

*Putting the Promise of Olmstead  
into Practice*

Minnesota  
Olmstead Plan  
August 2015

# Re-cap

- 2012 – Minnesota begins work on Olmstead Plan
- January 2013 and January 2015– Governor Dayton established Olmstead Subcabinet and further defined Subcabinet roles
- November 2013 – First Olmstead Plan submitted to the Court
- January 2014 – Plan implementation started
- January 2014 – Plan provisionally accepted by the Court
- July 2014 and March 2015 – Modified Plans submitted to Court
- May 2015 – Court declined to adopt Plan and ordered a revised plan
- August 2015 – Revised Plan submitted to Court

# What stays the same?

- Minnesota's Olmstead Vision:

*People with disabilities are living, learning, working, and enjoying life in the most integrated setting.*

- Major topic areas
- Major strategies
- Deliverables from first plan have either been completed, moved to new work plans or modified to fit under new work
- Cross-agency partnerships
- Alignment/Coordination/Integration of effort

# What's different

- Focus on measurable goals about people
- Process deliverables moved from Plan to work plans
- Organization of Plan

# New organization

## Previous sections

- Employment
- Housing
- Transportation
- Lifelong Learning & Education
- Healthcare & Healthy Living
- Community Engagement
- **Supports & Services**

## New sections

- Employment
- Housing and Services
- Transportation
- Lifelong Learning & Education
- Healthcare & Healthy Living
- Community Engagement
- **Person-centered planning**
- **Transition Services**
- **Waiting List**
- **Positive Supports**
- **Crisis Services**

# Measurable goals (Goals about people)

## Criteria

- Baseline
- Concrete and reliable
- Realistic
- Reliable
- Strategic
- Specific and reasonable timeframes
- Funding

# Person-Centered Planning

- **Goal One:** By June 30, 2020, plans for people using disability home and community-based waiver services will meet required protocols. Protocols will be based on the principles of person centered planning and informed choice.
- **Goal Two:** By 2017, increase the percent of individuals with disabilities who report that they exercised informed choice

# Transition Services

- **Goal One:** By June 30, 2020, 7,138 people will move from segregated settings to more integrated settings
- **Goal Two:** By June 30, 2019, reduce to 30% the percent of people 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
- **Goal Three:** By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital will increase to 14 individuals per month
- **Goal Four:** By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person centered planning process



# Housing & Services

- **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).

# Employment

- **Goal One:** By September 30, 2019 the number of new individuals receiving Vocational Rehabilitation Services and State Services for the Blind who are in competitive, integrated employment will increase by 14,820
- **Goal Two:** By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive, integrated employment
- **Goal Three:** By June 30, 2020, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive, integrated employment will be 763

# Lifelong Learning & Education

- **Goal One:** By December 1, 2019 the number of students with disabilities, receiving instruction in the most integrated setting, will increase by 1,500 (from 67,917 to 69,417)
- **Goal Two:** By October 1, 2020 the number of students who have entered into an integrated postsecondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475)

# Waiting List

- **Goal One:** By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated
- **Goal Two:** By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace (detail on next slides)
- **Goal Three:** By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by statutes
- **Goal Four:** By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years
- **Goal Five:** By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need

# “Reasonable pace” goals

## **For persons exiting institutional settings**

- Beginning December 1, 2015, as people residing in an institutional setting are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person makes an informed choice of alternative community services that are more integrated, appropriate to meet their individual needs, and the person is not opposed to moving, and would like to receive home and community based services.

# “Reasonable pace” goals, cont.

## **For persons with an immediate need**

- Beginning December 1, 2015, as people are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person meets criteria under Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b).

# “Reasonable pace” goals, cont.

## **For persons with a defined need**

- Beginning December 1, 2015, as people are assessed as having a defined need for waiver services within a year from the data of assessment, and within available funding limits, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days of determining the defined need.

# Transportation

- **Goal One:** By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%). By January 31, 2016, a target will be established for sidewalk improvements.
- **Goal Two:** By 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase)
- **Goal Three:** By 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access
- **Goal Four:** By 2020, transit systems' on time performance will be 90% or greater statewide



# Healthcare & Healthy Living

- **Goal One:** By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care, focusing specifically on cervical cancer screening, and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.
- **Goal Two:** By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.

# Positive Supports

Restrictive procedures for people with disabilities are prohibited except when used in an emergency situation. These goals seek reduction to the exceptions to restrictive procedures.

- **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.

# Positive Supports, cont.

- **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.

# Positive Supports, cont.

- **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.

# Positive Supports, cont.

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

# Positive Supports, cont.

- **Goal Four:** By June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 316
- **Goal Five:** By June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251

# Crisis Services

- **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, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 89% or more.
- **Goal Three:** By June 30, 2017, the number and percent of people who discontinue waiver services after a crisis will decrease to 45% or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

# Crisis Services

- **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 will have a stable, permanent home within 5 months after leaving the hospital
- **Goal Five:** By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary, placement within ten days



# Community Engagement

- **Goal One:** By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992
- **Goal Two:** By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects at the subcabinet agency level will increase to 417
- **Goal Three:** By January 4, 2016, the initial Survey regarding employed Certified Peer Support Specialists will have been completed to establish a baseline and set measurable goals

# Additional topics under development

- Assistive technology
- Prevent abuse and neglect

# Next steps

- Implementation of the Plan continues
- Revised Plan under consideration by Court
- Work plans being developed (due to the Court October 10)
- Olmstead [website](#) to be re-designed
  - Plan
  - Work plans
  - Dashboards