

Olmstead Plan Workplans

Approved by the Subcabinet

October 23, 2017

Contents

Olmstead Plan Workplan – Person-Centered Planning	3
Olmstead Plan Workplan –Transition Services	11
Olmstead Plan Workplan – Housing & Services	15
Olmstead Plan Workplan – Employment	19
Olmstead Plan Workplan – Lifelong Learning and Education.....	25
Olmstead Plan Workplan – Waiting List	35
Olmstead Plan Workplan – Transportation.....	37
Olmstead Plan Workplan – Healthcare and Healthy Living.....	41
Olmstead Plan Workplan – Positive Supports	47
Olmstead Plan Workplan – Crisis Services	53
Olmstead Plan Workplan – Community Engagement.....	57
Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal One	61
Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Two	63
Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Three.....	67
Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Four.....	71
Olmstead Plan Workplan – Quality of Life Survey	77
Olmstead Plan Workplan – Cross Agency Data Strategy	81
Olmstead Plan Workplan – Communications	83
Olmstead Plan Workplan – Dispute Resolution	87

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

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.5	Host Housing Best Practices Forums to provide tools and skills in developing individualized housing solutions, including finding and maintaining housing. Report to the Subcabinet annually 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 and annually thereafter	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 Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model in two community areas during the 2017-2018 school year. This incorporates person-centered planning practices into the Individualized Education Program (IEP) process.	Students will experience person-centered practices in their educational experience.	Complete pilot by June 30, 2018	MDE, DEED, DHS, MDH
B.8b	Gather input from students with disabilities and their families on their experience of the model. The evaluations will inform potential improvements to the model.	Students and families provide input on the model. Modifications may occur to the models based on the input.	Complete evaluations by July 31, 2018	MDE, DEED, DHS, MDH
B.12a	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 the Subcabinet on the learnings from the sessions.	People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.	Report to Subcabinet by April 30, 2018	

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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 April 30, 2019	DHS
C.1a	Train a new cohort of 14 individuals with disabilities in self-advocacy through a 12-month program of classroom training and fieldwork.	These self-advocates will become leaders within the Olmstead Plan. Participants will work in teams to plan and execute an integration project in their own community.	Train 14 individuals by June 30, 2018	DHS
C.2c1	In conjunction with Minnesota's Transition Plan for the Home and Community-Based Services Rule, conduct outreach, disseminate information, and gather input from people with disabilities and their families about residential and day settings, and employment.	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.	Conduct outreach by December 31, 2017	DHS
H	<p>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.</p> <p>Provide access to person-centered training via the College of Direct Supports and the Person-Centered Counseling curriculum.</p> <p>Report to the Subcabinet on the number of training activities and tools, the number of people trained and evaluation results when available.</p>	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by July 31, 2018 and annually thereafter	DHS

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
I	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. Report to the Subcabinet on the number of training activities, the number of participants trained and evaluation results when available.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by July 31, 2018 and annually thereafter	DHS
J	DHS Disability Services and Licensing Divisions will engage in a person-centered organizational change process. Report to the Subcabinet the status of the process.	DHS will build its capacity to be a person-centered organization and to support our partners in developing their person-centered practices.	Report to Subcabinet by December 31, 2018	DHS
K	Support the use of regional communities of practice for lead agencies to expand the application of person-centered practices. Report to the Subcabinet on the number of activities and the number of participants.	People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.	Report to Subcabinet by April 30, 2018	DHS
L.1	Develop resources and tools for people with disabilities and those who support them. These resources will be available on the Disability Hub and include: <ul style="list-style-type: none"> • DB101 Vault • information about their benefits • Information about options (including employment, housing and services) • Tools to plan for the future. Report the status and analytics on the usage of the resources to the OIO.	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.	Report status and analytics by January 31, 2018	DHS

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.4	Complete the NCI survey interviews for the 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	DHS
A.5	Analyze the 2018 NCI survey data.	See A.4 above	Analyze 2018 data by February 28, 2019	DHS
A.6	Post the 2018 NCI Minnesota results on the website.	See A.4 above	Post NCI Minnesota results by May 31, 2019	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.	Publish results by July 31, 2018 and annually thereafter	DHS, Counties
B.5	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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D.1a	Provide training and technical assistance to lead agency assessors on how to explore potential use of assistive technology as they conduct MnCHOICES 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.1a above	Complete analysis by June 30, 2018	DHS
D.3	Review analysis and make recommendations to DHS leadership on possible changes need to MnCHOICES assessment tool.	See D.1a above	Make recommendations by December 31, 2018	DHS
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.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

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 <u>Direct Care/Support Workforce Summit Summary Report and Next Steps</u> 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 the 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

4	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
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.1d	Develop MnCHOICES 2.0 to improve assessment process to clarify the role of the assessor 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.	Complete development of MnCHOICES 2.0 by December 31, 2018	DHS
A.7	Implement new Individualized Home Supports (IHS) services upon CMS approval. Report status to OIO.	See A.1d above	Provide status by February 28, 2018	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	Review protocol by April 30, 2018 and annually thereafter	DHS

Strategy 3: Increase service options for individuals making transitions

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.4	Develop gaps analysis process with counties to lead to more actionable data and delineation of county/state roles regarding service development.	Adequate resources and options will be available to meet people's needs and individual desires so that they can live and pursue their interests in the most integrated setting of their choice.	Develop process by December 31, 2017	DHS, Counties

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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
C.2	Continue Technology for Home grants. Measure use of Technology For Home assessment and education services including type of activity, number people of impacted and client satisfaction. Annually report to Subcabinet on program utilization and any recommendations for improvement.	Participants will gain an understanding of a variety of assistive technology products, services, resources (e.g., State's Assistive Technology Act program) as well as funding streams. They will also learn how to include assessment for potential value of assistive technology in their practice. Assessments through Technology for Home will increase use of appropriate assistive technology to support people to live in their own homes.	Report to Subcabinet by March 31, 2018 and annually thereafter	DHS
D.1	Convene a cross division, cross- administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: <ul style="list-style-type: none"> • barriers • current and future strategies • needed efficiencies that could be developed between AMRTC and MSH Include engagement and consultation with counties and community providers in this effort.	People at AMRTC and MSH will be discharged in a timely manner.	Convene working group by March 31, 2018	DHS
D.2	Report to Subcabinet on cross division, cross administration workgroup findings and recommendations.	See D.1 above	Report to Subcabinet by December 31, 2018	DHS

Strategy 4: Monitor and audit the effectiveness of transitions

- All activities completed.

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 January 31, 2018 and annually thereafter	MHFA
C.1	Utilize the Section 811 Project Rental Assistance funding. Section 811 program provides rental assistance to people with disabilities who are either homeless or exiting an institution. Report to the Subcabinet on the status of usage of Section 811 units.	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.	Report to Subcabinet by December 31, 2017 and annually thereafter	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) policy changes.	Housing Supports 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	DHS

Strategy 4: Improve future models for housing in the community

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.5	Develop an interactive map on HB101 for people experiencing homelessness to be able to contact coordinated entry, and/or referral to shelter in their area.	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
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, 2018	MHFA, DHS
B.3	Provide targeted training and technical assistance on Housing Supports 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 (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	Report 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	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 Tom Delaney (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, 2018 and annually thereafter	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

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 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

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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

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, 2018 and annually thereafter	DHS, MDE, DEED
A.4	During the 2017-2018 school year, and incorporating lessons learned, expand capacity building learning sessions to next group of local education agencies.	See A.2 above	Expand learning sessions by 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, 2018 and annually thereafter	DHS, MDE, DEED
B.1	Expand availability of Individual Placement and Supports (IPS) Employment utilizing grant funding and issue report on impact. Provide a status update to OIO Compliance on the impact of IPS expansion.	Individual Placement and Supports (IPS) Employment has proven to increase employment for people with disabilities. Examining other evidence-based practices such as rapid engagement and financial and benefits planning will assist individuals with disabilities in achieving their employment goals. Using these best practices will lead to an increase in integrated, competitive employment for individuals with disabilities.	Report on impact of IPS expansion by July 31, 2018 and annually thereafter	DHS, DEED, MDE Placement Partnerships

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2	Use the Substantial Gainful Activity (SGA) project to assess the impact of rapid engagement in competitive, integrated employment, and financial and benefit planning on employment outcomes. Report to the Subcabinet on the impact of SGA project.	See B.1 above	Report to Subcabinet by November 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

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.5	Report to the Subcabinet semi-annually on the status of Workforce Innovation and Opportunity Act (WIOA) and the impact of its policies on State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS) and the people they serve. This includes the status of the Order of Selection (OOS) and the number of individuals who achieved competitive integrated employment because of WIOA.	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.	Report to Subcabinet by January 31, 2018 and semi-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	DEED

5	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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	DEED MDHR
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	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.2a	Report to the Subcabinet on status of recommendations 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.	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	DHS

Olmstead Plan Workplan – Lifelong Learning and Education

February 2017 Plan Goals (page 57)

Executive Sponsor: Daron Korte (MDE)

Lead: Tom Delaney (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"> • In school year 2015-2016 532 (26.5%) of Minnesota schools were implementing PBIS, impacting 247,009 students or (30% of all students). • In school year 2016-17 585 schools (28.5%) were implementing PBIS. Forty-two schools were added in the fall of 2016. • For school year 2017-18, 637 schools (31.0%) are implementing PBIS. Fifty-two schools were added in August 2017 	<p>Report data on the number of schools using PBIS beginning June 30, 2018 and annually thereafter</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>	Report to Subcabinet by June 30, 2018 and annually thereafter	<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>See Activity 3F below.</p>	Report to Subcabinet by June 30, 2018 and annually thereafter	<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	Report to Subcabinet by June 30, 2018 and annually thereafter	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, 2018 and annually thereafter	MDE
E	MDE will provide public engagement opportunities related to all strategies in lifelong learning and education topic area. Engagement includes special education meetings with local stakeholders, including administrators, teachers, interagency partners, parents and advocacy groups and Special Education Directors' Forums, etc. Provide status update of engagement activities to OIO Compliance.	Students with disabilities and their families will have input into their educational experiences and understand their opportunities for education and employment.	Provide status of public engagement by June 30, 2018 and annually thereafter	MDE

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
F	<p>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.</p> <p>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.</p> <p>MDE will provide targeted outreach activities including 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.</p> <p>In the past, the Postsecondary Resource Guide was provided to the college disability coordinators only. This new activity is a targeted expansion of efforts.</p> <p>Report to the Subcabinet on the number of outreach activities and the number of participants including students with disabilities.</p>	<p>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,</p> <p>Using a scale-up approach MDE will add three additional sites to the partnerships for the 2018-19 school year.</p>	Report to the Subcabinet by August 31, 2018 and annually thereafter	MDE, Normandale Community College, North Hennepin Community College, and Bemidji State University

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

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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	DOC, MDE
F	<p>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.</p> <p>Annually report to the Subcabinet the number of students with IEPs utilizing the reintegration protocol.</p>	<p>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.</p> <ul style="list-style-type: none"> • 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. • During FY 17, the Reintegration Protocol was utilized with 27 students with an active Individualized Education Program (IEP) exiting MCF-Red Wing to their resident district or other secondary educational setting. This exceeded the target of twelve (12) students. • Target for 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. • Target for 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. 	Report to the Subcabinet by June 30, 2018 and annually thereafter	DOC, MDE

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 Assistive Technology (AT) Project. Disseminate an AT consideration framework for school district implementation.</p> <p>Annually collect and report to the Subcabinet the number of school districts using the framework.</p>	<p>The expected outcomes are: (1) The number of school districts implementing the AT consideration framework will increase; and (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 Cohorts of school districts in successive years will be trained and supported to use the AT consideration framework in order to increase the number of students who experience consideration of AT during IEP team meetings.</p> <p>The total number of school district cohorts to be trained in three years is planned to total 31 school districts, with an annual plan:</p> <ul style="list-style-type: none"> • For school year 2017-18, the AT Project will add 8 new school districts. • For school year 2018-19, the AT Project will add 10 new school districts. • For school year 2019-20, the AT Project will add 13 new school districts. . 	Report to the Subcabinet by June 30, 2018 and annually thereafter	MDE
B	MDE will provide professional development to each AT Project school district, with a specific curriculum delivered to Years 1, 2 and 3 participants. There will be a minimum of quarterly activities each school year.	Participating school districts will increase skills and knowledge in the provision of assistive technology services to students with IEP, with a specific focus on consideration of AT during the IEP team meeting.	Begin professional development activities by October 31, 2017 and annually thereafter	MDE
C.1	<p>MDE will develop and use an AT consideration framework for schools to use during the 2017-2018 school year.</p> <p>Annually report on the use of the framework.</p>	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.	Develop and use framework by October 31, 2017 and annually thereafter	MDE and school districts

6	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.2	Year 1 school districts will disseminate and share the AT consideration framework to IEP case managers.	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.	Disseminate framework by December 31, 2017, and annually thereafter	MDE and school districts.
E	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. . Establish baseline and annual goals and report to the Subcabinet.	MDE expects that there will be an increase in the number of IEPs for which the AT consideration framework will be used.	Report to Subcabinet by June 30, 2018	MDE
F	MDE will evaluate, monitor and adjust professional development and technical assistance to support participating school districts in outcomes related to active consideration of assistive technology.	MDE will improve outcomes among participating school districts by evaluating their own professional development, revising as needed to ensure they can provide effective professional development and technical assistance to successive participating school districts.	Review and revise professional development by June 30, 2018 and annually thereafter	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
H	<p>As part of the Subcabinet quarterly report each February, provide an update on the following:</p> <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. <p>Summary information on:</p> <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 by February 28, 2018 and annually thereafter	DHS

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

- All activities completed

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.	Report status by November 30, 2017 and annually thereafter	<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
D.1	Conduct on-board surveys of public transit riders in (50%) of Greater Minnesota systems. One of the questions in the user survey will be, "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.	<p>The needs of people with disabilities will be available to the transit authorities.</p> <p>Currently 50% of the system is approximately 19. The number of overall systems change with mergers.</p>	Complete surveys by December 31, 2018	MnDOT
D.2	Conduct on-board surveys of public transit riders in the remaining 50% of Greater Minnesota systems.	See C.1 above	Complete surveys by December 31, 2019	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
D	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 and monthly thereafter	MnDOT, Met Council
E	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	MnDOT, Met Council
F	Provide a semi-annual report to the Subcabinet on engagement efforts and the development of transportation opportunities.	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 and semi-annually thereafter	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 and annually thereafter	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	MnDOT

4	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.3	<p>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.</p> <p>Report to the Subcabinet on status of RTCCs.</p>	A statewide framework of 8-10 RTCCs in Greater Minnesota.	Report to Subcabinet by December 31, 2018	MnDOT, DHS
D	<p>Facilitate the development of RTCC or Mobility Management groups in the Metro Area.</p> <p>Report to the Subcabinet on status of RTCCs.</p>	6-7 RTCCs will be developed in the Metro area.	Report to Subcabinet by December, 31, 2018	DHS, Met Council

Olmstead Plan Workplan – Healthcare and Healthy Living

February 2017 Plan Goals (page 73)

Executive Sponsor: Gil Acevedo (MDH) and Chuck Johnson (DHS)

Lead: Stephanie Lenartz (MDH) and Erin Sullivan Sutton (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.4	<p>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:</p> <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
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	<p>Continue to expand and maintain behavioral health home services. This includes continuing efforts to recruit and develop more racially and ethnically diverse service providers.</p> <p>Provide annual status update to OIO Compliance.</p>	<p>Number of certified providers eligible to provide services will increase over time:</p> <ul style="list-style-type: none"> SFY 17: 25 SFY 18: 30 SFY 19: 40 	<p>Provide status update beginning September 30, 2018 and annually thereafter</p>	DHS
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%</p> <p>SFY 17: 65%</p> <p>SFY 18: 70%</p> <p>SFY 19: 75%</p> <p>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)</p> <p>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, 2017 and annually thereafter</p>	MDH, DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.2	HCH will continue to engage all primary care providers, families and people with disabilities to work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. Provide annual status update to OIO Compliance on engagement efforts.	See B.1 above	Provide update on engagement efforts by December 31, 2017 and annually thereafter	MDH, DHS
B.3	Collect data and report to the Subcabinet on an annual basis.	See B.1 above	Report to Subcabinet by December 31, 2017 and annually thereafter	MDH, DHS
B.4	During the expansion of HCH, efforts will be made to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance on recruitment efforts.	See B.1 above	Provide status update by December 31, 2017 and annually thereafter	MDH, DHS

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

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

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
B.1b	<p>MDE, Vocational Rehabilitation, DHS, and other partners will:</p> <ul style="list-style-type: none"> ○ implement interagency coordination training for professionals ○ 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) 	Report to Subcabinet by June 30, 2018 and annually thereafter	MDH, DHS

Strategy 4: Develop and implement measures for health outcomes

- All activities completed

Olmstead Plan Workplan – Positive Supports

February 2017 Plan Goals (page 77)

Executive Sponsor: Chuck Johnson (DHS)

Lead: Erin Sullivan Sutton (DHS), Tom Delaney (MDE) and 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
3. 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
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, 2018 and annually thereafter	MDE National Technical Center on PBIS
C.8	Report to the Subcabinet annually on statewide plan implementation, analysis and recommendations for changes.	See C.5 above	Report to Subcabinet by June 30, 2018 and annually thereafter	DHS, MDE, MDH, DOC
D.1	Provide Crisis Intervention Teams training for DOC security staff.	Trainings will improve staff skills in avoiding and managing crisis when they occur and reduce the use of restrictive procedures. (SFY14 baseline 15% of security staff trained) <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. 	Complete targeted number of trainings by June 30, 2018 and annually thereafter	DOC

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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 	Complete targeted number of trainings by June 30, 2018 and annually thereafter	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.	Complete targeted number of trainings by June 30, 2018 and annually thereafter	DOC
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>	Complete targeted number of trainings by June 30, 2018 and annually thereafter	DOC

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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Evaluate restrictive procedures data to determine: <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.	Evaluate data and create action plan by November 1, 2017 and annually thereafter (covering data from previous fiscal year)	DHS
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, 2018 and annually thereafter	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
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 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, 2018 and annually thereafter	MDE Restrictive procedures stakeholders
F.2	Document progress in statewide plan implementation and summarize restrictive procedure data in the annual restrictive procedures legislative report.	See F.1 above	Submit restrictive procedures report by February 1, 2018 and annually thereafter	MDE

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
G.4	During the 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, 2018 and annually thereafter	MDE

Strategy 3: Reduce the use of seclusion in educational settings

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	<p>Districts will continue to report quarterly to MDE on the number of students who have been secluded. MDE will share these reports with the restrictive procedure workgroup at meetings held during the school year. The workgroup will identify areas of concern and develop strategies for eliminating the use of seclusion.</p> <p>The workgroup will provide recommendations to MDE and the recommendations will be included in the February 1, 2018 legislative report.</p>	Incidents of the use of seclusion in schools will be reported quarterly and included in the annual legislative report.	Provide recommendations to MDE leadership by January 31, 2018 and annually thereafter	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 1: Evaluate and establish a baseline and measurements for the effectiveness of crisis services

- All activities completed

Strategy 2: Implement additional crisis services

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.3	Conduct pilot project in school year 2017-18 to increase access to children's mental health crisis services in schools.	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.	Complete pilot by June 30, 2018	DHS, MDE
A.4	Using lessons learned from the pilot, recommend next steps to increase access to children's mental health crisis services in schools. This will include recruitment of racially and ethnically diverse service providers. Report to Subcabinet on status of increasing access to children's mental health services and recommendations for next steps.	See A.3 above	Report to Subcabinet by September 1, 2018	DHS, MDE
B.3a	Provide on-going training to mental health crisis and crisis respite providers. Trainings will include (but are not limited to) co-occurring mental health and intellectual and developmental disabilities and cultural and ethnic differences in the provision of mental health crisis services.	Mental health crisis and crisis respite providers will demonstrate competency in the delivery of services to individuals with co-occurring mental health and intellectual developmental disabilities and cultural and ethnic differences.	Complete training by December 31, 2018	DHS
B.3b	Report to Subcabinet on the number of trainings and the number of people participating. The report will also include an assessment of future training needs and the plan to meet those needs.	Subcabinet will receive report. Future training needs will be defined and reported to the Subcabinet.	Report to Subcabinet by June 30, 2018 and annually thereafter	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
C.3	Assertive Community Treatment (ACT) teams will complete evaluation and fidelity review of ACT team performance.	ACT teams will score within a range 1-5 that indicates the level of fidelity to the ACT model they are practicing.	Complete fidelity reviews by December 31, 2017	DHS
D.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
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 to the Subcabinet the status of implementation. 	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, 2018 and annually thereafter	DHS

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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, 2017 and semi-annually thereafter	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, 2019 and biennially thereafter	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
B.5	Continue to implement Forensic Assertive Community Treatment (FACT) team model. 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 and annually thereafter	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. [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.6	In collaboration with MDHR, OIO will co-host a seminar for the Governor's Appointed Councils and Boards to provide training and share resources for creating more diverse and inclusive councils and boards. Report to the Subcabinet , the outcomes of the seminar, including the number of Councils and the number of individuals trained.	The Governor's appointed councils and boards will grow in their knowledge and understanding of creating more diverse and inclusive meetings and strategies for recruiting people with disabilities.	Report to the Subcabinet by April 30, 2018	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
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 October 31, 2017 and quarterly thereafter	OIO, MN.IT

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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 to Subcabinet by October 31, 2017 and quarterly thereafter	OIO

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

- This strategy will be examined during the Plan amendment process.

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
D.3	Track the number of publicly funded projects where consultation with individuals with disabilities occurred. Track the number of individuals with disabilities who provided consultation.	People with disabilities will have input on publicly funded projects related to accessibility.	Begin tracking by December 31, 2017	OIO
D.4	Report to the Subcabinet the number of individuals involved in consultation on publicly funded projects and the number of projects that engaged consultation.	See D.3 above	Report to Subcabinet by December 31, 2018	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
C	Community Engagement workgroup will make recommendations for updating and enhancing the OIO Communication Plan. Report to the Subcabinet on the recommendations.	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 in a report 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	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 the scope of work for 2018. Report to the Subcabinet on recommendations.		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

- All activities completed

Strategy 2: Develop public awareness campaign

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
D	<p>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.</p> <p>The report will include a summary of the activities undertaken, the target audience, and any evaluation results.</p>	<p>Targeted providers, individuals with disabilities, families, and advocates will:</p> <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. 	Report to Subcabinet by July 31, 2018	MDH, DHS, OMHDD

Strategy 2: Monitor and improve accountability of providers

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	Report to the Subcabinet quarterly, 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, 2018 and quarterly thereafter	MDH
B	Report to the Subcabinet quarterly, 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, 2018 and quarterly thereafter	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, 2020 and annually thereafter	MDH

Strategy 3: Refine measurable goals

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A	The MHA data will be reassessed annually to determine the efficacy of the educational efforts.	The number of emergency room visits and hospitalizations of vulnerable individuals due to abuse and neglect 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.	Reassess data beginning January 31, 2020 and annually thereafter	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>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.</p> <p>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.</p>	Review annual goals beginning January 31, 2020 and annually thereafter	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.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
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

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

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Four

February 2017 Plan Goals (page 97)

Executive Sponsor: Daron Korte (MDE)

Lead: Tom Delaney (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
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 and annually thereafter	MDE
C	Generate specified report and analyze necessary data from FY14-FY16 to establish baseline.	<p>Establish baseline data that identifies all schools that have had three investigations of alleged maltreatment in the form of physical abuse involving a student with a disability within the three year time period of FY14 – FY16.</p> <p>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 within those schools.</p>	Generate report to use as baseline by November 30, 2017	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 having 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, and to inform them of the current school year's Positive Behavioral Interventions and Supports (PBIS) training application process and deadlines.	Identified schools will become aware of having 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 and will consider applying for schoolwide MDE approved PBIS cohort training opportunities.	Issue letters by November 30, 2017 and annually thereafter	MDE
B	Target schools from baseline data that have yet to submit application for the current school year's 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 December 15, 2017 and annually thereafter	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.	Begin technical assistance by June 30, 2018 and annually thereafter	MDE

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
D	<p>Report to the Subcabinet:</p> <ul style="list-style-type: none"> • Number of schools identified as having three or more investigations of alleged maltreatment in the form of physical abuse of students with a disability within the three year time period of FY14-FY16 as established in baseline data (1c). • Total number of identified schools participating / not participating in MDE approved 2018-2020 or subsequent PBIS cohort training and corresponding total number of investigations of alleged maltreatment in the form of physical abuse of students with a disability identified in the baseline data. • Total number of students with a disability named as alleged victims in an investigation of alleged maltreatment in the form of physical abuse within schools identified in baseline data. • Total number of students with a disability named as alleged victims of maltreatment 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 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 September 30, 2018 and annually thereafter</p>	<p>MDE</p>

Strategy 3: Improve school accountability for training

3	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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, 2017 and annually thereafter	MDE
E	Annually report to the 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	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	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 QOL survey results final report 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 Tom Delaney (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.4	Education and Lifelong Learning	Same as A above	Education and Lifelong Learning by October 31, 2017	OIO, Subcabinet agencies
A.5	Transportation	Same as A above	Transportation by TBD	OIO, Subcabinet agencies

Strategy 2: Create cross agency data plan

2	Key Activity	Expected Outcome	Deadline	Agency(s) or Partners
B.3	Develop a single consent form to authorize the release of private data for individuals seeking competitive integrated employment	Individuals with disabilities will be able to authorize release of their private data for the purpose of securing competitive integrated employment across the various agencies.	Develop single consent form by October 31, 2017	MDE, DEED, DHS
B.4	Develop guidance for cross agency understanding on how consents and private data will be shared stored and kept up to date.	Private data will be protected as determined by state and federal requirements All three agencies will have prompt access to individual consents and private data	Develop process by January 31, 2018	MDE, DEED, DHS
B.5	Disseminate single consent form and guidance to local county, VRS, and school staff.	Agency staff will understand how to use single consent form and when it is required.	Disseminate form and guidance by February 28, 2018	

Olmstead Plan Workplan – Communications

February 2017 Plan (page 109)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Melody Johnson (OIO)

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, 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. The Communication Plan will be current and effective.

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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
A.1	Develop an OIO Communication Plan informed by the Community Engagement Workgroup 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 January 31, 2018	OIO, Agencies, Community Engagement Workgroup
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 to the Subcabinet annually 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 March 31, 2018 and annually thereafter	OIO
C.1	Evaluate Olmstead communications activities for impact, scope, and reach. Report to the Subcabinet annually on evaluation results.	See C above	Report to Subcabinet by March 31, 2018 and annually thereafter	OIO
D	Build communication channels with organizations focused on serving individuals with disabilities. Report to the Subcabinet annually the type and number of organizations.	OIO will have established communication channels with external stakeholders.	Report to Subcabinet by March 31, 2018 and annually thereafter	OIO
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

1	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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.2	OIO will develop an implementation workplan for soliciting and utilizing public comment on Olmstead Plan implementation and submit to the Subcabinet.	Workplan will be submitted to the Subcabinet for approval.	Submit to Subcabinet by November 30, 2017	OIO
B.4	OIO and Subcabinet agencies will identify target audiences on the topic of Housing and develop a process for engagement that is appropriate for target audience. The process will include identification of areas where public comments impact changes to the Olmstead Plan.	The Subcabinet will hear directly from people with disabilities their families, and supporters their lived experiences with Olmstead Plan implementation.	Develop process by February 28, 2018	OIO, DHS, MHFA
B.5	OIO and agencies will seek engagement and gather public comment from the target audiences on the housing topic area, utilizing the approved public input process.	See B.4 above	Begin gathering comments by April 1, 2018	OIO, DHS, MHFA
B.6	Analyze the public comments on the housing topic area, to determine how the comments can improve Plan implementation. Report to the Subcabinet.	Public input will be used to inform the topic area strategies and workplans.	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

2	Key Activity	Expected Outcome	Deadline	Other Agency(s) or Partners
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 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 to the Subcabinet on recommendations for changes.	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
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
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