Technical Report: Best & Promising Practices to Support Olmstead Plan Development for Minnesota

Promoting Community Integration in Eight Areas
PLAIN LANGUAGE VERSION

Technical Assistance Collaborative
15 Court Square, 11th Floor
Boston, MA 02108

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Abbreviations in this Document

ABLE – Achieving a Better Life Experience

ACT – Assertive Community Treatment

ADSIS – Alternative Delivery of Specialized Instructional Services

AJC – American Job Center

BRYT – Bridge for Resilient Youth in Transition

CAHOOTS – Crisis Assistance Helping Out On The Streets

CE – customized employment

CHW – community health worker

CIE – competitive, integrated employment

DART – Disability Abuse Response Team

DHS – Department of Human Services

FACT – Forensic Assertive Community Treatment

FEP – first episode psychosis

HCBS – Home & Community-Based Services

I/DD – intellectual or developmental disability/disabilities

IPS – Individual Placement and Support

IPTN – Inclusionary Practices Technical Assistance Network

MBTA – Massachusetts Bay Transit Authority

MHFA – Minnesota Housing Finance Agency

OIO – Olmstead Implementation Office

PBIS – Positive Behavioral Interventions and Supports

PCP – person-centered planning

PORT – Point of Reentry and Transition

PRA – Project Rental Assistance

pre-ETS – pre-employment transition services

RAP – Registered Apprenticeship Program

RI DDS – Rhode Island Division of Disability Services

ROSC – Recovery Oriented System of Care

RTRC – Regional Transportation Resource Center

SDLMI – Self-Determined Learning Model of Instruction

SEED – Support Education to Elevate Diversity

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SUD – substance use disorder

TAC – Technical Assistance Collaborative, Inc.

TIC – trauma-informed care

UDL – Universal Design for Learning

VCU – Virginia Commonwealth University

VR – Vocational rehabilitation

Introduction

"Olmstead" refers to a lawsuit brought to the U.S Supreme Court by two women with disabilities who were living in an institution because it was the only place they could get the services they needed. They felt they should be able to live in their community, but were not given that choice. In response, the Court ruled that all states must do their best to provide service in the community so that people with disabilities have the right to make decisions about their own lives, including where to live.

Most states, including Minnesota, have an Olmstead Plan that explains how they will meet the needs of people with disabilities in the community of their choice. To find out how well the Plan is working, state leaders ask people with disabilities, their families, and service providers what they are experiencing and seeing. The state wants to know what's working well and what it could be doing better. These leaders also look at data to see if they're headed in the right direction toward serving all people with disabilities across the state. Then the state uses all this information to update its Olmstead Plan.

The Minnesota Olmstead Plan

From 2015 through 2022, Minnesota updated its Olmstead Plan every year. Now, the state is working on a major update. The state is working with people with disabilities to create new goals, and new ways to reach those goals.

This "Best & Promising Practices" Report

The Minnesota Olmstead Implementation Office (OIO) asked the Technical Assistance Collaborative to create this report, listing examples of programs that work well in other places to help people live their lives to the fullest. Some of these programs are already being used in Minnesota, but they might be able to be improved or offered to more people. Others might be good additions to the state's services.

The report has eight chapters, each focused on a different topic:

1. Education
2. Employment
3. Health
4. Home and Community-Based Services
5. Housing
6. Positive Supports
7. The Prevention of Abuse and Neglect
8. Transportation

To create this report, TAC worked with the Human Services Research Institute and other experts.

Differences Between the Full Report and this Plain Language Version

- The full report includes more details on the ideas for how to improve community integration in Minnesota.
- The full report uses the terms “programs,” “practices,” “strategies,” and “approaches.” This plain language version mostly uses the word “programs” for all of these.
- In the full report, the chapters are called “Topics.”
- The full report has more examples of programs in other states.
- The full report includes the sources for facts and statistics.
- The full report lists the authors of each chapter.
- The full report includes a list of the experts who were interviewed for each chapter.

Chapter 1: Education

Overview of Education & Olmstead Planning

Education is important for youth and young adults with disabilities. There are four major priorities:

- *Including students with disabilities in the classroom as much as possible*. Students with disabilities should spend most of their time in integrated classrooms with other students who don't have disabilities.
- *Keeping youth and young adults with disablities out of institutions.* Good education that includes students with disabilities in the classroom can prevent them from being placed in residential care, hospitals, and other institutions. Education systems should work with other agencies to help students who have a lot of needs receive services in the community. Studies show that students are more likely to be successful in integrated settings.
- *Working with other agencies.* School programs need to work with other community services so that students with disabilities can fully participate in community life after they finish school.
- *Transition services.* Schools have to help students with disabilities plan ahead, because when they are adults they will need different services to help them live and work in the community.

Education & *Olmstead* in Minnesota

Minnesota has made good progress. From 2013 to 2018, there was an increase in graduation rates for students with disabilities. A program called Positive Behavioral Interventions and Supports (PBIS) has helped to create more supportive learning environments. The state has improved graduation rates for Native American and Black students with disabilities. Minnesota's special education teachers now have to learn about Universal Design for Learning and assistive technology before they can get their license to teach.

Effective Education-Related Programs

1A: Education in the Most Integrated Setting

The goal of Olmstead is to prevent segregation and isolation for people with disabilities. Special education students should spend most of their school time mixed in with nondisabled classmates. Minnesota is making progress toward this goal. The state also has an "Alternative Delivery of Specialized Instructional Services" (ADSIS) program that gives students academic and behavioral supports as early as possible. The goal of this

program is to help students succeed in fully integrated classrooms, without needing to enter the special education system.

Examples of Supporting Education in the Most Integrated Setting

- **Vermont** is a leader in inclusive education for students with disabilities.
  - Vermont encourages schools to use Universal Design for Learning (UDL) for all students, not just those with Individualized Education Programs (IEPs).
  - Vermont published the VTmtss Field Guide to help teachers and school administrators give each student the support they need.
  - Vermont uses data to make sure its schools keep improving on educating students with disabilities in integrated, non-restrictive environments.
- **Washington State** funded a project to increase access to inclusive education called the Inclusionary Practices Technical Assistance Network (IPTN). This program has enabled over 22,000 students to transition to the least restrictive setting. IPTN provides training to different school districts, and some of the districts have been very successful at reducing restraints, ending isolation, and providing inclusive learning. The state sends other teachers to visit these districts and learn from them.
- **Massachusetts** uses the Bridge for Resilient Youth in Transition (BRYT) program. BRYT supports students who are experiencing dysregulation, students who are transitioning from a restrictive setting, and students at risk of being transferred to a restrictive setting. BRYT is a national model that is currently used in seven states. It has shown a 78% reduction in rehospitalization for participating students, a 50% reduction in substance use disorders, and a 50% reduction in self-harm.

Some states have good strategies for sharing information and funding successful programs:

- **Massachusetts** created district-level dashboards to display progress in inclusion by race, disability type, and grade.
- **Massachusetts** and Ohio assign a Special Education Determination Level (1–4) to every district, based on how well they are supporting students with disabilities. This information is *publicly shared.*
- **Massachusetts** has also published a statewide Family Engagement Framework.
- In **California**, **Colorado**, and **Pennsylvania**, funding is available to districts that demonstrate improvements in the quality of inclusive education.
- **Michigan** is expanding access to school-based mental health services by using Medicaid funding. The state provides funding and other kinds of support for local education systems to cooperate with Medicaid agencies.

1B: Integrating State Data Systems

Sharing data helps people to meet each student's needs.

- **Tennessee**'s P20 Connect TN data system helps the state to evaluate educational programs. In 2023, the state also launched the TN DATA system, which integrates health and criminal justice data.
- **New Jersey**'s data dashboards enable districts to monitor special education placements and student outcomes.
- **Kentucky**'s data system helps schools identify students who need additional services before they fall behind.
- **Ohio** is leading the way in publishing Medicaid data. The state provides Ohio Healthy Students Profiles as a resource for planners. This database tracks health care interactions, health conditions, and educational achievement for students on Medicaid. Other states, including Arkansas and Hawaii, are developing similar dashboards.

1C: Facilitating Transition to Adulthood

It can be difficult for young adults with disabilities and their families to make the switch from youth services to adult services. Transition planning is usually part of the student's IEP. In some cases, 504 plans may also help students with disabilities prepare for adulthood. There are several ways to support positive transitions and outcomes for youth with disabilities:

Supporting Employment and Work-Based Learning

Students can experience paid employment through internships, on-campus jobs, after-school jobs, or as part of programs like Project Search. Regardless of the form of paid employment, the key is for students with disabilities to have competitive earnings and work experience. This improves their ability to find employment after leaving school.

Example: Project Search

Project Search is a one-year unpaid internship program that helps young adults with disabilities find "competitive, integrated employment" (CIE). Project Search provides intensive, real-world training and support to help young adults make the transition from school to work.

Apprenticeship programs combine paid on-the-job training with classroom instruction. Registered Apprenticeship Programs (RAPs) usually require at least 2,000 hours of on-the-job training and 144 hours of instruction. RAP apprentices are paid, and wages go up as students learn.

Example: Florida Department of Education's Division of Blind Services: Web Accessibility Specialist Training Program

Web accessibility specialists make sure that websites and digital content are usable by everyone, including people with disabilities. The Florida Department of Education's Division of Blind Services developed the Web Accessibility Specialist Training Program to provide a pathway for blind and visually impaired individuals into the field of information technology.

Apprenticeships can also help adults with disabilities develop skills that can lead to job and career opportunities. The Council of State Governments website includes resources and state examples of inclusive apprenticeship models.

Example: LSU Health Postsecondary Apprenticeship for Youth (PAY Check)

PAY Check is a multi-semester program for young adults with disabilities (ages 18–22) in Louisiana. It combines community college classes, career development, and independent living skills training. PAY Check provides continued support after job placement.

The Use of Technology to Enhance Independence

There are devices and apps that can increase the independence of students with disabilities transitioning into adulthood. Some apps support self-advocacy and decision-making. Other apps support daily living skills, navigation, social connections, and managing tasks. Several mainstream apps can also be helpful:

- **For daily living**: Choiceworks provides visual schedules to break down tasks (e.g., getting ready and chores), and Medisafe helps manage medication schedules.
- **For navigation**: Google Maps offers accessible routing, Be My Eyes connects visually impaired users with sighted volunteers), and Wheelmap shares accessibility information for wheelchair users.
- **For social life**: Hiki or Dateability can help neurodivergent individuals and others with disabilities find friendships and relationships.
- **For employment and education**: Microsoft To Do and Voice Dream Reader can help people manage tasks and find information.

Example: JobPro Series (SimCoach Games)

The JobPro Series is a collection of apps to teach job readiness. **JobPro: Get Prepared!** focuses on pre-interview steps JobPro: Get Hired! helps people to practice for a job interview. **JobPro: My Life** helps people to balance the demands of a job with personal responsibilities.

Pre-Employment Transition Services and Wraparound Models

State Vocational Rehabilitation (VR) agencies spend at least 15% of their federal funds on pre-employment transition services (pre-ETS) for students with disabilities (generally ages 14–22). The five core services are: 1) Job Exploration Counseling, 2) Work-Based Learning Experiences, 3) College Counseling, 4) Workplace Readiness Training, and 5) Instruction in Self-Advocacy.

To learn more, see Best Practices for Pre-ETS.

Supporting Pathways to Education & Training After High School

Higher education such as college, vocational training, and trade school can give students new skills for successful careers. The Minnesota Inclusive Higher Education Consortium supports inclusive higher education for students with intellectual disabilities.

- **Inclusive higher education programs** offer an integrated college experience to meet learning and support needs. Some of these programs are within a college or university, while others may be separate.
- **Transition programs for students with intellectual disabilities** provide a full transition experience beyond K-12 special education services. These programs offer inclusive instruction and build independent living skills.

Think College at UMass Boston provides information and help on college options for students with intellectual disabilities. Think College also publishes a list of college programs for students with intellectual disabilities in the United States.

Example: Support Education to Elevate Diversity (SEED), University of California, Davis

The UC Davis Redwood SEED Scholars Program is a unique four-year, residential, inclusive college program for students (ages 18–23) with intellectual disabilities. Participants live on campus and participate in university activities. They take both specialized courses and regular classes. The program offers internships and peer mentors.

Examples: Landmark College; Ace It at VCU

Landmark College in Vermont is for students who learn differently, including those with dyslexia, ADHD, and autism. The college has small classes and personal tutors. Support services and assistive technology are integrated into the curriculum and daily college life.

Virginia Commonwealth University's Ace It in College Program is for students with I/DD. Students in the program take college courses and participate in internships. They gain independent living skills and experience campus life. The program focuses on employment and independence. Many graduates find jobs, including in local businesses and federal agencies.

Supporting Financial Independence and Self-Determination

It is important for students with disabilities to develop skills in handling money and making choices for themselves.

Example: Self-Determined Learning Model of Instruction

The Self-Determined Learning Model of Instruction (SDLMI). In SDLMI, students answer three questions: 1) What is my goal? 2) What is my plan? and 3) What have I learned? Research shows that SDLMI leads to keeping students interested, better grades, jobs, and more independence.

Many youth with disabilities receive public benefits. If they earn or own more money than the benefits programs allow, these youth could lose their benefits. See Chapter 2: Employment to learn about benefits counseling and Achieving a Better Life Experience (ABLE) accounts.

Example: Better Money Habits

Better Money Habits is a free program that offers resources on budgeting, saving, and money management. It is available in English and Spanish. The Better Money Habits program provides videos, articles, and tools for self-paced learning. It also includes in-person and on-line workshops. The goal of Better Money Habits is to help individuals to make confident financial decisions and achieve greater economic independence.

Chapter 2: Employment

Overview of Employment & Olmstead Planning

Different people need different levels of help in looking for work. Some people may use self-guidance or "light touch" assistance. Others may need and want intense and ongoing supports and services. To help people with disabilities find and keep a job, state agencies need to use a person-centered approach. Agencies also need to cooperate with each other.

> *"Employment is key to inclusion and purpose." —Dendros Inclusion Consultant*

All the programs listed in this chapter share the following themes:

- *Person-centered*: Employment programs must respond to what each person wants and needs.
- *Strengths-based*: Each person's strengths should always be highlighted and considered as most important.
- *Informed choice*: Each person should be informed of all options so they can make choices, and they should also be able to change their choices.
- *Culturally responsive:* Each person's cultural background is important.
- *Trauma-informed:* Employment supports should treat each person in a way that makes them feel safe (see 6A).

Employment & *Olmstead* in Minnesota

Minnesota's first Olmstead Plan set goals to reduce the use of subminimum wages and to support "Competitive, Integrated Employment" (CIE). The state has made progress in this area.

Currently, Minnesota continues to work on increasing CIE (through programs like Employment First Minnesota or E1MN and the MN Transformation Initiative). However, many still can't access the employment services they want or need. Some of the reasons for this problem are: not enough staff members in the service agencies; long waiting lists; and parents/guardians who don't think the person is ready.

Effective Employment-Related Programs

2A: Individual Placement and Support

Individual Placement and Support (IPS) helps people with serious mental illness to work at regular jobs that they choose.

Minnesota strongly supports IPS. The state needs more funding to expand this program to reach more people who want to work. There are many possible funding sources that the state can use. Minnesota could also change some of its rules to make it easier for agencies to provide IPS.

2B: Customized Employment

Customized employment (CE) supports a wide range of individuals. There are four parts of CE: Discovery; job search planning; job development and negotiation; and post-employment support. Over the last 10 years Minnesota has invested strongly in CE. The state's use of CE is increasing, but there is still room to grow.

Customized employment matches jobs to each person's unique strengths and interests. CE also supports independence and self-esteem. Minnesota needs to train people who provide employment services, so that they understand how to offer CE.

2C: Progressive Employment

Progressive employment uses "work-based learning." This means people with disabilities learn skills in actual workplaces. This helps them gain skills and gives them the chance to try out a job and see if they like it.

Vermont, **Oregon**, **Maine**, and **Nebraska** all have progressive employment programs.

2D: Assertive Community Treatment and First Episode Psychosis Programs

First Episode Psychosis (FEP) and Assertive Community Treatment (ACT) programs support people with mental health conditions in many parts of their lives. ACT uses a team approach to support people in the community. Employment supports are an important part of both these programs. ACT teams work with people who have experienced many psychiatric hospitalizations and emergency department visits. Minnesota also has one Forensic Assertive Community Treatment (FACT) program for people who have been involved in the criminal justice system.

FEP programs provide early intervention and treatment for people having their first psychotic episode. Several Minnesota providers currently offer FEP services.

Both FEP and ACT programs recognize that employment is not just about earning money, but also about recovery, self-esteem, and social inclusion. Employment support needs to be *fully included* in ACT and FEP services. Minnesota can help by making sure FEP and ACT programs have the funding they need. The state can also follow up and make sure that individuals who get help from an ACT or FEP team have good employment outcomes.

2E: Benefits Counseling and Planning

Benefits counseling helps people with disabilities understand how working will affect their federal and state benefits, such as Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, and Medicaid. Through this counseling, many people learn that they *can* work and earn money without losing their benefits.

DB101 is an online benefits calculator that allows people to enter their data and see how working will affect their income. If agencies can provide coaching on how to use this tool, more people will use it.

Minnesota does not currently have enough benefits counselors. It is important to train people well for this position. Benefits counselors also need regular updates so that they always understand the latest rules.

2F: Achieving a Better Life Experience (ABLE) Accounts

ABLE accounts allow people with disabilities to save money without losing benefits like Medicaid or SSI. With an ABLE account, individuals can save up to $19,000 per year — and people who work can save more than that. Depending on which state they live in, a person is allowed to save between $235,000 and $596,000 in an ABLE account.

Example: State-Driven ABLE Programs

The states of Maryland, California, and Pennsylvania have websites and resources to inform people about the benefits and opportunities of ABLE accounts. These states each have a state director for their ABLE program. State ABLE directors and staff have dedicated time to encourage participation in ABLE through education, collaboration, and outreach.

Beginning on January 1, 2026, people whose disability started at age 46 or younger will be eligible for an ABLE account. Minnesota offers ABLE accounts, but many people with disabilities don't know about the program. The state needs to do more outreach about this program.

2G: Data Integration and Coordination

All of the programs listed in this chapter work best if agencies cooperate and share data. Here are some ways that sharing data helps organizations to offer better care:

- *Holistic care*: Sharing data creates a full picture of an individual's needs, which helps different agencies (like housing, health care, and employment) work together to help that person.
- *Improved resource allocation*: Coordinated data helps leaders understand what works and what doesn't, so they can spend their budgets wisely.
- *Efficiency and savings*: Sharing information reduces paperwork, which saves time and money.
- *Proactive planning*: By understanding the needs of different individuals, agencies can intervene early. This helps prevent crises, and plan for smooth transitions between services.

2H: Coordination with American Job Centers

American Job Centers (AJCs) are a national resource. They are often the first stop for people looking for employment. Minnesota's AJC is MN Career Force, and it offers a wide range of services to job seekers and employers. There are many ways that Minnesota could work together with AJCs to strengthen employment support for people with disabilities.

2I: State Employment First Office

Colorado is a state that has an Employment First Office. This Office helps the state's systems work together on IPS, Customized Employment, and Progressive Employment. An Employment First office can also lead efforts to build a skilled workforce.

In Minnesota, E1MN and the Minnesota Transformation Initiative offer some of the same services as Colorado's Office of Employment First. Minnesota is an Employment First state, and several Minnesota state agencies do coordinate their efforts. This coordination is a direct result of the Minnesota Olmstead Plan. But more coordination is needed. A state Employment First office (as in Colorado) is just one possible way to increase coordination. There are many other options as well.

Chapter 3: Health & Health Care

Overview of Health & Olmstead Planning

Minnesota's Olmstead planning for health is part of the state's health care system. The state has excellent hospital and clinic systems, but there are still problems — especially for people with disabilities.

Populations of Particular Concern for Health & *Olmstead*

- People with serious behavioral health needs or intellectual and developmental disabilities (I/DD) are at higher risk of institutionalization.
- People with serious behavioral health needs who are released from jail or prison often experience a worsening mental health condition. For people who have a substance use disorder, this is a time when they are at high risk of overdose.
- People of color, and people who do not speak English as a first language, have worse health outcomes — and if they have a disability, they may need extra assistance to prevent institutionalization.

Health & *Olmstead* in Minnesota

Minnesota needs more health providers who have expertise in treating people with disabilities. These providers should accept Medical Assistance and Special Needs plans.

Many people who responded to our survey also said that people with disabilities are treated as a single group in *Olmstead* planning and data. They believe that *Olmstead* health strategies should be different for people with different types of disabilities.

Effective Health Programs

3A: High-Quality Health Care Services for People with Disabilities

Here are some strategies that could make it easier for Minnesotans with disabilities to get the health care they need:

1. **Make health care more accessible**:
    - Providers should use **person-centered care** that is based on the person's goals and involves the person in decision-making.
    - Clinics and medical equipment should be **physically accessible**, and sensory-friendly with adjustable lighting and reduced noise.

2. Providers should **communicate with their patients in ways that are easy to understand**. This means using clear, plain language; providing information in Braille or other formats; and offering skilled interpreters when needed.
    - Patients with disabilities should have access to **technology and innovation** like assistive devices and telehealth.
    - Providers should **show respect** for different cultures, and for the knowledge that people with disabilities have about their own lives.

3. **Support health care organizations that provide care to people with specific disabilities or specialized services**. Examples:
    - Specific age groups (Gillette Children's Hospital and Clinics)
    - Specific services, such as dental care (Access Dental Care, North Carolina) or urgent care telehealth (StationMD, 40 states)
    - Coordination of health and social services (Woods System of Care, New Jersey and Pennsylvania)

4. **Train clinicians on caring for people with disabilities**.

3B: Provide Targeted Assistance

People may need help to find and use services that are available in Minnesota. "Targeted assistance" is a way to help people in whatever way is the most useful to them. Here are some examples:

1. **Navigation assistance**. "Care Navigators" can help people with disabilities find the health and social services they need. They can also help people get signed up for the services. Navigation assistance can be helpful during major life changes, such as becoming disabled, transitioning from childhood to adulthood, or leaving a residential facility.
    - Community health workers (CHWs) are trusted members of the community who connect people to health and social services and help people manage their own health conditions.
    - Peer specialists are people in recovery from mental illness or substance use disorders (SUDs) who support others to achieve long-term recovery.

2. **Engaging people in care before they are released from prisons and jails.** Often, people are released from county jails without the services they will need. States can support programs that connect people with serious mental illness, substance use disorders, and I/DD with services *before* they are released. Examples:
    - MassHealth Behavioral Health Supports for Justice Involved Individuals (Massachusetts)
    - Mission model (programs in 16 states)

- Point of Reentry and Transition (PORT) (New York City)
- Transitions Clinic Network (48 clinics in 14 states, including Hennepin Healthcare in Minneapolis)

3. **Improving access to care for people with private insurance.** People with disabilities may need help understanding the requirements of their private health insurance coverage. In some states, health insurers are required to provide this assistance. In other states, the government has set up a helpline.

CHWs and peer specialists can be especially valuable to people who are facing similar challenges. These programs also provide professional employment for people who may face challenges because of their disability or background.

3C: Use Data to Inform Health Policy and Strategy

Minnesota should use data to understand the health challenges of people with different disabilities. This will help state agencies choose the best programs and strategies.

- **Oregon** and **Colorado** passed laws that require better collection of race, ethnicity, language, and disability data.
- **Oregon** includes questions about disability in its youth health surveys.
- **Massachusetts** directs agencies to work together on using data to understand health risks for people with disabilities.

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Chapter 4: Home & Community-Based Services (HCBS)

Overview of HCBS & Olmstead Planning

Home and community-based services (HCBS) enable people to live how and where they want. HCBS planning should bring together both paid and unpaid supports to help people live as full members of their communities.

HCBS & *Olmstead* in Minnesota

Currently, HCBS in Minnesota are delivered through several programs. The Department of Human Services (DHS) is currently combining and changing some of these programs.

Minnesota has a strong reputation as a national leader in HCBS. Also, DHS has a history of reaching out to get community input on its programs. However, people using HCBS see options for more growth. They would like more flexibility and freedom to make decisions.

This chapter focuses on two ideas for Minnesota to strengthen its HCBS system: supporting person-centered planning, and building up the service provider workforce.

Effective HCBS Programs

4A: Promoting Person-Centered Planning

Person-centered planning (PCP) makes sure that services for people with disabilities are based on what they need and want. National PCP best practices and requirements include:

- Driven by the person's needs, preferences, goals and desired outcomes
- Focuses on the person's strengths
- Person-centered language, using the person's own language
- Balance what is important *to* the person with what is important *for* the person
- Informed choice — a person should know what all of their options are
- Defined roles, including monitoring
- Includes a mix of services and other supports, depending on each person's situation

Here are some examples of programs that support PCP:

1. ***Trainings on PCP***
    - The Tennessee Department of Disability and Aging offers free person-centered thinking and practice trainings. In some Tennessee agencies, case managers are required to be trained in PCP.
    - The Maine Office of Aging and Disability Services created a series of person-centered trainings.
    - The New Hampshire Department of Health and Human Services has launched a free person-centered practices training series.
2. ***Including PCP in care planning***
    - **Maine** and **Indiana** use Charting the Life Course domains to learn what is important to people receiving services.
3. ***Moving beyond checklists***
    - **Indiana** has developed a system for evaluating whether service providers are doing a good job using PCP.
    - **Tennessee** developed a Review Tool for individual support.
4. ***Using participant feedback***
    - **Indiana** published case management "core competencies" so people with disabilities and their families can know what to expect. The state uses a Case Management Satisfaction Survey to see if people's actual experience matched their expectations.
    - In **Tennessee**, support coordinators and case managers are trained in Personal Outcome Measures.
    - The Florida Developmental Disabilities Council has developed a Working with Case Managers guide that includes a survey worksheet for providing feedback on case management.
5. ***Technical assistance to case management programs***
    - **Tennessee** has a dedicated person-centered planning team to support organizations. In addition, PCP facilitators are available on request.
    - **Maine** has staff members who work directly with case management agencies.

4B: Workforce Development and Retention

Across the United States, there is a staff shortage in organizations that provide supports and services to people with disabilities. This is a major problem for people who need services to help them live in the community.

Below are two examples of promising efforts.

Example: Perspectives Corporation, Rhode Island

Perspectives Corporation supports people with a range of disabilities in Rhode Island. The organization had high rates of staff loss, especially direct care staff. With help from the University of Minnesota's Institute for Community Integration, Perspectives launched Project Align. This project was very successful in keeping staff on board.

Project Align focused on giving staff the skills they needed to do their jobs well. Additionally, the organization found ways for staff to grow and advance in their careers, along with many other strategies.

Example: Regional Centers for Workforce Transformation, New York

The New York Office for People with Developmental Disabilities funds Regional Centers for Workforce Transformation. These centers are operated by the NY Alliance for Inclusion and Innovation. Every month, 10 to 12 free training workshops are available to staff at all levels. Training priorities are set by the state and by workers.

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Chapter 5: Housing

Overview of Housing & Olmstead Planning

Minnesota Housing is good at developing integrated, community-based housing units for people with disabilities. The state's Housing Support program (formerly known as Group Residential Housing) helps to fund supportive services to go along with this housing.

It is very important for state agencies to work together. For Minnesota to continue succeeding in its *Olmstead* housing efforts, the Minnesota Housing Finance Agency (MHFA) and DHS will need to form a strong partnership.

Effective Housing Programs

5A: Increased Collaboration to Strengthen Housing and Health Initiatives

Partnerships are very helpful in efforts to provide housing for people with disabilities in Minnesota. It's especially important for health and housing systems to collaborate.

Minnesota has solid experience in this kind of collaboration. An example is the partnership between Minnesota Housing and DHS. These two agencies have worked together in support of *Olmstead* housing goals, including the Section 811 Project Rental Assistance (811 PRA) program.

In the Section 811 PRA program, affordable housing projects set aside units for low-income people with disabilities. Minnesota has one of the most successful 811 PRA programs in the nation.

5B. Interagency Data Cooperation

Collecting and sharing data can improve decision-making. For example, states and counties across the country are pairing records from their Continuum of Care programs with Medicaid and health data.

Using data to make decisions can help create projects that are more effective in meeting the needs of the community. With access to integrated, cross-system data, Minnesota could:

- Learn about *Olmstead* needs in different state agency programs and services
- Use state resources in effective ways to serve different populations

- Understand what changes are necessary to make services accessible to households with different types of disabilities

5C. Improving Access to Affordable Housing

Across the nation, many disabled people with low incomes do not receive housing assistance even when they are eligible for it. There are not enough affordable housing units available to meet the need. States need to support the creation of affordable units for low-income people with disabilities in places where mostly nondisabled people live. State agencies need to share data and work together so they can provide housing where it is needed most. The National Low Income Housing Coalition estimates that Minnesota needs another 101,209 affordable rental units for extremely low-income renter households.

To address this problem, Minnesota Housing and DHS provide funding to support housing resources for people with disabilities. Minnesota Housing uses successful strategies like targeted referrals. The state can be even more successful if DHS, Minnesota Housing, MHFA, and other agencies can share more data (see 5B).

5D. Group Home Alternatives

Creating more options for integrated living creates more choice for individuals with disabilities. “Shared living” and “shared housing” are two options to consider:

- In **shared living**, individuals with disabilities live with a caregiver or host family. Many states have recently developed or expanded shared living programs. This is an option for people who need some level of support, but do not want to live in a group home. Wisconsin and Vermont have both been very successful in connecting people with shared living opportunities.
- In **shared housing**, there is no designated caregiver. Roommates may include both disabled and nondisabled people. Both Vermont and North Carolina are working to expand this option.

Crisis Respite Programs to Support Group Home Alternatives

People with disabilities who experience a crisis need a safe place to go. This is often called a respite. A good respite program should have support providers who understand the person’s disability. When the crisis is over, people can then go back home.

“Peer-run crisis respite” is led by people who have similar experiences. Peer-run respite can make a crisis less intense for the person. These aren’t medical programs but offer a comfortable environment where people can reduce stress and learn about different ways to handle problems.

Example: Peer-Run Respite, New York

Rose Houses are run by People USA in upstate New York. Rose Houses are short-term crisis respites that are home-like alternatives to emergency rooms and psychiatric hospitals. Individuals can stay up to seven days, and can come and go for appointments, jobs, and other needs. These homes are 100% operated by peers who have their own lived experiences.

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Chapter 6: Positive Supports

Overview of Positive Supports & Olmstead Planning

Positive supports are a way to help people who have a lot of different needs. Positive Supports focuses on the person's strengths, and doesn't involve any type of punishment. There are many kinds of positive supports, but they all share these important values:

- Instead of considering behavior a "problem," focus on the person's strengths and give them choice
- Focus on responses that put control in the hands of the people with the support needs.
- Use person-centered planning that works with the person's support system in their community.

Minnesota is very active in promoting positive supports. However, there are several areas where Minnesota could strengthen positive supports even more:

- Expand positive supports to more people
- Improve care coordination
- Support people to remain in the community and to transition back as soon as possible

Effective Positive Support Programs

6A: Expanding Positive Supports to More People

- **Positive Behavioral Intervention and Supports** (PBIS) is a tool that can be used by a single school or an entire school district. The Minnesota Department of Education (MDE) offers grants for schools to become PBIS schools. To help more schools use PBIS, Minnesota should improve coordination between PBIS and mental health support in school systems.
- **Recovery-oriented systems of care** (ROSC) are person-centered, strengths-based programs that are focused on continuing support throughout a person's life, in all areas needed. Michigan and Ohio have created statewide ROSCs. Recovery-oriented approaches are also encouraged in Indian Health Service programs nationally.
- **Trauma-informed care** (TIC) is a way to provide services to children, adults, and families. When people experience trauma, it can cause lasting harmful effects. TIC supports choice, safety, and collaboration for the people receiving services, and also for the people providing services. Minnesota has several programs that use TIC. See Chapter 7: The Prevention of Abuse and Neglect for more information on TIC.

- Trauma Informed Oregon is a statewide program to support trauma-informed policies and practices.
- The Indiana University School of Public Health developed a free online course to help providers learn about TIC. This course is self-paced, and available for anyone.

6B: Coordinating Care

People with serious behavioral challenges may need care from lots of different programs and systems. In this situation, the different providers should communicate with each other. This is called "care coordination." Minnesota strongly supports care coordination. Here are some examples from other states:

- **Georgia** has started an intensive support coordination program. Caseworkers work with fewer than 20 people and conduct monthly in-person visits.
- **North Dakota** started a program for people involved with the corrections system called Free Through Recovery. This program includes coordination of care for people who have behavioral health needs so they can access treatment and recovery services. It also pairs people with a peer who can provide mentorship, advocacy, and help them in recovery.
- Cherokee Health Systems in **Tennesee** has an integrated behavioral health care and primary care model. This program offers strong coordination between primary care providers and mental health care providers.

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) teams provide intensive supports in the community. Most Minnesota counties do not have an ACT team.

The New York State Office of Mental Health has an ACT program that also provides family education, community integration, and peer and vocational support. New York is also working on ways to make ACT work well for specific populations.

6C: Supporting People to Remain In their Community

People with serious behavioral support needs are often at risk of being placed in institutions. When they leave the institution, it may difficult for them to transition back to their communities. Minnesota has a complex transitions team that can help people transition back to the community from an institution. The state's Acute Care Transitions Advisory Council produced a report and recommendations.

- **Telehealth and remote supports** (smart homes) allow people to receive services in their homes. These technologies are used by many people in **Minnesota**.
  - **Vermont** uses a telepsychiatry model to meet the needs of nursing home residents in rural areas.

  - The Nebraska Department of Health and Human Services allows for several services that can be provided through telehealth to people with behavioral health needs.
  - The Ohio Department of Mental Health and Addiction Services uses telepsychiatry for people with I/DD and mental health conditions.

- "**Diverting institutional placements**" means providing specialized supports to keep people from being institutionalized or incarcerated.
  - **Colorado** offers Behavioral Health Support Transition Grants to support services for people who have lived in insititutions in the past. These grants allow local communities to provide housing assistance and transportation support, as well as crisis and counseling services.

- **Peer supports** can help people during crisis, or as they transition from restrictive settings back into the community by connecting them with others who have disabilities.
  - In Multnomah County in **Oregon**, the National Alliance on Mental Illness provides peer supports for Veterans with behavioral health issues to help them find services in the community.
  - In **Arkansas**, Benchmark Human Services developed a program for people with both I/DD and behavioral health needs. The program includes training for caregivers and support for dealing with law enforcement.

- **Transition supports** help people move from more restrictive settings back into the community. In Minnesota, Transition to Community helps people leaving the Anoka Metro Regional Treatment Center or the Minnesota Security Hospital. The state's Direct Care and Treatment program also supports people as they transition into community settings. Several states and programs have developed their own ways to offer continuity of care during transitions:
  - The New York Alliance for Rights and Recovery offers a Peer Bridger program to support people transitioning from psychiatric hospitals to the community.
  - North Dakota's Life Skills and Transition Center provides services to people with I/DD. Transition planning starts on the first day of receiving services, and each plan is individually tailored to the person's needs.

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Chapter 7: The Prevention of Abuse and Neglect

Overview of Abuse and Neglect Prevention & Olmstead Planning

When people with disabilities are abused or neglected, it is *not* because of anything about them. Minnesota and other states should hold the person doing the abuse or neglect responsible — not the victims. The best way to prevent abuse and neglect is for people with disabilities to live full, self-directed lives in the community.

Abuse and Neglect Prevention & *Olmstead* in Minnesota

All agencies and systems share the responsibility to prevent abuse and neglect. Minnesota's *Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities* is a strong resource.

Effective Ways to Prevent Abuse and Neglect

7A: A Cross-Sector Council for the Prevention of Abuse and Neglect

The Building Partnerships Initiative in Massachusetts links several agencies and advocacy groups. The goal of this group is to end abuse, neglect, and crimes committed against people with disabilities and older adults.

A group like this could benefit Minnesotans with disabilities in two ways:

- Creating a clear, coordinated system for prevention, reporting, investigation, and accountability
- Giving a group of agencies the responsibility to prevent abuse, instead of placing that responsibility on individuals with disabilities

7B: Prevention and Investigation

The Rhode Island Division of Disability Services (RI DDS) decided to focus on two areas for improvement: "primary prevention" (preventing abuse from happening) and improving the process for reporting abuse. This effort was very successful.

- **Primary Prevention** — RI DDS trained people with disabilities on "body literacy" and self-protection. Family members, caregivers, and service providers were also trained in new skills.

- **Improving Abuse Reporting** — RI DDS invited people with disabilities and their families to help develop a new process for reporting and investigating abuse.

7C: The Use of Trauma-Informed Care to Prevent Abuse and Neglect

Perspectives Corporation is a provider agency in Rhode Island that serves people with disabilities. In 2013, this agency decided to phase out all forms of restraint and coercive interventions. Perspectives Corporation has replaced these methods with trauma-informed care (TIC). Perspectives Corporation uses a program called Ukeru.

Trauma-informed care can be used by any provider, agency, or organization. It can be used for all kinds of people, with all kinds of disabilities.

7D: Preventing Domestic Violence and Sexual Assault of People with Disabilities

The University of Alaska has two programs to help prevent violence against people with disabilities:

- The Friendships and Dating Program is a 10-week class that teaches people about their bodies, how to stand up for themselves, and relationship skills. The University trains providers and other individuals to lead this 10-week curriculum.
- The Disability Abuse Response Team (DART) works with organizations that provide services for people experiencing violence. DART teaches these organizations how to make their services accessible to people with disabilities.

7E: Crisis Response Reform

Many communities are working to reduce abuse in responding to people in crisis. Examples:

- CAHOOTS is a trauma-informed response team in **Oregon** that doesn't involve police.
- The Crisis Response Center is a program in **Arizona** that combines treatment with emergency response. The Crisis Response Center works together with Arizona's Intellectual and Developmental Disability (I/DD) and mental health systems.
- The STAR Program is a crisis response program in **Colorado** that doesn't involve police. Colorado requires the members of the crisis team to have special skills, including how to work with people who have different disabilities.
- Behavioral Crisis Response Teams in **Minneapolis** are well-known for respecting people's civil rights. This program is very successful.

Effective crisis response should keep people in the community. It should not use coercive or abusive tactics. Minnesota can build upon the success of Minneapolis' Behavioral Crisis Response Teams.

Chapter 8: Transportation

Overview of Transportation & Olmstead Planning

Transportation helps people to participate fully in their community. Transportation is especially needed in rural areas. People with disabilities and older adults need public transportation that is affordable, accessible, and reliable.

Transportation & *Olmstead* in Minnesota

The Minnesota Department of Transportation (MnDOT) and the Metropolitan Council (Met Council) are the state's main transportation agencies. MnDOT oversees many transportation programs for older adults and people with disabilities. Accessibility is one of the agency's priority areas. Met Council oversees transportation in the Twin Cities area.

Effective Transportation-Related Programs

8A: Coordination between Transportation Agencies

There are several opportunities for Minnesota to improve coordination between its transportation-related agencies — MnDOT and Met Council — as well as other agencies such as the Department of Human Services (DHS).

Examples of Transportation Coordination/Collaboration

- Mobility Ohio has high-level coordination between state human services and transportation agencies. **Ohio** has also launched a pilot Regional Transportation Resource Center (RTRC). RTRC uses technology that allows people to schedule rides in four rural counties. All drivers must comply with state safety and quality standards.
- Hopelink and the King County Mobility Coalition in **Washington State** are piloting a One-Call/One-Click platform to help users choose the best option for their trip. Hopelink and the King County Mobility Coalition received an Inclusive Planning Grant to let people with disabilities and seniors know about this resource.

Examples of Transportation Data Sharing

- MnDOT and Met Council have expressed interest in obtaining data from state and local human services partners. This data can help the agencies understand and plan for people's transportation needs.
- Some human service agencies and providers collect information on client transportation needs so that they can coordinate better.

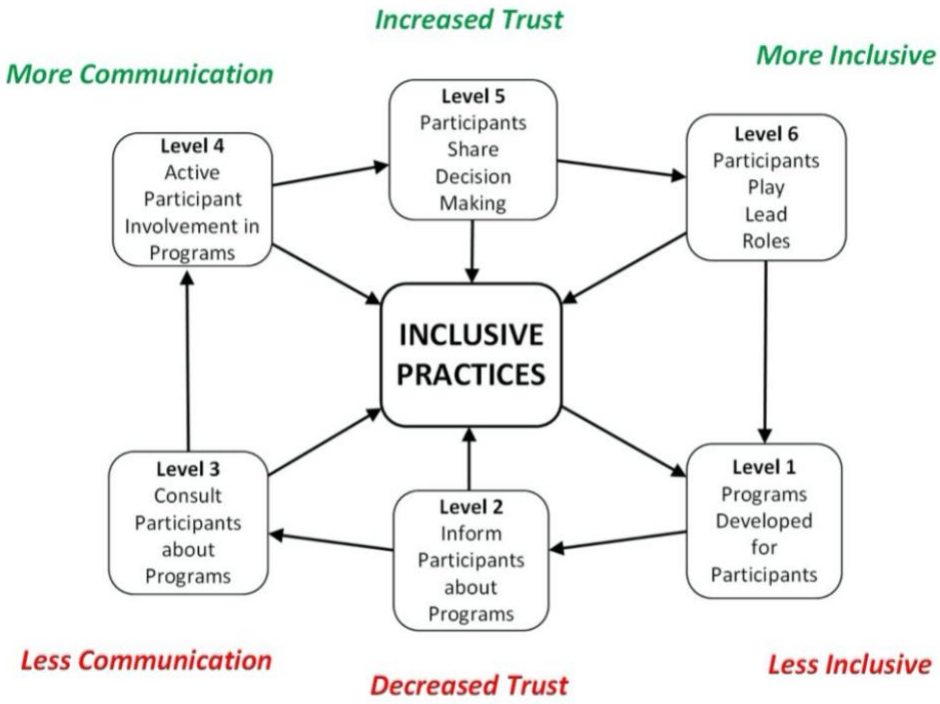
- Many transit agencies and cities are partnering with private transportation providers to offer riders more options.

8B: Inclusive Planning

Inclusive planning uses surveys, focus groups, equipment testing, and advisory committees to involve people with disabilities in transportation planning.

- Transit Planning 4 All is a U.S. Department of Health and Human Services program that helps empower people with disabilities and older adults to participate in improving transportation systems. Transit Planning 4 All uses a framework that is shown in Figure 8.1 below.

Figure 8.1. Inclusive Transportation Practices



- Hopelink and and the King County Mobility Coalition in **Washington State** used the same principles for their One-Click platform. They worked with Transit Planning 4 All to create an Inclusive Planning Toolkit.
- In **Massachusetts**, the Riders' Transportation Access Group is a community-based group that advises the state on transportation issues for people with disabilities and older adults. The Massachusetts Bay Transit Authority (MBTA) also runs a "secret shopper" program. In this program, people earn $20/hour to ride buses, trains, and ferries and provide feedback on their experiences.

8C: Rural Transportation Challenges

Transportation challenges are even greater in rural areas. State transportation agencies and Rural Transit Assistance Programs have created new programs to address these challenges.

- The One-Call Center in Scott and Carver Counties, MN coordinates several kinds of transportation.
- The University of Montana is developing a Toolkit for Operating a Rural Transportation Voucher Program**.** These programs provide people with a book of vouchers. People can use the vouchers for public transit or to reimburse family or friends who give them rides.
- Easter Seals has published a How-To Manual for Building a Rural Transportation Coalition.

Volunteer driving programs can fill gaps in rural communities. The Rural Transportation Toolkit lists organizations that have developed promising programs:

- Compass IL runs the New Freedom Transportation Program. This program helps people with disabilities and older adults to get rides from volunteer drivers.
- The Magic Valley Transportation program in Twin Falls, **Idaho** is a voucher program for older adults and people with disabilities. Riders receive a Transportation Card they can use to book rides. Transportation providers include a provider with wheelchair accessible vehicles, a provider that runs on Saturdays by appointment, and a local cab service that runs 24 hours a day, 7 days a week.
- Ride Connection provides transportation services in three counties in **Oregon**. The program mainly serves older adults and people with disabilities. The door-to-door rides are provided by volunteers and paid drivers. Ride Connection has lift-equipped mini-vans.

8D: Emerging transportation topics

Microtransit uses multi-passenger vehicles to provide rides on demand.

Autonomous (self-driving) vehicles offer great potential for people with disabilities and seniors who cannot drive, especially in rural areas. GoMARTI is an autonomous vehicle pilot program in Grand Rapids, Minnesota.