

Olmstead Plan Workplans

Approved by the Subcabinet

October 29, 2018

Last Updated

August 26, 2019

This document is the most updated version of the October 29, 2018 workplans. It contains adjustments to workplan activities approved by the Subcabinet. The footer dates for each workplan topic identify the last time a revision was made to that topic.

For more details on adjustments, see the Olmstead Workplan Compliance Reports and Adjustments document and Subcabinet meeting minutes on the Olmstead Plan website.

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Olmstead Plan Workplan – Person-Centered Planning

March 2019 Plan Goals (page 35)

Executive Sponsor: Claire Wilson (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 protocols. Protocols are 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 the pool of workers who provide direct care and support services in order to produce meaningful progress towards alleviating the direct care and workforce shortage in Minnesota

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

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
B.5	<p>Host Housing Best Practices Forums to provide tools and skills in developing individualized housing solutions, including finding and maintaining housing.</p> <p>Report to the Subcabinet annually on the number of trainings and attendees.</p>	<p>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.</p>	<p>Report to Subcabinet by January 31, 2019 and annually thereafter</p>	DHS
B.8c	<p>Launch the second phase of the pilot of the Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model in three community areas during the 2019-20 school year. This incorporates person-centered planning practices into the Individualized Education Program (IEP) process. The cohorts will be supported with tools and practices learned from the first round of pilot programming.</p>	<p>Students (K-12) will experience person-centered practices in their educational experience. There will be an increase in the number/percentage of students with IEPs receiving instruction in the most integrated setting.</p>	<p>Complete second phase of pilot by June 30, 2020</p>	MDE
B.13	<p>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.</p>	<p>People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.</p>	<p>Begin training by April 30, 2019</p>	DHS
B.14	<p>Report the status of the trainings for mental health and behavioral health care providers on person and family centered approach in the context of mental health and co-occurring disorders.</p> <p>Report to the Subcabinet on the number of individuals trained and number of trainings held and evaluation results.</p>	<p>People with disabilities will experience person-centered planning and informed choice protocols from mental health and behavioral health care providers.</p>	<p>Report to the Subcabinet by December 31, 2019</p>	DHS
C.1a	<p>Train a new cohort of up to 20 individuals with disabilities in self-advocacy through a 12-month program of classroom training and fieldwork.</p>	<p>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.</p>	<p>Train individuals by June 30, 2019 and annually thereafter</p>	DHS

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
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>	<p>People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.</p>	<p>Report to Subcabinet by July 31, 2019 August 31, 2019 and annually thereafter</p> <p>(Adjusted 3/2019)</p>	DHS
I	<p>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, positive supports and increase capacity. Use strategies to reach diverse audiences.</p> <p>Report to the Subcabinet on the number of training activities and tools, the number of participants trained and evaluation results when available.</p>	<p>People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.</p>	<p>Report to Subcabinet by July 31, 2019 August 31, 2019 and annually thereafter</p> <p>(Adjusted 3/2019)</p>	DHS
J	<p>DHS Disability Services and Licensing Divisions will engage in a person-centered organizational change process.</p> <p>Report to the Subcabinet the status of the process.</p>	<p>DHS will build its capacity to be a person-centered organization and to support our partners in developing their person-centered practices.</p>	<p>Report to Subcabinet by December 31, 2018</p>	DHS
K	<p>Support the use of regional communities of practice for lead agencies to expand the application of person-centered practices.</p> <p>Report to the Subcabinet on the number of activities and the number of participants.</p>	<p>People with disabilities will experience person-centered planning and informed choice protocols in accordance with the protocols.</p>	<p>Report to Subcabinet by April 30, 2019 and annually thereafter</p>	DHS

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
L.1	<p>Develop resources and tools for people with disabilities and those who support them. These resources will be available on the Disability Hub and include:</p> <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. <p>Report the status and analytics on the usage of the resources to the OIO.</p>	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, 2019 and annually thereafter	DHS

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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.5	Analyze the 2018 NCI survey data.	The NCI results will indicate how well the systems aid people in working, participating in their communities, having friends, sustaining relationships and exercising choice and self-determination.	Analyze 2018 data by February 28, 2019	DHS
A.6	Post the 2018 NCI Minnesota results on the website.	See A.5 above	Post NCI Minnesota results by May 31, 2019	DHS
B.2	DHS will audit Lead agency plans during 2018 Annual Waiver reviews and provide feedback to lead agencies on needed improvements. Remediation and corrective action will be required when reviews show they fall short of defined thresholds for adherence to person-centered protocols. Results will be published on DHS website annually.	Implementation of person-centered planning processes will improve over time.	Publish results by July 31, 2019 and annually thereafter	DHS, Lead agencies
D.3	Review analysis of assistive technology data from MnCHOICES assessments and make recommendations to DHS leadership on possible changes needed to MnCHOICES assessment tool.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES.	Make recommendations by December 31, 2018	DHS

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

- All activities completed

Strategy 4: Expand, diversify and improve the pool of workers who provide direct care and support services in order to produce meaningful progress towards alleviating the direct care and workforce shortage in Minnesota

- The workplan for this strategy is addressed in the Direct Care and Support Services Workforce workplan following this topic.

Olmstead Plan Workplan – Direct Care and Support Services Workforce

Added workplan 11/26

March 2019 Plan (page 40)

Executive Sponsors: Claire Wilson (DHS) and Jeremy Hanson Willis (DEED)

Leads: Erin Sutton-Sullivan (DHS) and Darielle Dannen (DEED)

This workplan with recommended strategies and activities was developed in response to the Cross-Agency Direct Care and Support Workforce Shortage Working Group, which submitted a recommendations report to the Olmstead Subcabinet in March, 2018. This workplan is designed to improve access to needed services and increase quality of life for people with disabilities by increasing the number of qualified direct care workers and retention of experienced workers who are needed to support people to live, work and engage in their communities. Having well-trained direct care professionals in place, leads to better health outcomes, more consistent care as turnover rates drop, and supports people to be fully participating and contributing members of society. The stakeholder working group recommendations drew on research and expertise within Minnesota and nationally to understand the issues and prioritize strategies to meet the challenges Minnesota faces with demographic changes that are contributing to the current workforce shortage. This is not just a workforce shortage for direct support workers needed in long-term services and supports, but in all areas of commerce in our state. In evaluating what can be committed to at this time in a workplan, state agencies recognize their role, but cannot alone resolve the workforce challenges faced by people with disabilities. Others will pursue additional strategies and compliment efforts state agencies are able to do at this time. The workplan is a living document that will be modified to reflect future legislation or other opportunities to collaborate on strategies.

STRATEGY: Expand, diversify and improve the pool of workers who provide direct care and support services in order to produce meaningful progress toward alleviating the direct care and support workforce shortage in Minnesota.

SUB-STRATEGIES:

1. Increase worker wages and/or benefits
 - Provide a livable wage to enhance job satisfaction and retention, and address statutory limits on reimbursement rates that make it difficult for providers to pay direct care and support staff a livable wage.
 - Assess the potential of creating an employee pool group consisting of direct care and support professionals throughout the state to achieve the best possible health coverage at the most affordable price.
2. Expand the worker pool to ensure that people with disabilities have the workforce they need to live, learn, work and enjoy life in the most integrated setting.
 - Expand the worker pool to non-traditional candidates.

- Explore options to address transportation barriers for direct care workers and the people who depend on their services.
 - Provide resources to help organizations utilize recruitment and retention strategies known to increase the quality of candidates hired.
 - Develop a service corps through partnerships with colleges, universities, and/or private partners.
 - Develop apprenticeship opportunities
3. Improve the workforce by enhancing training for direct care and support professionals
 - Assess the value of developing a training and scholarship program consistent with DEED's career pathway model.
 - Promote use of existing training and development options.
 4. Increase job satisfaction (including quality of the job)
 - Ensure access to effective supervision.
 5. Raise public awareness by promoting direct care and support careers
 - Leverage Minnesota's career, training, and business services to develop a statewide recruitment and promotional plan to attract jobseekers to direct care worker careers.
 - Create a recruitment and retention guide, promotional materials, and public service announcements on direct care and support careers targeted to potential workers.
 - Develop an educational awareness plan on direct care and support careers targeted to high school students.
 6. Promote service innovation
 - Identify and promote the use of technology solutions.
 - Examine possible policy or regulatory barriers to the employment of potential workers or the accessibility of services by the people who need them.
 7. Enhance data collection
 - Gather and report longitudinal direct care and support workforce data across long-term services and supports in Minnesota.
 - Identify ongoing data needs for monitoring workforce issues.
 - Gather and report annual direct care and support workforce data across service types and populations receiving long-term services and supports.
 - Monitor improvements or worsening of the workforce issues based on baseline data.
 - Provide funding to allow monitoring of the relationship between critical incidents, recidivism of institutionalization, and emergency room visits based on reductions or increases in vacancy and turnover rates.
 - Articulate an ideal monitoring system and data needs, determine existing data sources, determine gaps.

Sub-strategy 1: Increase worker wages and/or benefits

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.1	<p>Conduct analysis for a competitive workforce wage adjustment for Direct Care Workers (DCW) providing Home and Community Based Services (HCBS), with options for a one-time increase in compensation and indexed adjustments every two years. This will be based on the average of the Bureau of Labor Statistics Occupational Classifications (SOC) codes for similarly skilled/educated occupations and include total compensation.</p> <p>In addition, conduct analysis for bringing all DCW base wages up to the level of the highest DCW base wage.</p> <p>Provide analysis of these changes on Waiver services, Personal Care Assistance (PCA) and Home Care Nursing. Provide analysis to the Subcabinet.</p>	<p>If acted upon through legislation, a competitive workforce wage and parity among DCWs will enable people with disabilities and providers of HCBS services to address current difficulties in attracting and retaining quality direct care workers to meet the health and safety, employment and community engagement needs of people receiving support across the state.</p> <p>More frequent adjustments will make HCBS rates keep pace with economic changes.</p>	<p>Provide analysis to the Subcabinet by January 31, 2019</p>	<p>DHS</p>
A.2	<p>Conduct analysis of Personal Care Assistance (PCA) reimbursement rates to allow for differentiation of rates based on the level of training and care required by the person receiving services. Provide analysis to the Subcabinet.</p>	<p>A report on what is required to adjust PCA rates to take into account higher levels of skills and training required to support people with greater and more complex support needs will be available to interested parties, including legislators, state agencies, providers, researchers, advocates and people who use services and their allies as they consider strategies to address workforce pressures.</p> <p>PCA rates will be responsive to meet the needs of people across the state.</p>	<p>Provide analysis to the Subcabinet by January 31, 2019</p>	<p>DHS</p>

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
B.1	<p>In partnership with the University of Minnesota’s Institute on Community Integration (ICI) and HCBS provider trade associations, conduct a sample-based provider survey on the direct care workforce in Minnesota.</p> <p>Report to the Subcabinet the results of the survey. The report will include:</p> <ul style="list-style-type: none"> • the number of direct care workers employed full-time and part-time; • average wage for direct care staff and supervisors; • access to and utilization of benefits for workers; • retention of staff. 	<p>Report on wages and benefits for DCWs providing HCBS services will be available to interested parties, including legislators, state agencies, providers, researchers, advocates and people who use services and their allies as they consider strategies to address workforce pressures.</p>	<p>Report to the Subcabinet by May 31, 2019</p>	<p>DHS, ICI, providers</p>
B.2	<p>During the provider survey (in B.1), ICI will pilot a survey of direct care workers.</p> <p>Report to the Subcabinet on results of this survey.</p>	<p>Report on direct care worker survey will be available to interested parties to understand the workforce issues from the perspective of the worker, rather than the providers.</p>	<p>Report to the Subcabinet by May 31, 2019</p>	<p>DHS, ICI</p>
C.1	<p>Convene a group of experts to explore options to maximize the purchasing power of Direct Care Workers (DCWs) for benefits. Report to the Subcabinet on the outcomes of the discussion and options identified. Make report available to other interested parties including legislators, advocates and providers.</p>	<p>Identify options to maximize the purchasing power of DCWs for benefits. This information will be shared with interested parties for their consideration.</p>	<p>Report to the Subcabinet by March 31, 2019</p>	<p>DEED, DHS</p>

Sub-strategy 2: Expand the worker pool to ensure that people with disabilities have the workforce they need to live, learn, work and enjoy life in the most integrated setting.

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	<p>Promote Direct Support Connect through mailings, social media and personal contacts to increase awareness of the PCA workforce shortage and recruit potential workers. The focus will be on new immigrants, students and non-traditional candidates.</p> <p>Outreach will be coordinated with</p> <ul style="list-style-type: none"> • New refugee programs • Minnesota State colleges/universities • University of Minnesota • Private college consortiums • Advocacy groups <p>Annually report to the Subcabinet on recruitment efforts.</p>	<p>There will be an increase of workers entering the Direct care workforce.</p>	<p>Report to Subcabinet on recruitment efforts beginning September 30, 2019 and annually thereafter</p>	<p>DHS , stake-holders</p>
B	<p>DHS will provide marketing materials promoting Direct Support Connect to DEED to make available at CareerForce (Workforce) locations throughout the State of Minnesota. The goal is to expand the worker pool.</p>	<p>More workers will register on Direct Support Connect through information received at CareerForce locations. The goal is to expand the worker pool.</p>	<p>Provide materials to DEED by June 30, 2019</p>	<p>DHS, DEED</p>
C.1	<p>Complete a January 15, 2019 legislative report on a transportation study related to the Waiver Transportation service.</p> <ul style="list-style-type: none"> • Examine conclusions reached by MnCOTA (Minnesota Council on Transportation Access) concerning employment related transportation barriers faced by youth and low-income adults. <p>Provide the submitted legislative report to the Subcabinet.</p>	<p>The study will include recommendations for service rates. The legislative report will also include recommendations about other strategies that could provide greater access to transportation for direct care workers.</p>	<p>Provide submitted report to the Subcabinet by January 31, 2019</p>	<p>DHS, DOT</p>
C.2	<p>Provide a follow-up on the the legislative report on the transportation study submitted in activity 2C.1. Report to the Subcabinet on any resulting recommendations for improving transportation access for people</p>	<p>See C.1 above</p>	<p>Report to the Subcabinet by May 31, 2019</p>	<p>DHS, DOT</p>

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
D	<p>HealthForce Minnesota/Minnesota State will identify potential members of service corps:</p> <ul style="list-style-type: none"> • High school juniors/seniors interested in health careers (high school credit). • Post-secondary students interested in health careers (credits/credentials) and in other academic areas e.g. This group would be provided with the potential of tuition forgiveness or scholarships for part time work commitment. Annually report to the OIO on the status of this activity. 	Development of a direct support service will increase the number of direct care workers available to support people with disabilities.	Report on status by July 31, 2019 and annually thereafter	Health Force MN

Sub-strategy 3: Improve the workforce by enhancing training for direct care and support professionals

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.1	<p>Health Force Minnesota/Minnesota State Pathway Development Team will identify competencies required, available training, gaps in training, barriers/challenges to expanding training, and plan to develop an identified pathway.</p> <p>DEED's Employment and Training Program staff will work with organizations on Career pathway development to ensure alignment.</p> <p>Report to the Subcabinet on identified gaps and barriers and recommendations to address them.</p>	Recommendations can be used to develop additional trainings for DCWs.	Report to the Subcabinet by June 30, 2019	DEED, Health force MN/ MN State (lead)
A.2	Work with Minnesota State to develop and offer courses/trainings throughout Minnesota, based on recommendations above. Annually report to the Subcabinet on status of training development.	Direct care workers will have access to quality training statewide resulting in better services for people with disabilities.	Report to Subcabinet by August 31, 2019 and annually thereafter	MN State

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
B	<p>Compile list of existing training and development options such as: PCA Choice, Service Employees International Union (SEIU), DHS Individual PCA training, agency Qualified Professionals, and non-profit Career Pathways, etc.</p> <p>Publicize the list of training resources to employers (agencies and individuals) and direct care and support professionals.</p>	Direct care workers will have access to quality training statewide resulting in better services for people with disabilities.	Publicize list of trainings by January 31, 2019	DHS

Sub-strategy 4: Increase job satisfaction (including quality of the job)

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	<p>Provide information to PCA agencies on strategies to expedite hiring and onboarding processes for PCAs to reduce time lag, from initial recruitment of first time workers to deployment.</p> <p>Annually report to OIO on status of this activity.</p>	People with disabilities will experience a decrease in wait time for hiring and onboarding new staff. This will also impact the availability of emergency staff for both traditional agencies and PCA Choice.	Report status by August 31, 2019 and annually thereafter	DHS

Sub-strategy 5: Raise public awareness by promoting direct care and support careers

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	<p>Create materials to promote Direct Care Worker (DCW) careers including a recruitment and retention guide, marketing materials and potential public service announcements.</p> <ul style="list-style-type: none"> • Analyze existing materials; • Modify existing materials if necessary; • Create new materials if needed 	A package of materials will be available to market DCW careers. There will be an increase of direct care workers available to support people with disabilities.	Materials will be available by June 30, 2019	DHS, stakeholders
B	Conduct a social media campaign to promote awareness of DCW careers and Direct Support Connect.	There will be an increase of direct care workers available to support people with disabilities.	Complete campaign by June 30, 2019	DHS, stakeholders
C.1	DHS will provide contact information for Direct Care Worker employers to DEED.	DEED will have DCW employers contact information to add to the CareerForce platform.	Provide list of employers by March 31, 2019	DHS
C.2	<p>DEED will reach out to DCW employers as the CareerForce platform is developed to add them to the platform.</p> <p>DEED will encourage the involvement of DCW employers to join in CareerForce job and career fairs to expand recruitment efforts to additional job seekers.</p>	DCW employers will be aware of resources to support them in recruiting employees into their field or for open positions. Job seekers will have a greater awareness of direct support and career pathways. There will be an increase of direct care workers available to support people with disabilities.	Outreach will begin by June 30, 2019	DEED
D	Report to the Subcabinet on the efforts to promote awareness of PCA and DCW careers and the Direct Support Connect website completed in activities 5A – 5C.2 above.	More people will be aware of Direct Support Connect with the goal of expanding the worker pool to better support people with disabilities.	Report to Subcabinet by December 31, 2019	DHS, DEED

Sub-strategy 6: Promote service innovation

6	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	<p>Promote the use of assistive technology (AT), through regional meetings with case managers and conference presentations.</p> <p>Continue participation in a workgroup to develop improvements in the service planning process. The use of technology will be an essential component of that planning.</p> <p>Continue to work with industry representatives on a major initiative directed toward increasing the use of technology as a response to the workforce shortage.</p> <p>Promote the Minnesota Guide to Assistive Technology website (https://mn.gov/admin/at/), which supports people through the process of identifying how AT can help meet their support needs.</p> <p>Report to the Subcabinet on the status of these activities.</p>	<p>Including discussion of how technology might be used to meet a person’s desired outcomes during service planning will increase awareness, and use of AT. DHS provides care planners with resources to support the technology discussion. The expected outcome is an increase in the use of assistive technology and targeting use of human assistance (staff) where most needed.</p>	<p>Report to the Subcabinet by July 31, 2019 and annually thereafter</p>	<p>DHS, STAR, MDE,</p>
B	<p>Expand the use of technology as an option to be discussed during service planning with the goal of increasing community living, employment, and participation in meaningful activities or reducing staffing as appropriate.</p> <p>Report the status of this activity.</p>	<p>Properly deployed technology can support people to live more independently and to appropriately reduce the need for staff in some situations.</p>	<p>Report status by June 30, 2019</p>	<p>DHS,</p>

Sub-strategy 7: Enhance data collection.

7	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	<p>Inventory existing data sources to determine gaps in data on the direct care workforce in Minnesota.</p> <p>Report to the Subcabinet.</p>	<p>This report focuses on publicly available data or data that DEED has the ability to compile for public release to inventory gaps in data on the direct care workforce in Minnesota. It only inventories <i>population level data</i> from surveys and administrative data sources such as Unemployment Insurance (UI) wage records.</p>	<p>Report to Subcabinet by January 31, 2019</p>	<p>DEED, DHS</p>
B	<p>Analyze incident report data (submitted to DHS) for the MA population to determine whether if admissions of people to hospitals or long-term care facilities may be due to lack of direct care workers.</p> <p>If so, compile and track the number and type of incidents, associated costs if incident resulted in visit to provider/specialty/hospital.</p> <p>Report findings to the Subcabinet.</p>	<p>There will be a better understanding of the impact on direct care worker staffing shortages on unnecessary hospitalizations/nursing home admissions.</p>	<p>Report findings to the Subcabinet by July 31, 2019</p>	<p>DHS</p>

DEFINITIONS OF TERMS USED IN WORKPLAN

- **Direct Support Connect** is a free job board created to match people who are looking for direct care jobs with people who need personal care assistants. Each user enters a profile of what they are looking for, some characteristics about themselves, location, etc. This free statewide website allows people to search using various criterion to find a job or a worker. It is currently supported by the Disability Services Division of DHS. The web address is www.directsupportconnect.org
- **CareerForce** is the state's unified public workforce system, combining state and federal funding to support the work of the 16 local Workforce Development Boards, the Governor's Workforce Development Board and various non-profit partners into one system. CareerForce seeks to unify an inclusive service delivery system for workforce development in the state of Minnesota that includes services in-person at almost 50 CareerForce locations (formerly referred to as Workforce Centers) and online. The timeline for the system rebranding is November 2018 – spring 2019.
- **HealthForce** Minnesota (HFM) is a collaborative partnership of education, industry and community that was created to: increase the number and expand the diversity of healthcare workers; to integrate health science education practice and research; and to build capacity for education and industry to collaborate to enhance patient care. It is one of eight Centers of Excellence within the Minnesota State system.
- **Minnesota State Pathways Development Team** is a team that is being developed and will include various community partners with expertise in different areas. The team will look at current direct care jobs, their training/education requirements, and how in a career pathway someone can start out from a lower end job (like a PCA) to advance to other health related careers. The team also intends to explore whether different levels could exist within a job category such as a PCA.
- **Employment and Training (ETP)** is a division within DEED which supports Minnesotans seeking new employment through policy guidance, program administration and direct services. ETP supports local and statewide partnerships designed to develop and improve career skills and obtain employment at family sustaining wages. Division activities also support the needs of businesses in recruiting and training their current and future workforces to ensure that no Minnesotan is left on the economic sidelines.
- **CareerForce Platform** is CareerForceMN.com which is currently in the development stages and will be an on-line platform to connect career seekers with employers. It is part of the CareerForce workforce system redevelopment. The launch of the platform is expected in the spring of 2019.

- **Direct care worker (DCW)** is the general term used to describe anyone that is providing support in any type of setting, whether it be at a group home, residential facility or in a person’s home or place of employment, etc. It is meant to be encompassing of all individuals that perform this type of work.
- **Personal care assistant (PCA)** is the term specifically used when referring to a specific type of direct care worker who provides support under a particular Medicaid reimbursed service currently established at \$17.41 an hour and administered through a PCA agency. A PCA would be considered to be a direct care worker but not all direct care workers are PCAs.

Background Information

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ©AAIDD

2018, Vol. 56, No. 4, 234–250 DOI: 10.1352/1934-9556-56.5.234

Direct Support Professionals and Quality of Life of People with Intellectual and Developmental Disabilities

Carli Friedman

Abstract

Direct Support Professionals (DSPs) are the “backbone” of long term services and supports (LTSS) in the United States (Bogenschutz, Hewitt, Nord, & Hepperlen, 2014, p. 317). This study examined the relationship between DSPs and people with intellectual and developmental disabilities’ (IDD) quality of life. To do so, we utilized Personal Outcome Measures interviews from over 1,300 people with IDD to examine the impact DSP change has at individual and organizational levels. We found DSP continuity is central to quality of life of people, including human security, community, relationships, choice, and goals. States cannot continue to provide near-poverty level reimbursement rates for DSPs and still ensure quality of life.

<https://www.nytimes.com/2000/07/16/nyregion/home-health-care-aides-are-in-demand-but-in-short-supply.html>

<https://www.apmresearchlab.org/stories/2018/11/02/a-caring-crisis-caregiving-occupations-in-minnesota-see-high-vacancies-low-unemployment>

Olmstead Plan Workplan –Transition Services

March 2019 Plan Goals (page 41)

Executive Sponsor: Claire Wilson (DHS)

Lead: Erin Sullivan Sutton (DHS), Kate Erickson (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, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered Planning, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.]

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	Agency/ 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.8	Implement new Individualized Home Supports (IHS) services. Report to Subcabinet on status of implementation.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing option.	Report to Subcabinet by February 28, 2019	DHS

Strategy 2: Implement new transition protocols

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.7a	Continue implementation of federal rule governing Home and Community-Based Services (HCBS). Report to Subcabinet on status of implementation.	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.	Report to Subcabinet by June 30, 2019	DHS
A.8	Annually review the application of the Person-Centered Planning and Informed Choice Protocol and make adjustments as necessary.	See A.7a above	Review protocol by April 30, 2019 and annually thereafter	DHS

Strategy 3: Increase service options for individuals making transitions

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.7	Report to Subcabinet on efforts to increase diversity in service providers.	Adequate resources and culturally competent options will be available so that individuals can live in the most integrated setting of their choice.	Report to Subcabinet by March 31, 2019	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, 2019 and annually thereafter	DHS
D.2	Convene a cross division, cross-administration working group to improve the timely discharge of individuals at Anoka Metro Regional Treatment Center (AMRTC) and Minnesota Security Hospital (MSH) 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. Report to Subcabinet on working group findings and recommendations.	People at AMRTC and MSH will be discharged in a timely manner.	Report to Subcabinet by December 31, 2018	DHS
D.3	Report to Subcabinet on efforts to increase transitions of individuals at Anoka Metro Regional Treatment Center (AMRTC) and the Minnesota Security Hospital (MSH).	See D.2 above	Report to Subcabinet by February 28, 2020	

Strategy 4: Monitor and audit the effectiveness of transitions

- All activities completed.

Olmstead Plan Workplan – Housing and Services

March 2019 Plan Goals (page 47)

Executive Sponsor: Claire Wilson (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	Agency/ 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, 2019 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, 2018 and annually thereafter	MHFA, DHS
D	Monitor expected Notice of Funding Availability (NOFA) for additional Section 811 funding and develop an application for submission. Report to the Subcabinet on the status.	See C.1above	Report to the Subcabinet by June 30, 2019	MHFA

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

- All activities completed

Strategy 4: Improve future models for housing in the community

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners
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, 2019	MHFA, DHS

Olmstead Plan Workplan – Employment

March 2019 Plan Goals (page 51)

Executive Sponsor: Jeremy Hanson Willis (DEED) and Claire Wilson (DHS)

Lead(s): Darielle Dannen (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 5,000 over baseline to 11,137 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. Utilize data system to measure and evaluate 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	Agency/ 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. Annually report to the Subcabinet on the status of implementation of informed choice process.	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.	Report to the Subcabinet by June 30, 2019 and annually thereafter	DHS, MDE, DEED

Strategy 2: Utilize data system to measure and evaluate integrated employment

- All activities completed

Strategy 3: Reform funding policies to promote competitive integrated employment

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.4	Continue implementation of new employment waiver services. Report to the Subcabinet on the status of implementation.	Individuals with disabilities who choose competitive integrated employment will have access to it.	Report to the Subcabinet by October 31, 2019	DHS

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

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.2	<p>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.</p> <p>Report to the Subcabinet the number of learning sessions and the number of people who participated.</p>	<p>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 competitive integrated employment.</p> <p>By beginning with 16 local education agencies with this process, lessons learned will be used to expand to additional local education agencies over time.</p>	<p>Report to the Subcabinet by May 31, 2019 and annually thereafter</p>	<p>DHS, MDE, DEED</p>
A.5	<p>Review resource requirements for youth employment services on an annual basis.</p>	<p>See A.2 above</p>	<p>Review resource requirements by June 30, 2019 and annually thereafter</p>	<p>DHS, MDE, DEED</p>
B.4b	<p>Provide annual status report to the Subcabinet on the expansion of estimator sessions and Disability Benefits 101 website.</p>	<p>Individuals will understand the impact of employment income on their benefits.</p>	<p>Report to Subcabinet by December 31, 2018 and annually thereafter</p>	<p>DHS, DEED, MDE</p>

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

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.5	Report to the Subcabinet annually on the number of people served by the State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS). The report will include the status of the Order of Selection (OOS) and the number of individuals who achieved competitive integrated employment because of these services.	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, 2019 and annually thereafter	DEED
C.1	Provide information and technical assistance to federal contractors and subcontractors to support their efforts to recruit qualified individuals with disabilities under the Minnesota Human Rights Act. Annually report the number of contractors sent technical assistance information by MDHR and the number who contacted DEED/VRS for information or consultation.	Providing information and technical assistance to contractors and subcontractors on effective strategies for hiring persons with disabilities will expand employment opportunities for people with disabilities. The collaborative work between DEED and MDHR will support contractors and subcontractors in their effort to recruit and retain qualified individuals with disabilities.	Report technical assistance offered and provided by February 15, 2019 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, 2019 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	Agency/ Partners
A.3	Implement changes through additional legislation, waiver amendments and revisions to policy manuals/web content.	Individuals with disabilities will achieve competitive integrated employment.	Implement changes by October 31, 2019	DHS

Olmstead Plan Workplan – Lifelong Learning and Education

March 2019 Plan Goals (page 57)

Executive Sponsor: Daron Korte (MDE)

Lead: Tom Delaney (MDE)

GOAL ONE: By December 1, 2021 the percent of students with disabilities, receiving instruction in the most integrated setting, will increase to 63%.

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

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

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. Annually evaluate effectiveness and impact of current MDE training and technical assistance for active consideration of Assistive Technology to ensure education in the most integrated setting.
7. Analyze data to determine impact of training on active consideration (of assistive technology)

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

1	Key Activity	Expected Outcome	Deadline	Agency/ 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 2015-16, 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. • In school year 2017-18, 641 schools (31.0%) were implementing PBIS, impacting 311,000 students, or 35.6% of all students. • For school year 2018-19, 677 schools (33.0%) will implement PBIS. Forty schools will be added. • In school year 2019-20, 717 schools (35.0%) will implement PBIS. Forty schools will be added. • In school year 2020-21, 757 schools (37.0%) will implement PBIS. Forty schools will be added. 	<p>Report data on the number of schools using PBIS beginning June 30, 2019 and annually thereafter</p>	<p>MDE, Local education agencies</p>

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

2	Key Activity	Expected Outcome	Deadline	Agency/ 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. Data for students with ASD and students with DCD will be reported separately.</p> <p>*A low incidence disability is one in which the rate of occurrence is small. In Minnesota, low incidence disabilities include those special education disability categorical areas with a child count of 10% or less of the total statewide special education enrollment. These areas include deaf or hard of hearing, blind/visually impaired, severely multiply impaired, traumatic brain injury, deaf-blind, physically impaired, or developmental cognitive disabilities: severe to profound range.</p>	<p>The RLIP projects, in coordination with the statewide regional ASD and DCD CoPs, will demonstrate success in providing support for serving students in the most integrated setting, as measured by:</p> <ul style="list-style-type: none"> • an annual increase in the percentage of students with ASD in the most integrated setting; and • an annual increase in the percentage of students with DCD in the most integrated setting. <p>The most integrated setting refers to receiving instruction in regular classes alongside peers without disabilities for 80% or more of the school day.</p>	<p>Report to Subcabinet by June 30, 2019 and annually thereafter</p>	<p>MDE</p> <p>Regional Low Incidence Facilitators</p> <p>ASD and DCD Regional and Statewide CoPs</p>

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

3	Key Activity	Expected Outcome	Deadline	Agency/ 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, 2019 and annually thereafter	<p>MDE, 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, 2019 and annually thereafter	MDE
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, 2019 and annually thereafter	MDE

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
E	<p>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.</p>	<p>Students with disabilities and their families will have input into their educational experiences and understand their opportunities for education and employment.</p>	<p>Provide status of public engagement by June 30, 2019 and annually thereafter</p>	<p>MDE</p>
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>	<p>Report to the Subcabinet by August 31, 2019 and annually thereafter</p>	<p>MDE, Normandale Community College, North Hennepin Community College, and Bemidji State University</p>

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

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners
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 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 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. 	<p>Report to the Subcabinet by June 30, 2019 and annually thereafter</p>	<p>DOC, MDE</p>

Strategy 6 – Annually evaluate effectiveness and impact of current MDE training and technical assistance for active consideration of Assistive Technology to ensure education in the most integrated setting

6	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Continue the MDE Assistive Technology (AT) Project. Disseminate an AT consideration framework for school district implementation.	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. <ul style="list-style-type: none"> 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. 	Begin training school districts by June 30, 2019	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, 2018 and annually thereafter	MDE
C.1	MDE will develop and use an AT consideration framework for schools to use during the 2017-2018 school year. Annually report on the use of the framework.	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, 2018 and annually thereafter	MDE, school districts
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, 2018, and annually thereafter	MDE, school districts
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, 2019 and annually thereafter	MDE
G	Develop implementation fidelity and scale-up measures for active consideration of assistive technology.	See F above.	Develop fidelity scale by December 31, 2019	MDE

Strategy 7 - Analyze data to determine impact of training on active consideration

- The analysis of the effectiveness of training on active consideration of assistive technology will be included in the reports on progress of Education Goal Three.

Olmstead Plan Workplan – Timeliness of Waiver Funding

March 2019 Plan Goals (page 63)

Executive Sponsor: Claire Wilson (DHS)

Lead: Erin Sullivan Sutton (DHS)

GOAL ONE:

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

STRATEGIES:

1. Reform waiver funding approval to incorporate urgency of need
2. Implement initiatives to achieve reasonable pace guidelines

Strategy 1: Reform waiver funding approval to incorporate urgency of need

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
H	<p>Report to the Subcabinet a summary of the annual legislative report. 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 Disabilities (DD) waivers. <p>Provide 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, 2019 and annually thereafter	DHS

Strategy 2: Implement initiatives to achieve reasonable pace guidelines

- All activities completed

Olmstead Plan Workplan – Transportation

March 2019 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: (A) 6,600 curb ramps (increase from base of 19% to 49%); (B) 380 accessible pedestrian signals (increase from base of 10% to 70%); and (C) by October 31, 2021 improvements will be made to 55 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 Greater Minnesota will meet minimum service guidelines for access.

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

GOAL FIVE: By 2040, 100% percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area.

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

- All activities completed

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

2	Key Activity	Expected Outcome	Deadline	Agency/ 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.	The needs of people with disabilities will be available to the transit authorities. Currently 50% of the system is approximately 19 transit authorities. The number of overall systems change with mergers.	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 D.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	Agency/ 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 October 31, 2018 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 December 31, 2018 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, 2019 and semi-annually thereafter	MnDOT, Met Council

Strategy 4: Improve transit services for people with disabilities

4	Key Activity	Expected Outcome	Deadline	Agency/ 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 March 31, 2019 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
B.3	Create a statewide framework of RTCCs in Greater Minnesota and the Metro Area. Councils will coordinate transportation providers and service agencies to fill transportation gaps, provide more service, streamline access to transportation and provide customers more options of where and when to travel. Report to the Subcabinet on status of RTCCs.	A statewide framework of 8-10 RTCCs in Greater Minnesota.	Report to Subcabinet by December 31, 2018	MnDOT, DHS
D	Facilitate the development of RTCC or Mobility Management groups in the Metro Area. Report to the Subcabinet on status of RTCCs.	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

March 2019 Plan Goals (page 73)

Executive Sponsor: Courtney Jordan Baechler (MDH) and Claire Wilson (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 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	Agency/ 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
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	Agency/ Partners
A.10	Continue to expand and maintain behavioral health home (BHH) services. This includes continuing efforts to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance.	Number of certified BHH providers eligible to provide services will increase over time: <ul style="list-style-type: none"> SFY 17: 25 SFY 18: 30 SFY 19: 40 	Provide status update beginning September 30, 2019 and annually thereafter	DHS

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
B.1	<p>Continue to expand the number of and access to health care homes (HCH). HCHs provide comprehensive health care for people with disabilities.</p> <ul style="list-style-type: none"> HCH nurse planners and HCH Advisory Committee will continue to work with health clinics to identify targets and tactics to support transformation to health care homes. HCH staff and stakeholders will integrate the State Innovation Model into the HCH program and Behavioral health home programs. The State Innovation Model is developed to improve health outcomes by improving care coordination across systems. <p>Report to the Subcabinet on expansion efforts. The report will include the number and percentage of certified clinics and the number of people with disabilities on MA served in a HCH.</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> <ul style="list-style-type: none"> SFY 16: 60% SFY 17: 65% SFY 18: 70% SFY 19: 75% SFY 20: 80% <p>Estimated number of people with disabilities on Medical Assistance served in a certified HCH:</p> <ul style="list-style-type: none"> 2013: 90,191 (Baseline) <p>Number of Minnesota Counties with a certified Health Care Home will increase by 5 annually.</p>	Report to Subcabinet by December 31, 2018 and annually thereafter	MDH, DHS
B.2	<p>HCH will continue to engage all primary care providers, families and people with disabilities to work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities.</p> <p>Provide annual status update to OIO Compliance on engagement efforts.</p>	See B.1 above	Provide update on engagement efforts by December 31, 2018 and annually thereafter	MDH, DHS
B.4	<p>During the expansion of HCH, efforts will be made to recruit and develop more racially and ethnically diverse service providers.</p> <p>Provide annual status update to OIO Compliance on recruitment efforts.</p>	See B.1 above	Provide status update by December 31, 2018 and annually thereafter	MDH, DHS

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

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.2	<p>Through a Centers of Disease Control grant:</p> <ol style="list-style-type: none"> 1. Promote the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension. 2. Promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures to monitor healthcare disparities and implement activities to eliminate healthcare disparities) 3. Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings 4. Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification 5. Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension 	<p>***Disparate populations at higher risk for hypertension will be identified and their care managed. A subset within disparate populations includes those with disabilities. ***</p> <p>Short-term outcomes:</p> <ul style="list-style-type: none"> * Increased reporting, monitoring, and tracking of clinical data for improved identification, management, and treatment of patients with high blood pressure and high blood cholesterol * Increased use of and adherence to evidence-based guidelines and policies related to team-based care for patients with high blood pressure and high blood cholesterol * Increased community clinical links that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol <p>Intermediate outcomes:</p> <ul style="list-style-type: none"> * Increased medication adherence among patients with high blood pressure and high blood cholesterol * Increased engagement in self-management among patients with high blood pressure and high blood cholesterol * Increased participation in evidence-based lifestyle interventions among patients with high blood pressure and high blood cholesterol <p>Long-term outcomes:</p> <ul style="list-style-type: none"> * Increased control among adults with known high blood pressure and high blood cholesterol 	<p>Begin 5-year initiative by October 31, 2018</p>	<p>MDH</p> <p>MN Cardio-vascular Health Alliance</p>

3	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.3	Annually report to the Subcabinet on the status of the 5-year initiative related to hypertension (3A.2).	See A.2	Report to Subcabinet by October 31, 2019 and annually thereafter	MDH
B.1b	<p>MDE, Vocational Rehabilitation, DHS, and other partners will:</p> <ul style="list-style-type: none"> o implement interagency coordination training for professionals o explore ways to increase successes and minimize challenges to adult health care access by transition age youth. <p>Report to the Subcabinet on the number of trainings provided and the number of people trained.</p>	<p>Successful transition from pediatric health care to adult health care will improve health care outcomes.</p> <p>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, 2019 and annually thereafter	MDH, DHS

Strategy 4: Develop and implement measures for health outcomes

- All activities completed

Olmstead Plan Workplan – Positive Supports

March 2019 Plan Goals (page 77)

Executive Sponsor: Claire Wilson (DHS)

Lead: Erin Sullivan Sutton (DHS), Tom Delaney (MDE) and Kate Erickson (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 June 30, 2019 the emergency use of mechanical restraints will be reduced to no more than 93 reports.

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	Agency/ 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.	<p>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.</p> <p>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.</p> <p>A minimum of forty additional schools per year will be using PBIS.</p>	Report data on the number of schools using PBIS by June 30, 2019 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.	<p>The “Statewide Plan” is a collaboration between DHS and MDE to build system capacity by engaging schools, providers, counties, tribes, people with disabilities, families, advocates, and community members. It provides the framework for communication and technical assistance to coordinate efforts to decrease the use of restrictive procedures and increase implementation of positive supports across agencies.</p> <p>These actions will increase use of positive practices and supports across all settings, statewide. There will be a reduction in the use of restrictive procedures.</p>	Report to Subcabinet by June 30, 2019 and annually thereafter	DHS, MDE, MDH, DOC
D.1	Provide Crisis Intervention Teams training for DOC security staff.	<p>Trainings will improve staff skills in avoiding and managing crisis when they occur and reduce the use of restrictive procedures.</p> <ul style="list-style-type: none"> • Baseline in SFY14: 15% of security staff trained • During SFY16: Increase of 80 staff (22%) • During SFY17: Increase of 80 staff (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, 2019 and annually thereafter	DOC

1	Key Activity	Expected Outcome	Deadline	Agency/ 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) 1/2.</p> <ul style="list-style-type: none"> • Baseline: In SFY14, 97 staff trained in MI 1, and 20 trained in 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. <p>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, 2019 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 SFY 18, 124 staff completed the online 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, 2019 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 SFY18: All new MCF-Red Wing staff received training during DOC Academy on how to integrate ART into the facility's program. As a result, 25 new staff were trained.</p>	Complete targeted number of trainings by June 30, 2019 and annually thereafter	DOC

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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
C	Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints to prevent imminent risk of serious injury due to self-injurious behaviors. The review will be completed by External Program Review Committee (EPRC).	External Program Review Committee is the clinical review body and has the authority to review restrictive procedures, including use of mechanical restraints. They make recommendations to the DHS Commissioner who has ultimate decision-making authority.	Evaluate progress by January 31, 2019 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, 2019 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 2018-19 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, 2019 and annually thereafter	MDE
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, 2019 and annually thereafter	MDE
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, 2019 and annually thereafter	MDE

Strategy 3: Reduce the use of seclusion in educational settings

3	Key Activity	Expected Outcome	Deadline	Agency/ 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 legislative report.</p> <p>Report to the Subcabinet a summary of the recommendations included in the legislative report.</p>	<p>Incidents of the use of seclusion in schools will be reported quarterly and included in the annual legislative report.</p>	<p>Report to Subcabinet on recommendations February 28, 2019 and annually thereafter</p>	<p>MDE</p>

Olmstead Plan Workplan – Crisis Services

March 2019 Plan Goals (page 85)

Executive Sponsor: Claire Wilson (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 30, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

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	Agency/ Partners
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, 2019 and annually thereafter	DHS
D.6	Continue implementation of the Housing Supports grant program including fidelity reviews. Annually report to the Subcabinet on the Housing with Supports grantees.	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.	Report to the Subcabinet by March 31, 2019	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

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
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, 2019 and annually thereafter	DHS
G	Conduct semi-annual 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 by October 1, 2018 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 November 30, 2019 and biennially thereafter (Adjusted 8/2019)	DHS
L5	Annually report to the Subcabinet on the number of trainings on positive supports and person-centered practices and the number of people trained. [Adjusted 3/2019 – combined with PC 11]	There will be increased capacity to serve people with challenging behaviors.	Report to Subcabinet beginning December 31, 2018 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	Agency/ Partners
B.5	<p>Continue to implement Forensic Assertive Community Treatment (FACT) team model.</p> <p>Report annually to the Subcabinet on implementation, analysis and recommendations for changes.</p>	<p>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.</p>	<p>Report to Subcabinet by June 30, 2019 and annually thereafter</p>	<p>DHS, DOC</p>
B.7	<p>Conduct outside review of FACT program.</p>	<p>See B.5 above</p>	<p>Conduct outside review by December 31, 2018</p>	<p>DHS, DOC</p>

Olmstead Plan Workplan – Community Engagement

March 2019 Plan Goals (page 91)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Diane Doolittle (OIO)

GOAL ONE:

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

GOAL TWO:

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

GOAL THREE:

By March 31, 2022, the number of engagement activities for Olmstead Plan’s measurable goals that are evaluated utilizing the Civic Engagement Evaluation Framework will increase 5% over baseline.

STRATEGIES:

1. Increase the awareness of people with disabilities of opportunities to participate on Governor appointed boards and commissions.
2. Create a process that encourages participation of people with disabilities in providing input on the Olmstead Plan
3. Strengthen communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public to ensure messages are accessible and effective
4. 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. Adapt the Civic Engagement Evaluation Framework to measure civic engagement work with people with disabilities to increase statewide awareness and investment in the Minnesota Olmstead Plan.

Strategy 1: Increase the awareness of people with disabilities of opportunities to participate on Governor appointed boards and commissions.

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A.8	OIO will present informational sessions to people with disabilities who are interested in participating as a member in governor appointed boards and councils. Report to the Subcabinet on the number of sessions held and the number of individuals participating.	People with disabilities will have the skills and knowledge to apply to and if selected, participate in decision-making processes on statewide boards and councils.	Report to the Subcabinet by August 31, 2019 and annually thereafter	OIO

Strategy 2: Create a process that encourages participation of people with disabilities in providing input on the Olmstead Plan

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	OIO will submit a plan for gathering Public Input for the Annual Olmstead Plan Amendment Process. Report to the Subcabinet on the Olmstead Plan Amendment public input process.	There will be an increase in the number of people providing input on the Olmstead Plan.	Report to the Subcabinet by November 30, 2019	OIO
B.1	OIO will review and refine the OIO public input processes and plans for promotion.	There will be an increase in the number of people providing input on the Olmstead Plan.	Refine the process by April 30, 2020 and annually thereafter	OIO
B.2	OIO will identify strategic communications tools (social media, E-news, website, etc.) to invite public input from people from under-represented communities with disabilities.	Statewide awareness of the public input process and how to participate will grow through online tools and platforms.	Identify communication tools by April 30, 2020 and annually thereafter	OIO
B.3	OIO will identify and implement specific strategies to reach people with disabilities and family members in under-represented communities.	People with disabilities and family members from under-represented communities (such as communities of color, LGBTQ communities, religious minorities, immigrants and refugees, etc.) will have opportunities to provide input into the Olmstead Plan.	Identify strategies by April 30, 2020 and annually thereafter	OIO

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
C	<p>OIO will report to the Subcabinet on the engagement opportunities held throughout the state for people with disabilities and the general public to provide input into Olmstead Plan amendments. The report will include:</p> <ul style="list-style-type: none"> • Summary of activities • Number of individuals participating • Analysis of responses including themes • Demographic data collected for participants in public input process • Appendix including public comments • Recommendations for improvement 	<p>The Subcabinet will understand the types of engagement activities held and the number participating to gather public input on the Plan amendment process.</p>	<p>Report to Subcabinet by July 31, 2020 and annually thereafter</p>	<p>OIO</p>

Strategy 3: Strengthen communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public to ensure messages are accessible and effective

- The workplan for this strategy is addressed in the Communications workplan

Strategy 4: 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.

4	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	<p>The Community Engagement Workgroup will review the efficiency and effectiveness of OIO's</p> <ul style="list-style-type: none"> • Public Input Processes • Olmstead Community Engagement Plan • Communications and outreach efforts <p>and provide recommendations for continuous improvement strategies for each.</p> <p>Report to the Subcabinet on the Community Engagement Workgroup recommendations and any changes being implemented.</p>	<p>The Community Engagement Workgroup will review the plan's measurable and actionable strategies for advancing engagement between state agencies and people with disabilities and evaluate the success of OIO's communications activities and overall outreach strategies. The Workgroup recommendations will be presented to the Subcabinet for consideration.</p>	<p>Report to Subcabinet by July 31, 2020 and annually thereafter</p>	<p>OIO</p>

Strategy 5: Adapt the Civic Engagement Evaluation Framework to measure civic engagement work with people with disabilities to increase statewide awareness and investment in the Minnesota Olmstead Plan.

5	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	OIO will develop evaluation tools to measure the effectiveness of community engagement activities.	There will be an increase in the number of engagement activities evaluated for effectiveness.	Develop evaluation tools by March 31, 2020	OIO

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Two

March 2019 Plan Goals (page 94)

Executive Sponsor: Courtney Jordan Baechler (MDH)

Lead: Nicole Stockert (MDH)

GOAL TWO:

By January 31, 2022, the number of cases of vulnerable individuals being treated due to abuse and neglect will decrease by 30% compared to baseline.

STRATEGIES:

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

Strategy 1: Use data to identify victims and target prevention

- All activities completed

Strategy 2: Monitor and improve accountability of providers

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Report to the Subcabinet semi-annually, 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 31, 2019 and semi-annually thereafter	MDH
B	Report to the Subcabinet semi-annually, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) 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 31, 2019 and semi-annually thereafter	MDH
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

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Three

March 2019 Plan Goals (page 97)

Executive Sponsor: Claire Wilson (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

Strategy 1: Develop remediation strategies for providers and professional caregivers

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
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
A.7	Report to the Subcabinet on the number of trainings held, the remediation strategies discussed and the number of individuals who participated in the trainings.	See A.6	Report to the Subcabinet by December 31, 2019	DHS
B.4	Analyze repeat maltreatment data to identify patterns/trends of abuse and neglect. 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

- All activities completed

Olmstead Plan Workplan – Preventing Abuse and Neglect – Goal Four

March 2019 Plan Goals (page 97)

Executive Sponsor: Daron Korte (MDE)

Lead: Tom Delaney (MDE)

GOAL FOUR:

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

STRATEGIES:

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

Strategy 1: Utilize school tracking database

1	Key Activity	Expected Outcome	Deadline	Agency/ Partners
B	Train MDE 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, 2018 and annually thereafter	MDE
C	Utilize the MDE database to identify schools that have two or more determinations of maltreatment of students with a disability in a school year.	Schools with two or more determinations of maltreatment will be identified to target for training and technical assistance.	Identify schools by October 1, 2019 and annually thereafter	MDE

Strategy 2: Continue and expand training for school personnel

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
A	Communicate and recommend the annual Positive Behavioral Interventions and Supports cohort training opportunities to schools that have two or more determinations of maltreatment of students with a disability in the preceding year.	Identified schools will become aware of having two or more determinations of maltreatment of a student with a disability and will consider applying for schoolwide MDE approved PBIS cohort training opportunities.	Communicate with identified schools by October 31, 2019 and annually thereafter	MDE
B	Conduct Positive Behavioral Interventions and Supports (PBIS) training with identified (1B) and enrolled (2A) schools including PBIS as an alternative to aversive and restrictive procedures (American Academy of Pediatrics, 2007 & Center on Positive Behavioral Interventions and Supports, 2019).	Schools will develop a PBIS implementation plan that includes prevention components that reduce the risk of maltreatment due to behavior or discipline practices.	Complete annual training by June 30, 2020 and annually thereafter	MDE
C	Provide an annual training for school administrators on student maltreatment, mandated reporter requirements, PBIS, Restrictive Procedures, and discipline supported by technical assistance.	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.	Deliver training and technical assistance by June 30, 2019 and annually thereafter	MDE

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
D	Develop online accessible database of training, staff development and technical assistance materials on mandated reporting, child maltreatment, and effective school and classroom discipline practices	School administrators and staff will have access to online information on effective practices for reporting and preventing student maltreatment. This information will be made available online at the MDE website.	Online content will be accessible to school staff by June 30, 2020 and annually thereafter	MDE

Strategy 3: Improve school accountability for training

3	Key Activity	Expected Outcome	Deadline	Agency/ 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, 2018 and annually thereafter	MDE
E	<p>Annually report to the Subcabinet:</p> <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. • Number of schools that had two determinations in a year and subsequently enrolled in the next available Positive Behavioral Interventions and Supports (PBIS) cohort training. • Number of schools that had two determinations in a year and did not subsequently enroll in the next available PBIS cohort training and the reasons why. 	Increase school personnel accountability and awareness to report situations of abuse and neglect in the school setting.	Report to Subcabinet by July 31, 2019 and annually thereafter	MDE

Olmstead Plan Workplan – Quality of Life Survey

March 2018 Plan Goals (page 111)

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

- All activities completed

Strategy 4: Analyze and report survey results

- All activities completed

Strategy 5: Monitor the implementation of the Quality of Life Survey Administration Plan

5	Key Activity	Expected Outcome	Deadline	Agency/ Partner
C	OIO will monitor Quality of Life Survey implementation. Provide a monthly report to the Subcabinet on the progress of survey implementation. The report will address progress on the activities 5D – 5J below.	The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey.	Report to Subcabinet by June 30, 2018 and monthly thereafter	OIO
D	Monitor the implementation of the Quality of Life Survey Administration Plan including: <ul style="list-style-type: none"> • Develop a detailed workplan that outlines project activities week-by-week throughout the project timeline. • Conduct weekly conversations with interviewers to ensure quality and validity and identify challenges as they arise and create solutions to address them. 	The Subcabinet will review final report that compares the baseline findings to the follow-up survey results.	Begin monitoring implementation of QOL Survey administration plan by May 1, 2018	OIO
E	Monitor the development and implementation of a protocol for Abuse and Neglect reporting <ul style="list-style-type: none"> • Respondents in our sample are potentially vulnerable adults; there is a clear protocol for reporting abuse and neglect to the Minnesota Adult Abuse Report Center or Common Entry Point. • Regular connection with interviewers will occur to address any areas of concern immediately. 	See 5C above	Begin monitoring protocol for abuse and neglect reporting by June 1, 2018	OIO

5	Key Activity	Expected Outcome	Deadline	Agency/ Partner
F	<p>Monitor the plan to recruit, train, and supervise interviewers. Priority for hiring will be:</p> <ul style="list-style-type: none"> • Show ability to responsibly implement interviews with fidelity. • Experience and/or comfortable working with people with disabilities and can conduct interviews in languages other than English. • Have the cultural competency to work with people of many different backgrounds. • Are geographically dispersed across the state 	See 5C above	Begin monitoring recruiting, training and supervising interviewers by May 1, 2018 .	OIO
G	<p>Monitor the identification and completion of 500 follow-up interviews</p> <ul style="list-style-type: none"> • A representative random sample will be drawn from the 2,005 baseline survey participants. • Storage of private health care data will adhere to the data security plan approved by DHS IRB during the baseline survey administration. • Ensure Data Quality – All data used in both the recruiting and outreach process and through the survey and interview process will be live at all times. <ul style="list-style-type: none"> ○ Review weekly data to determine response rates from different settings and determine if changes are needed in the outreach plans. ○ Review data every other week, to analyze inter-rater reliability and determine if there are any patterns in responses that could indicate that survey interviewers are introducing bias and need additional training. ○ Provide a data summary on a monthly basis, to OIO for discussion about what findings are emerging. • Analyze Data – All data will be stored in a secured database and checked monthly for quality and validity. 	See 5C above	Begin monitoring the completion of 500 surveys by June 1, 2018 .	OIO
H	<p>Monitor the creation of the Olmstead Quality of Life Survey Report Develop Research Questions</p> <ul style="list-style-type: none"> • Develop research questions through a collaborative process with agency stakeholders to help focus the analysis and ensure there is consensus on analytical approaches. 	See 5C above	Develop research questions by June 1, 2018	OIO

5	Key Activity	Expected Outcome	Deadline	Agency/ Partner
I	<p>Monitor the creation of the Olmstead Quality of Life Survey Report Complete analysis</p> <ul style="list-style-type: none"> • The analysis will be focused on comparing survey score changes from the baseline across all relevant variables. The other component of this analysis will focus on measuring the impact different variables have on survey scores. • The report will highlight the major changes from baseline to follow-up. It will identify changes in survey module scores and scan for any significant changes in scores across service setting and region. • A comprehensive analysis of all relevant variables and include the results of the regression methodology that will be further developed in the planning stages of this work. • Data tables of all results will be included in the report. 	See 5C above	Complete analysis by November 30, 2018	OIO
J	Submit the Quality of Life Survey results final report to the Subcabinet.	See 5C above	Report to the Subcabinet by December 31, 2018	OIO

Olmstead Plan Workplan – Communications

March 2019 Plan (page 109)

Executive Sponsor: Darlene Zangara (OIO)

Lead: Diane Doolittle (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	Agency/ Partners
C	Utilize multiple tools such as the OIO newsletter, 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. The Subcabinet will be updated on analytics of the communication tools.	Report to Subcabinet by July 31, 2020 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 July 31, 2020 and annually thereafter	OIO

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	Agency/ Partners
E.9	OIO will report to the Subcabinet on the engagement opportunities held throughout the state for people with disabilities and the general public to provide input into Olmstead Plan amendments. The report will include: <ul style="list-style-type: none"> • Summary of activities • Number of individuals participating • Analysis of responses including themes • Demographic data collected for participants in public input process • Appendix including public comments • Recommendations for improvement 	The Subcabinet will understand the types of engagement activities held and the number participating to gather public input on the Plan amendment process.	Report to Subcabinet by April 30, 2019	OIO

2	Key Activity	Expected Outcome	Deadline	Agency/ Partners
E.10 NEW 4/19	OIO will complete an evaluation process of the engagement opportunities held throughout the state for people with disabilities and the general public to provide input into Olmstead Plan amendments. The evaluation process will include an internal OIO debrief, a debrief and evaluation survey with the Subcabinet agencies and a discussion with the Subcabinet Chair. OIO will report to the Subcabinet on the summary of the evaluation and recommendations for improvement.	Areas for improvement will be identified and recommended changes will be submitted to the Subcabinet.	Report to Subcabinet by July 31, 2019	OIO
F	Create a plain language, accessible Annual Report to the public regarding Olmstead Plan achievements.	People with disabilities and the general public will be informed about the Olmstead Plan accomplishments.	Create Annual Report by July 31, 2020 and annually thereafter	OIO

Strategy 3: The Communication Plan will be kept current and effective.

3	Key Activity	Expected Outcome	Deadline	Agency/ 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 July 31, 2020 and annually thereafter	OIO
B	Convene a group of communication staff from the Subcabinet agencies to establish Olmstead communication guidelines for materials developed by Subcabinet agencies.	Olmstead messaging to the public will be consistent and relevant.	Establish guidelines by July 31, 2020	OIO

Olmstead Plan Workplan – Dispute Referral

March 2019 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	Agency/ 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, 2019 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	Agency/ 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, 2019 and annually thereafter	OIO