includes: location, point of contact, individuals or community engaged, number of individuals engaged, event or topic area, OIO staff responsible, and identity of sponsoring organization.

From July 1 - September 30, 2017, OIO staff engaged with 343 individuals (unduplicated) through facilitated group discussions, presentations, networking opportunities, and cultivating partnerships. The individuals represented people with disabilities, families, non-profit organizations, Governor-appointed councils, researchers, community engagement practitioners, and self-advocacy groups. OIO staff also connected with disability communities and advocates in the metro area, East Central Minnesota, and at the Minnesota State Fair. Themes of visits addressed: strategies for community engagement; disability policy; person-centered planning; accessibility; Olmstead 101 trainings and updates; and self-advocacy goals and strategies.

Highlights from Outreach Activities:

- OIO staff visited two self-advocacy groups to facilitate dialogues on quality of life and self-advocacy in St. Paul and Elk River.
- OIO staff, in partnership with Minnesota Council on Disabilities (MCOD), provided an educational panel discussion for the Department of Natural Resources (DNR) Planners Forum. The forum is a collaborative group of staff interested in improving engagement strategies and included presentations on an overview of Olmstead, ADA, accessibility, and inclusive engagement strategies for diverse disability communities.
- OIO staff, in collaboration with MCOD, represented the Minnesota Olmstead Plan at the Minnesota State Fair, interacting with over 200 unique individuals.
- OIO staff conducted an Olmstead 101 presentation and interactive panel discussion for leaders from the Somali disability community, to explore strategies for improving culturally specific engagement with the Somali community.

Feedback from Outreach Activities:

- Following the DNR Planners Forum panel discussion, 100% of attendees indicated that they felt more informed about current issues facing Minnesotans with disabilities and about how to be more inclusive of disability communities when doing engagement activities. Specific responses included: "Thank you for the discussion around digital accessibility," and "This was very helpful! Thank you."
- After facilitating a discussion with self-advocates in Elk River, at East Central Self-Advocacy Conference, the following responses were received when asked "What does a good life look like to you?"
 - Friends.
 - Running my own vegetable stand at the farmers market.
 - Being respected.
 - Getting my needs met.
 - My best life looks good and happy.
 - Getting more exercise.
 - Having a place to live.

[AGENDA ITEM 7b5]

- Making my own decisions.
- Being with friends.
- Having alone time for myself.
- Wishing for more wheelchair accessibility. (So many places I can't get in the building!)
- Comments from a meeting with leaders from the Somali disability community:
 - There is a great need for culturally-specific providers, direct care staff, Consumer-Directed Community Supports (CDCS) support planners, etc. that understand the Somali community's experiences and cultural views of disabilities.
 - Somali parents need education about services, resources, and rights in order to effectively advocate for their children with disabilities, especially in light of growing concerns regarding the prevalence of autism in the Somali community.
 - Culturally and linguistically specific CDCS support planners who work with Somali families often spend twice as many hours helping each family to create their plan and understand it, and should be reimbursed accordingly by the county and DHS.
 - Mainstream providers and case managers who work with Somali families need to receive cultural competency training to be more effective in their work with the Somali community.

Olmstead Subcabinet Meeting Agenda Item

October 23, 2017

Agenda Item:

6 (a) Olmstead Workplan Refresh

Presenter:

Agency Sponsors and Leads

Action Needed:

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

Summary of Item:

This document includes a preliminary draft workplan and includes 5 types of workplan activities

- *Complete workplan activities (shaded in grey)*
- *Recurring workplans with updated dates*
- *Continued workplans with or without edits*
- *New workplans*
- *Deleted activities*

New activities and revisions to previously approved activities are indicated using track changes.

Once the Subcabinet approves the completed workplan activities will be combined into a document and posted on the website for reference.

A number of workplans may require additional edits as work is continuing with the responsible agencies. These edits will be provided in a REVISED workplan document which will be sent out later this week. The final revised document will be used for the Subcabinet review on Monday October 23rd.

Attachment(s):

- *Olmstead Plan Workplans*

Olmstead Subcabinet Meeting Agenda Item

DRAFT

OLMSTEAD PLAN WORKPLANS

October 16, 2017 Draft

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Olmstead Plan Workplan – Person-Centered Planning

February 2017 Plan Goals (page 35)

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

GOAL ONE:

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

GOAL TWO:

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

STRATEGIES:

1. Broaden the effective use of person-centered planning principles and techniques for people with disabilities
2. Evaluate the effectiveness of person-centered planning principles and techniques
3. Incorporate assistive technology assessment into person-centered planning processes
4. Expand, diversify and improve Minnesota's direct service workforce *(Added in February 2017 Revision)*

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.8b	Gather input from students with disabilities and their families on their experience of the model. The evaluations will inform potential improvements to the model.	Students and families provide input on the model. Modifications may occur to the models based on the input.	Complete evaluations by July 31, 2018 <u>(Recurring)</u>	MDE, DEED, DHS, MDH
B.11 <u>See 11</u>	Implement training and technical assistance plan to increase provider capacity to provide person-centered services. Report to the Subcabinet on the number of trainings and the number of people trained.	People with disabilities will have service delivered in a person-centered way.	Report status of trainings by December 31, 2017	DHS
B.12	Secure a contract to develop curriculum for mental health and behavioral health providers on person and family centered approach in the context of mental health and co-occurring disorders. This will include racially and ethnically diverse providers.	People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.	Secure contract by March 1, 2017	DHS
<u>B.12a</u>	<u>Convene stakeholder engagement sessions to provide input on curriculum development for mental health providers on person and family centered approach in the context of mental health and co-occurring disorders. Sessions will specifically target racially and ethnically diverse and underserved populations. Report to Subcabinet on the learnings from the sessions.</u>	<u>People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.</u>	<u>Report to Subcabinet by April 30, 2018</u>	
B.13	Train mental health and behavioral health care providers on a person and family centered approach in the context of mental health and co-occurring disorders.	People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.	Begin training by <u>April 30, 2019</u> <u>September 1, 2017</u> <u>(Extending deadline)</u>	DHS
C.1a	Train <u>a new cohort of 14</u> individuals with disabilities in self-advocacy through a 12-month program of classroom training and fieldwork.-	These self-advocates will become leaders within the Olmstead Plan. Participants will work in teams to plan and execute an integration project in their own community.	Train 14 individuals by June 30, 2018 <u>(Recurring)</u>	DHS

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.2a	Develop additional person-centered practices content and tools to help people and their families/guardians understand options, assert their rights and plan for their future.	Person-centered practices and informed choice are necessary for persons with disabilities to exercise personal preferences in housing, employment, education and other services and supports.	Develop additional content and tools by June 30, 2017	DHS
C.2b	Design and conduct a series of events with people who use long-term services and supports and their families to better understand their experiences with services and their ideas about community integration and quality of life. These events will be designed to engage with culturally and racially diverse communities.	People with disabilities and their families will share their experiences with community integration and their quality of life.	Begin engagement events by November 30, 2016	DHS
C.2c1	In conjunction with the Minnesota's Transition Plan for the Home and Community-Based Services Rule, conduct community meetings, conduct outreach, disseminate information, and gather input from people with disabilities about residential and day settings, and employment, with people with disabilities and their families.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	Hold community meetings by December 31, 2017	DHS
C.2c2	Provide status report to Subcabinet on the number of community meetings and the number of attendees.	Status report will be provided to the Subcabinet.	Report to Subcabinet by June 30, 2017	DHS
C.3 <u>See 1H</u>	Provide access to people with disabilities and/or family members to person-centered training via the College of Direct Supports. College of Direct Supports is a training curriculum with an emphasis on person-centered practices. Annually report the number trained to the Subcabinet.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS, Advocacy groups, Selected vendors
C.4	Seek input from people who have been part of the training about the training. Input will be used to enhance future training.	People with disabilities will provide input on future training.	Seek input by June 30, 2017	DHS

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.5	Provide access to people with disabilities and their families to person-centered training via the Person-Centered Counseling Curriculum.	People with disabilities, along with families and guardians will be provided information on available resources and person-centered planning to support their planning and advocating for their choices.	Provide access to curriculum by January 31, 2017	DHS, U of MN Institute on Community Integration
C.6 See 1H	Provide access to people with disabilities and their families to training via the Person-Centered Counseling Curriculum. Annually report the number of people trained to OIG Compliance.	See C.5 above	Report the number trained by June 30, 2017 and annually thereafter	DHS
D.2	Develop recommendations for DHS leadership on including person-centered planning and informed choice as a new service to be covered by the Medicaid state plan and grant funding.	People with disabilities and their families will have access to person-centered planning services and informed choice. This requires both access to the service and the capacity to provide the service.	Develop recommendations for Medicaid state plan/grant funding by October 31, 2016	DHS
D.3c	Develop targeted application process to recruit qualified person-centered trainers. The process will include recruiting racially and ethnically diverse qualified person-centered trainers.	There will be an increase in ethnically and racially diverse qualified person-centered trainers.	Develop and implement application process by January 31, 2017	DHS
D.5	Train six people to certification standards necessary to lead person-centered planning trainings.	See D.2 above	Train six people by June 30, 2017	DHS
E.1	Develop materials and training to guide professionals who inform people with disabilities, including people with disabilities from ethnically and racially diverse communities, about their rights and their individual abuse prevention plans to increase understanding of rights and the effectiveness of planning. Develop inventory of existing requirements, materials, tools and training.	Professionals and people with disabilities will understand their right to be free from abuse and neglect and their right to exercise informed choice. They will be supported in advocating for themselves and professionals will advocate for them to exercise those rights. People will be informed about how to report incidents where their rights have been violated, including abuse and neglect.	Complete inventory by December 31, 2016	DHS, MN State Courts, Working Interdisciplinary Network on Guardianship Stakeholders (WINGS)

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E.2	Create process map/prompts for recommended practices to identify opportunities for conversations about risk and choice.	See E.1 above	Complete mapping by December 31, 2016	DHS, MN State Courts, WINGS
E.3	Produce trainings for professionals on individual rights, abuse prevention planning, and skill building.	See E.1 above	Begin training by March 31, 2017	DHS, MN State Courts, WINGS
F <u>See 1H/1I</u>	Provide status update to the Subcabinet on all training efforts in this section. Report the number of trainings and the number of people trained.	Status report will be provided to the Subcabinet.	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS
G	Develop training protocols to ensure that training is refreshed annually and accommodates new employees. Provide status report to the Subcabinet.	Subcabinet will receive report on training protocols.	Report to Subcabinet by June 30, 2017	DHS
<u>H</u>	<p><u>Engage with people with disabilities, family members and guardians to provide information, tools, and resources to assist them to understand their options, assert their rights and plan for their future through person-centered practices. -This will include strategies to reach ethnically and racially diverse audiences.</u></p> <p><u>Provide access to person-centered training via the College of Direct Supports and the Person-Centered Counseling curriculum.</u></p> <p><u>Report to the Subcabinet on the number of training activities and tools and the number of people trained.</u></p>	<u>People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.</u>	<u>Report to Subcabinet by July 31, 2018 and annually thereafter</u>	<u>DHS</u>

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
I	<p><u>Provide training, technical assistance and learning opportunities for lead agency assessors and planners, case managers and providers to promote the use of person-centered practices and increase capacity. Use strategies to reach diverse audiences.</u></p> <p><u>Report to the Subcabinet on the number of training activities and the number of participants trained.</u></p>	<u>People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.</u>	<u>Report to Subcabinet by July 31, 2018 and annually thereafter</u>	<u>DHS</u>
J	<p><u>DHS Disability Services and Licensing Divisions will engage in a person-centered organizational change process.</u></p> <p><u>Report to the Subcabinet the number of staff trained.</u></p>	<u>DHS will build its capacity to be a person-centered organization and to support our partners in developing their person-centered practices.</u>	<u>Report to Subcabinet by December 31, 2018</u>	<u>DHS</u>
K	<p><u>Create opportunities for regional person-centered communities of practice for lead agencies.</u></p> <p><u>Report to the Subcabinet on the number of activities and the number of participants.</u></p>	<u>People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.</u>	<u>Report to Subcabinet by April 30, 2018</u>	<u>DHS</u>
L.1	<p><u>Develop resources and tools for people with disabilities and those who support them. These resources will be available on the Disability Hub and include:</u></p> <ul style="list-style-type: none"> <u>• DB101 Vault</u> <u>• information about their benefits</u> <u>• Information about options (including employment, housing and services)</u> <u>• Tools to plan for the future.</u> <p><u>Report the status of the resources to OIO.</u></p>	<u>People with disabilities will have access to resources to support planning and informed choice and be able to share them with others as they choose.</u>	<u>Report to OIO by January 31, 2018</u>	<u>DHS</u>

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
L.2	Develop Disability Hub capacity so it provides people with disabilities and those who support them with: <ul style="list-style-type: none"> A way to be engaged in shaping policies and services A reliable source of information- about policy and services changes 	People with disabilities using Disability Hub MN will know about changes to services and policies and have an opportunity to express their support or concern.	Launch by June 30, 2018	DHS
L.3	Develop curriculum and protocol to assure Disability Hub staff competency on person-centered practices.	People with disabilities using Disability Hub will get support to explore and pursue resources to live their best life.	Develop curriculum and protocol by September 30, 2018	DHS

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Analyze the 2016 National Core Indicator (NCI) survey data.	The NCI results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	Analyze 2016 data by December 31, 2016	DHS National Core Indicators collaboration
A.3	Post 2016 NCI Minnesota results on the website. Submit NCI data to OIO Compliance when available on the NCI website. Results to be reported in the next quarterly report.	See A.2 above	Submit NCI Minnesota results to OIO December 31, 2016 when available	DHS
A.4	Complete the NCI survey interviews for the 2017 2018 cycle.	The NCI results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	Complete interviews by June 30, 2018 (Recurring)	DHS
A.5	Analyze the 201 8 7 NCI survey data.	See A.4 above	Analyze 201 8 7 data by February 28, 2019 December 31, 2017 (Recurring and extending)	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.6	Post the 201 87 NCI Minnesota results on the website.	See A.4 above	Post NCI Minnesota results by May 31, 2019 December 31, 2017 (Recurring and extending)	DHS
B.2	DHS will audit county plans during 2018 Annual Waiver reviews and provide feedback to counties on needed improvements. Results will be published on DHS website annually.	Implementation of person-centered planning processes will improve over time.	Audit county plans during 2016 Annual Waiver Reviews; Publish results by July 31, 20187 and annually thereafter (Recurring)	DHS, Counties
B.4	Submit annual report to Subcabinet on progress of Olmstead person-centered planning goals and utilize results of monitoring as a continuous improvement process.	See B.2 above	Report to subcabinet by March 31, 2017 and annually thereafter	DHS, Counties
B.3	DHS will require counties to undertake remediation and corrective action when lead agency reviews show they fall short of defined thresholds for adherence to person-centered protocols.	Implementation of person-centered planning processes will improve over time.	Begin remediation/corrective action process by January 31, 2018	DHS
D.1	Through the MnChoices assessment tool, assess whether assistive technology will be considered as part of an individual's support plan, and at reassessments, monitor access to and effective use of technology. Incorporate assistive technology related questions into MnCHOICES assessment tool.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES.	Add questions to MnCHOICES by March 31, 2017	DHS
D.1a	Provide training and technical assistance to lead agency assessors on how to explore potential use of assistive technology as they conduct MnCHOICE assessments.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES	Begin training by June 30, 2018	DHS
D.2	Analyze one full year of assistive technology data from MnCHOICES assessments.	See D.1 a above	Complete analysis by June 30, 2018	DHS
D.3	Review analysis and make recommendations to DHS leadership.	See D.1 a above	Make recommendations by December 31, 2018	DHS

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

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

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Evaluate process and make recommendations for revisions to processes.	See A.1 above	Make recommendations by September 30, 2018	DHS, MDE, DEED, ADM
A.4	Develop a cross-agency website to provide people with disabilities assistance in accessing Assistive Technology.	People with disabilities will be able to access Assistive technology.	Launch website by February 28, 2018	DHS, MDE, DEED, ADM

Strategy 4: Expand, Diversify and Improve Minnesota's Direct Service Workforce ~~(Workplan activities approved on May 22, 2017)~~

4	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
A.1	Develop a Cross-Agency Direct Care/Support Workforce working group which includes representatives from state agencies, people with disabilities and their family members, providers, and other subject matter experts. Identify a Steering Team to convene and guide the working group and oversee recruitment and membership.	The focus of the Direct Care/Support Workforce working group will be to expand, diversify, improve and retain Direct Care/Support workers to meet current and future needs of Minnesotans with disabilities who require Direct Care/Support.	Identify steering team members by May 1, 2017	DEED, DHS
A.2	The Steering team will identify cross-agency working group members. The steering team may recruit additional working group members based on the need for content expertise and experience.		Identify working group members by September 30, 2017	DEED, DHS, Steering Team
A.3	The Cross-Agency Steering Team will meet with leaders from the disability community and other key stakeholders to further define the scope of the problem to be addressed, and to design the work of the full Direct Care/Support Workforce working group to address the Direct Care/Support workforce shortage. Report to the Subcabinet on findings from these meetings.	Understanding the Direct Care/Support workforce shortage from the perspective of the disability community leaders and stakeholders.	Report to the Subcabinet by September 30, 2017	DEED, DHS, Steering Team

4	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
B.1	<p>Convene monthly meetings of the Cross-Agency Direct Care/Support Workforce working group to define:</p> <ul style="list-style-type: none"> • Scope and key Issues: Review reports and documents, including demographic and labor market information from the July 2016 Workforce Summit. Provide overview of the scope of the Direct Care/Support Workforce shortage. Review Direct Care/Support Workforce Summit Summary Report and Next Steps document. • Priorities for action: Establish framework to prioritize addressing the Direct Care/Support workforce gaps affecting individuals most at risk of institutionalization and/or loss of ability to live / work in integrated settings in communities of their choice. • Options for career pathways: Create career ladders / lattices using Department Of Labor Toolkit resource https://www.workforceinfodb.org/PDF/CareerPathwaysToolkit2011.pdf • Related activities: Review related activities already underway and the potential impact of these activities on the Direct Care/Support Workforce shortage. <p>Submit to Olmstead Subcabinet the final recommendations for Strategies and activities to recruit, train and retain workers to better meet Minnesota's Direct Care/Support Workforce needs.</p>	<p>Scope and Key Issues for Direct Care/Support workforce shortage defined.</p> <p>Priorities established for initiating efforts to address Direct Care/Support workforce shortage.</p> <p>Opportunities to develop career pathways are identified that can be targeted to address the Direct Care/Support workforce shortage.</p> <p>Workgroup is aware of related activities that that are underway and that impact on the Direct Care/Support Workforce shortage.</p> <p>Olmstead Subcabinet reviews recommendations from the cross-agency working group.</p>	Report recommendations to Subcabinet by January 30, 2018	DEED, DHS, working group, Steering team
B.2	Develop implementation plan and workplan based upon recommendations. Submit implementation plan and workplan to Subcabinet for review.	Subcabinet will review for approval the implementation plan that defines strategies and sequence of workplan activities. Possible extension of the Workgroup or subset of Workgroup.	Submit to Subcabinet by March 30, 2018	DEED, DHS, Steering Team

Olmstead Plan Workplan –Transition Services

February 2017 Plan Goals (page 41)

Executive Sponsor: Chuck Johnson (DHS)

Lead: Erin Sullivan Sutton (DHS), Christen Donley (DOC)

GOAL ONE:

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

GOAL TWO:

By June 30, 2019, the percent of people 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 setting will be reduced to 30% (based on daily average).

GOAL THREE:

By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

GOAL FOUR:

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

STRATEGIES:

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

Strategy 1: Improve ability to gather information about housing choices

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1c	Meet with lead agencies to gather input and identify areas that can be improved to guide a conversational interview. Clarify the role of the assessor is to get to know the person, empower the person and ensure informed decision making.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.	Analyze data from meetings with lead agencies by March 31, 2017	DHS, Lead agencies
A.1d	Develop MnCHOICES 2.0 to improve assessment process.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.	Complete development of MnCHOICES 2.0 by December 31, 2018	DHS
A.7	Implement new Individualized Home Supports (IHS) services upon CMS approval. <u>Report status to OIO.</u>	See A.1d above	<u>Provide status by February 28, 2018</u> <u>Begin implementation within 30 days of CMS approval</u>	DHS

Strategy 2: Implement new transition protocols

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.7	Continue implementation of federal rule governing Home and Community-Based Services (HCBS) consistent with the Person Centered, Informed Choice and Transition Protocol.	The person centered, informed choice and transition protocol will ensure that there is a uniform standard of practice available to people who use long term supports and services, including mental health services.	Complete implementation by March 31, 2019	DHS
A.8	Annually review the application of the Person-Centered Planning and Informed Choice Protocol and make adjustments as necessary.	See A.7 above	Annually Review protocol by April 30, 2018 January 31, 2017 and annually thereafter (Recurring)	DHS

Strategy 3: Increase service options for individuals making transitions

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.1	<p>Provide technical assistance and education about assistive technology to lead agencies and providers and provide examples of innovative uses of assistive technology to support people in making successful transitions to the most integrated settings.</p> <p>Develop an assistive technology track at the DHS Statewide Age and Disability Odyssey conference.</p>	<p>Participants will gain an understanding of a variety of assistive technology products, services, resources (e.g., State's Assistive Technology Act program) as well as funding streams. They will also learn how to include assessment for potential value of assistive technology in their practice.</p> <p>Assessments through Technology for Home will increase use of appropriate assistive technology to support people to live in their own homes.</p>	Odyssey conference held by June 30, 2017	DHS
C.2	<p><u>Continue Technology for Home grants.</u></p> <p>Measure use of Technology For Home assessment and education services including type of activity, number people of impacted and client satisfaction.</p> <p><u>Annually report to Subcabinet on program utilization and any recommendations for improvement.</u></p>	<p>Participants will gain an understanding of a variety of assistive technology products, services, resources (e.g., State's Assistive Technology Act program) as well as funding streams. They will also learn how to include assessment for potential value of assistive technology in their practice.</p> <p>Assessments through Technology for Home will increase use of appropriate assistive technology to support people to live in their own homes.</p>	<p>Submit annual rReport to Subcabinet by March 31, 2018 and annually thereafter</p> <p>(Recurring)</p>	DHS
C.3	Assess the effectiveness of the services and make recommendations for improvements as needed.	See C.1 above	Make recommendations by September 30, 2017 and annually thereafter	DHS

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.1	<u>Convene a cross division, cross- administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify:</u> <ul style="list-style-type: none"> • <u>barriers</u> • <u>current and future strategies</u> • <u>needed efficiencies that could be developed between AMRTC and MSH</u> <u>Include engagement and consultation with counties and community providers in this effort.</u>	<u>People at AMRTC and MSH will be discharged in a timely manner.</u>	<u>Convene working group by March 31, 2018</u>	<u>DHS</u>
D.2	<u>Report to Subcabinet on cross division, cross administration workgroup findings and recommendations.</u>	<u>See D.1 above</u>	<u>Report to Subcabinet by December 31, 2018</u>	<u>DHS</u>

Strategy 4: Monitor and audit the effectiveness of transitions

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

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

Olmstead Plan Workplan – Housing & Services

February 1, 2017 Plan Goals (page 47)

Executive Sponsor: Chuck Johnson (DHS) and Ryan Baumtrog (MHFA)

Lead: Erin Sullivan Sutton (DHS) and Joel Salzer (MHFA)

GOAL ONE:

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

STRATEGIES:

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

Strategy 1: Create more affordable housing

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1	Report to MHFA commissioner initial housing stability outcomes for people entering the Bridges program.	The Bridges program, which is implemented by contracting with housing agencies that provide rental assistance who are partnered with mental health entities, will increase the number of households who will have affordable, integrated housing and supportive services, which will increase housing stability.	Report to MHFA Commissioner by September 30, 2016 January 31, 2018 and annually thereafter (Recurring and extending)	MHFA, DHS
B.2	Make recommendations to housing agencies regarding strategies to increase housing stability.	See B.1 above	Publish recommendations and set goals by March 31, 2017	MHFA, DHS
C.1	Utilize the new Section 811 Project Rental Assistance funding. Section 811 program provides rental assistance to people with disabilities who are either homeless or exiting an institution. Lease all 84 Section 811 units awarded in 2014 (Round I) to eligible households. Report to Subcabinet on status of Round II usage of Section 811 units.	New Rental Assistance will increase the number of people with disabilities who exit a segregated setting, or a situation at risk of segregation, into integrated housing with a signed lease and access to supportive services.	Lease all Round I Section 811 units by July 31, 2017 Report to Subcabinet by December 31, 2017 and annually thereafter (Recurring)	MHFA, DHS
C.2b	Identify and make available any remaining Round II section 811 funds.	See C.1 above	Make funds available by April 30, 2017	MHFA, DHS
C.2c	Report annually to Subcabinet on status of Round II Section 811 units.	See C.1 above	Report to Subcabinet by December 31, 2017 and annually thereafter	MHFA, DHS
C.3	Lease all 75 Round II Section 811 units to eligible households.	See C.1 above	Lease all Round II Section 811 units by December 31, 2019	MHFA, DHS

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

Strategy 3: Implement reform for housing assistance programs

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Complete all systems changes related to Housing Supports formerly known as Group Residential Housing (GRH) policy changes.	Housing Supports The GRH policy changes will promote choice and access to integrated settings by <ul style="list-style-type: none"> Giving people more control regarding the county in which they prefer to live Removing barriers to working Separating the service payment from the housing payment so people can have informed choice of housing and services 	Complete systems changes by February 28, 2018 October 1, 2017	DHS
A.5	Present a comprehensive housing services proposal to support an individual's ability to obtain or maintain stable housing to DHS leadership. The proposal will include identification of barriers for individuals to obtain and maintain housing and recommendations.	See A.4 above	Present to DHS leadership by February 1, 2017	DHS

Strategy 4: Improve future models for housing in the community

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Develop and promote the housing planning tool on Housing Benefits 101 (HB101) website to help people with disabilities explore their options.	People with disabilities will be able to make informed choices when they understand what options are available to them. These activities will give people with disabilities multiple ways to access information regarding affordable housing options.	Develop/promote housing planning tool on HB101 by November 1, 2016	MHFA, DHS, HousingLink, World Institute on Disabilities
A.5	Develop an interactive map on HB101 for people experiencing homelessness to be able to contact coordinated entry, and/or referral to shelter in their area.	People with disabilities will be able to make informed choices when they understand what options are available to them. These activities will give people with disabilities multiple ways to access information regarding affordable housing options.	Post maps on HB101 by October 31, 2017	MHFA, DHS, HousingLink, World Institute on Disabilities

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.6	Provide real life scenarios and success stories on HB101.	See A.4 above	Post scenarios on HB101 by October 31, 2017	MHFA, DHS, HousingLink, World Institute on Disabilities
A.7	Review HousingLink's annual analytics report for website, communication and/or outreach enhancements. Determine if changes are needed to website and communications.	HousingLink's products and services will be refined, as needed, to better serve people with disabilities.	Determine if changes are needed by January 31, 2017	MHFA, DHS
B.1	Provide targeted education and technical assistance to counties to increase access to income supplements. Develop a technical assistance plan and implement plan for county financial workers regarding Minnesota Supplemental Aid.	There are some individuals who are eligible for income supplements for housing but are unaware of this benefit. Technical assistance will increase the number of eligible people with disabilities who are receiving support to pay for the cost of housing.	Develop and implement technical assistance plan for county financial workers by December 31, 2016	DHS
B.3	Provide targeted training and technical assistance on Housing Supports Group Residential Housing (GRH) and Minnesota Supplemental Aid (MSA) to DHS Direct Care & Treatment Services.	On-site training sessions and one on one technical assistance will be provided to expand service provider knowledge and comfort with these funding possibilities.	Provide training by December 31, 2017	DHS
B.4	Provide targeted training and technical assistance on Housing Supports GRH (and MSA) to Tribal Nations in Minnesota.	On-site training sessions and one on one technical assistance will be provided to expand service provider knowledge and comfort with these funding possibilities.	Provide training by December 31, 2017	DHS
B.5	Provide status update to the Subcabinet on the number of trainings offered, technical assistance provided and the number of individuals receiving training and technical assistance.	Subcabinet will receive report.	Report to Subcabinet by January 31, 2018 June 30, 2017 (Recurring)	DHS

Olmstead Plan Workplan – Employment

February 2017 Plan Goals (page 51)

Executive Sponsor: Jeremy Hanson Willis (DEED) and Chuck Johnson (DHS)

Lead(s): David Sherwood Gabrielson (DEED), Erin Sullivan Sutton (DHS) and Robyn Widley (MDE)

GOAL ONE:

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

GOAL TWO:

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

GOAL THREE:

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

GOAL FOUR:

By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82.

STRATEGIES:

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

Strategy 1: Implement the Employment First Policy

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.6	Continue the implementation of the informed choice process with persons served by Vocational Rehabilitation Services, Medicaid funded programs and students who are a part of the Employment Capacity Building Cohort as outlined in the Olmstead Employment goals.	Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose integrated, competitive employment or they may not object to moving to competitive, integrated employment, or they may choose day service and/or other employment option. The policy does not call for the elimination of certain service options or closure of specific facilities.	Expand implementation of informed choice process by June 30, 20187 and annually thereafter (Recurring)	DHS, MDE, DEED
A.7	Hold focus groups with people with disabilities including people with mental illness, people from racially and ethnically diverse communities, and their families to inform tool and communications development. Report to the Subcabinet on the number of focus groups held and the number of people who participated.	Complete 3 focus groups.	Report to Subcabinet by October 31, 2017 (Adjusted 8/2017)	DHS, MDE, DEED
A.8	Further develop the Informed Choice toolkit with technology based tools to improve the process for the person and create efficiencies across the system.	See A.6 above	Update toolkit by December 31, 2017	DHS, MDE, DEED
A.9	Continue to expand Employment First communications, training and technical assistance to lead agencies and providers to build system capacity.	See A.6 above	Complete communications, training and technical assistance by December 31, 2017	DHS, MDE, DEED
A.10	Provide status update to Subcabinet on the number of trainings and technical assistance to lead agencies and providers to build system capacity.	Subcabinet will receive report.	Report to Subcabinet by June 30, 2017	

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

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

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

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

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	In collaboration with DEED and DHS, provide capacity building learning sessions to a minimum of 16 local education agencies. Sessions will include evidence-based strategies such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school. Report to the Subcabinet the number of learning sessions and the number of people who participated.	Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting transition aged youth from school to integrated, competitive employment. By beginning with 16 local education agencies with this process, lessons learned will be used to expand to additional local education agencies over time.	Report to the Subcabinet by May 31, 20187 and annually thereafter (Recurring)	DHS, MDE, DEED
A.3	Review strategies used with the 2015-2017 group of 16 local education agencies and their community partners and introduce those strategies to a new group of agencies beginning during the 2017-2018 school year.	See A.2 above	Review strategies by June 30, 2017	DHS, MDE, DEED
A.4	Expand capacity building learning sessions to next group of local education agencies.	See A.2 above	Expand learning sessions during 2017-2018 school year (June 30, 2018)	DHS, MDE, DEED
A.5	Review resource requirements for youth employment services on an annual basis.	See A.2 above	Review resource requirements by June 30, 20187 and annually thereafter (Recurring)	DHS, MDE, DEED

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1	Expand availability of Individual Placement and Supports (IPS) Employment utilizing grant funding and issue report on impact. Provide a status update to OIO Compliance on the impact of IPS expansion.	Individual Placement and Supports (IPS) Employment has proven to increase employment for people with disabilities. Examining other evidence-based practices such as rapid engagement and financial and benefits planning will assist individuals with disabilities in achieving their employment goals. Using these best practices will lead to an increase in integrated, competitive employment for individuals with disabilities.	Report on impact of IPS expansion by July 31, 20187 and annually thereafter (Recurring)	DHS, DEED, MDE Placement Partnerships
B.2	Use the Substantial Gainful Activity (SGA) project to assess the impact of rapid engagement in competitive, integrated employment, and financial and benefit planning on employment outcomes. <u>Report to the Subcabinet on the impact of SGA project.</u>	See B.1 above	<u>Report to Subcabinet by November 30, 2017</u> <u>Assess/report on impact of rapid engagement by September 30, 2016 and annually thereafter</u>	DHS, DEED, MDE
B.3	Provide status report on the SGA project to the Subcabinet.	See B.1 above	Report to Subcabinet by June 30, 2017 and annually thereafter	DHS, DEED, MDE
B.4a	Expand use of estimator session and Disability Benefits 101 website. Provide interim status report to Subcabinet.	Individuals will understand the impact of employment income on their benefits.	Report to Subcabinet by June 30, 2017	DHS, DEED, MDE
B.4b	Provide annual status report to the Subcabinet on the expansion of estimator sessions and Disability Benefits 101 website.	See B.4a above	Report to Subcabinet by December 31, 2017 and annually thereafter	DHS, DEED, MDE
B.5	On an annual basis, provide estimates for resources to meet the demand for integrated, competitive employment. This includes IPS capacity and other evidence-based practices.	DHS, DEED, MDE will have projections for growth in integrated, competitive employment.	Provide estimates of resources by June 30, 20187 and annually thereafter (Reported in 4A.5 and 4B.1)	DHS, DEED, MDE

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.1	Cross Agency Assistive Technology Workgroup will develop methods for collecting, sharing, and educating on current assistive technology trends and outline in a communication plan.	Information about assistive technology is shared among diverse partners that supports competitive integrated employment.	Develop communication plan by December 30, 2016	DHS, DEED, MDE, ADM
C.2	Develop and hold a forum at the Employment Practices Committee of the Diversity and Inclusion Council to learn how the State of Minnesota can improve hiring practices and employment of individuals with disabilities. The forum will include private employers who have recognized, excellent practices.	The Diversity and Inclusion Council will have an increased awareness of how assistive technology can affect change for the State of Minnesota as a model employer.	Hold forum by April 30, 2017 (Adjusted 2/2017)	DHS, DEED, MDE, ADM
D	Review and revise as needed the Site Certification Checklist related to assistive technology in Workforce Centers.	The checklist used for certifying Workforce Centers and their accessibility will be updated to include current assistive technology practices which will improve the usability for all individuals seeking employment assistance.	Revise checklist by October 31, 2016	DEED

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

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1 See A.5	<p>Workforce Innovation and Opportunity Act (WIOA) Begin implementation of the provision of Pre-Employment Transition Services (PETS) under WIOA §361.48(a), while continuing dialogue with federal officials about concerns with the provision prioritizing services to high school students that are eligible or potentially eligible for Vocational Rehabilitation (VR) services, and monitor the impact of this provision on this population as well as other populations.</p> <p>Annually review federal requirement that states spend 15% of VR allocation on PETS.</p>	<p>Targeted funding for PETS will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.</p>	<p>Review federal requirement by November 15, 2016 and annually thereafter</p>	<p>DHS, DEED, MDE State Rehabilitation Council State Rehabilitation Council for the Blind Local education agencies Workforce Centers</p>
A.4 See A.5	<p>Monitor and report semi-annually to the Subcabinet on programs using the Order of Selection (OOS) process, the impact on the programs, and an analysis. Review the implementation of OOS at regular intervals to determine if it can be revised.</p>	<p>See A.1 above</p>	<p>Report to Subcabinet by January 22, 2017 and semi-annually thereafter</p>	<p>DEED</p>
A.5	<p>Report semi-annually to the Subcabinet on the status of <u>Workforce Innovation and Opportunity Act (WIOA)</u> and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve. <u>This includes the status of the Order of Selection (OOS) and the number of individuals who achieved Competitive integrated employment because of WIOA.</u></p>	<p>Targeted funding for Pre-Employment Transition Services (PETS) will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.</p>	<p>Report status of WIOA to Subcabinet by January 31, 2018 22, 2017 and semi-annually thereafter (Recurring)</p>	<p>DEED</p>

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.6	Work with local, state, and federal partners to maximize the opportunities presented under WIOA to improve employment outcomes for youth and adults with significant disabilities, by advocating for the most optimal balance of resources. Annually review services to ensure they meet or exceed federal standards and indicators requirements.	See A.1 above	Review services by November 15, 2016 and annually thereafter	DEED
A.7	During the expansion of VR employment services efforts will be made to recruit and develop more racially and ethnically diverse service providers. Annually review that 100% of DEED/VRS employment providers have Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation that requires provider to implement cultural competency and diversity plans.	See A.5 above	Review for CARF accreditation by June 20, 2018 and annually thereafter (Recurring)	DEED
C.1	Provide information and technical assistance to federal contractors and subcontractors to support their efforts to recruit qualified individuals with disabilities under the Minnesota Human Rights Act. Annually report the number of contractors sent technical assistance information by MDHR and the number who contacted DEED/VRS for information or consultation.	Providing information and technical assistance to contractors and subcontractors on effective strategies for hiring persons with disabilities will expand employment opportunities for people with disabilities. The collaborative work between DEED and MDHR will support contractors and subcontractors in their effort to recruit and retain qualified individuals with disabilities.	Report technical assistance offered and provided by February 15, 2018 and annually thereafter (Recurring)	DHS, DEED, MDE, MDHR

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.3	MDHR will review the Affirmative Action Plans of state contractors to identify contractors who may benefit from information and technical assistance on hiring persons with disabilities. Annually report on number of contractors referred and number of contractors who sought technical assistance.	See C.1 above	Report contractors referred and seeking technical assistance by January 31, 2018 and annually thereafter (Recurring)	MDHR

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

6	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Identify gaps and inconsistencies in the comparison of new CMS regulations to current Minnesota regulations, including state statute, state rule, and federally approved waiver plans affected by the regulations.	Implementation of the HCBS rule will provide an opportunity for individuals with disabilities to achieve integrated, competitive employment.	Identify gaps and inconsistencies by December 31, 2016	DHS, HCBS Advisory Committee
A.2	Recommend to DHS leadership any needed changes to state statute, federal waiver plans, and DHS policy manuals to align regulatory requirements, service descriptions and provider standards with the federal rule.	Implementation of the HCBS rule will provide an opportunity for individuals with disabilities to achieve integrated, competitive employment.	Recommend changes to DHS leadership by September 30, 2017	DHS
A.2a	Report to Subcabinet on status of recommendations <u>made to DHS leadership on needed changes to state statute, federal waiver plans, and DHS policy manuals to align regulatory requirements, service descriptions and provider standards with the federal rule.</u>	Individuals with disabilities will achieve integrated, competitive employment.	Report to Subcabinet by June 30, 2018	DHS
A.3	Implement changes through additional legislation, waiver amendments and revisions to policy manuals/web content.	See A.2a above	Implement changes by October 31, 2019 December 31, 2018 (Extending)	DHS

6	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Submit waiver amendments for needed changes to federal waiver plans to align with HCBS rule requirements. Waiver amendment process includes a public comment period.	See A.2a above	Upon legislative approval, submit waiver plan amendments to CMS by October 31, 2017	DHS

Olmstead Plan Workplan – Lifelong Learning and Education

February 2017 Plan Goals (page 57)

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

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

GOAL TWO: By June 30, 2020 the number of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase by 425 (39%) (from 2,174 to 2,599).

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

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<p>Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS).</p> <p>Annually collect and report data to OIO Compliance on the number of schools using PBIS and the number of students impacted.</p>	<p>One barrier that prevents students with disabilities from receiving instruction in the most integrated setting is the use of restrictive procedures. PBIS has proven effective in reducing the use of restrictive procedures, which results in increased access of students to the most integrated setting.</p> <p>A minimum of forty additional schools per year will use the evidence based practice of PBIS so that students are supported in the most integrated setting.</p> <ul style="list-style-type: none"> • By the<u>In school year</u> 2015-2016 school-year 532 or (26.5%) of Minnesota schools <u>were</u> will be implementing PBIS, impacting 247,009 students or (30% of all students). • <u>In school year</u> 2016-17 school-year 585 schools (28.5%) weare implementing PBIS. Forty-two schools were added in the fall of 2016. • <u>For school year 2017-18, 637 schools (31.0%) are implementing PBIS. Fifty-two schools were added in August 2017</u> 	<p>Report data on the number of schools using PBIS beginning June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	<p>MDE</p> <p>Local education agencies</p>

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<p>Continue implementation of the Regional Low Incidence Disabilities* Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development. Specific focus are students with Developmental Cognitive Disorders (DCD) and Autism Spectrum Disorders (ASD).</p> <p>RLIPs will work in coordination with the statewide and regional ASD and DCD Communities of Practice (CoPs) to identify and implement evidence-based practices which support the inclusion of students with ASD and DCD in the most integrated setting.</p> <p>Annually collect and report to the Subcabinet on the number of students with DCD and ASD in the most integrated setting. Beginning with 2016-17 report, data for students with ASD and students with DCD in the most integrated setting will be reported separately.</p> <p>*A low incidence disability is one in which the rate of occurrence is small. In Minnesota, low incidence disabilities include those special education disability categorical areas with a child count of 10% or less of the total statewide special education enrollment. These areas include deaf or hard of hearing, blind/visually impaired, severely multiply impaired, traumatic brain injury, deaf-blind, physically impaired, or developmental cognitive disabilities: severe to profound range.</p>	<p>The RLIP projects, in coordination with the statewide regional ASD and DCD CoPs, will demonstrate success in providing support for serving students in the most integrated setting, as measured by:</p> <ul style="list-style-type: none"> • an annual increase in the percentage of students with ASD in the most integrated setting; and • an annual increase in the percentage of students with DCD in the most integrated setting. <p>The most integrated setting refers to receiving instruction in regular classes alongside peers without disabilities for 80% or more of the school day.</p>	<p>Report to Subcabinet by June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	<p>MDE</p> <p>Regional Low Incidence Facilitators</p> <p>ASD and DCD Regional and Statewide CoPs</p>

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	<p>Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR).</p> <p>Minnesota's SIMR is targeted toward increasing 6-year graduation rates for American Indian and Black students with disabilities because they show the lowest graduation rates overall, over time. Continue partnership with 4 school districts—Duluth, Minneapolis, Osseo, and St Paul to identify evidence-based practices for improving outcomes for students with disabilities who are American Indian and Black.</p> <p>Focus groups with district administrators and Black and American Indian students with disabilities in these four school districts provided additional information pertaining to low levels of graduation rates.</p> <p>Annually report to the Subcabinet on statewide 6 year graduation rates for American Indian and Black students with disabilities.</p>	<p>Implementation of these evidence-based practices selected by the four school districts will prove successful in increasing graduation rates for American Indian and Black students with disabilities.</p> <p>Increased graduation rates will increase the likelihood of students going on to post-secondary education</p>	<p>Report to Subcabinet by June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	<p>MDE</p> <p>School districts of</p> <ul style="list-style-type: none"> • Duluth • Minneapolis • Osseo • St Paul
A.2	Annually collect and report to the Subcabinet on the statewide four-year graduation rates for American Indian and Black students with disabilities.	See A.1	<p>Report to Subcabinet by June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	MDE

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Minnesota will align the IDEA SPP/SSIP activities with the activities related to increasing graduation for all students. Submit federal SPP plan and SSIP plan to Office of Special Education Programs (OSEP).	See A.1	Submit federal plans by June 30, 20187 and annually thereafter (Recurring)	MDE
D.3	In collaboration with Minnesota's current Statewide Longitudinal Education Data System (SLEDs), report summary level data on how many students with disabilities are graduating from high school and entering into an integrated postsecondary education setting after graduation. Annually report summary level data to the Subcabinet.	Currently, the data collection being used is the Minnesota Post School Outcome Survey which provides information from a snapshot in time and is being used as a short-term proxy measure. A broader data system will provide better data to measure progress in movement from secondary to post-secondary settings.	Report to Subcabinet by October 1, 2017 and annually thereafter (Reported in Quarterly Reporting process)	MDE
E	MDE will provide public engagement opportunities related to all strategies in lifelong learning and education topic area. Engagement includes special education meetings with local stakeholders, including administrators, teachers, interagency partners, parents and advocacy groups and Special Education Directors' Forums, etc. Provide status update of engagement activities to OIO Compliance.	Students with disabilities and their families will have input into their educational experiences and understand their opportunities for education and employment.	Provide status of public engagement by June 30, 20187 and annually thereafter (Recurring)	MDE

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
F	<p><u>MDE will partner with TRIO Student Support Services at institutions of higher education in order to increase postsecondary enrollment of recent high school graduates, specifically black and American Indian students with disabilities.</u></p> <p><u>For the 2017-18 school year, MDE will collaborate with TRIO Student Support Services teams at Normandale Community College, North Hennepin Community College, and Bemidji State University.</u></p> <p><u>MDE will provide targeted outreach activities include dissemination of the Postsecondary Resource Guide and at a minimum one learning session for students and families. The learning sessions will incorporate online postsecondary training modules.</u></p> <p><u>In the past, the Postsecondary Resource Guide was provided to the college disability coordinators only. This new activity is a targeted expansion of efforts.</u></p> <p><u>Report to the Subcabinet on the number of outreach activities and the number of participants.</u></p>	<p><u>American Indian and Black students with disabilities will improve needed skills to support transition from high school to enrollment in accredited institutions of higher education, by using the Postsecondary Resource Guide and postsecondary online modules.</u></p> <p><u>Using a scale-up approach MDE will add three additional sites to the partnerships for the 2018-19 school year.</u></p>	<p><u>Report to the Subcabinet by August 31, 2018 and annually thereafter</u></p>	<p><u>MDE, Normandale Community College, North Hennepin Community College, and Bemidji State University</u></p>

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2	Conduct parent and student surveys regarding educational reintegration priorities, concerns and considerations and analyze results.	The state has made it a priority for students with disabilities exiting MCF-Red Wing to return to their resident school district. A reintegration protocol has been adopted to plan their return. Use of the protocols will improve reintegration of students with disabilities to their resident district or to a more integrated setting. Education reintegration plans will be reflective of student and parent priorities, concerns, and considerations.	Conduct survey and analyze results by October 1, 2016	DOC, MDE
B.3	Based on the survey results, update the reintegration protocol as needed.	See B.2 above	Update reintegration protocol by December 1, 2016	DOC, MDE
C	Establish State Fiscal Year (SFY) 2016 baseline of how many youth exit MCF-Red Wing to their resident district or most integrated educational setting. Set targets for SFYs 2017-2019 based on baseline.	See B.2 above	Establish baseline and set targets by April 1, 2017	DOC, MDE
D	MDE and DOC will disseminate information about the reintegration protocol to promote its use at other juvenile correctional facilities housing youth from Minnesota including county, private, and out-of-state facilities.	Sharing information and promoting the use of the reintegration protocols will increase the utilization of the protocols in county, private and out-of-state facilities.	Disseminate information by June 30, 2018 (Recurring)	DOC, MDE
E	DOC and MDE will examine statute and rules related to the provision of juvenile correctional facilities operated by county, private, and out-of-state facilities. Provide recommendations regarding the promotion of the use of the protocol to the Subcabinet.	See B.2 above	Provide recommendations to the Subcabinet by June 30, 2017	DOC, MDE

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
<u>F</u>	<p><u>Continue expansion of the implementation of the reintegration protocol for students with disabilities exiting MCF-Red Wing to support the return of students to their resident districts.</u></p> <p><u>Annually report to the Subcabinet the number of students with IEPs utilizing the reintegration protocol.</u></p>	<p><u>Use of the protocol will improve reintegration of students with disabilities to their resident district or to a more integrated setting. Education reintegration plans will be reflective of student and parent priorities, concerns, and considerations.</u></p> <ul style="list-style-type: none"> <u>During FY 16, twenty-one (21) students with an active Individualized Education Program (IEP) exited MCF-Red Wing to their resident district or other secondary educational setting.</u> <u>During FY 17, the Reintegration Protocol will be utilized with twelve (12) students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting.</u> <u>During FY 18, the Reintegration Protocol will be utilized with eighteen (18) students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting.</u> <u>During FY 19, the Reintegration Protocol will be utilized with all students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting.</u> 	<p><u>Report to the Subcabinet by June 30, 2018 and annually thereafter</u></p>	<p><u>DOC, MDE</u></p>

Strategy 6 - Expand effectiveness of Assistive Technology Teams Project

6	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<p>Continue the MDE will recruit Assistive Technology (AT) Project Teams from districts. Disseminate an AT consideration framework for school district implementation.</p> <p><u>Annually collect and report to the Subcabinet the number of school districts using the framework.</u></p>	<p><u>The expected outcomes are: (1) The number of school districts implementing the AT consideration framework will increase; (2) there will be an increase in the percentage of students for whom there is consideration of AT during the student's IEP team meeting; and (3) a minimum of 8 new school districts per year will join the MDE AT Project. There will be a minimum of nine teams per year, distributed between years 1, 2 and 3 teams. AT Teams self-nominate and participate in ongoing professional development and implement a plan for improvement, based on data generated from self-assessment.</u></p>	<p><u>Report to the Subcabinet by June 30, 2018 and annually thereafter</u></p> <p>Identify teams by October 1, 2016 and annually thereafter</p> <p><u>(Recurring)</u></p>	MDE
B	<p>MDE will provide professional development to each participating AT Project school district, Team, with a specific curriculum delivered to Years 1, 2 and 3 participants. AT Teams. There will be a minimum of quarterly activities each school year.</p>	<p><u>Participating AT Teams school districts will increase skills and knowledge in the provision of assistive technology services to students with IEP, with a specific focus on active consideration of AT during the IEP team meeting.</u></p>	<p>Begin professional development activities by October 31, 2017 <u>and annually thereafter</u></p> <p><u>(Recurring)</u></p>	MDE
C.1	<p><u>MDE will develop and use an AT consideration framework for schools to use going into 2017-2018 school year.</u></p> <p><u>Annually report on the use of the framework.</u></p> <p>documentation protocol for teams to use in documenting outcomes of consideration in the IEP team process.</p>	<p><u>Participating school districts will have an AT consideration framework to monitor efforts. The AT consideration framework for Year 1 school districts will include specifications for: (1) identification of student needs; (2) discussion of the student's environment; (3) identification of relevant student tasks; and (4) discussion of appropriate tools. All team members will have a consistent protocol to use when considering and documenting the outcome of assistive technology for students with IEP.</u></p>	<p><u>Develop and use framework protocols by October 31, 2017 6 and annually thereafter</u></p> <p><u>(Recurring)</u></p>	MDE and <u>school districts</u> teams

6	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.2	<u>Year 1 school districts will disseminate and share the AT consideration framework to IEP case managers.</u>	<u>IEP case managers in AT Project school districts will have access to the AT consideration framework. Participating school districts will report back to MDE the date that the framework was disseminated.</u>	<u>Disseminate framework by December 31, 2017, and annually thereafter</u>	<u>MDE and school districts.</u>
D	<u>AT Teams will complete Quality Indicators in Assistive Technology (QIAT) matrices (self-assessment) to determine current status of consideration of assistive technology in their setting.</u>	<u>Each team will have baseline data on consideration of assistive technology which will be reported to MDE. MDE will monitor and track data from participating teams.</u>	<u>Teams complete matrices by October 15, 2016 and annually thereafter</u>	<u>MDE and district teams</u>
E	<u>Establish a new baseline and annual goals for this strategy by sampling within each of the Year 1 school districts the use of the AT consideration framework. .</u> <u>Establish baseline and annual goals and report to the Subcabinet</u> <u>Each participating AT Team will report to MDE the number of IEPs on which members served, during which active consideration of assistive technology resulted in improved access to assistive technology for the student.</u>	MDE expects that there will be <u>an</u> increase in the numbers of IEPs for which <u>active the AT consideration framework will be used of</u> assistive technology occurs.	Report to <u>Subcabinet by MDE</u> by <u>June 30, 2018</u> <u>June 1, 2017 and annually thereafter</u>	<u>MDE and district teams</u>
F	MDE will evaluate, monitor and adjust professional development and technical assistance to support <u>teams-participating school districts</u> in outcomes related to active consideration of assistive technology.	MDE will improve outcomes among <u>teams participating school districts</u> by evaluating their own professional development, revising as needed to ensure they can provide effective professional development and technical assistance to successive <u>participating school districts</u> . <u>AT Teams.</u>	<u>MDE will R</u> eview and revise professional development by <u>June 30, 2018, 2017 and annually thereafter</u> <u>(Recurring)</u>	MDE

Olmstead Plan Workplan – Waiting List

February 2017 Plan Goals (page 63)

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

GOAL ONE:

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

GOAL TWO:

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

GOAL THREE:

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

GOAL FOUR:

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

GOAL FIVE:

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

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E	Submit quarterly to the Subcabinet via the Olmstead quarterly reporting process: <ul style="list-style-type: none"> the number of people in each urgency category; and the number of people meeting reasonable pace standards. 	Individuals will move from the waiting lists at a reasonable pace.	Update Subcabinet quarterly beginning October 31, 2016	DHS
H	As part of the Subcabinet quarterly report each February, provide an update on the following: <ul style="list-style-type: none"> an estimate on funding needed to eliminate the waiting list; and the number of people on other waivers who are eligible for Developmental Disability (DD) waivers. Summary information on: <ul style="list-style-type: none"> the needs of persons waiting; options to meet their needs; evaluation of existing programs to determine if there are effective program changes; analysis of alternate options; and recommendations to meet the needs of people with disabilities to receive needed services in the most integrated settings. 	Individuals will move from the waiting lists at a reasonable pace.	Provide annual update to Subcabinet beginning February 28, 2018 (Recurring)	DHS

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

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

Strategy 3: Reform management of waiting list management systems

- All activities completed

Olmstead Plan Workplan – Transportation

February 2017 Plan Goals (page 67)

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

GOAL ONE:

By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 accessible pedestrian signals (increase from base of 10% to 50%). By October 31, 2021 improvements will be made to 30 miles of sidewalks.

GOAL TWO:

By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase).

GOAL THREE:

By 2025, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

GOAL FOUR:

By 2025, transit systems' on time performance will be 90% or greater statewide.

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	<p>Include accessible pedestrian signals (APS) and curb ramps in all MnDOT projects meeting the alterations threshold. Sidewalks will be provided in alteration projects per MnDOT policy.</p> <p>Annually report status to OIO Compliance based on previous year construction season.</p>	In the next five years MnDOT will provide accessibility improvements on pedestrian facilities within the right of way.	<p>Report status by November 30, 2017 and annually thereafter</p> <p>September 30, 2016</p> <p><u>(Recurring and extended)</u></p>	<p>MnDOT</p> <p>Cities and counties</p>

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

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

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

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B	Determine which Minnesota Council on Transportation Access (MCOTA) report recommendations regarding data collection to adopt.	Travel information regarding people with disabilities will be consistently gathered.	Adopt recommendations by June 30, 2017	MnDOT DHS
C	Develop and submit a charter for the transportation workgroup to the Subcabinet.	Provide a consistent forum to engage Subcabinet partners, people with disabilities and their families and other key stakeholders in the development of transportation opportunities.	Submit charter by February 28, 2017 (Replaced 3/2017 by TR 3D – TR 3G)	MnDOT, DHS, DEED, Metropolitan Council, Cities, and Counties
D New 3/17	Met Council staff member will be in attendance at all Subcabinet meetings and respond directly to the Subcabinet regarding any questions about Metro Transit and Metro Mobility.	Met Council staff members will be available to respond to Subcabinet on questions about Metro Transit and Metro Mobility.	Met Council will attend Subcabinet meetings beginning March 27, 2017 (Recurring)	MnDOT, Met Council
E New 3/17	On a quarterly basis, MnDOT and the Met Council will dedicate time on their agenda to discuss progress on transportation goals and workplan development.	MnDOT and Met Council will review progress of Olmstead transportation goals and workplans on a quarterly basis.	Add Olmstead goals to Met Council meeting agendas by June 30, 2017 and quarterly thereafter (Recurring)	MnDOT, Met Council

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
F New 3/17	Provide a semi-annual status report on engagement efforts and the development of transportation opportunities to the Subcabinet.	Provide a consistent forum to engage Subcabinet partners, people with disabilities and their families and other key stakeholders in the development of transportation opportunities.	Report to Subcabinet by March 31, 2018 September 30, 2017 and semi-annually thereafter. (Recurring)	MnDOT, Met Council
G New 3/17	Provide a listing of opportunities and venues where people with disabilities may provide comments on transportation.	MnDOT and Met Council will provide a catalog of current planning processes and public engagement opportunities.	Report to the Subcabinet by September 30, 2017	MnDOT, Met Council

Strategy 4: Improve transit services for people with disabilities

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Monitor and evaluate transit services on an annual basis per the Olmstead Plan measurable goals. Incorporate the findings into the Annual Transit Report.	Measurable goals allow the decision makers to clearly see if progress has been made. By having goals for access and reliability it increases the emphasis on improvements to these two key areas for transit.	Report findings in Annual Transit Report by January 31, 2018 January 31, 2017 and annually thereafter (Recurring)	
B.1	Begin RFP Application period for local entities to request funding to assist in organizing Regional Transportation Coordinating Councils (RTCCs).	The RTCCs will break down transportation barriers and offer a seamless system of transportation services. They will be responsible for coordinating transportation services through a network of existing public, private and non-profit transportation providers.	RFP available by September 30, 2017 (Adjustment 7/2017)	MnDOT
B.2	Make the Regional Transportation Coordinating Councils (RTCCs) implementation grants available.	The RTCCs will break down transportation barriers and offer a seamless system of transportation services. They will be responsible for coordinating transportation services through a network of existing public, private and non-profit transportation providers.	Award grants from March 31, 2018 to December 31, 2018 July 1, 2017 to December 31, 2017 (Extended)	MnDOT

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.3	Create a statewide framework of RTCCs in Greater Minnesota and the Metro Area. Councils will coordinate transportation providers and service agencies to fill transportation gaps, provide more service, streamline access to transportation and provide customers more options of where and when to travel. Report on status of RTCCs to the Subcabinet.	A statewide framework of 8-10 RTCCs in Greater Minnesota and up to 6-7 in the Metro area.	<u>Report to Subcabinet by December 31, 2018</u> Create RTCCs by August 31, 2018 <u>(Extended)</u>	DOT & DHS, Metropolitan Council
C	Conduct on-board surveys in Duluth, Mankato and East Grand Forks. User surveys will contain the question, "Do you consider yourself a person with a disability?" This question was included as part of the Greater Minnesota Transit Investment Plan and is used on all on-board surveys.	The needs of people with disabilities will be available to the transit authorities.	Complete surveys by December 31, 2018 <u>(Extended)</u>	MnDOT
<u>D</u>	<u>Facilitate the development of RTCC or Mobility Management groups in the Metro Area.</u> <u>Report on status of RTCCs to the Subcabinet.</u>	<u>6-7 RTCCs will be developed in the Metro area.</u>	<u>Report to Subcabinet by December, 31, 2018</u>	<u>DHS, Metropolitan Council</u>

Olmstead Plan Workplan – Healthcare and Healthy Living

February 2017 Plan Goals (page 73)

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

GOAL ONE:

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

GOAL TWO:

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

STRATEGIES:

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

Strategy 1: Improve dental care for people with disabilities

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.3	Provide status update to the Subcabinet on key activities to improve dental care for people with disabilities (B.4 – B.7 below).	The Subcabinet will understand the status of activities underway for improving dental care for people with disabilities.	Provide status update by June 30, 2017	MDH
B.4	Review the Minnesota Oral Health Plan objectives and strategies for inclusivity of people with disabilities and mental illness including but not limited to the following partners: <ul style="list-style-type: none"> • MDH Division of Community and Family Health • Minnesota Oral Health Coalition • Gillette Children's Specialty Healthcare • National Alliance on Mental Illness of Minnesota • Minnesota Hospital Association • Minnesota Health Plans 	Minnesota Oral Health Plan is amended based on results of review.	Amend Minnesota Oral Health Plan by December 31, 2017	MDH, Partners
B.5	Include care of children with disabilities and mental illness in oral health educational materials developed by the Early Dental Disease Prevention Initiative (EDDPI).	Culturally appropriate, consumer-friendly oral health educational materials disseminated to providers and caregivers of children ages 2 and under with disabilities and mental illness.	Disseminate materials via EDDPI by December 31, 2018	MDH
B.6	Promote best practices for providers and care givers of people with disabilities and mental illness via the MDH Oral Health Program website, Minnesota Oral Health Coalition, and other partners.	Increased utilization of best practices in oral health by oral health providers.	Disseminate best practices via partners by December 31, 2018	MDH, MN Oral Health Coalition, Community Health Worker Alliance, Health Care Homes

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

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.10	Continue to expand and maintain behavioral health home services. This includes continuing efforts to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance.	Number of certified providers eligible to provide services will increase over time: <ul style="list-style-type: none"> SFY 17: 25 SFY 18: 30 SFY 19: 40 	Provide status update beginning September 30, 2018 7 and annually thereafter (Recurring)	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1	<p>Continue to expand the number of and access to health care homes (HCH). HCHs provide comprehensive health care for people with disabilities.</p> <ul style="list-style-type: none"> HCH nurse planners and HCH Advisory Committee will continue to work with health clinics to identify targets and tactics to support transformation to health care homes. HCH staff and stakeholders will integrate the State Innovation Model into the HCH program and Behavioral health home programs. The State Innovation Model is developed to improve health outcomes by improving care coordination across systems. <p>Provide annual status update to OIO Compliance on expansion efforts.</p>	<p>Expansion of HCH will increase the number of primary care clinics certified as health care homes and utilize a patient centered care delivery model.</p> <p>There will be an annual increase in the percentage of primary care clinics certified as a HCH:</p> <p>SFY 16: 60% SFY 17: 65% SFY 18: 70% SFY 19: 75% SFY 20: 80%</p> <p>Estimated number of people with disabilities on Medical Assistance served in a certified HCH:</p> <p>2013: 90,191 (Baseline) Number of Minnesota Counties with a certified Health Care Home will increase by 5 annually.</p>	<p>Provide status update on expansion by December 31, 20176 and annually thereafter</p> <p>(Recurring)</p>	MDH, DHS
B.2	<p>HCH will continue to engage all primary care providers, families and people with disabilities to work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities.</p> <p>Provide annual status update to OIO Compliance on engagement efforts.</p>	See B.1 above	<p>Provide update on engagement efforts by December 31, 20176 and annually thereafter</p> <p>(Recurring)</p>	MDH, DHS
B.3	Data will be collected and reported to the Subcabinet on an annual basis.	See B.1 above	<p>Report to Subcabinet by December 31, 20176 and annually thereafter</p> <p>(Recurring)</p>	MDH, DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.4	During the expansion of HCH, efforts will be made to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance on recruitment efforts.	See B.1 above	Provide status update by December 31, 2017 and annually thereafter (Recurring)	MDH, DHS

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	The MDH Cardiovascular Health Unit will initiate a campaign to promote hypertension identification and control for disparate population groups. This will be accomplished through clinical systems enhancement and team based care utilizing clinic and community health care teams. This work is in conjunction with federally funded statewide Center for Disease Control (CDC) initiatives.	Disparate populations at higher risk for hypertension will be identified and their care managed. A subset within disparate populations includes those with disabilities.	Complete campaigns focused on cardiovascular care by June 30, 2018	MDH Minnesota Heart Disease and Stroke Prevention Steering Committee
A.2	Provide status update to the Subcabinet on the hypertension identification and control campaign.	Subcabinet will receive report.	Report to Subcabinet by June 30, 2017	MDH

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1a	<p>MDE, Vocational Rehabilitation, DHS, and other partners will:</p> <ul style="list-style-type: none"> o develop and implement interagency coordination training for professionals o explore ways to increase successes and minimize challenges to adult health care access by transition age youth. 	<p>Successful transition from pediatric health care to adult health care will improve health care outcomes. There will be an increase in the level of access to adult health care by transition age youth.</p> <p>There are 76,735 youth with special health needs included in this strategy. According to the 2010 National Survey of Children with Special Health Care Needs 36,142 or (47.1%) of Minnesota youth with special health care needs receive the services necessary to make transitions to adult health care.</p> <p>Beginning in 2017 and each subsequent year the number will increase by 5%.</p> <ul style="list-style-type: none"> • 2017 = 52.1% (39,979) • 2018 = 57.1% (43,816) 	Develop training by December 31, 2016	MDH, DHS
B.1b	<p>MDE, Vocational Rehabilitation, DHS, and other partners will:</p> <ul style="list-style-type: none"> o implement interagency coordination training for professionals o explore ways to increase successes and minimize challenges to adult health care access by transition age youth. <p>Report to the Subcabinet on the number of trainings provided and the number of people trained.</p>	<p>Successful transition from pediatric health care to adult health care will improve health care outcomes. There will be an increase in the level of access to adult health care by transition age youth.</p> <p>There are 76,735 youth with special health needs included in this strategy. According to the 2010 National Survey of Children with Special Health Care Needs 36,142 or (47.1%) of Minnesota youth with special health care needs receive the services necessary to make transitions to adult health care.</p> <p>Beginning in 2017 and each subsequent year the number will increase by 5%.</p> <ul style="list-style-type: none"> • 2017 = 52.1% (39,979) • 2018 = 57.1% (43,816) 	<p>Report to Subcabinet by June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	MDH, DHS

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

Strategy 4: Develop and implement measures for health outcomes

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

Olmstead Plan Workplan – Positive Supports

February 2017 Plan Goals (page 77)

Executive Sponsor: Chuck Johnson (DHS)

Lead: Erin Sullivan Sutton (DHS), Robyn Widley (MDE), Christen Donley (DOC)

GOAL ONE:

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

GOAL TWO:

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

GOAL THREE:

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

GOAL FOUR:

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

GOAL FIVE:

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

STRATEGIES:

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

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Solicit input from people with disabilities and their families to develop Positive Supports website content specific to their needs.	The Positive Supports website will be easy to navigate and clearly reflect key aspects of the implementation of the Positive Supports Rule and positive practices.	Develop web content by July 31, 2017	DHS
B	Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS). Annually collect and report data on the number of schools using PBIS.	The expected outcome is that as the number of schools using PBIS increases, there will be a reduction in the emergency use of restrictive procedures in school settings. The purpose of the Restrictive Procedures Stakeholders Workgroup is to review and implement the current statewide plan and to identify further efforts to reduce the use of restrictive procedures. A minimum of forty additional schools per year will be using PBIS.	Report data on the number of schools using PBIS by June 30, 20187 and annually thereafter (Recurring)	MDE National Technical Center on PBIS
C.5	As part of the Implementation of Minnesota's "Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports": Expand pre-service training programs and educational opportunities about positive supports statewide. Engage varying levels of educational bodies to support curriculum and training in positive supports.	The "Statewide Plan" is a collaboration between DHS and MDE to build system capacity by engaging schools, providers, counties, tribes, people with disabilities, families, advocates, and community members. It provides the framework for communication and technical assistance to coordinate efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies. These actions will increase use of positive practices and supports across all settings, statewide. There will be a reduction in the use of restrictive procedures.	Expand pre-service training programs by June 30, 2017	DHS, MDE, MDH, DOC

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.6	Expand interagency crisis prevention planning.	See C.5 above	Expand crisis prevention planning by June 30, 2017	DHS, MDE, MDH, DOC
C.8	Report annually to the Subcabinet on statewide plan implementation, analysis and recommendations for changes.	See C.5 above	Report to Subcabinet by June 30, 20187 and annually thereafter (Recurring)	DHS, MDE, MDH, DOC
D.1	Provide Crisis Intervention Teams training for DOC security staff.	<p>Trainings will improve staff skills in avoiding and managing crisis when they occur and reduce the use of restrictive procedures.</p> <p>(SFY14 baseline 15% of security staff trained)</p> <ul style="list-style-type: none"> During SFY16: Increase of 80 (22%) During SFY17: Increase of 80 (25%) During SFY18: Refresher classes and at least one 40-hour class held to maintain 25% level. During SFY19: Refresher classes and at least one 40-hour class held to maintain 25% level. 	<p>Complete targeted number of trainings by June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	DOC
D.2	Provide Motivational interviewing training for DOC case managers.	<p>In the adult DOC facilities and MCF-Red Wing (DOC's juvenile facility), DOC will train all case managers in motivational interviewing (MI). Baseline: In SFY14, 97 staff received MI 1, and 20 received MI 2. All trained staff participate in Communities of Practice to update skills. All case managers at MCF-Red Wing have been trained and are participating in Communities of Practice. Communities of Practice for all trained staff to maintain Motivational Interviewing skills:</p> <ul style="list-style-type: none"> During SFY16: 25% DOC case managers trained During SFY17: 100% trained After SFY17: trainings held as needed to maintain 100% level 	<p>Complete targeted number of trainings by June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	DOC
D.3	Provide Traumatic brain injury training for DOC staff.	DOC staff can view an optional online traumatic brain injury (TBI) training. In SFY15, 93 staff completed the course. Optional TBI training will remain available to DOC staff on a voluntary basis. Estimated training numbers will be 100 staff per fiscal year.	<p>Complete targeted number of trainings by June 30, 20187 and annually thereafter</p> <p>(Recurring)</p>	DOC

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.4	Provide Aggression Replacement Training (ART) as appropriate for staff in correctional settings.	<p>SFY14 baseline for staff trained in Aggression Replacement Training:</p> <ul style="list-style-type: none"> 57 staff had taken an ART orientation 22 trained on how to implement ART <p>During SFY17: All new MCF-Red Wing staff to receive training during DOC Academy on how to integrate ART into the facility's program.</p>	<p>Complete targeted number of trainings by June 30, 2018 and annually thereafter</p> <p>(Recurring)</p>	DOC

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	<p>Evaluate restrictive procedures data to determine:</p> <ul style="list-style-type: none"> progress in the reduction of the emergency use of restrictive procedures trends in utilization need for technical assistance action plan 	People with disabilities will experience an increase in the use of positive supports and reduction of the use of restrictive procedures.	<p>Evaluate data and create action plan by November 1, 2017 and annually thereafter (covering data from previous fiscal year)</p> <p>(Recurring)</p>	DHS
B.1	<p>Consider amendments to the Olmstead Plan to ensure the state has adequately addressed the 2013 recommendations from the Rule 40 Advisory Committee.</p> <p>Based on any suggestions made during the 30-day review of the Rule, the Jensen designated parties will make suggestions for amendments to the Olmstead Implementation Office (OIO).</p>	The Jensen Comprehensive Plan of Action requires designated parties to review the recommendations from the Rule 40 Advisory Committee 30 days after implementation of the Positive Supports Rule. If they find elements from the 2013 recommendations that have not been addressed, or have not adequately or properly been addressed in the Adopted Rule, these elements are to be considered within the process for modifications to the Olmstead Plan.	Submit proposed amendments by October 31, 2016	DHS
B.2	Submit proposed amendments to the Subcabinet for consideration.	See B.1 above	Submit to Subcabinet by January 31, 2017	

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C	Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints to prevent imminent risk of serious injury due to self-injurious behaviors. The review will be completed by External Program Review Committee (EPRC).	External Program Review Committee is the clinical review body and has the authority to review restrictive procedures, including use of mechanical restraints. They make recommendations to the DHS Commissioner who has ultimate decision-making authority.	Evaluate progress by October 1, 20187 and annually thereafter (Recurring)	DHS, MDH
D	DHS will publish annual reports on the External Program Review Committee's annual evaluation on the progress in reducing the use of restrictive procedures and recommendations.	Publishing the results of the annual evaluation noted above and efforts undertaken to reduce the use of restrictive procedures, including mechanical restraints will serve as an accountability tool as state agencies work to reduce the use of mechanical restraints to prevent imminent risk of injury due to self-injurious behaviors.	Publish report by June 30, 2018 and annually thereafter	DHS, MDE
E	DHS and MDH will evaluate opportunities to share data on restrictive procedures for people with disabilities to ensure reduction in the use of restrictive procedures.	Tracking and analysis of data regarding use of restrictive procedures would allow both departments to make changes in statute or policy and supporting efforts like training and technical assistance to further reduce the use of restrictive procedures.	Create opportunities to share data on coordinating tracking and evaluation beginning June 30, 2017	DHS, MDH
F.1	Implement MDE's statewide plan to reduce the use of restrictive procedures. The restrictive procedures workgroup will meet four times during 2017-18 2016-17 school year.	The expected outcome is that as the MDE restrictive procedures statewide plan is implemented, the emergency use of restrictive procedures in the school setting will decline.	Convene 4 workgroup meetings by June 30, 20187 and annually thereafter (Recurring)	MDE Restrictive procedures stakeholders
F.2	Document progress in statewide plan implementation and summarize restrictive procedure data in the annual restrictive procedures legislative report.	See F.1 above	Submit restrictive procedures report by February 1, 20187 and annually thereafter (Recurring)	MDE

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
G.4	During the 2016-17 school year, MDE will provide at least three trainings and technical assistance to districts on the topic of restrictive procedures and positive supports. This includes training held at a specific district with their staff.	Increased knowledge and use of evidence based positive behavior strategies will reduce the emergency use of restrictive procedures in school settings.	Provide 3 trainings by June 30, 20187 and annually thereafter (Recurring)	MDE

Strategy 3: Reduce the use of seclusion in educational settings

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Beginning with the 2016-2017 school year, districts must report data quarterly to MDE about individual students who have been secluded.	Incidents of the use of seclusion in schools will be reported quarterly.	Reporting will begin by October 15, 2016	MDE
A.3	<u>Districts will continue to report quarterly to MDE on the number of students who have been secluded.</u> MDE will share these reports with the restrictive procedure workgroup at meetings held during the 2016-17 school year. The workgroup will identify areas of concern and develop strategies for eliminating the use of seclusion. The workgroup will provide recommendations to MDE and the recommendations will be included in the February 1, 201 87 legislative report.	<u>Incidents of the use of seclusion in schools will be reported quarterly and included in the annual legislative report.</u>	Provide recommendations to MDE leadership by January 31, 20187 and annually thereafter (Recurring)	MDE

Olmstead Plan Workplan – Crisis Services

February 2017 Plan Goals (page 85)

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

GOAL ONE:

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

GOAL TWO:

By June 30, 2019, 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% or more.

GOAL THREE:

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

GOAL FOUR:

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

GOAL FIVE:

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

STRATEGIES:

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

Strategy 2: Implement additional crisis services

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.3b	Report to Subcabinet on the number of trainings and the number of people participating. <u>The report will also include an assessment of future training needs and the plan to meet those needs.</u>	Subcabinet will receive report. <u>Future training needs will be defined and reported to the Subcabinet.</u>	Report to Subcabinet by June 30, 2018 and annually thereafter (Recurring)	DHS
B.4	Assess future training needs of mental health crisis and crisis service providers and report to the Subcabinet.	Future training needs will be defined and reported to the Subcabinet.	Report to the Subcabinet by December 31, 2018	DHS
C	Convert two Intensive Community Rehabilitative/ Recovery Services (ICRS) into Assertive Community Treatment (ACT) Teams.	ACT services are an evidence based practice that helps individuals with mental illness integrate into their community. ACT services decrease the risk of hospitalization. There will be increased ACT services in rural communities and areas within the state where ACT services are not available.	Convert two ICRS to ACT teams by December 31, 2016	DHS
C.2	Train ACT team leads on evaluation and fidelity reviews of the ACT team model.	ACT team leads will be proficient in conducting the Tool for Measurements Assertive Community Treatments (TMACT) fidelity reviews.	Train ACT team leads on evaluation and fidelity reviews by December 31, 2016	DHS
C.3	<u>Assertive Community Treatment (ACT)</u> teams will complete evaluation and fidelity review of ACT team performance.	ACT teams will score within a range 1-5 that indicates the level of fidelity to the ACT model they are practicing.	Complete fidelity reviews by December 31, 2017	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.3	Conduct fidelity reviews of 40% of Housing with Supports grantees.	Persons with serious mental illness who are homeless, long term homeless, or exiting institutions have complex needs and face high barriers to obtaining and maintaining housing. Housing with Supports will help to establish persons in stable housing and provide a foundation for accessing healthcare and other needed resources. Housing with Supports will increase the number of persons with disabilities living in housing that meets the standards of the permanent supportive housing evidence-based practice.	Conduct fidelity reviews by December 31, 2016	DHS, MHFA , Lead agencies, Adult Mental Health Initiatives (Error –MHFA is not responsible agency)
D.4	Collect data from Housing with Supports grantees, report to the Subcabinet on the number of persons housed and the duration of tenancy.	See D.3 above	Collect and report data by July 31, 2017	DHS, MHFA
D.5	Conduct fidelity reviews of 60% of Housing with Supports grantees.	Persons with serious mental illness who are homeless, long term homeless, or exiting institutions have complex needs and face high barriers to obtaining and maintaining housing. Housing with Supports will help to establish persons in stable housing and provide a foundation for accessing healthcare and other needed resources. Housing with Supports will increase the number of persons with disabilities living in housing that meets the standards of the permanent supportive housing evidence-based practice.	Conduct fidelity reviews by December 31, 2017	DHS
E.2	Expand 24/7 mental health crisis services to all parts of the state. This will include racially and ethnically diverse service providers.	By increasing mental health crisis response services/providers to 24-hours, seven days a week, a reliable, sustainable safety-net will be in place for people statewide.	Expand to statewide 24/7 services by December 31, 2018	DHS
E.3	Survey teams to determine how they are currently recruiting for racially and ethnically diverse service providers.	Agency will understand current efforts for recruiting racially and ethnically diverse providers.	Complete survey by April 1, 2017	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
E.4	Use survey results to provide resources to providers to recruit more diverse staff.	There will be an increase in racially and ethnically diverse staff.	Provide resources by September 30, 2017	DHS
F	Implement crisis services reform to develop effective, efficient structure of service delivery. <ul style="list-style-type: none"> Establish a process for evaluation and continuous improvement. Develop recommendations on referral and triage system. Annually report the status of implementation to the Subcabinet. 	Reform will lead to timely response and management of personal crisis, access to crisis placements and services when needed and reintegration into the community following a crisis.	Report to Subcabinet by September 30, 20187 and annually thereafter (Recurring)	DHS
G	Conduct quarterly reviews of crisis providers to identify problems in response times. Provide technical assistance to children and adult mental health crisis providers in the areas of intake screening, triage and dispatch system in order to improve response time.	Improve response times for children and adult mental health crisis providers. Quick response time increases the likelihood the crisis response can reach the following goals: (1) promote the safety and emotional stability; (2) minimize further deterioration of people in crises; (3) help people obtain ongoing care and treatment; and (4) prevent placement in settings that are more intensive, costly, or restrictive.	Conduct reviews beginning October 1, 20176 and semi-annually thereafter (Recurring)	DHS
H.2	Report to Subcabinet on recommendations made to DHS from the Community-Based Services Steering Committee.	The Community-Based Services Steering Committee includes counties, providers and advocates. Recommendations are developed and implementation begins.	Report to Subcabinet by July 31, 2017	DHS
I.2	Implementation of the plan to increase in home respite care	Increase in home respite services.	Begin implementation by December 31, 2016	
J.2	Add access to crisis respite services to Community Alternative Care (CAC) waiver.	Increase people's ability to use crisis respite services by adding coverage through the CAC waiver, and by increasing the capacity to provide the service. Crisis respite services allow an individual a safe place to go during a crisis with appropriate services to support a timely return to their home.	Report monthly until added to CAC waivers	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
J.3	Award license capacity for 20 additional crisis respite beds.	See J.2 above	Award license capacity for 20 crisis beds by December 31, 2016	DHS
K	Complete biennial evaluation of crisis respite bed utilization statewide.	Analysis will determine if the system capacity is sufficient and if expansion is needed.	Evaluate need for crisis beds by September 30, 2019⁷ and biennially thereafter (Recurring)	DHS
L.4	Provide training on positive supports and person-centered practices. Report to the Subcabinet on the number of trainings and the number of people trained.	Increased capacity to serve people with challenging behaviors.	Report to Subcabinet by June 30, 2017	DHS
L.5	Annually report to the Subcabinet on the number of trainings on positive supports and person-centered practices and the number of people trained.	There will be increased capacity to serve people with challenging behaviors.	Report to Subcabinet beginning December 31, 2017 and annually thereafter	DHS

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Pilot positive practices with children to Head Start, childcare centers, and family childcare providers who are enrolled in the Parent Awareness Professional Development System.	Increased use of positive practices with children has proven to decrease crisis and the use of restrictive procedures. Mental health consultations will be developed. Training sessions will be delivered and consultations will begin with Head Start, childcare centers, and family childcare providers.	Complete pilot by June 30, 2017	MDE, DHS Child Development Services

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.3	Provide consultation and technical assistance to selected Forensic Assertive Community Treatment (FACT) Team providers.	The FACT team model is determined to be a best practice for delivering mental health services to individuals exiting correctional facilities. The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	Provide technical assistance by November 30, 2016	DHS, DOC
B.5	<u>Continue to implement Forensic Assertive Community Treatment (FACT) team model.</u> Report annually to the Subcabinet on implementation, analysis and recommendations for changes.	The FACT team model is determined to be a best practice for delivering mental health services to individuals exiting correctional facilities. The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	Issue report by June 30, 2018 7 and annually thereafter (Recurring)	DHS, DOC
B.6a	Increase number of individuals receiving FACT team services.	See B.3 above	Increase to 30-40% capacity by March 31, 2017	DHS, DOC
B.6b	Increase number of individuals receiving FACT team services.	See B.3 above	Increase to 50-60% capacity by July 31, 2017	DHS, DOC
B.6c	Increase number of individuals receiving FACT team services.	See B.5 above	Increase to full capacity by June 30, 2018	DHS, DOC
B.7	Conduct outside review of FACT program.	See B.5 above	Conduct outside review by December 31, 2018	DHS, DOC

Olmstead Plan Workplan – Community Engagement

February 2017 Plan Goals (page 91)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Melody Johnson (OIO)

GOAL ONE:

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

STRATEGIES:

1. Increase the number of leadership opportunities for people with disabilities
2. Increase the use of self-advocates in implementing the Olmstead plan
3. ~~Increase the use of peer support specialists in implementing the Olmstead plan~~ [Moved to the Employment section of the February 2017 Olmstead Plan Revision]
4. Increase participation of people with disabilities in providing input on public projects
5. The Community Engagement Workgroup will provide the OIO and the Subcabinet with recommendations regarding key elements of the Olmstead Plan as specified in the Charter.

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2a	Provide a summary of four Councils which have adopted aligned goals including: the type of goal; the type of workplan activities; and the timing of the workplans. Report to the Subcabinet.	Work with Governor appointed councils, groups, etc. to create a plan that coordinates one or more of their goals with an Olmstead goal.	Report to Subcabinet by December 31, 2016	OIO
A.6	<u>In collaboration with MDHR</u> , OIO will co-host a seminar for the 23 Governor's Appointed Councils <u>and Boards</u> to provide training of the Olmstead Plan; develop communication channels for input in the Olmstead Plan; and share resources for creating more diverse and inclusive councils and boards. Report outcomes of the seminar, <u>including the number of Councils and the number of individuals trained,</u> to the Subcabinet. The curriculum will include: information about the Olmstead Plan; working with people with disabilities, creating inclusive groups and meetings, and strategies for alignment with Olmstead Plan goals.	The 23 Governor's appointed councils and boards will grow in their knowledge and understanding of creating more diverse and inclusive meetings <u>and strategies for recruiting people with disabilities.</u> . The councils and boards' practices will integrate Olmstead principles and increase opportunities for leadership for people with disabilities. The communication channel will provide strategic opportunities for input on the Olmstead Plan. This opportunity will also align with MDHR Civic Engagement's goals for creating a more diverse and inclusive councils and boards.	Report to the Subcabinet by April 30, 2018 January 31, 2018 (Extended)	OIO, MDHR
A.7	OIO, in collaboration with MDHR's Civic Engagement team, will develop a plan to train people with disabilities who are interested in participating as a member in governor-appointed boards and councils. The plan will be submitted to the Subcabinet for review. The plan will include expected outcomes, proposed schedule and timelines.	People with disabilities will have the skills and knowledge to apply to and participate in decision-making processes on statewide boards and councils.	Submit plan to Subcabinet by January 31, 2018	OIO, MDHR

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.1	Seek grant application opportunities that will enhance or support community engagement activities including but not limited to development of leadership among people with disabilities. Annually present grant application opportunities to subcabinet for review and approval.	In collaboration with partners and stakeholders and promotion of community engagement, OIO will seek grant opportunities to enhance or develop programs that will develop leaders; enhance leadership skills, build knowledge and expand opportunities for people with disabilities.	Report to Subcabinet by April 30, 2017 and annually thereafter	OIO
C.2	Upon approval and award of grant, OIO will develop specific workplans for the grant.	See C.1 above	Develop workplans within 60 days of award	OIO
D	Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised.	Through the use of the Olmstead website, social media, email, paper handouts, in person information sessions and other appropriate communication methods, as well as with the assistance of partner organizations, stakeholders will be informed about the Olmstead Plan and other activities that promote the Plan.	Report by quarterly beginning October 31, 2017 and quarterly thereafter (Recurring)	OIO, MN.IT
E	Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).	Evaluation of outreach and engagement activities will help determine the effectiveness of activities and which activities to continue and which activities to discontinue or revise.	Report quarterly beginning by October 31, 2017 and quarterly thereafter (Recurring)	OIO

Strategy 2: Increase the use of self-advocates in implementing the Olmstead plan (this will be examined during Plan amendment process)

2	Key Activity	Expected Outcome	Deadline	Other Agency(s)
C	Develop a census survey for all known self-advocacy programs and other leadership programs. The survey will be completed annually.	A census survey will track self-advocates and other advocates with disabilities based on their membership to various groups across Minnesota. Legislation has increased funding for self-advocate programming and groups.	Begin survey by April 30, 2018 and annually thereafter	OIO
D	Analyze survey results and report findings to the Subcabinet.	See C above	Report to Subcabinet by July 31, 2018 and annually thereafter	OIO

~~**Strategy 3:** Increase the use of peer support specialists in implementing the Olmstead plan~~
[Strategy 3 was moved to the Employment section of the February 2017 Olmstead Plan Revision]

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Develop a charter for the Community Engagement Advisory Group. Submit charter to the Subcabinet for review and approval.	The charter will include the structure, purpose and functions of the workgroup along with key tasks identified for 2016-2017. The proposed process for recruiting members will also be included.	Submit charter to Subcabinet by November 21, 2016	OIO
A.5	Make recommendations of Community Engagement Workgroup candidates to the Subcabinet.	The potential candidates will be presented to the subcabinet for approval.	Recommend candidates to Subcabinet by March 27, 2017	OIO
C.1	Conduct a statewide survey with at least 500 people with disabilities to determine what types of publicly funded projects they would like to be more involved with and at what level they would like to be involved.	Recommendations will be made to the subcabinet on the results of the survey.	Complete Survey by December 1, 2016	OIO Self-advocates

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.2	Complete analysis of survey results and submit recommendations to the Olmstead Subcabinet for future projects that could be prioritized and how individuals can connect with the project of their choice.	See C.1 above	Complete Recommendations by December 31, 2016	OIO
D.1	Review bonding proposals approved in the 2017 legislative session to identify select projects that would be enhanced with consultation from the State Council on Disability and other governor appointed disability councils. Seek support from the agency to engage this consultation on select project. Track the number of projects where consultation was engaged.	Select bonding projects will utilize consultation from State Council on Disability and other governor appointed disability councils.	Identify select projects by August 31, 2017	OIO and select agencies
D.2	Seek support from the agency to engage consultation on selected projects.	See D.1 above	Seek agency support by September 30, 2017	OIO
D.3	Track the number of <u>publicly funded</u> projects <u>where consultation with individuals with disabilities occurred.- Track the number of individuals with disabilities who provided consultation. where consultation was engaged.</u>	<u>People with disabilities will have input on publicly funded projects related to accessibility. See D.1 above</u>	Begin tracking by December 31, 2017	OIO
D.4	<u>Report to the Subcabinet the number of individuals involved in consultation on publicly funded projects and the number of projects that engaged consultation. Analyze data from tracking and report the findings to the Subcabinet on an annual basis.</u>	See D. 3 1 above	Report findings to Subcabinet by December 31, 2018 and annually thereafter	OIO

Strategy 5: The Community Engagement Workgroup will provide the OIO and the Subcabinet with recommendations regarding key elements of the Olmstead Plan as specified in the Charter.

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Convene Community Engagement workgroup meetings and implement scope of work.	The Community Engagement workgroup will provide support, expertise and guidance to the three identified strategic focuses in scope of work.	All meetings completed by December 18, 2017	OIO
B	Community Engagement workgroup will review and make recommendations regarding the public input process. Report recommendations to the Subcabinet.	The recommendations adopted by the Subcabinet will be incorporated into the annual Plan amendment process.	Report to Subcabinet by September 25, 2017	OIO
C	Community Engagement workgroup will review, make recommendations for updating and enhancing the OIO Communication Plan. Report recommendations to the Subcabinet.	The Community Engagement workgroup and the Subcabinet will support the implementation of a communication plan for diverse communities with disabilities.	Report to Subcabinet by December 31, 2017	OIO
D.1	Community Engagement workgroup will review and revise the Community Engagement Plan and present the Plan to the Subcabinet.	Strengthen the community engagement between members of the disability communities and the OIO and state agencies on matters impacting the implementation of the Olmstead Plan.	Report to Subcabinet by November 30, 2017 October 23, 2017 (Extended)	OIO
D.2	Develop work plan to implement the Community Engagement Plan. Report to the Subcabinet.	Best practices for all Subcabinet agencies will create a more accessible and inclusive community engagement.	Report to Subcabinet by March 31, 2018	OIO
E	Community Engagement workgroup will develop recommendations for identify the scope of work and develop work plan for 2018. Report recommendations to the Subcabinet.		Present Report to Subcabinet by December 31, 2017	OIO

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal One

February 2017 Plan Goals (page 95)

Executive Sponsor: Daron Korte (MDE)

Lead: Diane Doolittle (OIO)

GOAL ONE:

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

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

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

STRATEGIES:

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

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

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

Strategy 2: Develop public awareness campaign

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Agencies will solicit public input on the development of educational campaign on the prevention of abuse and neglect of people with disabilities. Input will be solicited from mandated reporters, professional caregivers, people with disabilities, families, and advocates.	Mandated reporters, professional care givers, people with disabilities, families, advocates, and providers will have the opportunity to advise the agencies on how they believe the campaign(s) should be structured and conducted. Input will be reflected in the structure and content of the campaign.	Solicit public comments by April 30, 2017 2A – 2F Replaced by 2G (4/2017)	DHS, MDH, MDE, OMHDD
B	Define key objectives of the educational campaign.	Key objectives of the campaign will be identified.	Identify objectives by April 30, 2017 Replaced by 2G	DHS, MDH, MDE, OMHDD
C	Identify the target audiences for the educational campaign.	Key audiences for the educational campaign will be identified.	Identify audience by April 30, 2017 Replaced by 2G	DHS, MDH, MDE, OMHDD
D	Develop the key messages for the educational campaign.	Key messages will be identified.	Develop key messages by April 30, 2017 Replaced by 2G	DHS, MDH, MDE, OMHDD
E	Design the optimal channels of communication to be used.	Educational key messages will reach the target audiences.	Design the communications by April 30, 2017 Replaced by 2G	DHS, MDH, MDE, OMHDD
F	Implement campaign on the prevention of abuse and neglect.	Increased awareness by mandated reporters and professional caregivers on reporting of abuse and neglect. Increased awareness by people with disabilities, families, advocates, and the public on what constitutes abuse and neglect and how to report.	Implement campaign by December 31, 2017 Replaced by 2G	DHS, MDH, MDE, OMHDD
G	The Abuse and Prevention Specialty Committee will review a draft workplan (including activities PR1 2A - 2F) and submit to the Subcabinet for approval.	The Subcabinet will review the workplans as drafted by the Abuse and Prevention Specialty Committee.	Submit workplans to Subcabinet by September 30, 2017	Specialty Committee

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
G.1	<p>The Specialty Committee will review:</p> <ul style="list-style-type: none"> • Other states' prevention campaigns and prevention models to determine which ones are effective and could be adopted by Minnesota. • Criminal justice system and response; • Domestic violence/sexual violence advocacy system and response. 	The Specialty Committee will have expanded knowledge to identify strengths, gaps, challenges, and ideas for improving the system.	Review by July 30, 2017	OIO, Specialty Committee
G.2	<p>The Specialty Committee will:</p> <ul style="list-style-type: none"> • Review information on prevalence of violence against people with disabilities as compared to the general population. • Research, examine, and review best practices of current prevention systems. • Identify risk factors and associated protective strategies. • Identify prevention initiatives in Minnesota. 	The Specialty Committee will have a better understanding of the current status of the system and best practices to consider in the comprehensive prevention plan.	Review by August 31, 2017	OIO, Specialty Committee
G.3	<p>The Specialty Committee will review and adopt guiding principles for establishing an abuse/neglect prevention plan including:</p> <ul style="list-style-type: none"> • Inclusive practices in community and mainstream systems; • Self-determination and empowerment of people with disabilities; • Person-centered practices; • Careful consideration of language and the meaning of words; • Strategies, ideas, resources, models from other places to work in Minnesota. 	The Specialty Committee will agree to guiding principles to be used to establish priorities of the abuse/neglect prevention plan.	Adopt guiding principles by September 30, 2017	OIO, Specialty Committee

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
G.4	<p>The Specialty Committee will</p> <ul style="list-style-type: none"> Gather input and feedback from people with disabilities and their families, on the topic of abuse and to identify disincentives and barriers to reporting abuse and neglect and plans to remediate. Conduct surveys of other states to find best practices in involving people with disabilities. Identify risk factors and associated protective strategies. 	<p>The Specialty Committee will reach out to groups that are either not represented or underrepresented on the Specialty Committee at listening sessions throughout Greater Minnesota.</p> <p>Reviewing best practices and input from the public will inform the development of the abuse/neglect prevention plan.</p>	Review input and best practices by October 31, 2017	OIO, Specialty Committee
H	<p>Develop recommendations for the Subcabinet on the proposed Abuse and Neglect Prevention Plan. Recommendations will be based on:</p> <ul style="list-style-type: none"> Specialty Committee meetings that included research, examination, and identification of best practices. Public input from listening sessions 	The Specialty Committee will develop recommendations for the Subcabinet on the Abuse and Neglect Prevention Plan.	Develop recommendations by November 30, 2017	OIO, Specialty Committee
I	The Abuse and Neglect Prevention Plan proposed recommendations will be presented to the Subcabinet for review and approval.	The Subcabinet will act on the recommendations for adoption.	Present to Subcabinet by December 31, 2017	OIO, Specialty Committee

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Two

February 2017 Plan Goals (page 96)

Executive Sponsor: Gilbert Acevedo (MDH)

Lead: Nicole Stockert (MDH)

GOAL TWO:

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

STRATEGIES:

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

Strategy 1: Use data to identify victims and target prevention

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Analyze the data from the Minnesota Hospital Association (MHA) to determine the number of individuals who have been treated at a hospital due to abuse or neglect. Individuals who meet the definition of a vulnerable individual will then be identified based on if their source of admission was from either a licensed facility or a home health agency.	Baseline will be established: These activities are necessary in order to establish a baseline. The MHA data needs to be analyzed in order to determine the number of individuals who meet the definition of a vulnerable individual.	Establish baseline by January 31, 2017	MDH
B	Once the baseline is established, the data will then be analyzed to determine any existing patterns and geographic areas which reflect a higher incidences of abuse or neglect of vulnerable individuals.	Identification of areas that require targeted prevention efforts: Identifying geographical areas that are higher concentration, or rate, in the number of vulnerable individuals presenting at hospitals for injuries related to abuse and neglect.	Identify areas to target by February 1, 2017	MDH
C	Conduct a public education campaign targeted at providers who serve individuals with disabilities, individuals with disabilities, families, and advocates. Targeted prevention efforts will also be conducted in areas with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.	Targeted providers, individuals with disabilities, families, and advocates will: <ul style="list-style-type: none"> • Be educated on how to recognize abuse and neglect; • Be educated in methods to reduce barriers in reporting suspected maltreatment; and • Be educated on how to prevent maltreatment in an effort to prevent future abuse and neglect. 	Initiate public campaign by July 1, 2017	MDH, DHS, OMHDD

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	<p><u>Report to the Subcabinet on the status of the public education campaign targeted at providers who serve individuals with disabilities, individuals with disabilities, families, and advocates.</u></p> <p><u>The report will include a summary of the activities undertaken, the target audience, and any evaluation results.</u></p>	<p><u>Targeted providers, individuals with disabilities, families, and advocates will:</u></p> <ul style="list-style-type: none"> <u>Be educated on how to recognize abuse and neglect;</u> <u>Be educated in methods to reduce barriers in reporting suspected maltreatment; and</u> <u>Be educated on how to prevent maltreatment in an effort to prevent future abuse and neglect.</u> 	<p><u>Report to Subcabinet by July 31, 2018</u></p>	<p><u>MDH, DHS, OMHDD</u></p>

Strategy 2: Monitor and improve accountability of providers

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Report quarterly to the Olmstead Subcabinet the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) that document failure to report abuse, neglect and other maltreatment.	It is expected that the overall number of maltreatment allegations will rise as a result of the education campaign about how to recognize and report suspected maltreatment. However, the number of citations issued to ICF/IIDs that document failure to report abuse, neglect, and other maltreatment should decrease as a result of the education campaign about how to recognize and report suspected maltreatment.	Report to Subcabinet beginning January 1, 20187 and quarterly thereafter (Recurring)	MDH
B	Submit quarterly to the Olmstead Subcabinet the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required Minnesota Statute 626.557 subd.14 (b).	Over time, the number of citations issued to Supervised Living Facilities documenting failure to comply with the development of an individualized abuse prevention plan should decrease as providers and direct care staff receive additional education about prevention of maltreatment.	Report to Subcabinet beginning January 1, 20187 and quarterly thereafter (Recurring)	MDH

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C	Analyze data from increased reporting to identify areas where targeted prevention strategies can be applied to reduce the occurrence of maltreatment to vulnerable individuals.	As a result of an education campaign focused on how to recognize and where to report suspected maltreatment, allegations of maltreatment are expected to rise. Targeted prevention efforts can then be applied in geographical areas or with providers that reflect higher incidences of abuse or neglect of vulnerable individuals.	Identify areas to target beginning January 31, 202018 and annually thereafter (Extending)	MDH

Strategy 3: Refine measurable goals

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	The MHA data will be reassessed annually to determine the efficacy of the educational efforts.	The number of emergency room visits and hospitalizations of vulnerable individuals due to abuse and neglect <u>that are currently reported will increase compared to the baseline based on MHA analysis. The MHA data will be reassessed to determine what practices (if any) are appropriate for statewide dissemination. will decrease compared to the baseline.</u>	Reassess data beginning January 31, 202018 and annually thereafter (Extending)	MDH

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B	After reassessment of the MHA data and the effects of the educational campaign, the measureable goal will be reviewed on an annual basis.	<p><u>If successful in our hospital educational campaign, we expect to see an increase in allegations because more facilities will adopt accurate reporting practices, based on our outreach.</u></p> <p><u>The measurable goal will need to be reassessed annually to determine if the target needs to be revised. Since the evaluation of the 2010-2016 MHA data suggests that suspected abuse/neglect ER visits appear to be vastly under-reported/under-coded in all MN regions, we expect the number of emergency room (ER) visits and hospitalizations reported by hospitals of vulnerable individuals due to abuse and neglect will increase compared to baseline.</u></p> <p>It is unknown what kind of an impact the education campaign will have on the overall incidence of abuse and neglect of vulnerable individuals. The measureable goal will need to be reassessed annually to determine if the target needs to be revised.</p>	<p>Review annual goals beginning January 31, 2020 18 and annually thereafter</p> <p>(Extending)</p>	MDH

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Three

February 2017 Plan Goals (page 96)

Executive Sponsor: Charles E. Johnson (DHS)

Lead: Erin Sullivan Sutton (DHS)

GOAL THREE:

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

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

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

STRATEGIES:

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

Strategy 1: Develop remediation strategies for providers and professional caregivers

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Collect data for initial maltreatment reports and complete validation testing of the MAARC data system.	Data for initial maltreatment reports by person will be collected for a 6 month timeframe (July 1 – December 31, 2016). Improved data collection and data integration between state agencies responsible for investigation of MAARC reports of suspected maltreatment.	Begin collecting data by December 31, 2016	DHS, MDH, MN.IT, counties
A.2	Data reports developed and tested on initial and repeat maltreatment. Data for repeat maltreatment reports by person will be collected for a 12 month timeframe (July 1, 2015– June 30, 2016).	Develop and test report on initial and report maltreatment reports and demographic data of suspected victim and perpetrator.	Develop and test reports by August 31, 2017	DHS
A.3	Data and reports will be validated. Baseline will be established.	Repeat reports will be compared to the first set of initial reports to determine the number of vulnerable adults who experience repeat maltreatment of the same type.	Establish baseline by December 31, 2017	DHS, MDH, MN.IT, counties
A.4	Develop and test lead investigative agency remediation strategy reports.	Improved data collection and data integration between state agencies responsible for investigation of MAARC reports of suspected maltreatment.	Develop and test reports by December 31, 2017	DHS, MDH, MN.IT, counties
A.5	Review and compile data on remediation strategies and demographic data of suspected victim and perpetrator by lead investigative agency to identify strategies that may be effective at preventing repeat maltreatment of the same type.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Identify remediation strategies by June 30, 2018	DHS, MDH, MN.IT, counties
A.6	Conduct training sessions with lead investigative agencies to share remediation strategies effective at preventing repeat maltreatment.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Begin training by December 31, 2018	DHS, MDH, MN.IT, counties

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

Strategy 2: Engage Quality Councils

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	DHS will work with representatives from the State Quality Council and the newly established regional councils to identify strategies and activities to reduce the risk of abuse and to improve the quality of practice. The proposed workplan activities will be submitted to the Subcabinet for review.	Workplan activities will be submitted to the Subcabinet for review.	Submit workplan to Subcabinet by 6 months after the Specialty Committee approves the comprehensive Plan to Prevent Abuse and Neglect	DHS, Regional Quality Councils (RQCs), county level Adult Protection (AP)

Strategy 3: Refine measurable goals

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

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Four

February 2017 Plan Goals (page 97)

Executive Sponsor: Daron Korte (MDE)

Lead: Robyn Widley (MDE)

GOAL FOUR:

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

STRATEGIES:

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

Strategy 1: Develop and utilize school tracking database

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Collaborate with MN.IT and computer programmer to create a report that calculates the number of maltreatment investigations involving a student with a disability within an individual school. Ensure program data is properly transitioned from current maltreatment program database system to new maltreatment web focused database system.	Testing of specified report and data conversion will be completed to ensure appropriate functionality and accuracy of data.	Develop and test report by October 1, 2016	MDE, MN.IT
B	Train program staff on database entry requirements to ensure all necessary information for specified goal is collected and stored in system.	Increase integrity and accuracy of data.	Begin training by October 1, 2017 6 and annually thereafter (Recurring)	MDE
C	Generate specified report and analyze necessary data from FY14-FY16 to establish baseline.	Establish baseline data that identifies all schools that have had three multiple maltreatment investigations of alleged maltreatment in the form of physical abuse involving a student with a disability within thea three year time period of FY14 – FY16 . Determine the number of students with a disability who are named as alleged victims of an investigation of alleged maltreatment in the form of physical abuse investigation within those schools.	Generate report to use as baseline by November 30, 2017 October 31, 2016 (Recurring)	MDE

Strategy 2: Continue and expand training for school personnel

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Draft and send a letter to all identified schools to notify them of <u>having multiple three or more investigations of alleged maltreatment in the form of physical abuse involving a student with a disability within their schools- within the three year time period of FY14-FY16,</u> and to inform them of the current school year's PBIS training application process and deadlines.	Identified schools will become aware of <u>having three or more multiple investigations of alleged maltreatment in the form of physical abuse involving a student with a disability within their schools within the three year time period of FY14-FY16</u> and will consider applying for schoolwide MDE approved PBIS cohort training opportunities.	Issue letters by <u>November 30, 2017 and annually thereafter</u> November 15, 2016 (Recurring)	MDE
B	Target schools from baseline data that have yet to submit application for <u>2017-2019 the current school year's</u> PBIS cohort training and send a follow up letter encouraging enrollment and participation in PBIS cohort trainings.	Increase participation in PBIS cohort trainings.	Send follow-up letters by <u>December 15, 2017 and annually thereafter</u> February 28, 2017	MDE
C	Provide ongoing targeted technical assistance and an annual training for school administrators on student maltreatment, mandated reporter requirements, PBIS, Restrictive Procedures, and discipline.	Increase awareness of abuse and neglect in public schools, offer guidance and direction in implementing appropriate behavioral interventions and prevention efforts, and decrease use of emergency interventions.	Technical assistance will begin by <u>June 30, 2018</u> 7 and annually thereafter (Recurring)	MDE

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	<p>Report to the Olmstead Subcabinet;</p> <ul style="list-style-type: none"> Number of schools identified as having <u>three</u> or more investigations of alleged maltreatment <u>in the form of physical abuse</u> of students with a disability <u>within the three year time period of FY14-FY16</u> as established in baseline data (1c). Total nNumber of identified schools participating/ not participating in MDE approved <u>2018-2020 or subsequent</u> PBIS cohort training and corresponding <u>total</u> number of maltreatment investigations <u>of alleged maltreatment in the form of physical abuse of students with a disability identified in the baseline data.</u> Total nNumber of students <u>with a disability</u> named as alleged victims in an maltreatment investigation <u>of alleged maltreatment in the form of physical abuse</u> within schools identified in baseline data. Total nNumber of students <u>with a disability</u> named as alleged victims of maltreatment <u>in the form of physical abuse within schools identified in baseline data for each year during, and for the three years immediately following completion of the during and post</u> PBIS training. 	<p>Schools participating in PBIS cohort training will demonstrate a decreased number of students with a disability as alleged victims of maltreatment and a decrease in the number of alleged maltreatment investigations</p>	<p>Report to Subcabinet by July 31, 2017 <u>September 30, 2018</u> and <u>annually thereafter</u></p> <p><u>(Recurring)</u></p>	MDE

Strategy 3: Improve school accountability for training

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Develop web based system that requires school district personnel submit verification to MDE indicating that all school employees have been trained on child maltreatment mandated reporter requirements.	School personnel will be aware of mandated reporting requirements and aware of child abuse and neglect within public schools. School accountability and compliance with mandated reporting requirements will improve.	Develop web based system by December 31, 2016	MDE, MN.IT
B	Test and implement web based verification system.	Ensure functionality and district accessibility.	Implement system by December 31, 2016	MDE, MN.IT
C	Develop and update web based mandated reporter requirement training and student maltreatment information materials on program website.	School personnel and constituents will have access to current program procedures, legislative authority and mandated reporting requirements.	Post training on MDE website by December 31, 2016	MDE
D	Notify school administrators of verification requirement and alternative training options via program website and superintendent mailings.	Provide guidance and assist schools in establishing approved mandated reporter training options.	Notify school administrators by December 31, 2016 and annually thereafter (Recurring)	MDE
E	Annually report to Olmstead Subcabinet: <ul style="list-style-type: none"> Number of districts who fulfilled verification requirement procedures and confirmed mandated reporter training to all district employees. Number of districts who did not fulfill verification requirements and did not confirm mandated reporter training to all district employees. 	Increase school personnel accountability and awareness to report situations of abuse and neglect in the school setting.	Report to Subcabinet by July 31, 2018 and annually thereafter (Recurring)	MDE

Olmstead Plan Workplan – Quality of Life Survey

February 2017 Plan Goals (page 107)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Diane Doolittle (OIO)

GOAL ONE:

By December 31, 2017 the initial Quality of Life Survey will be completed to establish a baseline. Subsequent surveys will be conducted at a minimum of two times during the following three years to measure changes from the baseline.

STRATEGIES:

1. Execute contract with Dr. Conroy
2. Issue Request for Proposal (RFP) and select vendor for survey implementation
3. Implement survey
4. Analyze and report on survey results
5. Develop workplan for 2018 – 2020

Strategy 1: Execute contract with Dr. Conroy

- All activities completed

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

- All activities completed

Strategy 3: Implement survey

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.2	Convene weekly meeting with vendor and provide progress report to workgroup. Convene monthly meetings with the vendor and Quality of Life Workgroup (QOL).	A detailed plan with action steps, roles and timelines will ensure that work is delivered as needed and on time.	Meet weekly with vendor and monthly with QOL workgroup through December 31, 2017	OIO, Vendor, QOL workgroup
A.3	Provide a monthly report to the Subcabinet on the progress of survey implementation.	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	Report to Subcabinet by June 30, 2017 and monthly thereafter	OIO
E.2	Survey people with disabilities until desired sample size is obtained.	Achieve the desired sample size of 2,000 with good representation across geography, setting, disability group and other factors	Complete 2,000 surveys by December 31, 2017	OIO, Vendor

Strategy 4: Analyze and report survey results

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Analyze results of the surveys.	As surveys get completed, analyze within framework of approved Analysis Workplan.	Analyze results of survey by November 30, 2017 October 31, 2017	OIO, QOL Workgroup
B	Develop preliminary Analysis Report for Subcabinet Executive Committee.	A preliminary report will outline areas identified and shared with the Subcabinet Executive Committee.	Submit preliminary report to the Executive Committee by November 30, 2017	OIO, QOL Workgroup
C	Submit the final report of QOL survey results to the Subcabinet for approval.	A final report with findings will be submitted to the Subcabinet.	Report to Subcabinet by December 31, 2017	OIO, QOL Workgroup
D	Make the QOL Survey results report available to the public.	Upon approval by the Subcabinet, the final report will be made available to the public.	Make report available to public by January 31, 2018	OIO

Strategy 5: Develop workplan for 2018 - 2020

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B	Develop 2018-2020 workplan for the next phase of Quality of Life Surveys and submit to the Subcabinet for approval.	The Subcabinet will review the detailed plan with action steps, roles and timelines to re-survey samples from initial survey to measure changes in quality of life for individuals moving from segregated to integrated settings.	Submit workplan to Subcabinet by January 31, 2018	OIO, QOL Workgroup

Olmstead Plan Workplan – Cross Agency Data Strategy
February 2017 Plan Goals (page 109)

Executive Sponsor: Mike Tessneer (OIO)

Lead(s): David Sherwood Gabrielson (DEED), Erin Sullivan Sutton (DHS) and Robyn Widley (MDE)

STRATEGIES:

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

Strategy 1: Create interim data system

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

Strategy 2: Create cross agency data plan

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
A	<p>Establish a workgroup to study the cross agency data needs for implementation of the Olmstead Plan. Workgroup membership will include people with disabilities and representatives from four Subcabinet agencies who have knowledge, skills and abilities with data systems, a representative of the Commissioner of MN.IT, and consultation from IPAD, Department of Administration regarding data practices. The work group may seek outside subject matter consultation. The people with disabilities should not be state employees or represent provider agencies.</p> <p>The workgroup will examine the current and future need for cross agency data systems necessary for measuring the implementation of the Plan.</p> <p>Based on the approved Olmstead Plan's measurable goals, the workgroup will develop an assessment report that will include the following:</p> <ul style="list-style-type: none"> • Recommendations for the establishment of data systems that allow access to data from multiple agencies. • Recommendations for the measurement of the movement of people with disabilities from segregated settings to integrated settings, movement off waiting lists, and results of the Quality of Life Survey. • Recommendations for the tracking of the expenditure of public funds in segregated and integrated settings. <p>The recommended data system should operate efficiently, accurately, and timely.</p>	<p>The Olmstead Plan envisions services and supports for individuals with disabilities to be responsive to individual preferences and choices than the current system allows.</p> <p>The Plan also assumes agencies will -need to share data in new ways that may not be permitted under current parameters</p> <p>This work plan intends to examine what data systems of the future should look like and to provide recommendations on how to achieve redesigned data systems that are responsive to the needs of the Olmstead Plan.</p>	<p>Assessment report and recommendations due to Subcabinet by January 31, 2017</p>	<p>OIO</p> <p>Subcabinet Agencies</p>

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
	The data system should support routine reporting in ways that are readily understood by people with disabilities, their families, advocates, and the public, and effectively support monitoring of Plan implementation. The assessment should identify barriers or disincentives to implementing the recommended data system.			
A.1	Identify the key data elements needed to: <ul style="list-style-type: none"> assist individuals with disabilities in securing competitive integrated employment Track performance on measurable goals across MDE, DEED, and DHS 	MDE, DEED, and DHS will have the necessary private data to support Individuals with disabilities to find and secure competitive integrated employment that they choose and is appropriate to their needs. MDE, DEED, and DHS will have access to necessary data to track system progress in achieving measurable goals	Identify elements by June 30, 2017	MDE, DEED, DHS
A.2	Identify target populations to participate in a use case project. The project will utilize individual authorizations to share private data across MDE, DEED, and DHS to assist the individual in securing competitive integrated employment	Target populations will include individuals from schools and center based programs	Identify target populations by May 31, 2017	MDE, DEED, DHS
B.1	Define and implement data governance structure	MDE, DEED, DHS and MN.IT will implement a governance structure that conforms to the applicable state and federal requirements	Define structure by July 31, 2017	MDE, DEED, DHS, MN.IT
B.2	Define the roles and responsibilities across MDE, DEED, and DHS through the use of interagency agreements	Agencies roles and responsibilities will be formalize in interagency agreements	Complete interagency agreements by October 31, 2017	MDE, DEED, DHS
B.3	Develop <u>a single consent form to authorize the release of private data for individuals seeking competitive integrated employment and process</u> <ul style="list-style-type: none"> Data base for private data, and determine how consents and private data will be properly stored and accessed 	Individuals with disabilities will be able to authorize release of their private data for the purpose of securing competitive integrated employment <u>across the various agencies.</u>	Develop <u>single</u> consent form and process by October 31, 2017	MDE, DEED, DHS

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
<u>B.4</u>	<u>Develop guidance for cross agency understanding on how consents and private data will be shared stored and kept up to date.</u>	<u>Private data will be protected as determined by state and federal requirements</u> <u>All three agencies will have prompt access to individual consents and private data</u>	<u>Develop process by January 31, 2018</u>	<u>MDE, DEED, DHS</u>
<u>B.5</u>	<u>Disseminate single consent form and guidance to local county, VRS, and school staff.</u>	<u>Agency staff will understand how to use single consent form and when it is required.</u>	<u>Disseminate form and guidance by February 28, 2018</u>	
C.1	Complete Pre-implementation review and evaluation of new process	Agencies will identify problems in process and resolve prior to full implementation	Evaluate process by September 30, 2017	MDE, DEED,DHS, MN.IT
C.2	Design and implement roll out plan for the new processes across the MDE, DEED, DHS, MNIT and providers serving the target populations.	MDE, DEED, DHS, MNIT, agencies serving the target populations will know how to implement and utilize the new system. Individuals with disabilities in the target population will understand the risks and benefits of opting in or out of the project and be able to make an informed decision. Project will be fully implemented.	Implement roll out plan by October 31, 2017	MDE, DEED, DHS, MN.IT
C.3	Design and implement a change management process to assist Individuals with disabilities and their families and the multiple providers in adjusting to the change in practice.	Individuals with disabilities and their families and the multiple providers will be able to get responsive answers to questions as implementation proceeds	Implement change management process by October 31, 2017	MDE, DEED, DHS, MN.IT
D	MDE, DEED, DHS, MN.IT will monitor implementation and make course corrections as necessary.	Implementation of the project will include needed adjustments to achieve success	Recommend changes to the process by June 30, 2018	MDE, DEED, DHS, MN.IT
E	MDE, DEED, DHS, and MN.IT will identify potential areas for expanding the data sharing use case project.	Agencies will identify and make recommendations to the Subcabinet for expanding the data sharing use case project	Make recommendations to Subcabinet by February 28, 2018	MDE, DEED, DHS, MN.IT

Olmstead Plan Workplan – Communications

February 2017 Plan (page 109)

Executive Sponsor: Darlene Zangara

Lead: Melody Johnson

GOAL: Increase statewide awareness of and investment in the Minnesota Olmstead Plan.

- Agency staff and stakeholders have a common understanding and can communicate clearly about implementation of the Olmstead Plan.
- People with disabilities have a clear and consistent understanding of the Olmstead Plan, how it impacts them, and how they can get more involved in its implementation.

STRATEGIES:

1. Build an organized communication strategy, ~~and~~ infrastructure and evaluation framework across audiences and platforms.
2. Strengthen two-way, reciprocal, and responsive communication among the Subcabinet, OIO, state agencies, people with disabilities, and the general public.
- ~~3. Build evaluation framework into all communications activities and report impact to Subcabinet.~~
- 4.3. The Communication Plan will be kept current and effective

Strategy 1: Build an organized communication strategy, ~~and~~ infrastructure and evaluation framework across audiences and platforms.

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Develop an <u>OIO Olmstead</u> Communication Plan <u>informed by the Community Engagement Workgroup</u> and submit to Subcabinet for review.	The Subcabinet will adopt a comprehensive Communication Plan that supports implementation of the Olmstead Plan.	Submit to Subcabinet by <u>January 31, 2018</u> December 31, 2017	OIO, Agencies, Community Engagement Workgroup
A.2	Collaborate with the Community Engagement Workgroup to develop recommendations on elements of the communication plan targeting people with disabilities and their families and supporters.	Key recommendations of the Workgroup will be reflected in the Plan.	Develop recommendations by December 31, 2017	OIO, Community Engagement Workgroup
B.1	Review the existing Olmstead Plan website to ensure information is timely, accurate and informative.	Current website will be maintained until new website is created. The current website will be updated at least monthly.	Review website beginning July 31, 2017 and monthly thereafter	OIO
B.2	Issue Request for Proposal (RFP) and select a vendor to complete an assessment to determine a framework for a new Olmstead Plan website that meets the needs of specific audiences.	The new website will provide opportunities for better navigation, increase interaction and enhance accessibility for people with disabilities.	Determine framework by March 31, 2018	OIO, MHFA, Agencies
B.3	Issue RFP and select a vendor to create a new Olmstead Plan website that meets the needs of specific audiences.	See B.2 above	Create website by October 31, 2018	OIO, MHFA
C	Utilize multiple tools such as the OIO email list, Olmstead website, social media and strategic relationships with local media to improve the public's access to information about Olmstead Plan implementation. Report <u>quarterly annually</u> to the Subcabinet on the analytics of the various communication tools.	People will receive information about the Olmstead Plan in ways that keep them informed and encourages their engagement. Subcabinet will be updated on analytics of the communication tools.	Report to Subcabinet by <u>March 31, 2018</u> November 30, 2017 and <u>quarterly annually</u> thereafter	OIO
<u>C.1</u>	<u>Provide an annual summary of evaluation of Olmstead communications activities to Subcabinet to show impact, scope, and reach.</u>	<u>See C above</u>	<u>Report to Subcabinet by March 31, 2018 and annually thereafter</u>	<u>OIO</u>

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	Build communication channels with organizations focused on serving individuals with disabilities. Report statistics quarterly <u>annually</u> to Subcabinet.	OIO will have a directory of external stakeholders	Report to Subcabinet by <u>March 31, 2018 and annually thereafter</u> November 30, 2017 and quarterly thereafter	OIO
E.1	Develop a new Olmstead 101 presentation (PowerPoint and accompanying materials) that is clear, concise and can be a tool to unify and align messaging.	Accessible communications will be available to individuals and communities. People with disabilities, their families and supporters will be informed about Olmstead Plan implementation.	Develop presentation by July 31, 2017 Replaced by 1a and 1b (Exception 8/2017)	OIO
E.1a	Update current content to include the most updated Olmstead Plan goals (i.e., Prevent Abuse and Neglect, Community Engagement and Quality of Life) and the new State brand.	See E.1 above	Update content by August 31, 2017	
E.1b	OIO will consult with CE Workgroup and MHFA Communication for overall strategy for revamping PowerPoints to address design, specific audiences and clearer messaging. Develop new Olmstead PowerPoint and other materials.	Accessible communications will be available to individuals and communities. People with disabilities, their families and supporters will be informed about Olmstead Plan implementation.	Develop new materials by January 31, 2018	
E.2	Produce and disseminate a quarterly "Olmstead News and Updates" electronic newsletter to interested stakeholders.	See E.1 above	Publish newsletter by July 31, 2017 and quarterly thereafter	OIO, MHFA
E.3	Create a clear and comprehensive Olmstead picture chart and accompanying accessible fact sheet document in multiple languages.	See E.1 above	Create fact sheet by April 30, 2018	OIO
E.4	Develop OIO toolkit for Olmstead messaging, for use by Subcabinet agencies' communications staff.	See E.1 above	Develop toolkit by April 30, 2018	OIO, Agencies

Strategy 2: Strengthen two-way, reciprocal, and responsive communication among the Subcabinet, OIO, state agencies, people with disabilities, and the general public.

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	With advice and counsel from the Community Engagement Workgroup develop a process for soliciting and utilizing public comment on Olmstead Plan implementation. The process will begin with listening to the voice of people with disabilities, their families and supporters. Report recommendations for the process to the Subcabinet.	The process for soliciting and utilizing public comment will be informed primarily by the voice of people with disabilities, their families and supporters.	Report to Subcabinet by October 31, 2017	OIO
A.2	Within 30 days of Subcabinet approval of the process, the OIO will develop an implementation workplan and submit to the Subcabinet.	Workplan will be submitted to the Subcabinet for approval.	Submit to Subcabinet by November 30, 2017 within 30 days of approval of A.1	OIO
B.1	OIO and agencies will seek engagement and gather public comment from target audiences regarding the Person-Centered Planning topic area.	The Subcabinet will hear directly from people with disabilities their families, and supporters their lived experiences with Olmstead Plan implementation.	Begin gathering comments by April 1, 2017	OIO and Agencies
B.2	Analyze the public comments to determine how the comments can improve Plan implementation. Report findings to the Subcabinet.	See B.1 above	Report to Subcabinet by July 31, 2017	OIO
B.3	OIO and Subcabinet agencies will identify a second Olmstead Plan topic area on which to seek engagement.	See B.1 above	Identify second topic area by August 31, 2017	OIO and Agencies
B.4	OIO and Subcabinet agencies will identify target audiences <u>on the topic of Housing</u> and develop <u>a</u> process for engagement that is appropriate for target audience. The process will include <u>identification of areas where public comments impact changes to the Olmstead Plan.</u>	<u>The Subcabinet will hear directly from people with disabilities their families, and supporters their lived experiences with Olmstead Plan implementation.</u> See B.1 above	Develop process by February 28, 2018 October 31, 2017	OIO, <u>DHS, MHFA</u> and Agencies

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.5	OIO and agencies will seek engagement and gather public comment from the target audiences on the secondhousing topic area, utilizing the approved public input process.	See B.4 above	Begin gathering comments by April 1, 2018	OIO, DHS, MHFA and Agencies
B.6	Analyze the public comments on the housingsecond topic area, to determine how the comments can improve Plan implementation. Report findings to the Subcabinet.	Public input will be used to inform the topic area strategies and workplans. See B.1 above	Report to Subcabinet by July 31, 2018	OIO, DHS, MHFA
C	Adopt a storytelling tool for people with disabilities and their families to share their stories of integration and choice to illustrate the everyday impact of Olmstead in Minnesota.	Story telling tool will be adopted and implemented as part of seeking public comment on Olmstead Plan implementation.	Adopt a tool by January 31, 2018	OIO
D.1	Meet with communication staff from Subcabinet agencies to review existing agency communications regarding Olmstead.	OIO aims to create statewide consistent messaging about Olmstead. The state agencies will work together to promote consistent messaging about Olmstead.	Begin meetings by July 31, 2017	OIO, Agencies
D.2	Maintain a monthly calendar to monitor and implement communication activities.	Audiences will be engaged in the Olmstead Plan implementation through communications.	Begin by August 31, 2017 and monthly thereafter	OIO
D.3	Convene a cross-agency working group of communications staff from Subcabinet agencies to standardize messaging, branding, and build interagency collaboration.	See D.1 above	Convene group by March 31, 2018	OIO, Agencies
D.4	Quarterly review the OIO and Agency communication materials for accuracy, timeliness, and alignment with the Olmstead Plan.	See D.1 above	Begin reviews by June 30, 2018 and quarterly thereafter	OIO, Agencies

~~Strategy 3: Build evaluation framework into all communications activities and report impact annually to Subcabinet.~~ [\(Combined with Strategy 1\)](#)

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Provide a quarterly summary of Olmstead communications activities to Subcabinet to show impact, scope, and reach.	The Subcabinet will be informed about the communications impact and reach.	Report to Subcabinet by October 31, 2017 and quarterly thereafter	OIO
B	Report annually to Subcabinet on communications activities, outcomes, and overall impact.	The Subcabinet will be informed about the communications impact and reach.	Report to Subcabinet by October 31, 2018	OIO

Strategy 4: The Communication Plan will be kept current and effective.

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	The OIO will conduct an annual review of the Communication Plan to assess effectiveness. The OIO will in particular seek the input of people with disabilities and their families and representatives. Report recommendations for changes to the Subcabinet.	Areas for improvement will be identified and recommended changes to the communication plan will be submitted to the Subcabinet,	Report to Subcabinet by December 31, 2018 and annually thereafter	OIO, MHFA

Olmstead Plan Workplan – Dispute Resolution

February 2017 Plan (page 108)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Diane Doolittle (OIO)

GOAL: To put in place a system for effectively working with people with disabilities that contact the Olmstead Implementation Office (OIO) and have a need for assistance in resolving disputes.

STRATEGIES:

1. Review and revise the existing OIO process to receive questions from people with disabilities and their families and refer them to the appropriate state agencies.
2. Review and revise the existing OIO process to receive complaints from people with disabilities and their families and refer them to the appropriate state agencies.

Strategy 1: Review and revise the existing OIO process to receive questions from people with disabilities and their families and refer them to the appropriate state agencies.

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Work with other state agencies and OMHDD, to review the existing OIO process to receive questions and refer them to appropriate agencies. Revise procedure as needed.	Individuals with disabilities searching for information will be directed in a timely manner by OIO to the appropriate sources including lead agencies, web based resource sites, OMHDD, and agencies.	Review and revise process by September 30, 2017	OIO, Agencies, OMHDD, Lead agencies
B	Analyze the data and report findings to the state agencies to identify areas in the OIO process needing improvement. Revise process as needed.	OIO will work with State agencies to enhance the OIO process for referrals to ensure that referrals are made timely and to the most appropriate area.	Report findings to state agencies by March 31, 2018 and annually thereafter	OIO

Strategy 2: Review and revise the existing OIO process to receive complaints from people with disabilities and their families and refer them to the appropriate state agencies.

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Work with other state agencies and OMHDD, to review the existing OIO process to receive complaints and refer them to appropriate agencies. Revise procedure as needed.	Individuals with disabilities with complaints will be directed in a timely manner by OIO to the appropriate agency or office for support in resolving the dispute.	Review and revise process by September 30, 2017	OIO, Agencies, OMHDD, Lead agencies
B	Analyze dispute resolution cases that came into OIO, for themes of complaints, reoccurring concerns, effectiveness of the process, the outcomes for the person, and the satisfaction of the person making the complaint. Report the findings to the Subcabinet.	Agencies will be aware of the timeliness, types, and frequencies as well as recommended improvements.	Report findings to Subcabinet by March 31, 2018 and annually thereafter	OIO