2018 Strategic Review of Olmstead Plan Implementation

Final Report

Accepted by the Olmstead Subcabinet

on September 24, 2018

Contents

I. PURPOSE OF REPORT

Minnesota's Olmstead Plan was first adopted in 2015. It was a groundbreaking document that represented years of effort. The Plan's ultimate success will be measured by the number of people with disabilities who have the opportunity to live close to friends and family, work in competitive integrated employment, be educated in integrated school settings, and fully participate in community life based on their abilities and preferences. In large part, due to the implementation of the Olmstead Plan, Minnesota has changed the way that people with disabilities are experiencing service delivery.

The Olmstead Plan, in the "Updating and Extending the Olmstead Plan" section, sets forth the expectation of a strategic review of Plan implementation in 2018. This performance improvement process reviewed Plan implementation from September of 2015 through August of 2018. Examining Plan implementation over a three-year period allowed us to take stock of significant accomplishments in measurable goals and strategies and associated workplans. Most importantly, the review identified the progress or lack of progress on measurable goals that relate to the improvement in the lives of people with disabilities.

Results of this review are included in this report. The report is organized into the thirteen topic areas included in the Olmstead Plan. Each topic area includes the measurable goals in that area and the status of each goal based on performance to date. Goals are identified as achieved the overall goal, making progress toward the overall goal, or needing improvement to reach the overall goal. Some goals are identified as in process. This means there is not yet two years of data to determine progress, or that data is not yet available to determine progress.

Also included in each topic area is a review of major accomplishments achieved through the workplan implementation. Workplan activities are intended to support the strategies and measurable goals by altering policy and practice to conform to the values and expectations of the Olmstead Plan.

This report identifies areas of consideration where more progress could be made through changes in workplans, strategies, or measurable goals. Lessons learned from this review may be applied during the Workplan review and refresh in October and the Olmstead Plan amendment process occurring from December 2018 through March 2019. This will provide opportunity to build on successes or make course corrections to improve Plan performance.

II. MEASURABLE GOALS AND WORKPLAN IMPLEMENTATION

This section includes the status of the measurable goals by topic area. The goals are identified as having one of four statuses: achieved the overall goal, making progress toward the overall goal, needs improvement to reach the overall goal, and in process. In process means there is not yet two years of data to determine progress, or that data is not yet available to determine progress. A chart is included for those goals that have at least two years of data.

Following the measurable goals, is a summary of major accomplishments and initiatives that improved service and policy implementation focused on improved Plan implementation and ultimately improved outcomes for people with disabilities for some topic areas.

Summary of Goals – 2018 Strategic Review	Number of Goals
Achieved overall goal	8
Making progress toward overall goal	14
Needs improvement to reach overall goal	7
In process	19
Goals Reported	**48**

PERSON-CENTERED PLANNING 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. [Revised March 2018]**

RESULTS: The goal for plans to meet person-centered planning and informed choice protocols is **in process.** This goal was revised in March 2018. Because there are only three quarters of data, there is not yet sufficient data to determine progress on the overall goal.

Presence of eight required elements in case files reviewed

Time Period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Baseline April – June 2017	74%	17%	79%	62%	83%	70%	80%	71%
Quarter 1 July – Sept 2017	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
Quarter 2 Oct – Dec 2017	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
Quarter 3 Jan – March 2018	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%

During Lead Agency audits, case files are reviewed to determine the presence of the eight required person-centered elements listed below.

1. The support plan describes goals or skills that are related to the person's **preferences**.
2. The support plan includes a global statement about the person's **dreams and aspirations**.
3. Opportunities for **choice** in the person's current environment are described.
4. The person's current **rituals and routines** are described.
5. **Social**, leisure, or religious **activities** the person wants to participate in are described.

6. Action steps describing what needs to be done to assist the person in achieving his/her **goals** or skills are described.
7. The person's preferred **living** setting is identified.
8. The person's preferred **work** activities are identified.

PERSON CENTERED PLANNING 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 (A) major life decisions and (B) everyday decisions, and to be (C) always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.**

A) INPUT INTO MAJOR LIFE DECISIONS (By 2017, increase to 55% or higher)

RESULTS: The goal to increase the percent of adults with intellectual and developmental disabilities reporting they have input into major life decisions is **making progress** toward the overall goal.

Time Period	Number Surveyed	Percent reporting they have input into major life decisions
Baseline (2014 survey)	--	40%
2015 Goal (2015 survey)	400	**44.3%**
2016 Goal (2016 survey)	427	**64%**

B) INPUT IN EVERYDAY DECISIONS (By 2017, increase to 85% or higher)

RESULTS: The goal to increase the percent of adults with intellectual and developmental disabilities reporting they have input in everyday decisions is m**aking progress** toward the overall goal.

Time Period	Number Surveyed	Percent reporting they have input in everyday decisions
Baseline (2014 survey)	--	79%
2015 Goal (2015 survey)	400	**84.9%**
2016 Goal (2016 survey)	427	**87%**

C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS (By 2017, increase to 80% or higher)

RESULTS: The goal to increase the percent of adults with disabilities other than adults with intellectual and developmental disabilities reporting they are always in charge of their services is **in process**. There is not yet sufficient data to determine progress on the overall goal.

Time Period	Number Surveyed	Percent reporting they are always in charge of their services and supports
Baseline (2014 survey)	--	65%
2016 Goal (2016 survey)	1,962	**72%**

Person-Centered Planning Major Accomplishments and Initiatives

- **Person-Centered, Informed Choice and Transition Protocol**
  The Person-Centered Planning, Informed Choice, and Transition Protocol was approved by the Subcabinet in February 2016. Revisions to the protocol were approved in March 2017. This document sets the parameters to be followed in supporting individuals with disabilities in making decisions about how they are integrated into the community of their choice and the services that support that integration. The process includes sample audits to set a baseline and monitor progress on implementation of the protocol.

- **Person-Centered Practices training initiatives**
  Agencies developed comprehensive training components to increase the awareness and understanding of people with disabilities, their families, and supporters in person-centered practices. Additionally, training and technical assistance was developed and made available to lead agencies, schools, and providers across the state. The purpose of this training and technical assistance was to increase awareness, understanding, and technical skill in the use of person-centered practices in the design and implementation of services and supports for people with disabilities.

- **Disability Hub website**
  Disability Hub MN is a free statewide resource network that helps people with disabilities solve problems, navigate the service system and plan for the future. Since launched by the Minnesota Department of Human Services in 2006, Disability Linkage Line, now Disability Hub, has evolved to offer more tools and services so people with disabilities can get up-to-date information about community resources, including work, housing and benefits. More than 30,000 people used the service in 2016.

  The Disability Hub contains tools and resources for people with disabilities and those who support them including:

  - Disability Benefits 101 at www.mn.db101.org/ helps people with disabilities explore ways to balance benefits and work.
  - Housing Benefits 101 at www.hb101.org/ helps people with disabilities explore housing options and learn about programs that can make housing more affordable.

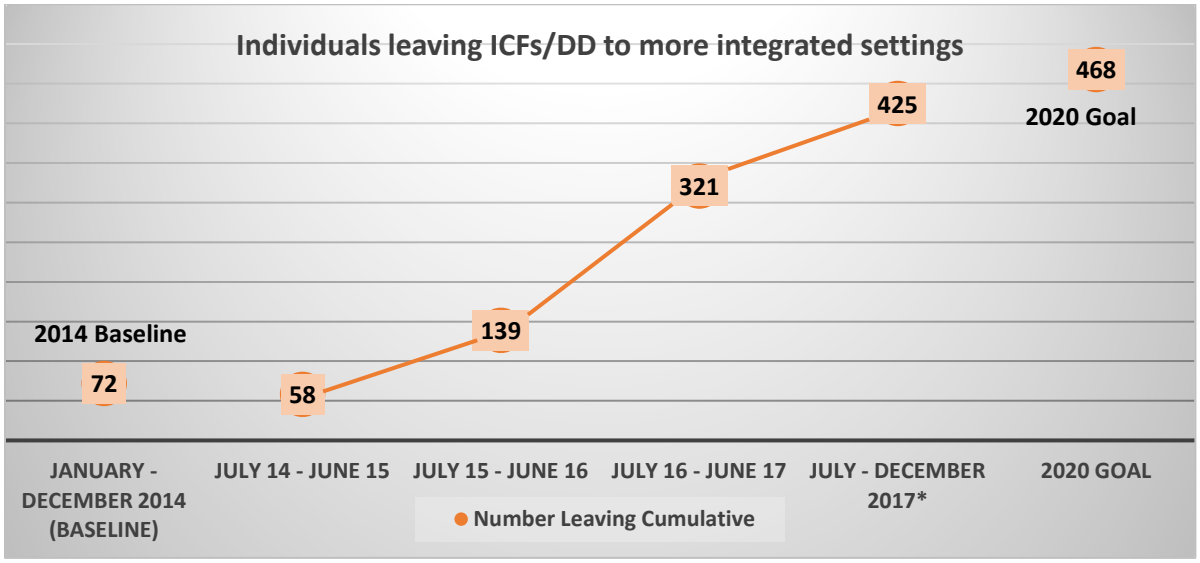
TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings[i] will be 7,138.

Overall Goals for the number of people moving from: **(A)** ICFs/DD; **(B)** nursing facilities; and **(C)** other segregated housing to more integrated settings are set forth in the following table.

Setting	2020 Goal
(A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	468
(B) Nursing Facilities (NF) under age 65 in NF > 90 days	4,470
(C) Segregated housing other than listed above	2,200
Total	**7,138**

A) INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICFs/DD)

RESULTS: The goal to increase the number of people moving from an ICF/DD to a more integrated setting is **making progress** toward the overall goal.

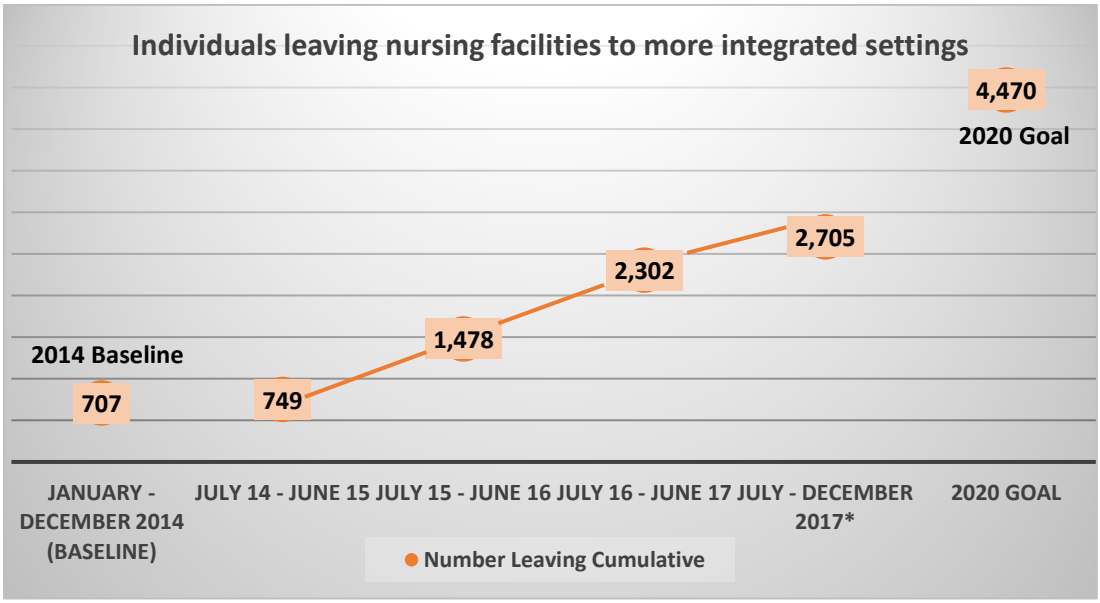


Time period	Total number of individuals leaving	Transfers[ii] (-)	Deaths (-)	Net moved to integrated setting
Baseline (Jan – December 2014)	--	--	--	**72**
2015 Goal (July 2014 – June 2015)	138	18	62	**58**
2016 Goal (July 2015 – June 2016)	180	27	72	**81**
2017 Goal (July 2016 – June 2017)	263	25	56	**182**
2018 Goal 2 Qtrs (July – Dec 2017)	129	3	22	**104**

UNIVERSE NUMBER: In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

B) NURSING FACILITIES

RESULTS: The goal to increase the number of people under age 65 in a nursing facility for more than 90 days moving to a more integrated setting is **making progress** toward the overall goal.

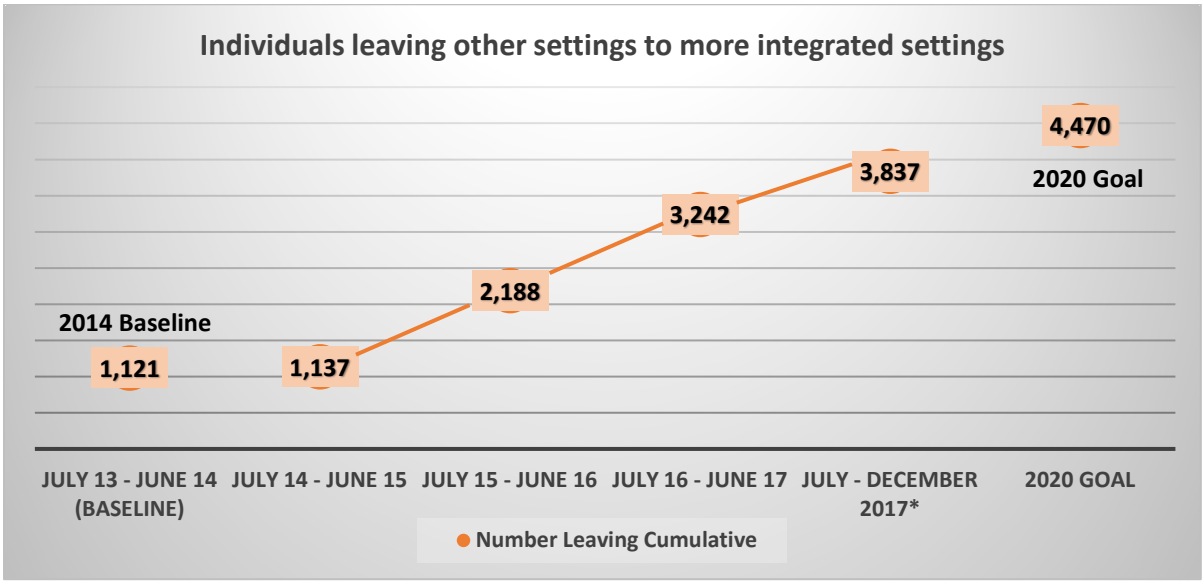


Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
Baseline (Jan – December 2014)				707
2015 Goal (July 2014 – June 2015)	1,043	70	224	**749**
2016 Goal (July 2015 – June 2016)	1,018	91	198	**729**
2017 Goal (July 2016 – June 2017)	1,097	77	196	**824**
2018 Goal – 2 Qtrs (July – Dec 2017)	540	35	102	**403**

UNIVERSE NUMBER: In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days.

C) SEGREGATED HOUSING

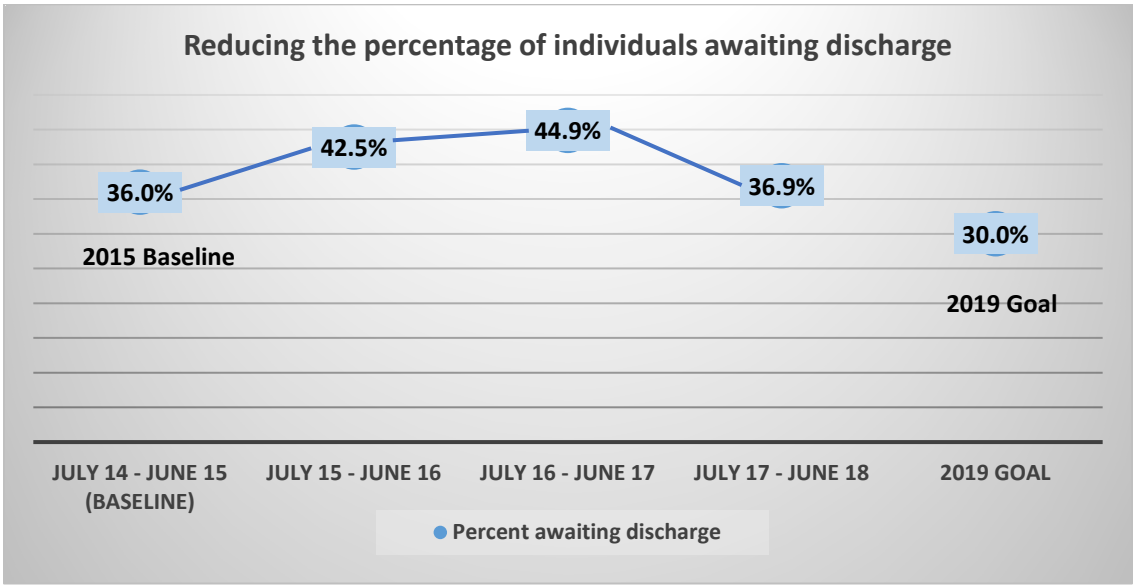
RESULTS: The goal to increase the number of people moving from other segregated settings to a more integrated setting is **making progress** toward the overall goal.



		Receiving Medical Assistance (MA)			
Time period	**Total moves**	**Moved to more integrated setting**	**Moved to congregate setting**	**Not receiving residential services**	**No longer on MA**
Baseline (July 2013 – June 2014)	5,694	1,121	--	--	--
2015 Goal (July 2014 – June 2015)	5,703	**1,137** (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Goal (July 2015 – June 2016)	5,603	**1,051** (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Goal (July 2016 – June 2017)	5,504	**1,054** (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Goal - 2 Qtrs (July – December 2017)	2,842	**595** (20.9%)	226 (8.0%)	1,776 (62.5%)	245 (8.6%)

TRANSITION SERVICES 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[iii] will be reduced to 30% (based on daily average). [Revised February 2017]

RESULTS: The goal to reduce the percent of people under mental health commitment at AMRTC who are awaiting discharge **needs improvement** to reach the overall goal.



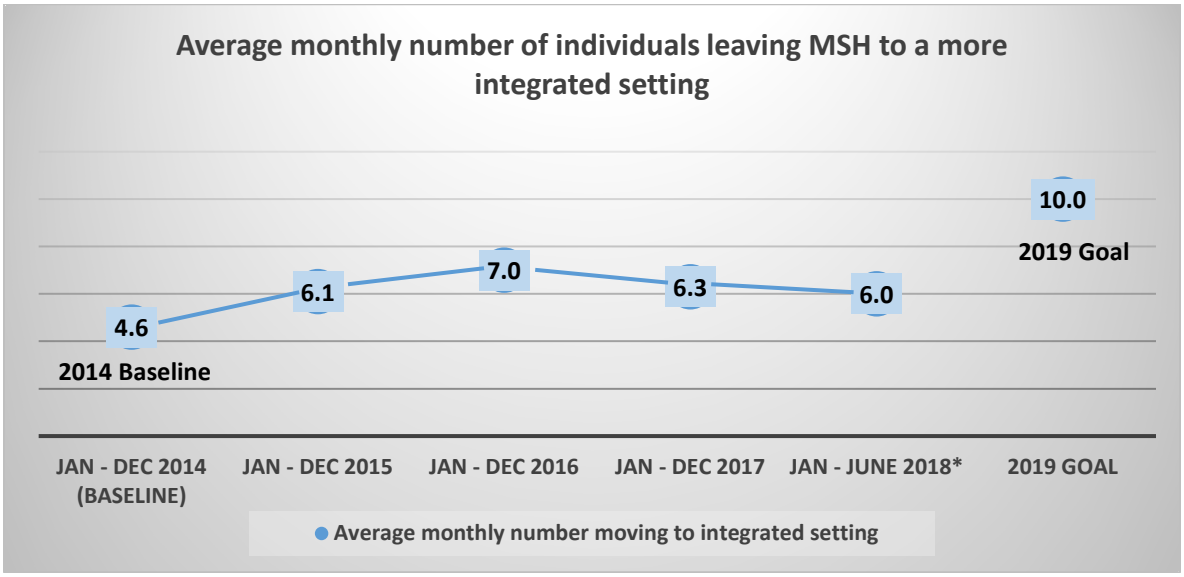
Time period	Percent awaiting discharge (daily average)	
Baseline (July 2014 – June 2015)	Daily Average = 36.0%	
2016 Goal (July 2015 – June 2016)	Daily Average = 42.5%[1]	
	Mental health commitment	**Committed after finding of incompetency**
2017 Goal (July 2016 – June 2017)	**44.9%**	29.3%
2018 Goal (July 2017 – June 2018)	**36.9%**	23.8%

UNIVERSE NUMBER: In Calendar Year 2017, 383 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 91.9.

[1] This data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported for the two categories.

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting will increase to 10 individuals per month. [Revised February 2017]

RESULTS: The goal to increase the average monthly number of individuals leaving MSH to a more integrated setting **needs improvement** to reach the overall goal.



Time period	Total number of individuals leaving	Transfers [iv] (-)	Deaths (-)	Net moved to integrated setting
Baseline (January – December 2014)	--	--	--	Average = 4.6
January – December 2015	188	107	8	73 Average = 6.1
2016 Goal (January – December 2016)	184	97	3	84 **Average = 7.0**
2017 Goal (January – December 2017)	199	114	9	76 **Average = 6.3**
2018 Goal Quarter 1 and 2 (January – June 2018)	117	79	2	36 **Average = 6.0**

UNIVERSE NUMBER: In Calendar Year 2017, 581 patients received services at MSH. This may include individuals who were admitted more than once during the year. The average daily census was 358.4.

TRANSITION SERVICES GOAL FOUR: **By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, 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.] [Revised March 2018]**

RESULTS: The goal for adherence to transition protocols is **in process.** This goal was modified in March 2018. There is not yet sufficient data to determine progress on the overall goal.

The plan is considered to meet the transition protocols if all ten items below (from "My Move Plan" document) are present:

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?
6. How the person will get his or her belongings.
7. Medications and medication schedule.
8. Upcoming appointments.
9. Who will provide support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes.
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis.

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	12 of 23 **(52.2%)**
Baseline – Qtr 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 **(68.2%)**
Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	15 of 17 **(88.2%)**

Transition Services Major Accomplishments and Initiatives

- **Person-Centered, Informed Choice and Transition Protocol**
  The Person-Centered Planning, Informed Choice, and Transition Protocol was approved by the Subcabinet in February 2016. Revisions to the protocol were approved in March 2017. This document sets the parameters to be followed in supporting individuals with disabilities in making decisions about how they are integrated into the community of their choice and the services that support that integration. These parameters are critical for supporting individuals, family members, and supporters who are doing transition planning from a segregated to integrated setting. The agency monitors progress on the use of this process through routine audits.

- **Person-Centered Practices training initiatives**
  Agencies developed comprehensive training components to increase the awareness and understanding of people with disabilities, their families, and supporters in person-centered practices. Additionally, training and technical assistance was developed and made available to lead agencies, schools, and providers across the state. The purpose of this training and technical assistance was to increase awareness, understanding, and technical skill in the use of person-centered practices in the design and implementation of services and supports for people with disabilities.

- **Development of new services**
  New waiver services were developed to help individuals transition into more integrated settings and support individuals in more integrated settings. The new services include Housing Access Coordination and Individualized Housing Supports to help individuals plan for, find and move from certain segregated settings to his/her own home. Follow-up services may also be provided to help the person stay in their home.

- **Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)**
  DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed an interest in voluntary closures of ICFs/DD. During calendar year 2017, 191 ICF/DD beds were decertified. This included a number of beds that were vacant. From January – June 2018, a total of 51 ICF/DD beds were decertified in six locations.

- **Discharge planning with counties**
  Minnesota Security Hospital (MSH) and Anoka Metro Regional Treatment Center (AMRTC) staff are working directly with county agencies on specific discharge planning. The MSH Director has reached out to Hennepin County leadership to reconvene regular meetings to discuss patient transitions to the community. This type of planning currently occurs at AMRTC with county staff.

- **Transition to community initiative**
  This initiative, was established in 2013, to reduce the time that individuals remain at AMRTC or MSH after they no longer need the services provided there. The initiative provides access to a range of services, including home and community-based waivers, flexible grant funding, intensive care coordination, and partnerships with providers and counties to address an individual's unique needs

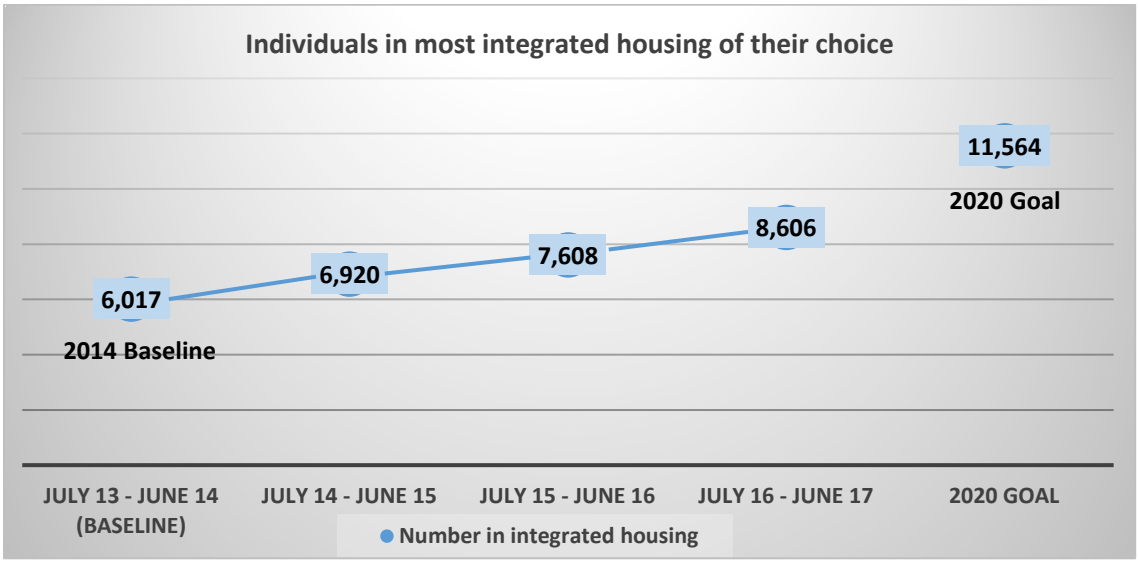
and challenges. By providing additional funding to cover community-based services and address the unique barriers faced by some individuals, the initiative promotes recovery and opens up beds at AMRTC and MSH for other individuals who need them.

The initiative has shown success in helping people with extremely significant barriers to successfully return to the community. For the past three years the Department has worked to expand these efforts, but has been unsuccessful.

- **Additional funding for increased staff**
  Legislation in 2017 increased the base funding for state operated facilities to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment. Of the 65 additional funded positions, 54 FTEs have been filled as of June 22, 2018. These positions are primarily in direct care positions such as registered nurses, forensic support specialists and human services support specialists. The positions that remain to be filled are in professional areas such as psychologists, social workers, recreational and occupational therapists.

HOUSING AND 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).

RESULTS: The goal to increase the number of individuals living in the most integrated housing with a signed lease is **making progress** toward the overall goal.



Time period	People in integrated housing	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	6,017	--	--
2015 Goal (July 2014 – June 2015)	6,920	+903	**903 (15%)**
2016 Goal (July 2015 – June 2016)	7,608	+688	**1,591 (26.4%)**
2017 Goal (July 2016 – June 2017)	8,606	+998	**2,589 (43%)**

Housing and Services Major Accomplishments and Initiatives

- **Housing Support (Group Residential Housing reform)**
  Housing Support policy changes will promote choice and access to integrated settings by giving people more control regarding the county in which they prefer to live, removing barriers to working, and separating the service payment from the housing payment so people can have informed choice of housing and services.

- **Housing Link website**
  HousingLink (www.housinglink.org) is a website designed to provide information, resources, and support to people seeking housing. In 2016, Minnesota Housing and HousingLink implemented a plan to raise awareness about the website and gathered feedback on needed enhancements. Enhanced features and accessibility improvements were made to HousingLink based on the received feedback.

- **Housing Benefits 101**
  Housing Benefits 101 housing planning tool was created in 2016. This free web-based tool can help people with disabilities decide where they want to live. At www.mn.HB101.org individuals can explore their individual housing goals, learn more about housing options, learn more about services and programs to support them in their homes, and create a plan to reach their individual goals.

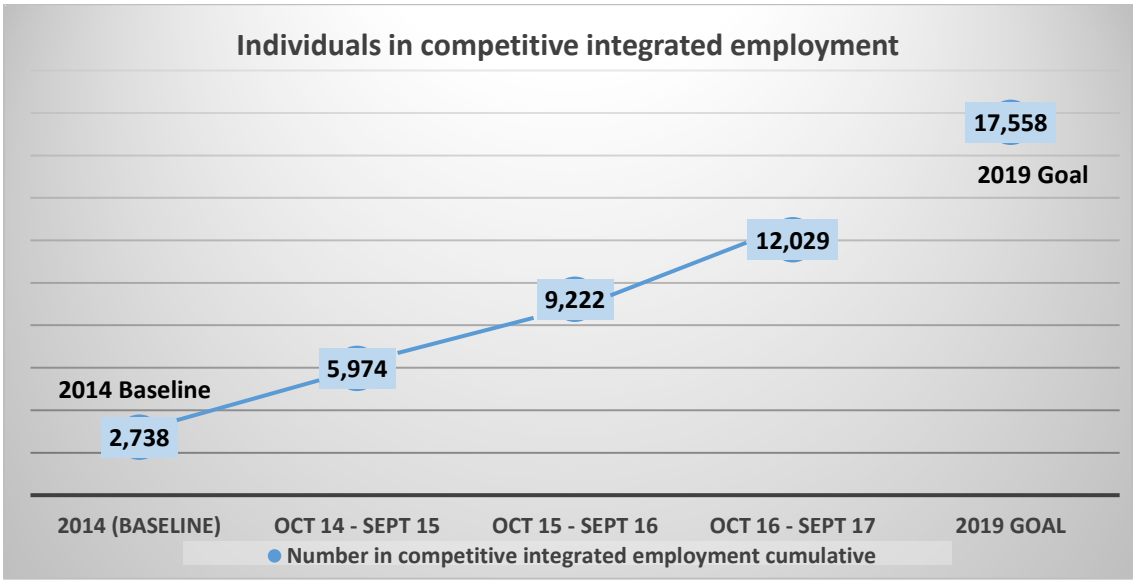
- **Rental assistance**
  The Section 811 rental assistance program allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services. This program currently provides 159 housing opportunities in 27 properties across the state. Over the past 3 years, the state allocated all of the units awarded by the Federal government. In 2017, over 90% of the Section 811 rental units were allocated to new construction projects in Minneapolis, Mounds View, Roseville, Rochester, Savage and Mankato.

- **Increased housing production**
  Since 2015, Minnesota Housing has financed over 1,000 units of permanent supportive housing across the state, primarily through resources provided in the state's bonding bill. A significant number of people with disabilities live in these homes. The priority is to create new units of housing because of difficult market conditions that limit housing choice for people with disabilities. In 2017, Minnesota Housing also prioritized projects serving people with disabilities. This created 84 housing opportunities in new construction projects in Saint Paul, Rochester, Shakopee, Roseville, Minneapolis, Savage, Willmar, Duluth and Mankato.

- **Community Living Infrastructure Grants**
  Grants totaling $2.97 million have been awarded to 46 counties and three American Indian tribes to help more people with disabilities have housing of their own through a new initiative from the state of Minnesota. Community Living Infrastructure Grants will go toward a variety of initiatives aimed at helping people with disabilities with housing instability get housing, move out into the community or remain in their own homes.

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals[2] receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

RESULTS: The goal to increase the number of individuals receiving VRS and SSB services who are in competitive integrated employment is **making progress** toward the overall goal. It should be noted that although the progress is being made on the goal increasing the number of individuals achieving competitive integrated employment, VRS and SSB are required to institute the "order of selection process". An order of selection process is required when VRS and SSB cannot serve all persons with disabilities who are seeking services. The order of selection process defines a priority system for who will be served first.

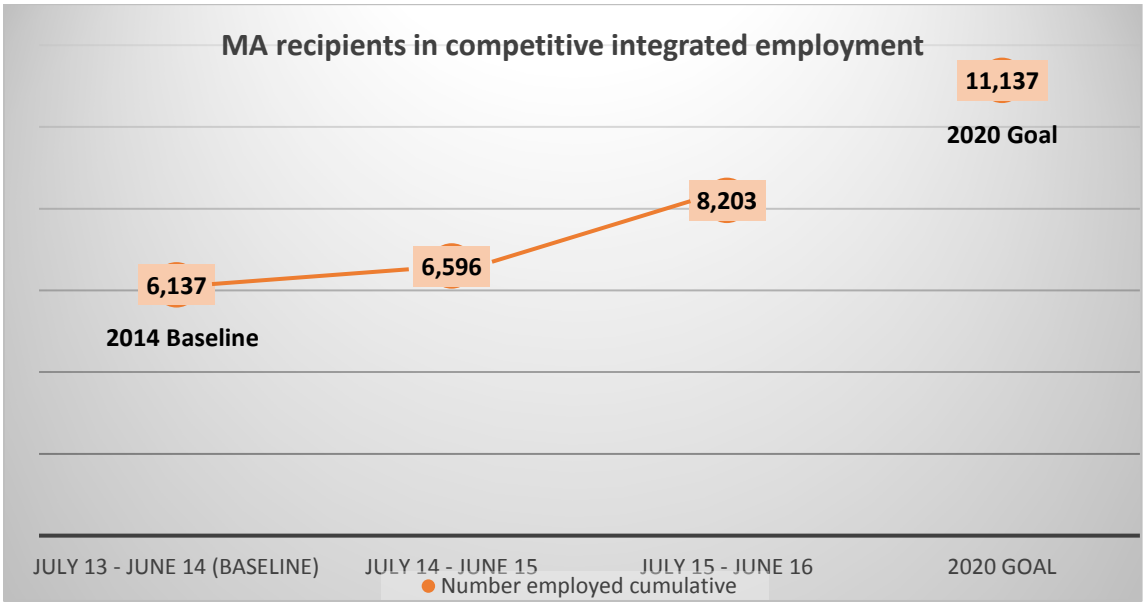


	Number of Individuals Achieving Employment Outcomes		
Time period Federal Fiscal Year (FFY)	**Vocational Rehabilitation Services (VRS)**	**State Services for the Blind (SSB)**	**Total**
Baseline (2014)	--	--	**2,738**
2015 Goal (October 2014 – Sept 2015)	3,104	132	**3,236**
2016 Goal (October 2015 – Sept 2016)	3,115	133	**3,248**
2017 Goal (October 2016 – Sept 2017)	2,713	94	**2,807**

[2] "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

EMPLOYMENT 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. [Revised March 2018]

RESULTS: The goal to increase the number of individuals receiving Medical Assistance (MA) services who are in competitive integrated employment is **making progress** towards the overall goal.

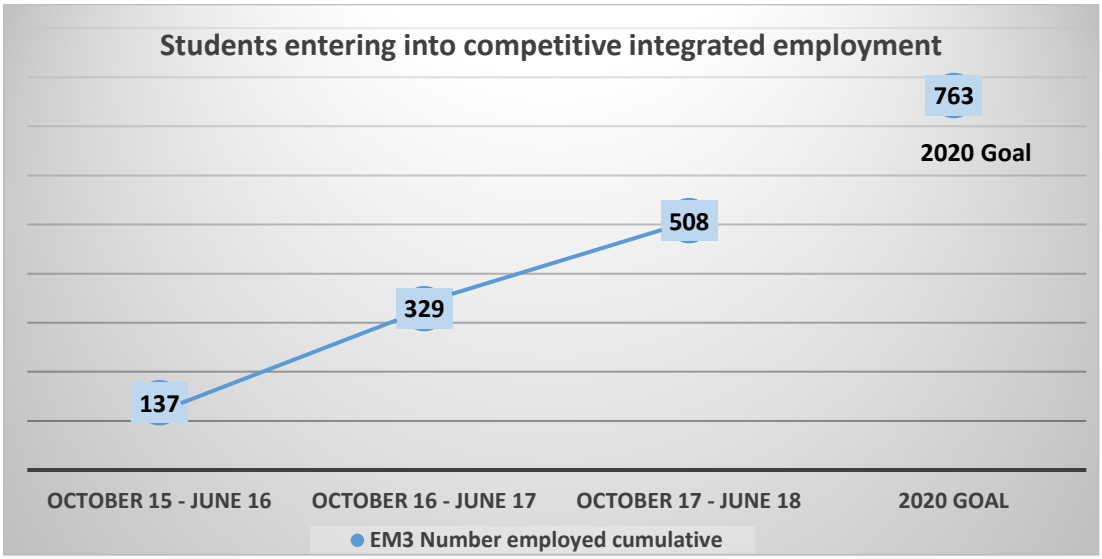


MA Recipients (18 -64) in Competitive Integrated Employment (CIE)

Time period	Total MA recipients	Number in CIE ($600+/month)	Percent of MA recipients in CIE	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	50,157	6,137	12.2%	--	--
2016 Goal (July 2014 – June 2015)	49,922	6,596	13.2%	459	459
2017 Goal (July 2015 – June 2016)	52,383	8,203	15.7%	1,607	**2,066**

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.**

RESULTS: The goal to increase the number of students that enter into competitive integrated employment is **making progress** toward the overall goal.



Time period	Number of students with DCD, ages 19-21 that enter into competitive integrated employment
2016 Goal (October 2015 to June 2016)	**137**
2017 Goal (October 2016 to June 2017)	**192**
2018 Goal (October 2017 to June 2018)	**179**

EMPLOYMENT GOAL FOUR: **By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82. [Adopted February 2017]**

RESULTS: The goal to increase the number of employed peer support specialists is **in process**. There is not yet sufficient data to determine progress towards the overall goal.

Time period ending	Number of employed peer support specialists	Increase over baseline
Baseline (As of April 30, 2016)	16	---
2017 Goal (As of December 31, 2017)	46	**30**

Employment Major Accomplishments and Initiatives

- **Employment First policy**
  In September 2014, the Olmstead Subcabinet adopted Minnesota's Employment First Policy which 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 competitive integrated employment or they may not object to moving to competitive integrated employment, or they may choose segregated employment. The policy was developed by DEED, MDE, and DHS in collaboration with a group of community stakeholders.

- **Workforce Innovation and Opportunity Act (WIOA) implementation**
  WIOA is landmark legislation that is designed to strengthen and improve our nation's public workforce system and help get Americans, including youth and those with significant barriers to employment, into high-quality jobs and careers and help employers hire and retain skilled workers. Implementation of WIOA began in Minnesota in 2016. DEED, MDE and DHS collaborate to ensure students with disabilities exiting school and other adults with disabilities have access to competitive integrated employment as a first option over segregated employment settings.

- **Employment waiver services changes**
  DHS proposed changes to support competitive integrated employment to Centers for Medicare and Medicaid Services (CMS). The changes to the federal Medicaid waiver plan included revised employment service definitions. The changes have been approved and are now being implemented.

- **Increased employment of peer support specialists**
  Certified Peer Support Specialists are individuals with lived experience with mental illness who are trained and certified to work as professionals in the delivery of mental health services. Certified Peer Support Specialist (CPS) services are a Medicaid reimbursable service in Adult Rehabilitative Mental Health Services (ARMHS), Intensive Rehabilitative Intensive Services (IRTS), Assertive Community Treatment (ACT) teams and crisis services. Increases in the number of individuals employed as a CPS successfully achieved the 2017 goal.

- **Funding for Vocational Rehabilitation Services**
  The jobs budget bill appropriates a $7 million increase in Fiscal Year 2018-19 from the General Fund for Vocational Rehabilitation Services. This funding will allow DEED to continue to serve Minnesotans with disabilities to receive employment training and counseling to find and keep a job and live as independently as desired. This is a one-time appropriation increase.

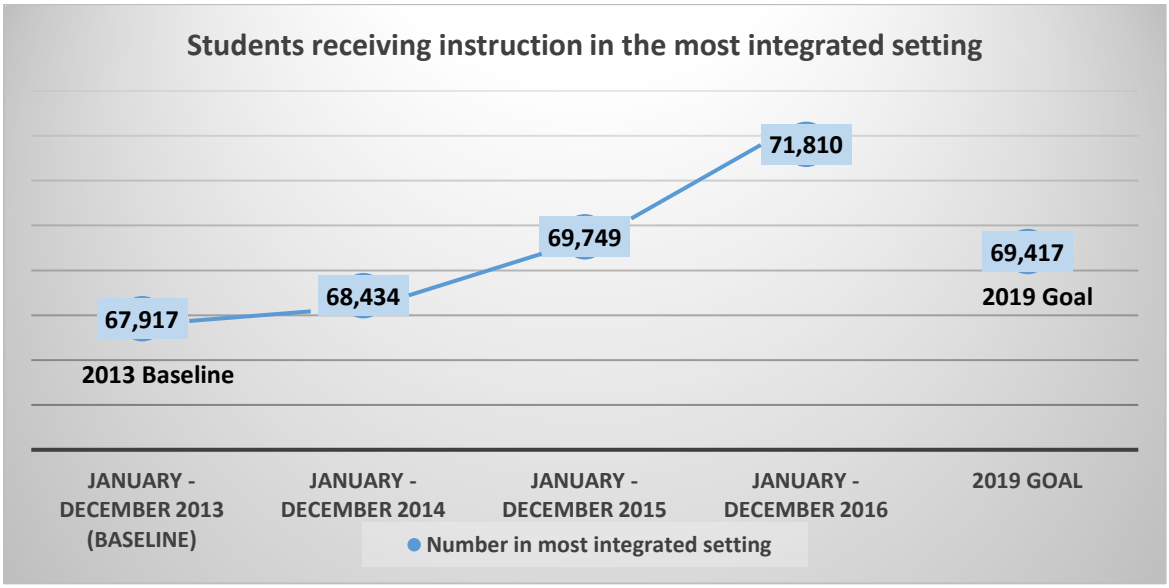
- **Extended Employment Program**
  DEED is proposing changes to the state rules that govern the Extended Employment Program. The rule is being revised to prioritize Extended Employment program funding for services to support individuals working in competitive, integrated employment. The proposed rule modifies the Extended Employment program to reflect principles such as Minnesota's commitment to person-centered practices, informed choice, and Minnesota's Employment First policy—especially its focus on competitive, integrated employment. The revision will also align the program with new practices in the broader disability services system driven by changing rules and requirements the federal

Home and Community-Based Services rule, the federal Workforce Innovation and Opportunity Act, and stepped up enforcement of the Olmstead decision.

- **Executive Order 14-14**
  The State of Minnesota implemented Governor Dayton's Executive Order 14-14 calling for state agencies to increase employment of individuals with disabilities.

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

RESULTS: The goal to increase the number of students receiving instruction in the most integrated settings has **achieved the overall goal**. It should be noted that although the goal is making progress for number of students, the percent only increased from 62.1% to 62.3%. This was due to an increase in total number of students with disabilities during the time period.



Time period	Total number of students with disabilities (ages 6 – 21)	Students with disabilities in most integrated setting (percentage)	Change from baseline
Baseline (January – December 2013)	109,332	67,917 (62.11%)	--
January – December 2014	110,141	68,434 (62.1%)	517
2015 Goal (January – December 2015)	112,375	69,749 (62.1%)	**1,832**
2016 Goal (January – December 2016)	115,279	71,810 (62.3%)	**3,893**

EDUCATION GOAL TWO: By June 30, 2020, the number of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase by 492 (from 2,107 to 2,599). [Revised February 2017 and March 2018]

Baseline: Based on 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDS), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,107 enrolled in the fall of 2014 into an integrated postsecondary institution.

RESULTS: The goal to increase the number of students enrolling in an integrated postsecondary education setting in the fall after graduation is **in process.** This goal was revised in March 2018. Progress on this goal has not yet been reported.

EDUCATION GOAL THREE: By June 30, 2020, 96% of students with disabilities in 31 target school districts will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. The framework to measure active consideration will be based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004. [Adopted June 2016 and Revised March 2018]

RESULTS: The goal to increase the percent of students who have active consideration of assistive technology during their annual IEP team meeting is **in process**. This goal was revised in March 2018. There is not yet sufficient data to determine progress towards the overall goal.

Time period	Number of student IEP team meetings	Number with active consideration of AT	Percent with active consideration
Baseline (October – December 2016)	28	26	92.8%
2018 Goal (July 2017 – June 2018)	274	260	**94.9%**

Education Major Accomplishments and Initiatives

- **Expansion of Positive Behavioral Interventions and Supports**
  One barrier that prevents students with disabilities from receiving instruction in the most integrated setting is the use of restrictive procedures. Positive Behavioral Intervention and Supports (PBIS) has proven effective in reducing the use of restrictive procedures, which results in increased access of students to the most integrated setting.

- **Reintegration protocol**
  The State has made it a priority for students with disabilities exiting Minnesota Correctional Facility (MCF)-Red Wing to return to their resident school district. A reintegration protocol has been adopted to plan their return. Use of the Reintegration Protocol was finalized and MCF-Red Wing began using it on July 1, 2016 for all new students with disabilities and those who will be at MCF-Red Wing for six or more months.

- **Assistive Technology Teams project**
  The Assistive Technology Teams project objective is to ensure teams consider the use of assistive technology in school to improve educational outcomes. Participating Assistive Technology (AT) Teams reported actual consideration of assistive technology during all IEP team meetings reported in survey data during the 2016-17 school year. Actual consideration rates included both active consideration by the IEP team, and the times when AT Team leads provided additional prompting.

- **Statewide Longitudinal Education Data System (SLEDS)**
  Prior to the adoption of the SLEDS data the agency used a voluntary sample process to determine student enrollment in the post-secondary education system. The SLEDS data system provides a more complete data set and is more valid and reliable.

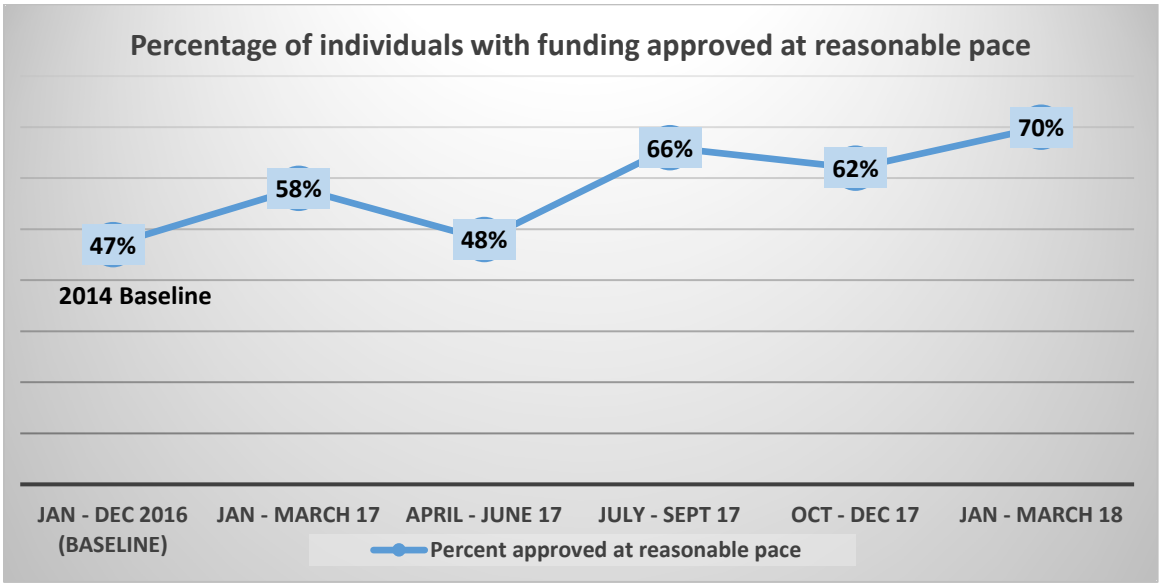
- **Improve graduation rates for students with disabilities**
  MDE is continuing implementation of activities related to increasing graduation for students with disabilities. This includes targeted activities to increase statewide 6-year graduation rates for American Indian and Black students with disabilities.

- **Minnesota Guide to Assistive Technology website**
  This cross agency website was developed to increase awareness of assistive technology and provide information to help with the consideration, selection, and use of assistive technology whenever and wherever it will be used. The website includes information on how assistive technology can support individuals in learning, working and living.

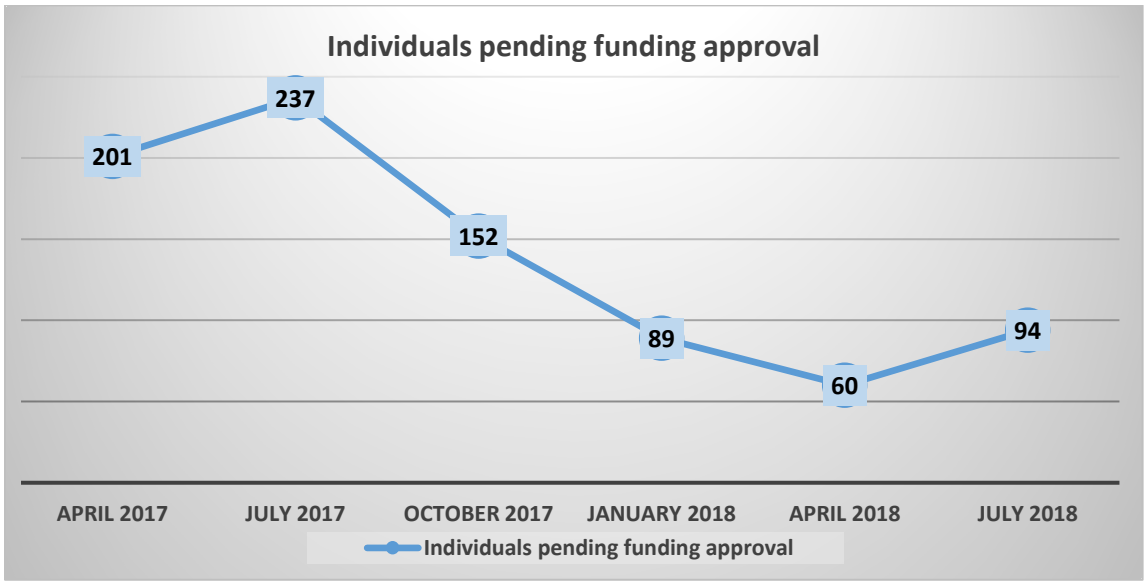
TIMELINESS OF WAIVER FUNDING GOAL ONE: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver. [Revised March 2018]

Reasonable Pace means that funding will be authorized as soon as possible but no later than 45 days after an individual is assessed.

RESULTS: The goal to increase the number of individuals with funding approved at a reasonable pace is **making progress** toward the overall goal.



RESULTS: The goal to decrease the number of individuals pending funding approval is **making progress** toward the overall goal. It should be noted that the number of individuals pending funding approval rose slightly in the last quarter reported.



Individuals with funding approved at a reasonable pace

Time Period	Total number of people assessed	Reasonable Pace (Funding approved within 45 days)	
		Number of individuals	Percentage of individuals
January – December 2016 (Baseline)	1,500	707	47%
January – March 2017	409	237	58%
April – June 2017	506	241	48%
July – September 2017	448	293	66%
October – December 2017	367	229	62%
January – March 2018	389	272	70%

Individuals pending funding approval

Point in time	Total number of people pending funding approval
April 1, 2017	201
July 1, 2017	237
October 1, 2017	152
January 1, 2018	89
April 1, 2018	60
July 1, 2018	94

Timeliness of Waiver Funding Major Accomplishments and Initiatives

- **Urgency categorization system and reasonable pace guidelines**
  A new urgency categorization system and reasonable pace guidelines for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The new system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace standards have been established for each of these categories. These changes allow the Subcabinet to monitor the number of people seeking funding and the timeliness of access to funding.

- **Increased flexibility in allocation of waiver funding**
  In order to increase efficiency in timeliness of access to waiver funding DHS sought and received authority to allocate funds with increased flexibility. This allows the timely allocation of funding to an area in need from an area that is not presently in need.

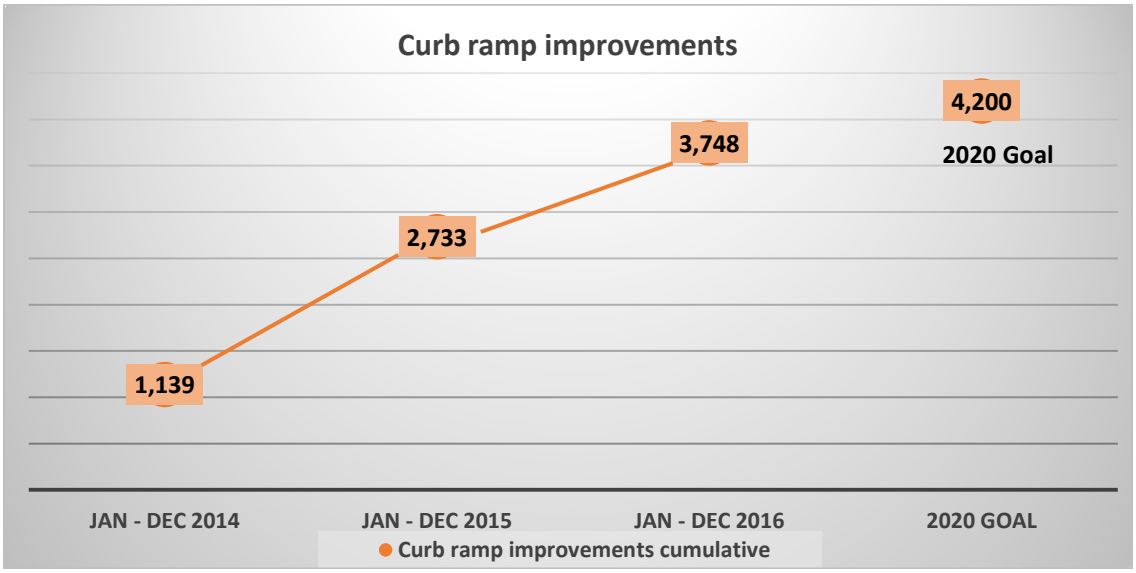
- **Elimination of Community Access for Disability Inclusion (CADI) waiver waiting list**
  People's access to CADI waiver funding was improved resulting in the elimination of the waiting list.

TRANSPORTATION GOAL ONE: **By December 31, 2020 accessibility improvements will be made to (A) 4,200 curb ramps (increase from base of 19% to 38%); (B) 250 accessible pedestrian signals (increase from base of 10% to 50%); and (C) by October 31, 2021, improvements will be made to 30 miles of sidewalks. [Revised February 2017]**

A) Curb Ramps

Overall Goal: By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps bringing the percentage of compliant ramps to approximately 38%.

RESULTS: The goal to increase the number of improvements to curb ramps is **making progress** toward the overall goal.

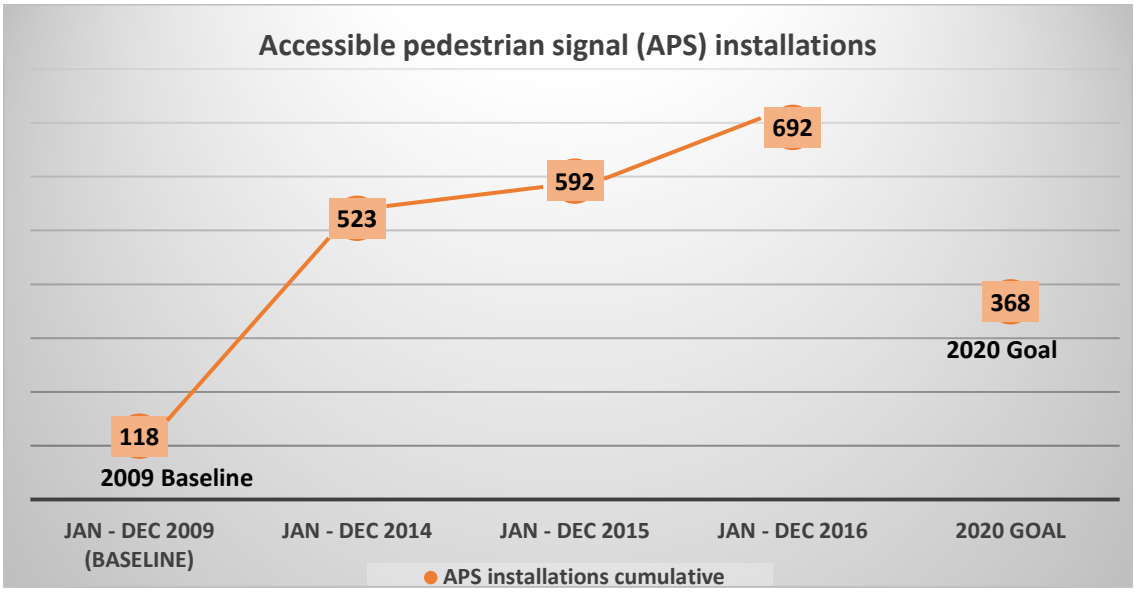


Time period	Curb ramp improvements	Total curb ramp improvements	PROW compliance rate
Baseline (January – December 2012)	Baseline	Baseline	19%
January – December 2014	1,139	**1,139**	24.5%
January – December 2015	1,594	**2,733**	28.5%
January – December 2016	1,015	**3,748**	35.0%

B) Accessible Pedestrian Signals

Overall Goal: By December 31, 2020 accessibility improvements will be made to 250 accessible pedestrian signals (increase from base of 10% to 50%).

RESULTS: The goal to increase the number of APS installations has **achieved the overall goal**.

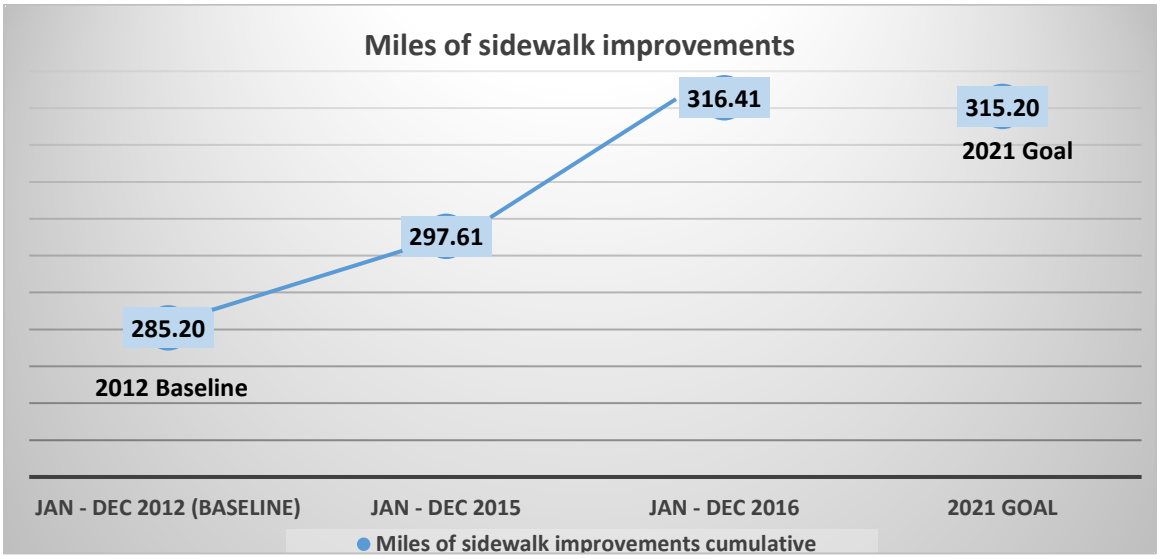


Time period	Total APS in place	Increase over previous year	Increase over 2009 baseline
Baseline (January – December 2009)	118 of 1,179 APS (10%)	N/A	Baseline
2015 Goal (January - December 2014)	523 of 1,179 APS (44%)	N/A	405
2016 Goal (January - December 2015)	592 of 1,179 APS (50%)	**69**	474
2017 Goal (January - December 2016)	692 of 1,179 APS (59%)	**100**	574

C) Sidewalks

Overall Goal: By October 31, 2021 improvements will be made to 30 miles of sidewalks.

RESULTS: The goal to increase the number of sidewalk improvements has **achieved the overall goal**.



Time period	Sidewalk improvements	Total improvements to date	PROW compliance rate
Baseline (January – December 2012)	N/A	0	46%
January - December 2015	**12.41 miles**	12.41	47.3%
2017 Goal (January - December 2016)	**18.8 miles**	31.21	49%

TRANSPORTATION GOAL TWO: By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase). [Revised February 2017]

RESULTS: The goal to increase the annual number of service hours is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time Period	Service Hours	Change from previous year	Change from baseline
Baseline (January – December 2014)	1,200,000	N/A	N/A
January - December 2015	1,218,787	18,787	18,787
2017 Goal (January - December 2016)	1,454,701	**235,914**	254,701

TRANSPORTATION 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. [Revised February 2017 and March 2018]

Baseline:
In December 2016, the percentage of public transportation in Greater Minnesota meeting minimum service guidelines for access was 47% on weekdays, 12% on Saturdays and 3% on Sundays.

Percentage of public transportation meeting minimum service guidelines for access	
Weekday	47%
Saturday	12%
Sunday	3%

RESULTS: The goal to expand transit coverage in Greater Minnesota is **in process**. This goal was revised in March 2018. Progress on this goal has not yet been reported.

TRANSPORTATION GOAL FOUR: By 2025, transit systems' on time performance will be 90% or greater statewide. [Revised February 2017]

RESULTS: The goal to meet the 2025 on time performance goal is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

On-time performance by service level

Time period	Transit Link	Metro Mobility	Metro Transit	Greater Minnesota	Combined average
Baseline Jan – Dec 2014	97%	96.3%	86%	76%	**88.8%**
Jan – Dec 2016	98.5%	96.8%	87.1% • Bus…….. 85.1% • Green light rail…. 82.9% • Blue light rail…….. 87.2% • Commuter rail….. 93.2%	76%	**89.6%**

TRANSPORTATION 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. [Adopted March 2018]

Baseline: The percentage of target population served by regular route level of service for each market area is as follows: Market Area 1 = 95%; Market Area 2 = 91%; and Market Area 3 = 67%.

RESULTS: The goal to increase the level of service is **in process**. This goal was adopted in March 2018. Progress on this goal has not yet been reported.

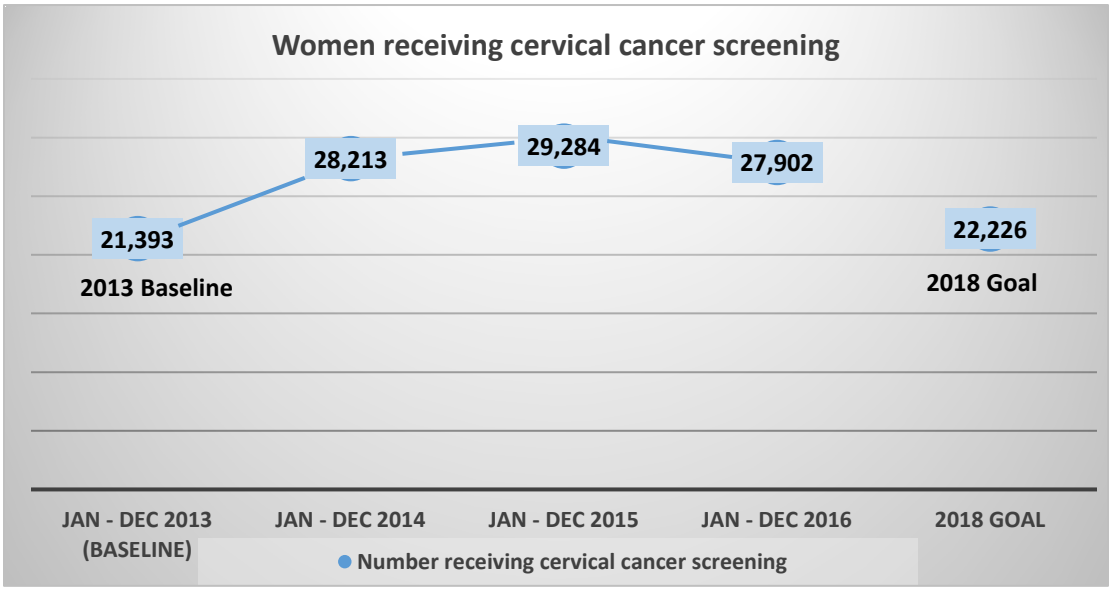
Transportation Major Accomplishments and Initiatives

- **Regional Transportation Coordinating Councils**
  The agency is developing a statewide framework of Regional Transportation Coordinating Councils (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.

  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

HEALTHCARE AND HEALTHY LIVING GOAL ONE*:* By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care[3] focusing specifically on cervical cancer screening will increase by 833 people compared to the baseline. [Revised March 2018]

RESULTS: This goal has **achieved the overall goal**.



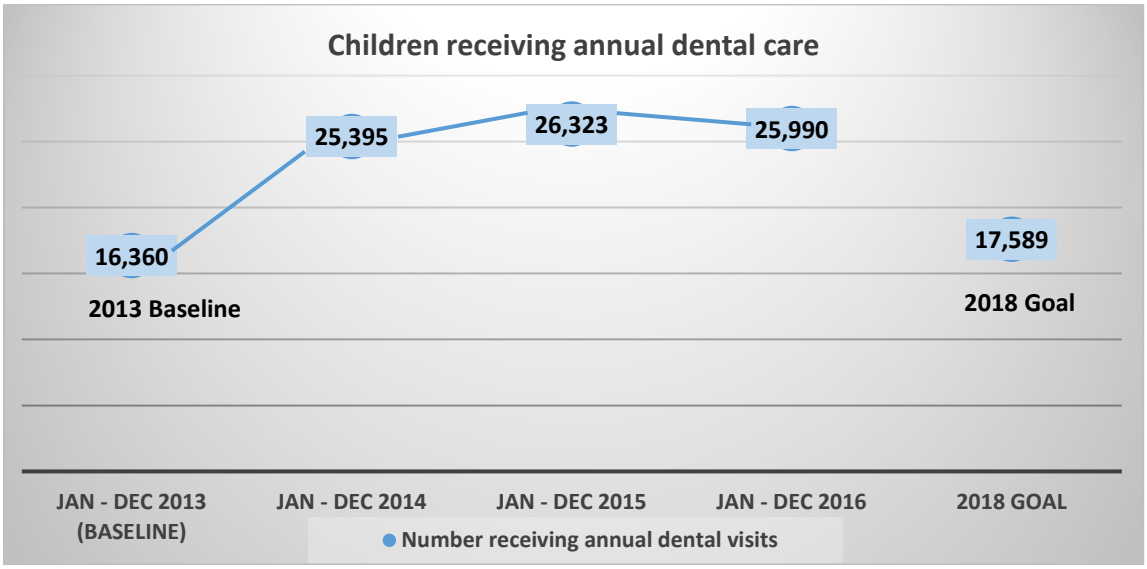
Time period	Number receiving cervical cancer screenings	Change from previous year	Change from baseline
Baseline (January – December 2013)	21,393	Baseline Year	Baseline Year
January – December 2014	28,213	6,820	6,820
January – December 2015	29,284	1,071	7,891
2016 Goal (January – December 2016)	27,902	<1,382>	**6,509**

[3] Appropriate care will be measured by current clinical standards.

HEALTHCARE AND HEALTHY LIVING GOAL TWO: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by (A) 1,229 children and (B) 1,055 adults over baseline.

A) CHILDREN ACCESSING DENTAL CARE

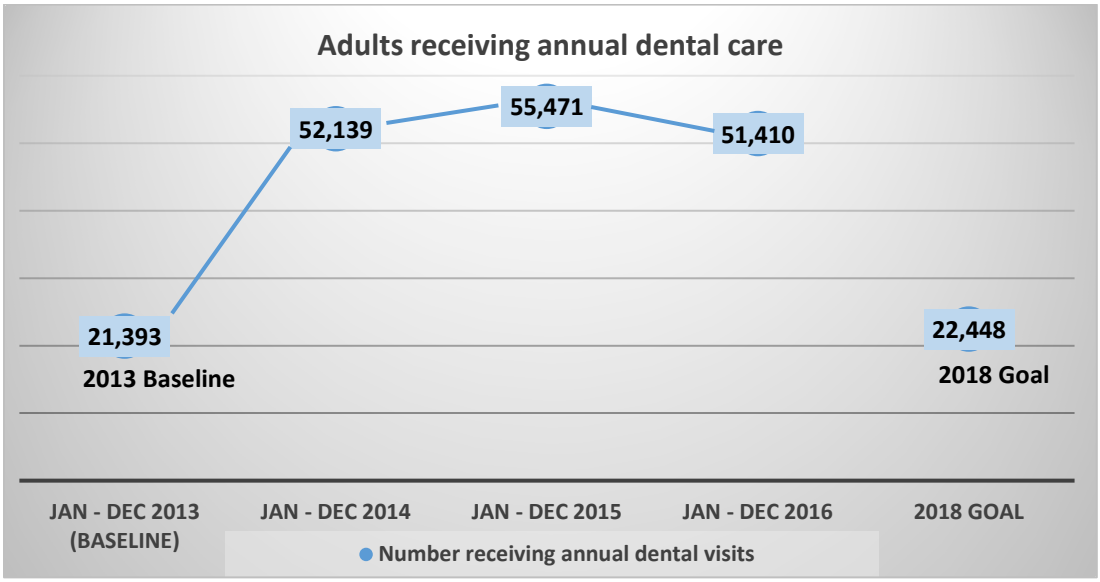
RESULTS: The goal has **achieved the overall goal**.



Time period	Number of children with disabilities who had annual dental visit	Change from previous year	Change from baseline
Baseline (January – December 2013)	16,360	Baseline Year	Baseline Year
January – December 2014	25,395	9,035	9,035
January – December 2015	26,323	928	9,963
2016 Goal (January – December 2016)	25,990	<333>	9,630

B) ADULTS ACCESSING DENTAL CARE

RESULTS: The goal has **achieved the overall goal**.



Time period	Number of adults with disabilities who had annual dental visit	Change from previous year	Change from baseline
Baseline (January – December 2013)	21,393	Baseline Year	Baseline Year
January – December 2014	52,139	30,746	30,746
January – December 2015	55,471	3,332	34,078
2016 Goal (January – December 2016)	51,410	<4,061>	30,017

Health Care and Healthy Living Major Accomplishments and Initiatives

- **Behavioral health homes**
  Behavioral health home model is a person-centered medical care model. The model provides a focused effort to serve the whole person across primary care, mental health, substance use disorder treatment, long-term services and supports, and social service components of our health care delivery system

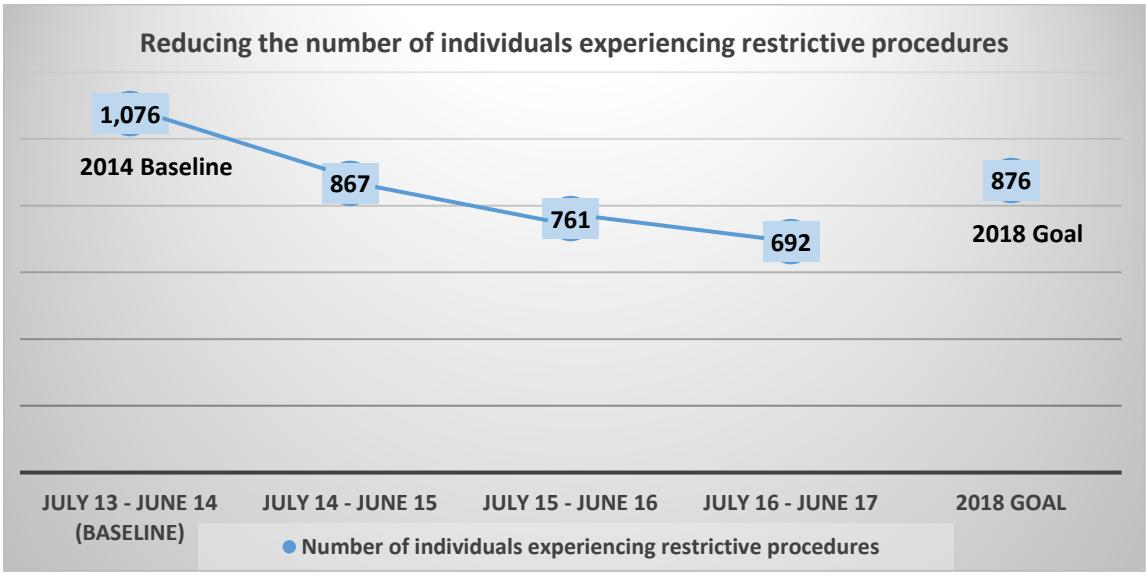
  At the end of June 2017, there were 26 providers across the State of Minnesota that were certified to provide behavioral health home (BHH) services. In addition, DHS has four (4) providers that are undergoing the certification process to provide BHH services. One of the certified providers includes a clinic for Latino Youth.

- **Health care homes**
  Health care home models have demonstrated improved overall health for people with severe mental illness. Beginning in 2015 efforts by DHS to increase the number of health care clinics certified as heath care homes resulted in increases in certified clinics. During 2016, 22 clinics became certified totaling 53% of health care clinics certified. Additionally there are another 39 clinics working toward certification.

- **Increased access to dental services by adults and children with disabilities.**
  In 2016, MDH and DHS held a mid-course review of the Oral Health State Plan (OHSP). MDH and DHS reviewed the current OHSP and worked collaboratively to revise the plan's objectives and strategies to include people with disabilities, mental illness, and special health care needs. During the reporting years of 2013 through 2016 the goal of increasing access to dental care for adults and children has been achieved.

POSITIVE SUPPORTS 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.

RESULTS: The goal to reduce the number of individuals experiencing restrictive procedures has **achieved the overall goal**.

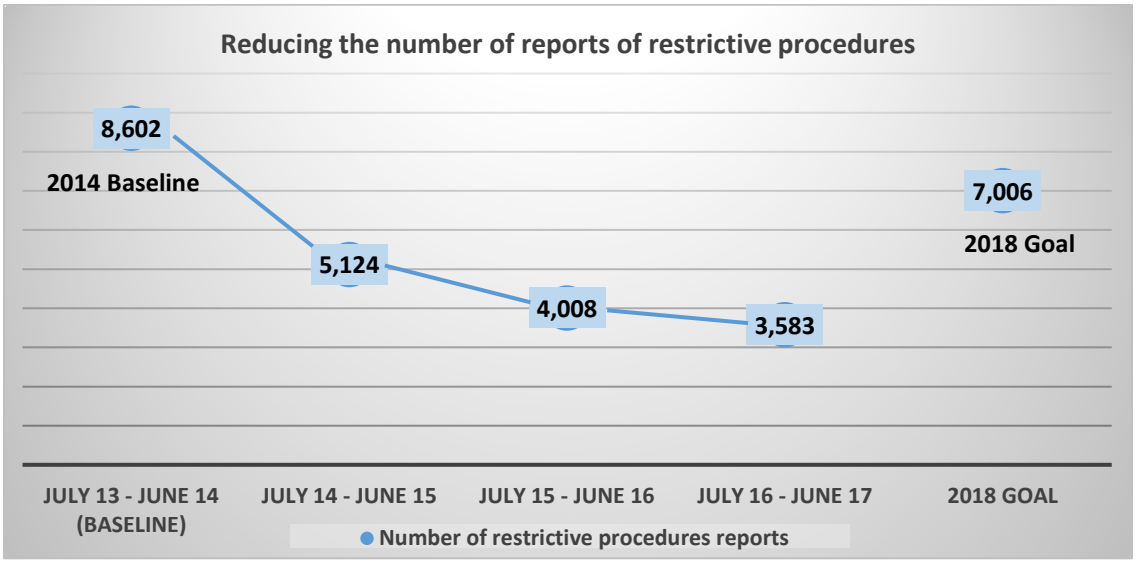


Time period	Individuals who experienced restrictive procedure	Reduction from previous year
Baseline (July 2013 – June 2014)	1,076 (unduplicated)	Baseline
2015 Goal (July 2014 – June 2015)	867 (unduplicated)	**209**
2016 Goal (July 2015 – June 2016)	761 (unduplicated)	**106**
2017 Goal (July 2016 - June 2017)	692 (unduplicated)	**69**

UNIVERSE NUMBER: In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

POSITIVE SUPPORTS 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.**

RESULTS: The goal to reduce the number of reports of restrictive procedures has **achieved the overall goal**. The 2018 overall goal has been reached.



Time period	Number of BIRF reports	Reduction from previous year
Baseline (July 2013 – June 2014)	8,602	Baseline
2015 Goal (July 2014 – June 2015)	5,124	**3,478**
2016 Goal (July 2015 – June 2016)	4,008	**1,116**
2017 Goal (July 2016 – June 2017)	3,583	**425**

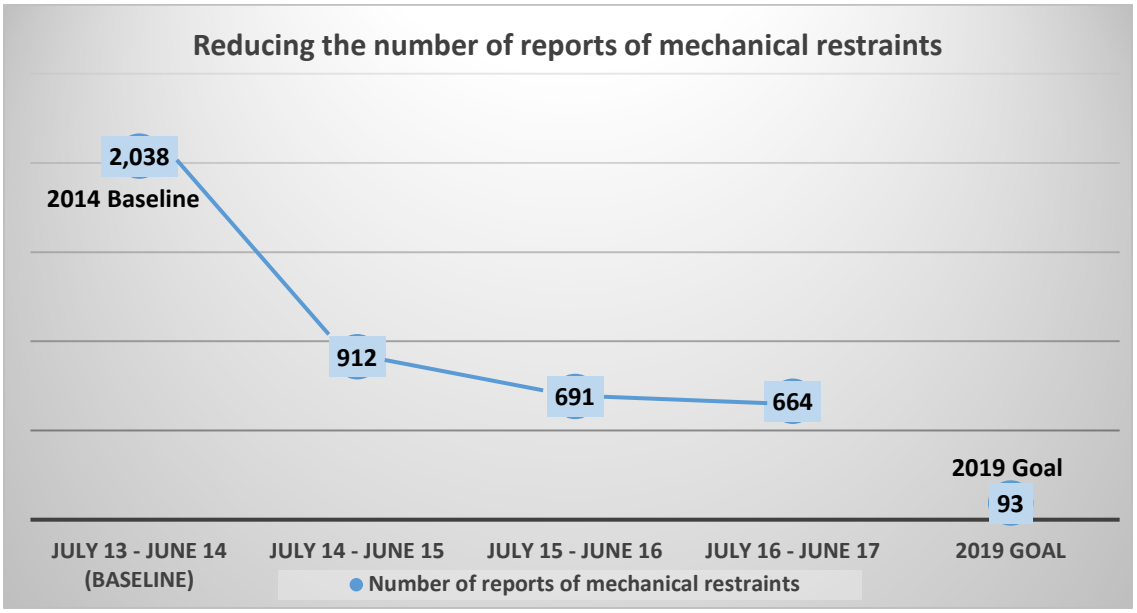
UNIVERSE NUMBER:
In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

POSITIVE SUPPORTS GOAL THREE: **Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544[vi], 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).**

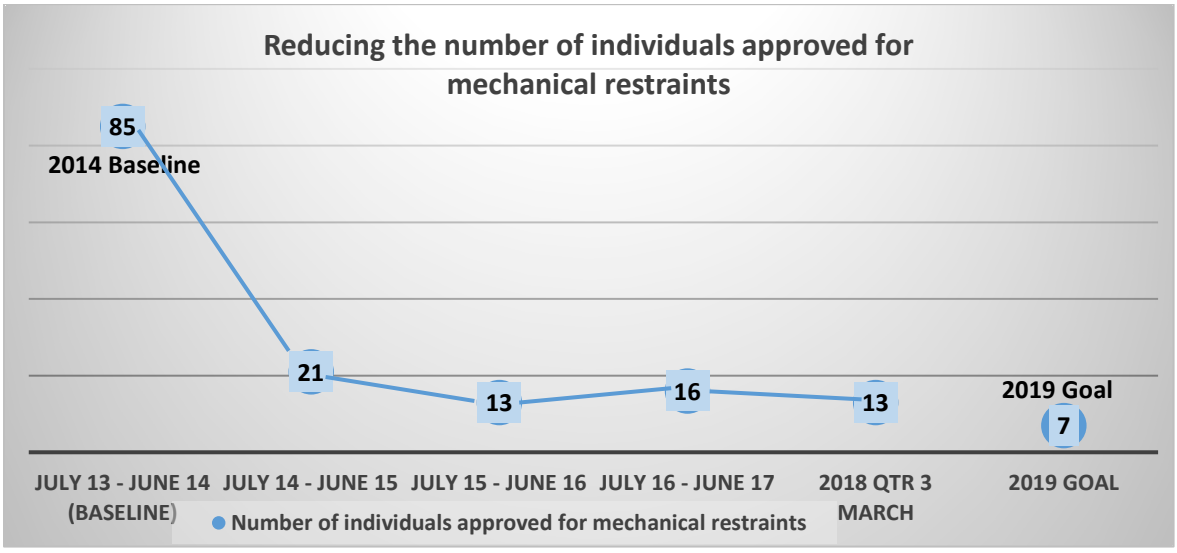
- **By December 31, 2019, the emergency use of mechanical restraints will be reduced to (A) ≤ 93 reports and (B) ≤ 7 individuals.**

RESULTS:

(A) The goal to reduce the number of reports of mechanical restraints **needs improvement** to reach the overall goal.



(B) The goal to reduce the number of individuals approved for mechanical restraints is **making progress** toward the overall goal.



Time period	(A) Number of reports during the time period	(B) Number of individuals at end of time period
Baseline (July 2013 – June 2014)	2,038	85
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Quarter 1 (July – Sept 2017)	192	15
2018 Quarter 2 (Oct – Dec 2017)	167	13
2018 Quarter 3 (Jan – March 2018)	158	13

POSITIVE SUPPORTS 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. [Revised February 2017]

RESULTS: The goal to reduce the number of students experiencing restrictive procedures is **in process**. There is not yet sufficient data to determine progress towards the overall goal.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	147,360	3,034 (2.1%)	N/A
2017 Goal 2016-17 school year	151,407	**3,476 (2.3%)**	**+ 442 (0.2%)**

POSITIVE SUPPORTS 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. [Revised February 2017]

RESULTS:
The goal to reduce the number of restrictive procedures incidents per student is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline (2015-16 school year)	22,028	3,034	7.3	N/A
2017 Goal 2016-17 school year	24,285	3,476	7.0	**+ 2,257 incidents <0.3> rate**

Positive Supports Major Accomplishments and Initiatives

- **Expansion of Positive Behavioral Interventions and Supports**
  Under the training and competency requirements of the new positive supports rule, providers and their staff became better equipped to implement positive support strategies and reduce/avoid the use of restrictive interventions. Through prohibition on the use of restrictive procedures, except in emergencies, and the expansion of these prohibitions across more providers, the number of uses has steadily decreased.

- **Monitoring and supervision of emergency use of mechanical restraints**
  DHS established a structure for monitoring and supervision of the emergency use of mechanical restraints. Providers must submit a request to continue the emergency use of mechanical restraints in accordance with the Positive Supports Rule. All requests are reviewed by the External Program Review Committee (EPRC). The committee includes members with knowledge and expertise in positive support strategies. The EPRC applies criteria in the Positive Supports Rule to approve requests for continued use of a prohibited procedure. The Committee provides direction and support to help providers reduce the need for using such restraints.

- **Tracking of use of restrictive procedures**
  The agency developed data tracking to determine the number of people subjected to emergency use of restraint, total number of restraints utilized, number of individuals approved for the use of prohibited mechanical restraint, and the total number of approved prohibited mechanical restraints utilized. This data provides indication of how well service providers are adopting the effective use of positive support practices.

- **Technical assistance for positive supports implementation**
  Beginning in 2015 agencies provided intensive technical assistance to lead agencies, schools, and providers in support of increasing competency in the delivery of positive supports. This included training, onsite technical assistance, and web based instruction. Additionally DHS established the External Program Review Committee (EPRC) to provide technical assistance and oversight to providers serving individuals temporarily utilizing prohibited mechanical restraints.

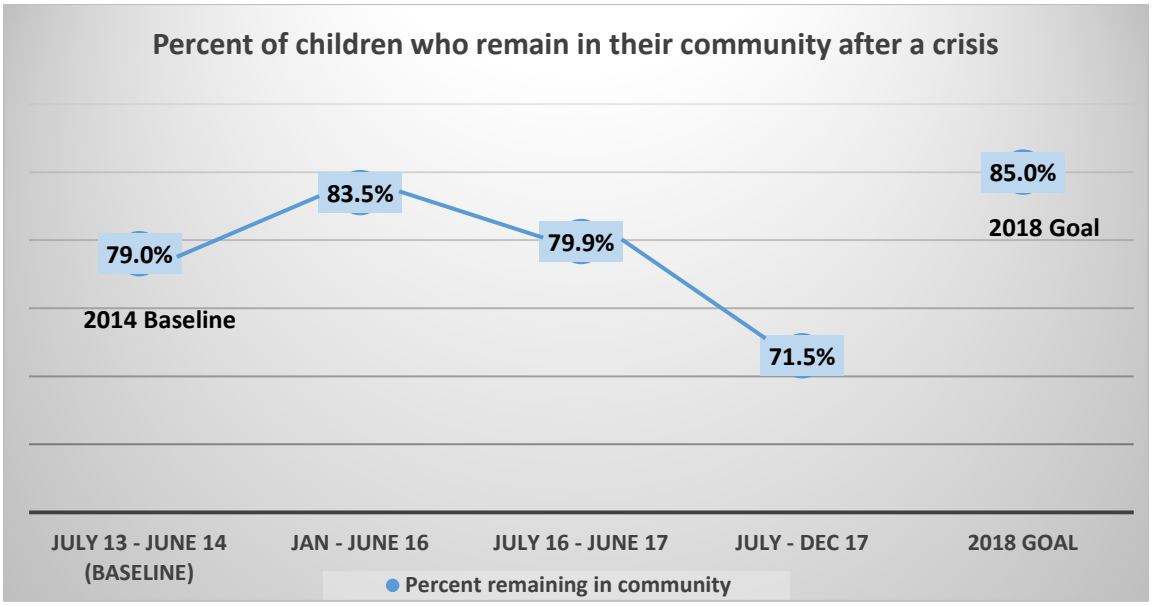
- **Reporting on seclusion**
  During 2016, the restrictive procedure statute was amended to add “seclusion” as a specific area of focus. This requires annual reporting on the use of seclusion to the Restrictive Procedures Stakeholders Workgroup and to the legislature.

- **Elimination of prone restraint in Minnesota schools**
  Due in large part to the efforts by MDE and the Restrictive Procedures Stakeholders Workgroup the use of prone restraint was significantly reduced during the 2014-15 school year and has now been eliminated in the school setting.

- **Positive Supports Rule**
  The Positive Supports Rule [Minnesota Rule 9544] governing positive-support strategies and restrictive interventions went into effect in August 2015. The purpose of the rule is to improve the quality of life for people, including children, who receive DHS-licensed services. It requires service providers to use person-centered principles and positive support strategies for people to whom the rule applies.

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.

RESULTS: The goal to increase the percent of children who remain in their community after a crisis **needs improvement** to reach the overall goal.

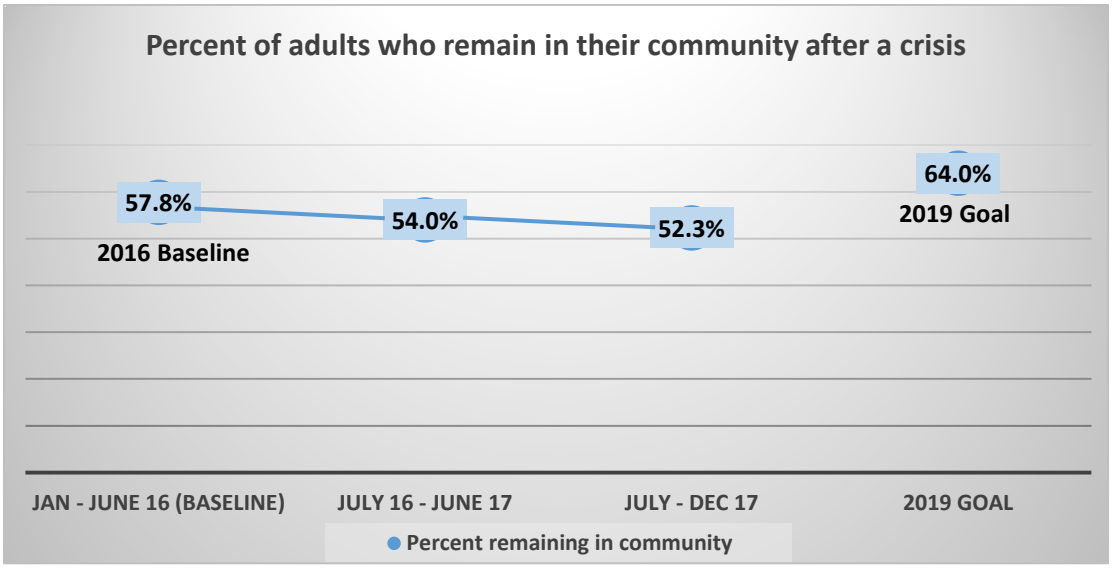


Time period	Total Episodes	Community	Treatment	Other
Baseline (July 2013 – June 2014)	3,793	79%	--	--
2016 Goal (January – June 2016)	1,318	**1,100 (83.5%)**	172 (13.2%)	46 (3.5%)
2017 Goal (July 2016 – June 2017)	2,653	**2,120 (79.9%)**	407 (15.3%)	126 (4.8%)
2018 Goal – Semi-annual (July – December 2017)	1,176	**841 (71.5%)**	210 (17.9%)	125 (10.6%)

- Community = emergency foster care, remained in current residence (foster care, self or family), remained in school, temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, residential treatment (Children's Residential Treatment).
- Other = children's shelter placement, domestic abuse shelter, homeless shelter, jail or corrections, other.

CRISIS SERVICES GOAL TWO: By June 30, 2019, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more. [Revised February 2017]

RESULTS: The goal to increase the percent of adults who remain in their community after a crisis **needs improvement** to reach the overall goal.

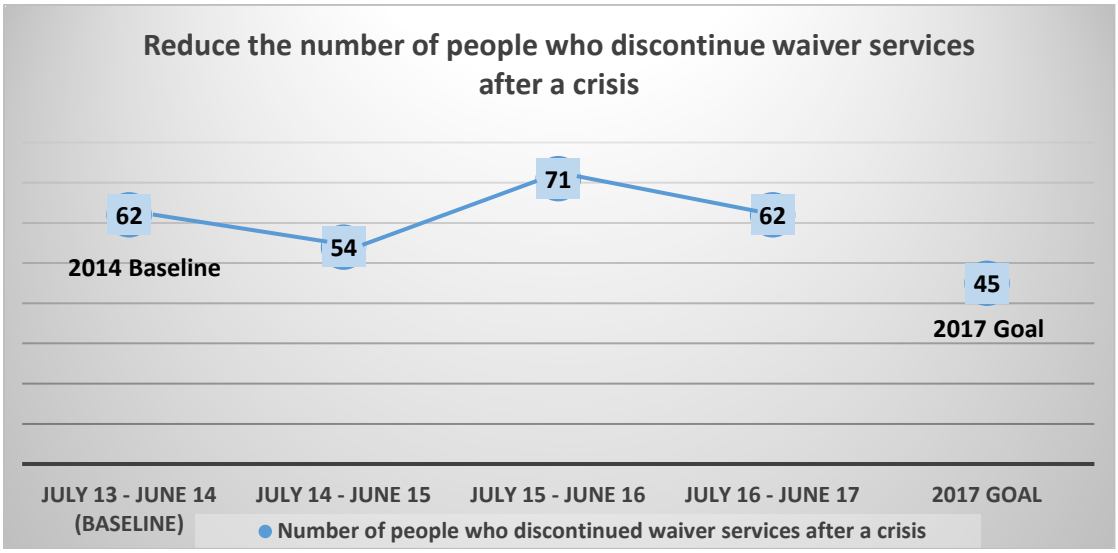


Time period	Total Episodes	Community	Treatment	Other
Baseline (January – June 2016)	5,206	3,008 (57.8%)	--	--
2017 Goal (July 2016 – June 2017)	10,825	**5,848 (54.0%)**	3,444 (31.8%)	1,533 (14.2%)
2018 Goal – Semi-annual (July – December 2017)	5,498	**2,874 (52.3%)**	1,673 (30.4%)	951 (17.3%)

- Community = remained in current residence (foster care, self or family), temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, intensive residential treatment (IRTS)
- Other = homeless shelter, jail or corrections, other.

CRISIS SERVICES 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.) [Revised February 2017]**

RESULTS: The goal to reduce the number of people who discontinue waiver services after a crisis **needs improvement** to reach the overall goal. The 2017 overall goal was not met.



Time period	Number of people who discontinued disability waiver services after a crisis
Baseline (July 2013 – June 2014)	62 (unduplicated)
2015 Goal (July 2014 – June 2015)	54 (unduplicated)
2016 Goal (July 2015 – June 2016)	71 (unduplicated)
2017 Goal (July 2016 – June 2017)	62 (unduplicated)
2018 Quarter 1 (July – September 2017)	17 (duplicated)
2018 Quarter 2 (October – December 2017)	17 (duplicated)

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, within 5 months after leaving the hospital, and they will have a stable, permanent home. [Revised February 2017]

A) STABLE HOUSING

Overall Goal

- By June 30, 2018, the percent of people who are housed five months after discharge from the hospital will increase to 84%.

RESULTS: The goal to increase the percent of people who are housed five months after discharge from the hospital is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

		Status five months after discharge from hospital					
Time period	**Discharged from hospital**	**Housed**	**Not housed**	**Treatment facility**	**Not using public programs**	**Deceased**	**Unable to determine type of housing**
Baseline (July 2014 – June 2015)	13,786	11,290	893	672	517	99	315
		81.9%	6.5%	4.9%	3.7%	0.7%	2.3%
2017 Goal (July 2015 – June 2016)	15,027	**11,809**	1,155	1,177	468	110	308
		78.6%	7.7%	7.8%	3.1%	0.7%	2.1%

- **"Housed"** is defined as a setting in the community where DHS pays for services including ICFs/DD, Single Family homes, town homes, apartments, or mobile homes.
  [NOTE: For this measure, settings were not considered as integrated or segregated.]
- **"Not housed"** is defined as homeless, correction facilities, halfway house or shelter.
- **"Treatment facility"** is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICFs/DD.

B) COMMUNITY SERVICES

Overall Goal

- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

RESULTS: The goal to increase the percent of people who receive appropriate community services within 30-days from a hospital discharge is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time period	**Number of people who went to a hospital due to crisis and were discharged**	**Number and percentage of individuals who received community services within 30-days after discharge**	
Baseline (July 2014 – June 2015)	13,786	12,298	**89.2%**
2017 Goal (July 2015 – June 2016)	15,027	14,153	**94.2%**

CRISIS SERVICES 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. [Revised February 2017 and March 2018]

Baseline: From July 2015 – June 2016, of the people on Medical Assistance who were referred for clinically appropriate crisis services, 85.4% received those services within 10 days. The average number of days was 2.3.

Annual Goals to increase the percent of people receiving crisis services within ten days:

- By June 30, 2018, the percent of people who receive crisis services within 10 days will increase to 87%.

RESULTS: This goal is **in process.** This goal was revised in March 2018. Progress on this goal has not yet been reported.

Crisis Services Major Accomplishments and Initiatives

- **Monitoring crisis services for adults and children**
  DHS implemented increased crisis service capacity. The initial data system measured a small sample of people with disabilities accessing crisis services. The agency developed a data system that tracks the use of publicly funded crisis services across all disabilities and ages.

- **Forensic ACT team model**
  The Forensic Assertive Community Treatment (FACT) team model is determined to be best practice for delivering mental health services to individuals exiting correctional facilities. The FACT 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. The FACT model was designed and implemented through a collaboration between DHS and DOC.

- **Mobile crisis teams state-wide**
  Mobile Crisis teams are operating 24 hours per day, 7 days per week for children and adults throughout all 87 counties. Crisis providers are also provided access to in person and or web based DHS sponsored trainings on co-occurring intellectual and developmental disabilities and mental illness. All mobile crisis teams have access to 24/7 consultation to address crises when individuals may have co-occurring diagnoses (mental illness and intellectual/developmental disability). Crisis teams that have utilized the service find it helpful to better serve this population.

- **Single Point of Entry**
  In February 2015 DHS piloted a Single Point of Entry (SPE) process with a target population of people with developmental disabilities or related conditions who had lost their residential placement or were at risk of losing their residential placement and needed a coordinated response to resolve their crisis. A streamlined referral process was implemented in April 2018. Lead agency staff now initiate referrals for any of the following services: Community Support Services (CSS) mobile teams; CSS crisis homes; Minnesota Life Bridge (MLB); and Minnesota State-Operated Community Services (MSOCS) residential and vocational services.

COMMUNITY ENGAGEMENT 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. [Revised February 2017 and March 2018]**

RESULTS: The goal to increase the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet is **in process**. There is not yet sufficient data to determine progress toward the overall goal.

Time Period	Number of individuals on Boards and Commissions with a disability	Number of individuals on Olmstead Subcabinet workgroups with a disability	Total number
Baseline (As of June 30, 2017)	159	16	175
2018 Goal (As of July 31, 2018)	171	26	**197**

COMMUNITY ENGAGEMENT GOAL TWO: **By June 30, 2020, the number of individuals with disabilities involved in planning publicly funded projects identified through bonding bills will increase by 5% over baseline. [Adopted March 2018]**

Annual Goal to increase the number of individuals involved in planning publicly funded projects:

- By April 30, 2018, establish a baseline and annual goals

RESULTS: The goal **needs improvement** to reach the overall goal. It is not possible to establish a baseline or maintain consistency with a tracking system. A new proposed goal and strategies are expected to be presented to the Subcabinet in December 2018.

Community Engagement Major Accomplishments and Initiatives

- **Communication plan**
  Beginning in 2016 the OIO began informing community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. As of 2018, the OIO has adopted various methods to provide current information about the implementation of the Olmstead Plan. These include monthly newsletters, routine posts on Facebook, and periodic broad email communications.

- **Public input process**
  The OIO has established public input processes monthly at the Olmstead Subcabinet meetings and annually during the update and extending of the Plan.

- **Community Engagement Workgroup**
  The Subcabinet approved a charter to establish the Community Engagement Workgroup. Workgroup membership is primarily people with disabilities and family members. The Workgroup is providing input into improving the Olmstead communication and community engagement practices.

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

- A comprehensive information and training program on the use of the Minnesota Adult Abuse Reporting Center (MAARC).
- Recommendations regarding the feasibility and estimated cost of a major "Stop Abuse" campaign, including an element for teaching people with disabilities their rights and how to identify if they are being abused.
- Recommendations regarding the feasibility and cost of creating a system for reporting abuse of children which is similar to MAARC.
- Utilizing existing data collected by MDE, DHS, and MDH on maltreatment, complete an analysis by type, type of disability and other demographic factors such as age and gender on at least an annual basis. Based upon this analysis, agencies will develop informational materials for public awareness campaigns and mitigation strategies targeting prevention activities.
- A timetable for the implementation of each element of the abuse prevention plan.
- Recommendations for the development of common definitions and metrics related to maltreatment across state agencies and other mandated reporters. **[Adopted June 2016]**

RESULTS: This goal is **making progress** toward the overall goal. The 2016 goal was complete.

The Abuse and Prevention Plan was approved by the Olmstead Subcabinet on September 28, 2016. One of the recommendations in the Plan is the appointment of a Specialty Committee to oversee the Abuse and Prevention Plan. A charter for the Specialty Committee was reviewed and conceptually approved by the Olmstead Subcabinet on October 24, 2016. The charter clarifies which of the Plan recommendations will be the responsibility of the Specialty Committee, and which will be the responsibility of the state agencies.

The Specialty Committee process began with an orientation meeting on June 20, 2017, followed by seven meetings held July through November of 2017. The Specialty Committee presented the Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities to the Olmstead Subcabinet on January 29, 2018. The Subcabinet reviewed and accepted the report and directed that staff from DHS, MDH, MDE and OMHDD review the report and identify the recommendations that can be implemented by adding and updating existing strategies and workplan items. Following Subcabinet approval of changes to strategies and workplans, The Subcabinet expects to work with members of the Specialty Committee and others to identify recommendations that might be best addressed through broader community action.

PREVENTING ABUSE AND NEGLECT GOAL TWO: By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline. [Adopted June 2016 and Revised March 2018]

Baseline: From 2010-2014, there were a total of 199 hospital treatments that reflect abuse and/or neglect to a vulnerable individual. The calculated annual baseline is 40 (199/5 years =40).

Annual Goal:

- By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline.

RESULTS: The goal is **in process**. The data source was determined to be unreliable for this purpose. A new proposed goal and strategies are expected to be presented to the Subcabinet in December 2018.

PREVENTING ABUSE AND NEGLECT 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.
[Adopted June 2016 and Revised March 2018]

Baseline:
From July 2015 – June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4%) had a repeat episode of the same type of abuse or neglect within six months.

Annual Goals:

- By December 31, 2018, the number of people who experience more than one episode will be reduced by 5% compared to baseline

RESULTS: This goal is **in process.** This goal was revised in March 2018. Progress on this goal has not yet been reported.

PREVENTING ABUSE AND NEGLECT GOAL FOUR: By July 31, 2020, the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years will decrease by 50% compared to baseline. The number of students with a disability who are identified as alleged victims of maltreatment within those schools will also decrease by 50% by July 31, 2020. [Adopted June 2016 and Revised March 2018]

Baseline:
From July 2013 to June 2016, there were 13 identified schools that had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years. There were 66 students with a disability who were indentified as alleged victims of maltreatment within those schools:

Annual Goals to reduce the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years and the number of students with a disability who are indentified as alleged victims of maltreatment within those schools:

- By July 31, 2018, the number of identified schools and students will decrease by 10% from baseline

RESULTS: This goal is **in process.** This goal was revised in March 2018.Progress on this goal has not yet been reported.

Preventing Abuse and Neglect Major Accomplishments and Initiatives

- **Comprehensive Plan for Prevention of Abuse and neglect of People with Disabilities**
  In 2017 the Subcabinet approved a charter to establish the Abuse and Neglect Specialty Committee who was charged with developing recommendations for a comprehensive plan for the prevention of abuse and neglect. Recommendations were presented to the Subcabinet in early 2018. Agencies have identified key elements of the recommendations to be implemented.

- **Minnesota Adult Abuse Reporting System (MAARC system)**
  The MAARC system was initiated in 2016. The system accepts and makes required referrals for reports of suspected maltreatment of a vulnerable adult. Reports are screened and immediately referred to the county for emergency protective services. Each report is evaluated and when appropriate immediately referred to law enforcement, medical examiner, and Ombudsman. All reports are forwarded to the lead investigative agency responsible to act.

QUALITY OF LIFE SURVEY

The Quality of Life Survey is designed to be a longitudinal survey, which means participants will be re-surveyed in the future. The Quality of Life Baseline Survey was conducted between February and November 2017. At completion, 2,005 people, selected by random sample, participated in the survey. This survey was designed specifically for people with disabilities of all ages in all settings. In Minnesota, the survey was targeted to people who are authorized to receive state-paid services in potentially segregated settings. This survey sought to talk directly with individuals to get their own perceptions and opinions about what affects their quality of life.

The Olmstead Plan Quality of Life Survey Baseline Report was accepted by the Olmstead Subcabinet on March 26, 2018. Key baseline results were included in the May 2018 Quarterly Report and the full report was attached as an exhibit.

It is expected that subsequent Quality of Life Surveys will be conducted two or three times during the following three years to measure changes from the baseline. The next survey will be completed in December of 2018. Future surveys are subject to adequate funding.

Quality of Life Survey Major Accomplishments and Initiatives

- **Quality of Life Survey Baseline Report**
  Beginning in 2015 the OIO selected a quality of life survey tool, selected a vendor, and completed the baseline Quality of Life Survey. The baseline survey was presented to the Subcabinet and made available to the public in late 2017. The next phase of the survey began in mid-2018 and is projected to be completed and submitted to the Subcabinet in December 2018.

III. AREAS FOR CONSIDERATION

This section identifies areas for consideration where more progress could be made through changes in workplans, strategies, or measurable goals. Lessons learned from this review may be applied during the Workplan review and refresh in October and the Olmstead Plan amendment process occurring from December 2018 through March 2019. This will provide opportunity to build on successes or make course corrections to improve Plan performance.

The following are identified areas to consider when modifying measurable goals and strategies as well and associated agency workplans.

- **AMEND OR ADD NEW MEASURABLE GOALS**

  The Plan anticipates that over time measurable goals will need to be refined or new goals added. Goals are to be concrete and reliable, realistic, strategic, and specific with reasonable timeframe. In some instances goals have been met, however the goal has not been amended.

  Once achieved, goals should be examined and amended based on analysis of what is possible and practical. Goals serve as a mechanism to focus the agency's efforts to achieve outcomes and to allow that the agency can be held accountable to the public.

  Example: Positive Supports Goal 1 and 2 have both performed beyond the expected overall goal well in advance of the expected 2018 goals. By re-examining these goals and the performance and setting a new goal it is possible to further reduce the number of people experiencing emergency manual restraint and the number of times the emergency intervention is applied.

- **CONSIDER NEW OR INNOVATIVE STRATEGIES TO IMPROVE PERFORMANCE FOR MEASURABLE GOALS THAT ARE NOT PROGRESSING**

  Goals that need improvement may continue with the same or similar strategies and workplans. These efforts may and often have demonstrated some progress but have not sufficiently improved progress to meet the desired goals. These goals are targeting improvement on very complex issues that have resisted multiple efforts to improve outcomes.

  After multiple years of efforts that have not achieved the desired performance it is likely that a new approach may be helpful.

  Example:

  1) The Olmstead Plan strives to increase employment and post-secondary enrollment for students with disabilities exiting school. The current approach is to address these as two separate efforts. However it appears that they are in fact related. When there are high rates of employment the enrolment in post-secondary school declines and conversely when employment opportunities lessen enrollment increases.

     By examining these as interrelated items it may present different strategies and workplans that could improve performance.

  2) Timely discharges from AMRTC and MSH have consistently not met performance rates. The primary focus of efforts has been to improve collaborative work across the relevant

stakeholders. This has resulted in improvement in performance but not sufficient to meet the goals.

A different outcome may be achieved by providing early intervention with people who are or maybe at risk of admission/re-admission to these programs. Once identified more robust interventions could be engaged to stabilize the individual and reduce the need for admission.

- **MODIFY EXISTING OR ADD NEW WORKPLANS**
  "The Olmstead Plan is not intended to be a static document that simply establishes a one-time set of goals for state agencies as they provide services for people with disabilities. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet's vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings." (page 106 of the 2018 Olmstead Plan)

  In order that the Plan serve as a "vital dynamic road map" agencies may find routine revision and updating of workplans may result in identifying where more progress can be made. In some instances major workplan products have been achieved but the next steps have not been established as new workplan items in the Plan.

  Example: After the Subcabinet accepted the recommendations from the Comprehensive Plan for the Prevention of Abuse and Neglect agencies identified a number of initiatives that addressed elements of the recommendations. These could be developed into workplans and included in the Plan as a natural evolution of the initial effort to develop the Comprehensive Plan for the Prevention of Abuse and Neglect.

- **STRATEGICALLY USE WORKPLANS TO IMPROVE THE OLMSTEAD PLAN**
  During the past three years **workplans** have provided valid and reliable data and new insights in to how to best approach achieving a goal, how to best measure progress, or when to abandon a strategy. Workplans should be used to examine key goals in the plan or new goals where more information is needed for considering an amendment to the Plan.

  Example: Minnesota has exerted a considerable effort to study health care outcome disparities across ethnically and racially diverse groups. Once identified data is gathered and analyzed to determine how to effectively intervene to lessen or eliminate the disparity. Unfortunately these efforts typically do not recognize the health care outcome disparities experienced by people with disabilities.

  Agencies could adopt a practice of analyzing these existing studies over time and to include people with disabilities when appropriate. Over time this practice should provide actionable data indicating where disparities for people with disabilities exist and how to best address them.

ENDNOTES

[i] This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options also reported under Housing Goal One.
[ii] Transfers refer to individuals exiting segregated settings who are not going to an integrated setting. Examples include transfers to chemical dependency programs, mental health treatment programs such as Intensive Residential Treatment Settings, nursing homes, ICFs/DD, hospitals, jails, or other similar settings. These settings are not the person's home, but a temporary setting usually for the purpose of treatment.
[iii] As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.
[iv] "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.
[v] "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.
[vi] Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.