

Minnesota Olmstead Subcabinet

Annual Report on Olmstead Plan Implementation



REPORTING PERIOD

Data acquired through October 31, 2016

DATE REPORT APPROVED BY SUBCABINET

December 19, 2016

Contents

| | |
|---|-----------|
| I. PURPOSE OF REPORT..... | 4 |
| EXECUTIVE SUMMARY | 4 |
| II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS..... | 7 |
| ANNUAL SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED | 7 |
| TRANSITION SERVICES GOAL ONE | 8 |
| TRANSITION SERVICES GOAL TWO | 12 |
| TRANSITION SERVICES GOAL THREE..... | 14 |
| TRANSITION SERVICES GOAL FOUR..... | 15 |
| III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS | 16 |
| WAITING LIST GOAL ONE | 16 |
| WAITING LIST GOAL TWO | 17 |
| WAITING LIST GOAL THREE..... | 18 |
| WAITING LIST GOAL FOUR..... | 19 |
| WAITING LIST GOAL FIVE | 19 |
| IV. QUALITY OF LIFE MEASUREMENT RESULTS..... | 21 |
| V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION..... | 23 |
| PERSON CENTERED PLANNING GOAL ONE..... | 23 |
| POSITIVE SUPPORTS GOAL ONE | 25 |
| POSITIVE SUPPORTS GOAL TWO | 26 |
| POSITIVE SUPPORTS GOAL THREE | 27 |
| CRISIS SERVICES GOAL THREE | 29 |
| PERSON CENTERED PLANNING GOAL TWO..... | 31 |
| HOUSING AND SERVICES GOAL ONE | 33 |
| EMPLOYMENT GOAL ONE..... | 34 |
| EMPLOYMENT GOAL TWO..... | 34 |
| EMPLOYMENT GOAL THREE | 35 |
| EDUCATION GOAL ONE | 36 |
| EDUCATION GOAL TWO | 36 |
| EDUCATION GOAL THREE..... | 38 |
| TRANSPORTATION GOAL ONE..... | 38 |
| TRANSPORTATION GOAL TWO | 40 |

| | |
|---|----|
| TRANSPORTATION GOAL THREE..... | 41 |
| TRANSPORTATION GOAL FOUR..... | 41 |
| HEALTH CARE GOAL ONE | 41 |
| HEALTH CARE GOAL TWO | 42 |
| POSITIVE SUPPORTS GOAL FOUR | 42 |
| POSITIVE SUPPORTS GOAL FIVE | 43 |
| CRISIS SERVICES GOAL ONE | 44 |
| CRISIS SERVICES GOAL TWO | 45 |
| CRISIS SERVICES GOAL FOUR | 46 |
| CRISIS SERVICES GOAL FIVE | 47 |
| COMMUNITY ENGAGEMENT GOAL ONE..... | 48 |
| PREVENTING ABUSE AND NEGLECT GOAL ONE | 51 |
| PREVENTING ABUSE AND NEGLECT GOAL TWO | 52 |
| PREVENTING ABUSE AND NEGLECT GOAL THREE | 52 |
| PREVENTING ABUSE AND NEGLECT GOAL FOUR | 52 |
| VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS | 53 |
| VII. ANALYSIS OF TRENDS AND RISK AREAS | 54 |
| VIII. POTENTIAL AMENDMENTS TO THE PLAN | 56 |
| ENDNOTES..... | 57 |
| ADDENDUM..... | 59 |

I. PURPOSE OF REPORT

This Annual Report to the Court and the public provides the status of work being done by state agencies to implement the Olmstead Plan. The Annual Report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2016).¹

For the purpose of reporting, the measurable goals are grouped in four categories:

1. Movement of people with disabilities from segregated to integrated settings
2. Movement of individuals from waiting lists
3. Quality of life measurement results
4. Increasing system capacity and options for integration

This Annual Report dated December 19, 2016 includes data acquired through October 31, 2016. Progress on each measurable goal is reported in accordance with the Court Orders issued on February 22, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). More details on the progress of the goals can be found in the quarterly reports.

This Annual Report includes Olmstead Implementation Office (OIO) compliance summary reports on mid-year reviews of measurable goals, status of workplans, and an analysis of trends and risk areas. The report also includes potential Plan amendments that are being considered as part of the ongoing Olmstead Plan amendment process.

EXECUTIVE SUMMARY

This Annual Report covers the forty-eight measurable goalsⁱ in the Olmstead Plan. As shown in the chart below, thirty-eight of the annual goals were either met or are in process.ⁱⁱ Ten annual goals were not met. For those ten goals, the report documents how the agencies will work to improve performance on each goal.

| Status of Annual Goals* 2016 Annual Report | Number of Goals |
|---|-----------------|
| Met annual goal | 21 |
| In Process | 17 |
| Did not meet annual goal | 10 |
| Goals Reported | 48 |

*The status for each goal is based on the most recent annual goal reported. Each goal is accounted for only once in the table.

In the past year, significant strides have been made in the implementation of the Olmstead Plan. There have been two milestones that represent meaningful change in the lives of people with disabilities in the State of Minnesota. The Community Access for Disability Inclusion (CADI) waiver waiting list was eliminated as of October 1, 2016. This represents a significant number of individuals with disabilities who gained access to housing and supports, providing the opportunity to successfully live in the

¹ Quarterly Reports and other related documents are available on the Olmstead Plan website [www.Mn.gov/Olmstead]. The Quarterly Reports are Documents 547, 569, 588, and 602 on the Court's Docket.

community. In addition, as of the November 2016 Quarterly Report, the number of individuals approved for use of mechanical restraint was reduced to 13, an all-time low. This is a noteworthy trend in the right direction.

The work that has been done over the last year to further develop and implement Minnesota's Olmstead Plan is the result of a commitment to progress throughout the State. Governor Dayton, who originally established the Olmstead Subcabinet², continues to prioritize and support work of State agencies towards achieving the goals in the Plan. Leadership and staff from Subcabinet agencies have made significant changes in policy and practice that will meet more of the needs and improve the choices available for people with disabilities. They have commenced the hard work of implementing these changes through the thousands of people who work for the counties, tribes, school districts, state facilities, employers and providers who serve people with disabilities. They have also created systems to collect and track data that allow us to monitor progress towards achieving the Plan goals. People with disabilities and organizations who work with them continue to provide input and feedback on how the Plan can best achieve meaningful and longstanding change.

Achieving progress under the Olmstead Plan involves ongoing oversight, analysis, and review by the Olmstead Subcabinet and OIO. The Olmstead Plan identifies measurable goals and strategies that support the goals. Workplan activities are actions that State agencies will take to support the strategies and goals contained in the Olmstead Plan.

Since the approval of the Plan, Subcabinet agencies have implemented monitoring processes for timely completion of workplans. They have also established verification processes to ensure that data used to measure progress on measurable goals is accurate, verifiable and reliable.

OIO actively reviews the performance of the agencies in making progress towards the measurable goals, strategies, and workplan activities. State agency staff prepares reviews of workplan activities on a monthly basis to determine if items are completed, on track or delayed. OIO reviews these and provides monthly reports on the status of the workplan reviews to the Subcabinet. Over the course of the past year agency workplan implementation, as measured by timely completion of workplan items, has improved substantially. OIO Compliance staff has begun verification reviews with agencies to confirm that agencies have internal verification processes and that data used to measure progress is accurate, verifiable and reliable. These reviews have improved the accuracy and reliability of data used in the Quarterly Reports.

OIO also works with agency staff to compile Quarterly Reports on progress related to the Olmstead Plan measurable goals. Quarterly Reports are reviewed and approved by the Olmstead Subcabinet, are made available to the public through the Olmstead Plan website and are submitted to the Court by the Department of Human Services (DHS). There have been four Olmstead Plan Quarterly Reports submitted in the past year: February, May, August and November 2016.

The Olmstead Plan is not intended to be a static document that establishes a one-time set of goals for State agencies. 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

² Exec. Order No. 13-01 (2013); Exec. Order No. 15-03 (2015).

integrated settings. The dynamic nature of the Plan means that the Olmstead Subcabinet regularly examines the goals, strategies, and workplan activities to ensure that they are the most effective means to achieve meaningful change.

The Olmstead Subcabinet took several steps in the last year to review and update the Plan and workplan activities. With the assistance of the Court, State agencies developed new Plan goals in the areas of Assistive Technology and Preventing Abuse and Neglect. The June 1, 2016 Olmstead Plan Update incorporates the adopted goals and related strategies. (Doc. 571). The Court approved the updated Plan on June 21, 2016. (Doc 578).

State agencies also took a number of steps to update workplan activities. The Subcabinet adopted new workplan activities for the new Assistive Technology and Preventing Abuse and Neglect goals and strategies in July of 2016. (Doc. 581). State agencies also completed a full review and adjustment of all existing workplan activities, resulting in the development of an updated Olmstead Plan workplan, which was approved by the Subcabinet in September 2016. (Doc. 596).

The Olmstead Subcabinet is currently in the midst of an annual Plan review and amendment process. Starting in October 2016, public comments were solicited regarding the Plan and the existing measurable goals. After the initial public comment period, the Subcabinet agencies proposed a number of potential amendments to the measurable goals, which were provisionally approved by the Subcabinet on December 19, 2016. The draft measurable goal amendments are attached to this report as an addendum. The Subcabinet is seeking additional public comment on the draft goal amendments and will review them again at the January 30, 2017 Subcabinet meeting. Any changes that are made to the goals at that meeting will again be published for a brief public comment period. The final Plan amendment, including the measurable goal amendments and updates to the supporting text, will be reviewed for approval by the Subcabinet in February 2017 and will be submitted to the Court on or by February 28, 2017.

The ultimate success of the Olmstead Plan will be measured by an increase in the number of people with disabilities who, based upon their choices, live close to their friends and family as independently as possible, work in competitive, integrated employment, are educated in integrated school settings, and fully participate in community life. While there is much work to be done to achieve the goals of the Olmstead Plan, significant strides have been made in the last year in establishing meaningful implementation processes. It is anticipated that future reports will include additional indicators of important progress towards these larger goals.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

This section reports on the progress of six separate Olmstead Plan goals that assess movement of individuals from segregated to integrated settings.

ANNUAL SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

The table below indicates the number of individuals who moved from various segregated settings to integrated settings for the goals included in this section. The reporting period for each goal is based on the reporting period of the annual goal.

| Net number of individuals who moved from segregated to integrated settings during the reporting period: | | |
|---|-------------------------|--------------|
| Setting | Reporting period | Number moved |
| • Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD) | July 2014 – June 2015 | 71 |
| • Nursing Facilities | July 2014 – June 2015 | 779 |
| • Other segregated settings | July 2014 – June 2015 | 903 |
| • Anoka Metro Regional Treatment Center (AMRTC) | July 2015 – June 2016 | 114 |
| • Minnesota Security Hospital (MSH) | January – December 2015 | 73 |
| Net number who moved from segregated to integrated settings | | 1,940 |

More detailed information for each specific goal is included below. The information includes the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

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

Annual Goals for the number of people moving from ICFs/DD, nursing facilities and other segregated housing to more integrated settings are set forth in the following table:

| | Baseline Calendar year 2014 | June 30, 2015 Goal | June 30, 2016 Goal |
|--|--------------------------------|-----------------------|-----------------------|
| A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD) | 72 | 84 | 84 |
| B) Nursing Facilities (NF) under age 65 in NF > 90 days | 707 | 740 | 740 |
| C) Segregated housing other than listed above | Not Available ^{iv} | 50 | 250 |
| Total | | 874 | 1,074 |

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

Annual Goals

- **2015 Goal:** For the year ending June 30, 2015 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**
- **2016 Goal:** For the year ending June 30, 2016 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**

Baseline: January - December 2014 = 72

RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **on track**.

| Time Period | Total number of individuals leaving | Transfers ^v (-) | Deaths (-) | Net moved to integrated setting |
|--|--|-------------------------------|---------------|------------------------------------|
| July 2014 – June 2015 | 158 | 24 | 63 | 71 |
| Quarter 1 (July – September 2015) | 37 | 7 | 14 | 16 |
| Quarter 2 (October – December 2015) | 57 | 11 | 23 | 23 |
| Quarter 3 (January – March 2016) | 63 | 5 | 24 | 34 |
| Totals Q1 + Q2 + Q3 | 157 | 23 | 61 | 73 |

ANALYSIS OF DATA:

The 2015 goal of 84 was not met. From July 2014 – June 30, 2015, the number of people moving from an ICF/DD to a more integrated setting was 71.

For the 2016 goal, during the first three quarters, a total of 73 people moved from an ICF/DD to a more integrated setting. This is approximately 84% of the annual goal of 84.

COMMENT ON PERFORMANCE:

The Department of Human Services (DHS) provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services as based on their last assessment. As part of the current reassessment process, individuals are being asked whether they would like to explore alternative community services in the next 12 months. The agency is finding that some individuals who expressed an interest in moving are declining to begin planning or move in that 12-month timeframe.

All individuals living in ICFs/DD will be reassessed by December 2016, to determine if they would choose to move to an integrated setting, if they are not opposed to moving to an integrated setting or choose to remain in a segregated setting. DHS will provide technical assistance to lead agencies, to identify and resolve barriers to achieve movement to integrated settings.

For those leaving an institutional setting such as an ICF/DD, the new reasonable pace standard is to ensure access to waiver services funding within 45 days of requesting community services. DHS monitors and provides technical assistance to counties in providing timely access to the funding and planning necessary to facilitate a transition to community services.

A person-centered planning, informed choice and transition protocol was introduced in February 2016. Work is being done to increase education and technical assistance on housing subsidies, methods of working with landlords, and services available to do so, as well as different services that are available to support people as they move from an ICF/DD to an integrated setting.

Several providers have expressed an interest in voluntary closures of ICFs/DD. DHS is working to support the planning process for integrated community service development, and firm up timelines for transitions. These closures would permanently reduce bed capacity.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

B) NURSING FACILITIES

Annual Goals

- **2015 Goal:** For the year ending June 30, 2015 the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **740**
- **2016 Goal:** For the year ending June 30, 2016 the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **740**

Baseline: January - December 2014 = 707

RESULTS:

The 2015 goal was **met**.

The 2016 goal is **on track**.

| Time Period | Total number of individuals leaving | Transfers (-) | Deaths (-) | Net moved to integrated setting |
|--|-------------------------------------|---------------|------------|---------------------------------|
| July 2014 – June 2015 | 1,509 | 203 | 527 | 779 |
| Quarter 1 (July – September 2015) | 374 | 23 | 171 | 180 |
| Quarter 2 (October – December 2015) | 511 | 59 | 221 | 231 |
| Quarter 3 (January – March 2016) | 370 | 26 | 159 | 185 |
| Totals Q1 + Q2 + Q3 | 1,255 | 108 | 551 | 596 |

ANALYSIS OF DATA:

The 2015 goal of 740 was met. From July 2014 – June 30, 2015, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 779.

For the 2016 goal, during the first three quarters, 596 people under the age of 65 have moved to more integrated settings in the past three quarters. This is 80% of the annual goal of 740. If moves continue at approximately the same rate, the 2016 goal is on track to be met.

COMMENT ON PERFORMANCE:

DHS reviews data and notifies lead agencies of people who have not refused or opposed more integrated options. Lead agencies are expected to work with these individuals to begin to plan their moves. DHS continues to work with partners in other agencies to improve the supply of affordable housing and knowledge of housing subsidies.

Beginning in December 2015, Section 811 rental subsidies became available to some individuals moving from institutional settings. Per the November 2016 Quarterly Report, forty-five individuals with a disability, including 11 who had moved from institutional settings, had been housed in Section 811 units to date.

In July 2016, Medicaid payment for Housing Access Services was expanded across waivers. Additional providers are now able to enroll to provide this service. Housing Access Services assists people with finding housing, setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

C) SEGREGATED HOUSING

Annual Goals

- **2015 Goal:** For the year ending June 30, 2015 the number of people who have moved from other segregated housing to a more integrated setting will be **50**
- **2016 Goal:** For the year ending June 30, 2016 the number of people who have moved from other segregated housing to a more integrated setting will be **250**.

RESULTS:

The 2015 goal was **met**, using an interim measure.

The 2016 goal is **in process**.

| Time period | People in integrated housing | Increase over baseline |
|-----------------------|------------------------------|------------------------|
| July 2014 – June 2015 | 6,920 | 903 (15%) |

ANALYSIS OF DATA:

The 2015 goal to increase by 50 the number of people who moved from other segregated housing to a more integrated setting was met. From July 2014 through June 2015 the number of people living in integrated housing increased by 903 over baseline to 6,920. The 2015 measure was based on an interim measure being used until more comprehensive data sources are available. The interim measure is the same data that is being used to measure Housing and Services Goal One.

The 2016 goal is in process. Data was expected to be available for the November 2016 Quarterly Report, but due to limited information technology resources and competing data priorities for other goal areas, the data development was not available for that report. OIO Compliance staff worked with DHS to ensure the agency put the necessary processes and timelines in place so that the data will be collected and verified. It is expected that baseline data and reliable, verified measurements will be reported in the February 2017 quarterly report.

TRANSITION SERVICES GOAL TWO: By June 30, 2019, 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^{vi} will be reduced to 30% (based on daily average).

Annual Goals

- **2016 Goal:** By June 30, 2016 the percent of people at AMRTC awaiting discharge will be ≤ 35%
- **2017 Goal:** By June 30, 2017 the percent of people at AMRTC awaiting discharge will be ≤ 33%

Baseline: During the period from July 2014 – June 2015, a change in utilization of AMRTC caused an increase in the percent of the target population to 36%.

RESULTS:

The 2016 goal was **not met**.

The 2017 goal is **on track**.

| Time Period | Total number of individuals leaving | Transfers ^v (-) | Deaths (-) | Net moved to integrated setting | % awaiting discharge |
|--------------------------------------|-------------------------------------|----------------------------|------------|---------------------------------|----------------------|
| July 2015 – June 2016 | 281 | 167 | 0 | 114 | Avg = 42.5% |
| | | | | | |
| Quarter 1 (July – September 2016) | 61 | 27 | 0 | 34 | Avg = 37.0% |

ANALYSIS OF DATA:

The 2016 goal of 35% was not met. From July 2015 – June 2016, the average percent of people at AMRTC awaiting discharge was 42.5%.

For the 2017 goal, during the first quarter, the average percent of people at AMRTC awaiting discharge was 37.0% compared to 38.4% in the previous quarter. There has been a downward trend over the last two quarters. If this continues at the same rate, this goal is on track to meet the 2017 goal of 33%.

COMMENT ON PERFORMANCE:

When an individual is accused of committing a crime, but is deemed mentally unfit to stand trial, the State of Minnesota sends that person to a mental health facility to receive treatment before eventually standing trial. Today, many of these individuals are cared for in secure treatment centers or at a hospital level of care at Anoka Metro Regional Treatment Center (AMRTC), though they could be served in a less-intensive setting. Having these individuals at AMRTC detracts from the target population and the work of getting more people out of AMRTC. This issue is being addressed through the ongoing Plan amendment process.

In order to make progress on this goal, structural and systemic changes in the mental health system and housing access need to be made. These changes will ensure that individuals exiting AMRTC have integrated living options, and receive timely care.

Common barriers which result in delayed discharges for those at AMRTC include:

- A lack of housing vacancies and closed waiting lists for housing.
- Community providers that do not feel they can meet the needs of individuals referred due to behaviors that can be common among AMRTC clients:

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;
- High risk for self-injury (i.e. swallowing objects, suicide attempts);
- Low reimbursement rates for patients over the age of 65 due to the limits of Elderly Waiver per diem rates; and
- Not being willing to take medication in the community.

DHS, lead agencies and providers work with individuals facing these barriers to develop plans that lead to discharge.

Activities that may have an impact on this goal include:

- Under executive order by the Governor, a Task Force on Mental Health has been convened. Task force recommendations were completed in November 2016.
- The creation of a Competency Restoration Program for individuals who do not require hospital level of care will help reduce the number of individuals at AMRTC.
- DHS has developed a plan to realign mental health and chemical dependency treatment facilities in St. Peter with the following anticipated transition timeline:
 - October 1, 2016 – Stop admissions to the St. Peter Community Behavioral Health Hospital (CBHH) in preparation for closing the facility.
 - November 7, 2016 – Transfer all remaining patients at St. Peter’s CBHH to one of the six other CBHHs throughout the state.
 - November 30, 2016 – Move all Community Addiction Recovery Enterprise (C.A.R.E) patients to the former CBHH facility.
 - Early 2017 – Open new Competency Restoration Program in the former C.A.R.E. facility.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital will increase to 14 individuals per month.

Annual Goals

- **2015 Goal:** For year ending December 31, 2015 the average monthly number of discharges will increase to **≥ 10**
- **2016 Goal:** For year ending December 31, 2016 the average monthly number of discharges will increase to **≥ 11**

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) was 9 individuals per month.

RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **not on track**.

| Time period | Total number of individuals leaving | Transfers ^v (-) | Deaths (-) | Net moved to integrated setting |
|--------------------------------------|-------------------------------------|-------------------------------|---------------|---------------------------------|
| January – December 2015 | 188 | 107 | 8 | 73 Average = 6.1 |
| Quarter 1 (January – March 2016) | 40 | 23 | 1 | 16 Average = 5.3 |
| Quarter 2 (April – June 2016) | 47 | 26 | 1 | 20 Average = 6.7 |
| Quarter 3 (July – September 2016) | 45 | 21 | 1 | 23 Average = 7.7 |
| Totals Q1 + Q2 + Q3 | 132 | 70 | 3 | 59 Average = 6.6 |

ANALYSIS OF DATA:

The 2015 goal of ≥10 was not met. From January – December, 2015, the average number of discharges from Minnesota Security Hospital to a more integrated setting was 6.1.

For the 2016 goal, in the first three quarters, the average number of discharges was 6.6. Although this is an increase from the previous year's average, the 2016 goal is not on track to be met.

COMMENT ON PERFORMANCE:

To increase the number of individuals leaving MSH, staff conducted the following activities:

Current efforts to increase the number of transitions include working with the counties to increase the number of providers that are willing and able to serve individuals transitioning into the community from MSH. MSH continues to participate in collaboration meetings with Hennepin County every two months, and with Dakota and Ramsey County, as needed. The focus is on identifying individuals who are able to be served in more integrated settings, while working to expand community capacity.

MSH continues to partner with Whatever It Takes grant recipients to create more opportunities to successfully transition individuals from MSH to the community. The grantees include selected counties and providers.

MSH has consulted with a variety of DHS divisions to implement newer practices, in an effort to expand re-integration options for individuals served.

Examples include:

- Consulted with DHS Licensing for newly created, and customized homes, developed by private community-based providers.
- Considered developing customized living arrangement for individual, who would receive state-provided staffing (due to unique needs).
- Considered options for individuals over the age of 65, who only qualify for Elderly Waiver.

To make a significant impact on the timely re-integration of individuals at MSH to integrated settings requires structural and larger systemic changes.

In addition to the activities noted above, under executive order by the Governor, a Task Force on Mental Health has been convened. Task force recommendations were completed in November 2016.

Adjustments to the baseline and goals are being addressed through the ongoing Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

TRANSITION SERVICES GOAL FOUR: By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person centered planning process that adheres to transition protocols that meet the principles of person centered planning and informed choice.

2016 Goal

- By June 30, 2016, the percent of those choosing to move to a more integrated setting who have a plan that adheres to transition protocols that meet the principles of person centered planning and informed choice will increase to 15%.

RESULTS:

This goal is **in process**. This data will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

This section reports progress on the movement of individuals from the home and community based services waiting lists. A new urgency categorization system 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.

Data was available from the new urgency categorization system beginning in June 2016 and first included in the August 2016 quarterly report. The baseline will be established at the end of the first full year of collecting urgency data in December 2016, and will be included in the February 2017 quarterly report.

WAITING LIST GOAL ONE: By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated.

Baseline: As of May 30, 2015, the CADI waiver waiting list was 1,420 individuals.

2016 goal

- By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated.

RESULTS:

The 2016 goal was **met**.

| Time period | Number on CADI waiver waiting list at end of quarter | Change from previous quarter |
|-------------------------|--|------------------------------|
| April – June 2015 | 1,254 | <174> |
| July – September 2015 | 932 | <322> |
| October – December 2015 | 477 | <455> |
| January – March 2016 | 193 | <284> |
| April – June 2016 | 7 | <186> |
| July – September 2016 | 0 | <7> |

ANALYSIS OF DATA:

The 2016 goal to eliminate the CADI waiver waiting list was met. As of October 1, 2016 the CADI waiver waiting list was eliminated.

COMMENT ON PERFORMANCE:

DHS will continue to monitor and report quarterly on any occurrence of individuals being placed on the CADI waiver waiting list.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

WAITING LIST GOAL TWO: By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace.

Baseline: In April 2015, there were 3,586 individuals on the DD waiver waiting list.

(The 2015 baseline was based on the previous reporting system and cannot be used for direct comparison with current waiting list data. A new baseline will be established at the end of the first full year of collecting urgency data in December 2016, and will be reported in the February 2017 quarterly report.)

RESULTS: This goal is **in process**.

Reporting Period: January – March 2016

| Urgency of Need Category | Total number of people assessed | <u>Reasonable Pace</u> Funding approved within 45 days | Funding approved after 45 days | Still on waiting list |
|--------------------------|---------------------------------|---|--------------------------------|-----------------------|
| Institutional Exit | 14 | 6 (43%) | 7 (50%) | 1 (7%) |
| Immediate Need | 93 | 53 (57%) | 30 (32%) | 10 (11%) |
| Defined Need | 217 | 72 (33%) | 71 (33%) | 74 (34%) |
| Totals | 324 | 131 (41%) | 108 (33%) | 85 (26%) |

Reporting Period: April – June 2016

| Urgency of Need Category | Total number of people assessed | <u>Reasonable Pace</u> Funding approved within 45 days | Funding approved after 45 days | Still on waiting list |
|--------------------------|---------------------------------|---|--------------------------------|-----------------------|
| Institutional Exit | 31 | 9 (29%) | 13 (42%) | 9 (29%) |
| Immediate Need | 126 | 82 (65%) | 34 (27%) | 10 (8%) |
| Defined Need | 323 | 121 (37%) | 100 (31%) | 102 (32%) |
| Totals | 480 | 212 (44%) | 147 (31%) | 121 (25%) |

ANALYSIS OF DATA:

From January – March 2016, of the 324 individuals on the Developmental Disabilities (DD) waiver waiting list, 131 individuals (41%) had funding approved within 45 days of the assessment date. An additional 108 individuals (33%) had funding approved after 45 days. The total number of individuals assessed between January - March 2016 with an institutional exit, immediate need or defined need that did not have funding in place that are on the DD Waiver waiting list was 85 (26%).

From April – June 2016, of the 480 individuals on the Developmental Disabilities (DD) waiver waiting list, 212 individuals (44%) had funding approved within 45 days of the assessment date. An additional 147 individuals (31%) had funding approved after 45 days. The total number of individuals assessed between January - March 2016 with an institutional exit, immediate need or defined need that did not have funding in place that are on the DD Waiver waiting list was 121 (25%).

COMMENT ON PERFORMANCE:

Lead agencies receive monthly updates regarding the people who are on the DD waiver waitlist. Using this information, lead agencies can view the number of days a person has been on a waitlist and whether reasonable pace standards are met. If reasonable pace standards are not met for people in the institutional exit or immediate need categories, DHS directly contacts the lead agency and seeks

remediation. Some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year.

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual's need for services changes, they may request a reassessment or information will be collected during a future assessment.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported four months after the end of the reporting period.

WAITING LIST GOAL THREE: By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by Minn. Statutes, sections 256B.49, subdivision 11a (b) and 256B.092, subdivision 12(b).

RESULTS: This goal is in process.

INSTITUTIONAL EXIT CATEGORY

| Time Period | Number of people assessed | Still on waiting list |
|----------------------|---------------------------|-----------------------|
| January – March 2016 | 14 | 1 (7%) |
| April – June 2016 | 31 | 9 (29%) |

IMMEDIATE NEED CATEGORY

| Time Period | Number of people assessed | Still on waiting list |
|----------------------|---------------------------|-----------------------|
| January – March 2016 | 93 | 10 (11%) |
| April – June 2016 | 126 | 10 (8%) |

ANALYSIS OF DATA:

From January – March 2016, for individuals in the institutional exit category, 1 individual remained on the DD waiver waiting list at the end of the reporting period. For individuals in the immediate need category, 10 remained on the DD waiver waiting list at the end of the reporting period.

From April – June 2016, for individuals in the institutional exit category, 9 individuals remained on the DD waiver waiting list at the end of the reporting period. For individuals in the immediate need category, 10 remained on the DD waiver waiting list at the end of the reporting period.

COMMENT ON PERFORMANCE:

DHS focuses a large amount of waitlist technical assistance on approving waiver funding for persons in the institutional exit and immediate need categories. DHS directly contacts lead agencies if people in these categories have been waiting longer than 45 days. If this goal is not met, DHS continues to work with the lead agency to approve funding for persons in these categories.

Additionally, some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year. DHS will continue to monitor.

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual's need for services changes, they may request a reassessment or information will be collected during a future assessment.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported four months after the end of the reporting period.

WAITING LIST 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.

RESULTS:

This goal is **in process**. DHS began collecting new DD waiting list data beginning December 1, 2015. As of the date of this report, three years have not passed since this implementation date. This data will be available in December 2018 and will be reported the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

WAITING LIST GOAL FIVE: By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need.

RESULTS: This goal is **in process**.

DEFINED NEED CATEGORY

| Time Period | Number of people assessed | Still on waiting list |
|----------------------|---------------------------|-----------------------|
| January – March 2016 | 217 | 74 (34%) |
| April – June 2016 | 323 | 102 (32%) |

ANALYSIS OF DATA:

From January – March 2016, for individuals in the defined need category, 74 out of 217 people remained on the Developmental Disabilities waiver waiting list.

From April – June 2016, for individuals in the defined need category, 102 out of 323 people remained on the Developmental Disabilities waiver waiting list.

COMMENT ON PERFORMANCE:

DHS encourages lead agencies to approve funding for persons in the defined need category following approval of persons in the institutional exit and immediate need categories and as waiver budget capacity allows. If a lead agency makes a determination that it does not have sufficient capacity to approve funding for persons in the defined need category, DHS expects the lead agency to maintain a budget reserve of 3% or less, pursuant to Minnesota Statute. If sufficient funding is unavailable to serve

all people in the defined need category, DHS may use this information to determine the level of funding required for elimination of the DD waiver waiting list. Additionally, some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported four months after the end of the reporting period.

IV. QUALITY OF LIFE MEASUREMENT RESULTS

The results for the 2015 NCI survey for individuals with intellectual and developmental disabilities were published on May 5, 2016 and a summary was reported in the May 2016 Quarterly Report. The national results of the NCI survey are available on their website at www.nationalcoreindicators.org. The Minnesota state reports are also available on the NCI website at www.nationalcoreindicators.org/states/MN. A summary of the 2015 Minnesota results is provided below. The 2016 NCI survey results will be reported as they become available.

Summary of National Core Indicator Survey Results from Minnesota in 2014 - 2015

Each year, NCI asks people with intellectual and developmental disabilities and their families about the services they get and how they feel about them. NCI uses surveys so that the same questions can be asked to a large group. Each year people in many states take part in an NCI meeting. Every year a new group of people are asked to meet. During the meeting people are asked the NCI survey questions. The questions are asked of the person who gets services from the state. For some questions, a family member, friend, or staff member who knows the person well can answer. This summary shows the answers that people gave to some of the NCI survey questions.

| Question | Yes | No |
|--|-----|-----|
| Do you have a paid job in your community? | 30% | 70% |
| Do you like where you work? | 90% | 10% |
| Did you go out shopping in the past month? | 90% | 10% |
| Did you go out on errands in the past month? | 90% | 10% |
| Did you go out for entertainment in the past month? | 70% | 30% |
| Did you go out to eat in the past month? | 80% | 20% |
| Did you go out for a religious or spiritual service in the past month? | 40% | 60% |
| Did you go out for exercise in the past month? | 50% | 50% |
| Did you go on vacation in the past year? | 50% | 50% |
| Did you choose where you live? | 50% | 50% |
| Did you choose who you live with? | 70% | 30% |
| Do you have a best friend? | 80% | 20% |
| Can you see your friends when you want to? | 80% | 20% |
| Do you ever feel lonely? | 40% | 60% |
| Does your case manager ask what you want? | 80% | 20% |
| Does your case manager help get what you need? | 80% | 20% |
| Does your case manager call you back right away when you call and leave a message? | 60% | 40% |
| Do you feel safe in your home? | 80% | 20% |
| Do you feel safe in your neighborhood? | 80% | 20% |
| Do you feel safe at your work and day activity? | 90% | 10% |
| Do you have enough privacy at home? | 90% | 10% |
| Have you gone to a self-advocacy meeting? | 20% | 80% |

QUALITY OF LIFE SURVEY

The Quality of Life Survey process has been reviewed and approved by the Institutional Review Board (IRB). The Olmstead Implementation Office (OIO) issued an RFP on August 8, 2016 for the next phase of the survey process. A vendor was selected and a contract was entered into with The Improve Group on October 6, 2016. The OIO is meeting with The Improve Group on a weekly basis to implement the survey through the Quality of Life Survey Administration Plan.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported in each quarterly report.

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.

Baseline: During the period July 2014 – June 2015, 38,550 people were served by disability home and community based services. However, a baseline for the current percentage of plans that meet the principles of person centered planning and informed choice needs to be established.

2016 Goal

- By June 30, 2016, the percent of plans that meet the required protocols will increase to 30%

RESULTS:

This goal is **in process**. The Person Centered Planning, Informed Choice and Transition Protocol was approved by the Subcabinet Executive Committee on February 10, 2016. The audit process to measure progress is in place. The first year's data will be used to set a baseline. The baseline and the results of the 2016 goal will be reported in the February 2017 quarterly report.

Interim quarterly reporting began in May 2016 and includes the total number of cases, the number of cases reviewed, and identification of the counties participating in the audit.

Audit Sample

| Time Period | Total Number of Cases (Disability Waivers) | Sample of Cases Reviewed ^{vii} (Disability Waivers) |
|-------------------------|---|---|
| July – September 2015 | 617 | 155 |
| October – December 2015 | 3,005 | 432 |
| January – March 2016 | 9,375 | 556 |
| April – June 2016 | 1,762 | 323 |
| July – September 2016 | 1,682 | 289 |
| Totals | 16,441 | 1,755 |

Counties Participating in the Audit*

| July – September 2015 | October – December 2015 | January – March 2016 | April – June 2016 | July – September 2016 |
|-----------------------|-------------------------|----------------------|-------------------|-----------------------|
| 1. Koochiching | 7. Mille Lacs | 13. Hennepin | 19. Renville | 30. Hubbard |
| 2. Itasca | 8. Faribault | 14. Carver | 20. Traverse | 31. Cass |
| 3. Wadena | 9. Martin | 15. Wright | 21. Douglas | 32. Nobles |
| 4. Red Lake | 10. St. Louis | 16. Goodhue | 22. Pope | 33. Becker |
| 5. Mahnomen | 11. Isanti | 17. Wabasha | 23. Stevens | 34. Clearwater |
| 6. Norman | 12. Olmsted | 18. Crow Wing | 24. Grant | 35. Polk |
| | | | 25. Freeborn | 36. Clay |
| | | | 26. Mower | 37. Aitkin |
| | | | 27. Lac Qui Parle | |
| | | | 28. Chippewa | |
| | | | 29. Ottertail | |

*Agencies visited are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

ANALYSIS OF DATA:

From July 2015 through September 2016, a total of 1,755 case files have been reviewed throughout the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD)) across 37 lead agencies. Lead agencies include counties and tribes.

COMMENT ON PERFORMANCE:

The review process uses multiple methods to gather and review data, such as Medicaid Management Information Systems (MMIS) downloads, review of case files, interviews with agency leadership, and focus groups with agency staff. Part of the onsite activities is a case file review, where a sample of case files from each program is reviewed using a sampling strategy prescribed and approved by the Center for Medicare and Medicaid Service (CMS). This sampling methodology allows us to determine the presence or absence of compliance within and across all programs. The purpose of the case file review is to identify areas of non-compliance with technical requirements and to identify tools and practices used by the lead agency that contribute to both strong technical compliance and improved outcomes for individuals, including person-centered practices. The results of the case file review are reported to CMS.

As a result of new regulations such as CMS Home and Community-Based Services (HCBS) Settings Rule, an increased focus has been placed on person-centered practices during this round of Lead Agency Reviews including those required in the person-centered informed choice and transition protocols. There have been changes and updates to Lead Agency Review protocols to respond to person-centered requirements in order to assure consistent practices across all lead agencies. This includes the evaluation of items in individuals' care plans such as strengths, dreams and aspirations, a person's preference for working, living, and learning and documentation of their satisfaction with services and supports. Once the final analysis is complete, a report is prepared for each lead agency and recommendations are given.

Of the 37 agencies reviewed, all have received recommendations relating to person-centered planning and thinking. Recommendations include:

- Encourage lead agencies to set expectations for the quality and content of support plans.
- Train staff on providing person-centered services.
- Encourage changes in agency practices.
- Encourage changes to how agencies work with community partners.

TIMELINESS OF DATA:

During the interim, data will be reported one month after the end of the reporting period, in order to be reliable and valid. Beginning in February 2017, in order for this data to be reliable and valid, it will be reported five months after the end of the reporting period.

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.

Annual Goals

- **2015 Goal:** By June 30, 2015 the number of people experiencing a restrictive procedure will be reduced by **5%** from the previous year or **54** individuals
- **2016 Goal:** By June 30, 2016 the number of people experiencing a restrictive procedure will be reduced by **5%** from the previous year or **51** individuals

Baseline: In 2014 the number of individuals who experienced a restrictive procedure was 1,076.

RESULTS:

The 2015 goal was **met**.

This 2016 goal was **met**.

| Time period | Individuals who experienced restrictive procedure | Reduction from previous year |
|-------------------------------------|---|------------------------------|
| 2015 Annual (July 2014 – June 2015) | 867 (unduplicated) | 209 (19.4%) |
| 2016 Annual (July 2015 – June 2016) | 761 (unduplicated) | 106 (12.2%) |
| | | |

ANALYSIS OF DATA:

The 2015 goal to reduce the number of people who experienced a restrictive procedure by 5% from the previous year or 54 individuals was met. From July 2014 through June 2015 the number of individuals who experienced a restrictive procedure was 867 (a reduction of 209 (19.4%) from previous year).

The 2016 goal to reduce the number of people who experienced a restrictive procedure by 5% from the previous year or 51 individuals was met. From July 2015 to June 2016 the number of individuals who experienced a restrictive procedure was 761 (a reduction of 106 (12.2%) from the previous year).

COMMENT ON PERFORMANCE:

DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* Emergency Use of Manual Restraints (EUMR). It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal 3).

Under the Positive Supports Rule, the External Program Review Committee (convening in March 2017) will have the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. It is anticipated the Committee's work will help reduce the larger number of people who experience EUMRs through the guidance they will provide to license holders regarding specific uses of EUMRs.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

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.

Annual Goals

- **2015 Goal:** By June 30, 2015 the number of reports of restrictive procedures will be reduced by **430**.
- **2016 Goal:** By June 30, 2016 the number of reports of restrictive procedures will be reduced by **409**.

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:

The 2015 goal was **met**.

The 2016 goal was **met**.

| Time period | Number of BIRF Reports | Reduction from previous year |
|-------------------------------------|------------------------|------------------------------|
| 2015 Annual (July 2014 – June 2015) | 5,124 | 3,478 |
| 2016 Annual (July 2015 – June 2016) | 4,008 | 1,116 |

ANALYSIS OF DATA:

The 2015 goal to reduce the number of reports by 430 was met. From July 2014 through June 2015 the number of BIRF reports was 5,124 (a reduction of 3,478 from previous year).

The 2016 goal to reduce the number of reports by 409 was met. From July 2015 to June 2016 the number of BIRF reports was 4,008 (a reduction of 1,116).

COMMENT ON PERFORMANCE:

Some emergency uses of manual restraints (EUMRs) are not prohibited and not subject to phase out requirements, like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary. Under the Positive Supports Rule, the External Program Review Committee (convening in March 2017) will have the duty to review and respond to BIRF reports involving EUMRs. It is anticipated the Committee’s work will help reduce the larger number of people who experience emergency restraints (see Positive Supports Goal 1) and the number of EUMR reports through the guidance they will provide to license holders regarding specific uses of EUMRs.

For all reports involving restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures), DHS staff and the Interim Review Panel provide follow up and technical assistance. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal 3.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

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^{viii}, 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.
-

Annual Goals

- **2015 Goal:** By June 30, 2015, reduce mechanical restraints to no more than:
 - 461 reports of mechanical restraint
 - 31 individuals approved for emergency use of mechanical restraint
- **2016 Goal:** By June 30, 2016, reduce mechanical restraints to no more than:
 - 369 reports of mechanical restraint
 - 25 individuals approved for emergency use of mechanical restraint

Baseline: From July 2013 - June 2014, there were 2,038 (Behavior Intervention Reporting Form) BIRF reports of mechanical restraints involving 85 unique individuals.

RESULTS:

The 2015 and 2016 goals to reduce the number of reports were **not met**.

The 2015 and 2016 goals to reduce the number of individuals were **met**.

| Time period | Number of Reports during the time period | Number of individuals at end of time period |
|-------------------------------------|--|---|
| 2015 Annual (July 2014 – June 2015) | 912 | 21 |
| 2016 Annual (July 2015 – June 2016) | 691 | 13 |

ANALYSIS OF DATA:

This goal has two measures. As explained below, one of the measures met the 2015 and 2016 goals, and the other did not.

Reports of the emergency use of mechanical restraint

- The 2015 goal to reduce the number of reports of emergency use of mechanical restraints to 461 was not met. From July 2014 through June 2015 the number of reports was 912.
- The 2016 goal to reduce the number of reports of emergency use of mechanical restraints to 369 was not met. From July 2015 through June 2016 the number of reports was 691. Although the number of reports decreased by 221 from 2015, the 2016 annual goal to reduce to 369 reports was not met.

Individuals approved for emergency use of mechanical restraints

- The 2015 goal to reduce the number of individuals approved for emergency use of mechanical restraints to no more than 31 individuals was met. On June 30, 2015, the number approved was 21.
- The 2016 goal to reduce the number of individuals approved for emergency use of mechanical restraints to no more than 25 was met. On June 30, 2016, the number approved was 13.

COMMENT ON PERFORMANCE:

On August 31, 2015, the Positive Supports Rule went into effect for 245A licensed services when the services are provided to an individual with a developmental disability. This increased the number of DHS licensed programs required to report restrictive procedures via the Behavior Intervention Report Form (BIRF) by more than 16,000. In situations where mechanical restraints have been in use, these providers are required to develop a Positive Support Transition Plan within 30 days of the implementation of the Positive Supports Rule, and to phase out the use of mechanical restraints by August 31, 2016.

To continue the use of mechanical restraints beyond the phase out period, a provider must submit a request for the emergency use of these procedures. These requests are reviewed by the Interim Review Panel (IRP) to determine whether or not they meet the stringent criteria for continued use of mechanical restraints. The IRP consists of members with knowledge and expertise in the use of positive supports strategies. The IRP sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. With all approvals by the Commissioner, the IRP includes a written list of person-specific recommendations to assist the provider reduce the need for use of mechanical restraints. In situations where the IRP feels a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members.

DHS staff follows up with a phone call to the license holder to review the reported intervention and provide technical assistance for the following types of reports:

- Reports submitted by providers whose use is within the phase out period.
- Reports for people who have been determined by the IRP to apply and use a restraint device on themselves voluntarily and independently. The IRP continues to monitor this case although the devices are not used against them as a restraint.
- Reports from providers that are inappropriately using mechanical restraint contrary to Chapter 245D and the Positive Supports Rule.
- Reports inaccurately coded and did not involve the use of mechanical restraint by a DHS license holder.

With the phase out period coming to an end for providers required to submit BIRFs beginning August 31, 2015, we expect there may be new requests for the emergency use of mechanical restraints by or shortly after September 1, 2016. This may cause the number of people with approvals to increase over the next few reporting periods.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

CRISIS SERVICES 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.)

Annual Goals

- **2015 Goal:** By June 30, 2015, the number will decrease to no more than **60** people (percent will adjust in relation to total number served in FY 15).
- **2016 Goal:** By June 30, 2016, the number will decrease to no more than **55** people (percent will adjust in relation to total number served in FY 16).

Baseline: State Fiscal Year 2014 baseline of 62 people who discontinued waiver services (3% of the people who received crisis services through a waiver).

RESULTS:

The 2015 goal was **met**.

This 2016 goal is **in process**.

| Time period | Number of People Who Discontinued Disability Waiver Services After a Crisis |
|--|---|
| 2015 Annual (July 2014 – June 2015) | 54 (unduplicated) |
| | |
| Quarter 1 (July 2015 – September 2015) | 26 (duplicated) |
| Quarter 2 (October – December 2015) | 20 (duplicated) |

ANALYSIS OF DATA:

The 2015 goal to decrease to no more than 60 was met. From July 2014 to June 2015 the number of people who discontinued disability waiver services after a crisis was 54.

For the 2016 goal, during the first two quarters, the number of people who discontinued disability waiver services after a crisis was 26 and 20. The quarterly numbers are duplicated counts. People may discontinue disability waiver services after a crisis in multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress. The annual number reported represents an unduplicated count of people who discontinue disability waiver services after a crisis during the four quarters. The results of the 2016 goal will be reported in May 2017.

COMMENT ON PERFORMANCE:

DHS will continue to monitor and may recommend changing the measure to accurately reflect progress toward the reduction of people who leave community based services after a crisis. Adjustments to this goal are being addressed through the ongoing Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

SEMI-ANNUAL AND ANNUAL GOALS

This section includes reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are reported on semi-annually or annually. They are reported as the annual goal measurement date becomes due and the data has been determined to be valid and reliable. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

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 major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

A) Have input into major life decisions

2015 Goal

- By 2015, the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions will increase to **> 45%**

Baseline: In the 2014 NCI Survey, 40% reported they had input into major life decisions

RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **in process**.

ANALYSIS OF DATA:

The 2015 goal to increase to > 45% was not met. The 2015 NCI survey results indicated that 44.3% of people reported they have input into major life decisions.

The 2016 goal is in process. The 2016 goal will be reported after the 2016 NCI survey results become available.

TIMELINESS OF DATA:

The NCI survey is completed annually. Survey results are available from the national vendor once the results are determined to be reliable and valid.

COMMENT ON PERFORMANCE:

Given the variable nature of survey data, it is reasonable to expect that in some years the annual goal will be exceeded while in other years it may fall somewhat short. Although the 2015 results did not meet the annual goal, gains were made showing progress toward the overall goal.

B) Have input in everyday decisions

2015 Goal

- By 2015, the percent of people with intellectual and developmental disabilities who report they make or have input in everyday decisions will increase to $\geq 84\%$

Baseline: In the 2014 NCI Survey, 79% reported they had input into everyday decisions

RESULTS:

The 2015 goal was **met**.

The 2016 goal was **in process**.

ANALYSIS OF DATA:

The 2015 goal to increase to $\geq 84\%$ was met. The 2015 NCI survey results indicated that 84.9% of people reported they have input in everyday decisions.

The 2016 goal is in process. The 2016 goal will be reported after the 2016 NCI survey results become available.

TIMELINESS OF DATA:

The NCI survey is completed annually. Survey results are available from the national vendor once the results are determined to be reliable and valid.

COMMENT ON PERFORMANCE:

The goal for people who report having input on everyday decisions met the 2015 goal.

C) Are always in charge of their services and supports

2015 Goal

- By 2015, the percent of people with disabilities other than I/DD who report they are always in charge of their services and supports will increase to $\geq 70\%$

Baseline: In the 2014 NCI Survey, 65% reported they were always in charge of their services and supports.

RESULTS:

The National Core Indicator (NCI) survey was piloted in 2014 for persons with disabilities other than intellectual and developmental disabilities. Data from 2014 served as the baseline for this measure. Additionally the lessons learned in the pilot were used to improve the survey process going forward. The modification of the survey could not be completed by the national organization that conducts the survey with sufficient time to conduct a survey in 2015. Due to this, no survey data is available to measure progress for 2015.

The 2016 goal is **in process**. The survey will be completed for 2016 and annually thereafter. The 2016 survey data will be used to first report progress in the February 2017 quarterly report.

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).

Annual Goals

- **2015 Goal:** By June 30, 2015 the number of individuals living in the most integrated housing with a signed lease will increase by 617 over baseline to **6,634** (about 10% increase)
- **2016 Goal:** By June 30, 2016 the number of individuals living in the most integrated housing with a signed lease will increase by 1,580 over baseline to **7,597** (about a 26% increase)

Baseline: From July 2013 – June 2014, there were an estimated 38,079 people living in segregated settings. Over the 10 year period ending June 30, 2014, 6,017 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing. Therefore, 6,017 is the baseline for this measure.

RESULTS:

The 2015 goal was **met**.

The 2016 goal was **met**.

| Time period | People in integrated housing | Change from previous year | Increase over baseline |
|-------------------------------------|------------------------------|---------------------------|------------------------|
| 2015 Annual (July 2014 – June 2015) | 6,920 | +903 | 903 (15%) |
| 2016 Annual (July 2015 – June 2016) | 7,608 | +688 | 1,591 (26.4%) |

ANALYSIS OF DATA:

The 2015 goal to increase by 617 (10%) over baseline to 6,634 was met. From July 2014 through June 2015 the number of people living in integrated housing increased by 903 (15%) over baseline to 6,920, which met the goal of 617 (10%) above the baseline.

The 2016 goal to increase by 1,580 over baseline to 7,597 was met. From July 2015 through June 2016 the number of people living in integrated housing increased by 1,591 (26.4%) over baseline to 7,608. The increase in the number of people living in integrated housing from July 2015 to June 2016 was 688 compared to an increase of 903 in the previous year.

COMMENT ON PERFORMANCE:

Although the 2016 annual goal was met, the growth was not as large as in the previous year. One contributing factor is that a housing program included in this measure is no longer accepting new participants. Other housing programs experienced a slower start due to a very tight housing market and landlords being unwilling to rent to individuals with criminal background and poor credit history.

If performance slows, this trend will be brought to the attention of the OIO and the Olmstead Subcabinet.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

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

2015 Goal

- By September 30, 2015, the number of new individuals with disabilities working in competitive, integrated employment will be **2,853**.

Baseline: In 2014, Vocational Rehabilitation Services and State Services for the Blind helped 2,738 people with significant disabilities find competitive, integrated employment.

RESULTS:

The 2015 goal was **met**.

| Time period | Number of Individuals Achieving Employment Outcomes | | |
|-------------------------------|---|------------------------------------|-------|
| | Vocational Rehabilitation Services (VRS) | State Services for the Blind (SSB) | Total |
| October 2014 – September 2015 | 3,104 | 132 | 3,236 |

ANALYSIS OF DATA:

The 2015 goal of 2,853 people with disabilities working in competitive, integrated employment was met. During the 2015 reporting period, 3,236 people with disabilities secured competitive integrated employment. This number represents an increase of 498 over the baseline.

COMMENT ON PERFORMANCE:

The economy is a major factor affecting the number of people with disabilities achieving competitive, integrated employment. In Federal Fiscal Year 2015, the economy was strong and businesses were willing to tap into new labor pools. Conversely, in times of recession, people with disabilities may be the first to be “let go” when employment levels decline.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported two months after the end of the reporting period.

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 5,015 or 10% in competitive, integrated employment.

RESULTS:

This goal is **in process**. The first annual goal for this goal is June 30, 2017. Report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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.

2016 Goal

- By June 30, 2016, (using FY 15 and FY 16 data), the number of students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be **125**.

Baseline: 2014 group total in competitive, integrated employment = 313 (35%) (N=894)

RESULTS: The 2016 goal was **met**.

| Time period | Number of students with DCD, ages 19-21 that enter into competitive, integrated employment |
|---------------------------|--|
| October 2015 to June 2016 | 137 |

ANALYSIS OF DATA:

The 2016 goal of 125 students in competitive, integrated employment was met. During the 2015 - 2016 school year, 137 students (73 males and 54 females) ranging in ages from 19-21 with developmental cognitive disabilities, participated in competitive, integrated employment. All students worked part-time because their primary job is that of being a secondary student. Students were employed in a variety of businesses with wages ranging from \$9.00 to \$12.50 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, job placement and the provision of bus cards.

COMMENT ON PERFORMANCE:

In the fall of 2015, sixteen local education agencies were identified to be a part of the Employment Capacity Building Cohort (ECBC). Districts reached out to their local vocational rehabilitation supervisors/counselors and county level supervisors/case-managers from disability services to become a part of their local team.

The ECBC teams have experienced an increase in coordination of employment activities among DHS, Department of Employment and Economic Development (DEED), and Minnesota Department of Education (MDE). Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting 137 youth with developmental cognitive disabilities reach competitive, integrated employment. Three additional district teams have been invited to the ECBC for the 2016-2017 school years.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported two months after the end of the reporting period.

EDUCATION GOAL ONE: By December 1, 2019 the number of students with disabilities^{ix}, receiving instruction in the most integrated setting^x, will increase by 1,500 (from 67,917 to 69,417)

2015 Goal

- By December 1, 2015 the number of students receiving instruction in the most integrated settings will increase by **300** over baseline to **68,217**

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.11%) received instruction in the most integrated setting.

RESULTS:

The 2015 goal was **met**.

The 2016 goal is **in process**.

| Time Period | Students with disabilities in most segregated setting | Total number of students with disabilities |
|-------------------------|---|--|
| January – December 2014 | 68,434 (62.13%) (517 over baseline) | 110,141 (ages 6-21) |

ANALYSIS OF DATA:

The 2015 goal of an increase of 300 to 68,217 was met. During 2014, the number of students with disabilities receiving instruction in the most integrated setting increased by 517 over baseline to 68,434. Although the number of students increased, the percentage remained essentially unchanged.

For the 2016 goal, report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

COMMENT ON PERFORMANCE:

MDE will continue the expansion of Positive Behavioral Interventions and Supports (PBIS) and implementation of Regional Low Incidence Disability Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development to increase the number of students with disabilities, ages 6 – 21, who receive instruction in the most integrated setting.

EDUCATION GOAL TWO: By October 1, 2020 the number of students who have entered into an integrated post- secondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475)

2016 Goal

- By October 1, 2016 there will be an increase of 50 over baseline to **275**

Baseline: Using the 2014 Post School Outcome Survey, of the 962 students with disabilities who participated in the survey, 225 (23.3%) entered into an integrated postsecondary setting within one year of leaving secondary education.

RESULTS:

The 2016 goal was **not met**.

| Time Period | Students Entering Integrated Post-Secondary Setting (2 and 4 year college/university) |
|---|--|
| 2015 Post School Outcome Survey ^{xi} | 182 (29.3%) Decrease of 43 from baseline |

ANALYSIS OF DATA:

The 2016 goal of increasing the number of students entering integrated postsecondary education settings from 225 to 275 was not met. The goal was off target by 93 students. The overall number was not met but the percent (based on the number of students responding to the survey) increased from 23.3% to 29.3%.

Using data from the 2015 Post School Outcome Survey, 621 out of 1,322 students with disabilities completed the survey for a response rate of 47.0%. Of the 621 students surveyed, 182 (29.3%) were enrolled in an integrated two or four year college/university.

- From this cohort of 621 students, 256 or 41.2% were in competitive, integrated employment. In terms of additional information regarding integrated postsecondary education settings, there were an additional 35 (5.6%) students in this reporting cohort who were enrolled in other integrated postsecondary programs, such as a nine or twelve month certificate program, for a total of 217 students enrolled in an integrated postsecondary setting within one year of leaving secondary education.

The reporting cohort will change annually based on the numbers of participating districts and the number of completed student surveys. For 2015, there were 341 fewer students in the reporting cohort.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported one year after the end of the reporting period.

COMMENT ON PERFORMANCE:

Necessary actions to get the goal on track or resolve the risk include:

- MDE will continue working with the National Technical Assistance Center on Transition and the Minnesota State Colleges and Universities (MnSCU) to provide capacity building training for the purpose of increasing the number of students with disabilities who are enrolled in an integrated postsecondary education setting by 2020.
- The Post School Outcome survey numbers vary every year in number of students surveyed and the number of responses.
- MDE has been allowed access to the Minnesota's Statewide Longitudinal Education Data System (SLEDS). Using SLEDS, MDE will be able to more accurately measure statewide, the number of students with disabilities, who enroll in an integrated postsecondary settings, within one year of graduating from secondary education.
- This issue is being addressed through the ongoing Plan amendment process.

EDUCATION GOAL THREE: By June 30, 2020, 80% of students in 31 target school districts will meet required protocols for effective consideration of assistive technology (AT) in the student's individualized education program (IEP). Protocols will be based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.

2016 Goal

- By December 31, 2016, pilot teams will establish a baseline and annual goals of the number of students for whom there is effective consideration of Assistive Technology.

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the baseline data is reliable and valid.

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.

A) Curb Ramps

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

Baseline: In 2012: 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

RESULTS:

The goal is **in process**. In 2014, the total number of curb ramps approved was 1,139 bringing the system to 24.5% fully compliant under PROW.

B) Accessible Pedestrian Signals

- By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

2015 Goal

- By December 31, 2015 an additional 50 APS installations will be provided.

Baseline: In 2009: 10% of 1,179 eligible state highway intersections with accessible pedestrian signals (APS) were installed. The number of APS signals was 118.

RESULTS:

The 2015 goal was **met**.

The 2016 goal is **in process**.

| Time Period | Total APS in place | Increase over 2009 baseline |
|----------------------|-------------------------------------|-----------------------------|
| By December 31, 2015 | 523 of 1,179 APS (44%) of system | 405 |

ANALYSIS OF DATA:

The 2015 goal to provide an additional 50 APS installations was met. Since 2009, there was an increase of 405 APS signals over baseline. That is an annual average of 67.5 per year. If progress continues at that rate, the goal is on track to achieve the overall goal for 2019.

The 2016 goal is in process. Report on progress for the 2016 goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

C) Sidewalks

- By January 31, 2016, an annual target for improving remaining un-remediated sidewalks will be established.

Baseline: In 2012: 46% of sidewalks on MnDOT right of way met 2010 ADA Standards and Public Right of Way (PROW) guidance. Total sidewalk mileage is 613.8.

RESULTS:

The 2016 goal was **met**. The following proposed baseline and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered through the ongoing Plan amendment process.

Proposed Baseline:

- In 2012, MnDOT maintains 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standard and Public Right of Way (PROW) guidance.

Proposed Annual Goals:

Sidewalk improvements will be made for 6 miles each year for the next five years.

- By October 31, 2017 improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2019, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2020, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2021, improvements will be made to an additional 6 miles of sidewalks

Additional Background Information:

Minnesota Department of Transportation (MnDOT) has set a goal for 6 miles of sidewalk a year for the next 5 five years or 30 total miles. Once achieved this will increase the improved sidewalks from 285.2 to 315.2 miles or an increase of 10.5%. This goal will be re-evaluated in 2018.

TRANSPORTATION 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).

2015 Goal

- By 2015 the annual number of passenger trips will increase to **13,129,593**.

Baseline: In 2014 the annual number of passenger trips was 12,543,553

RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **in process**.

| Time period | Number of passenger trips | Change from baseline |
|---------------------------------------|---------------------------|----------------------|
| 2015 Annual (January – December 2015) | 12,044,074 | <499,479> |

ANALYSIS OF DATA:

The 2015 goal to increase to 13,129,593 was not met. From 2014 - 2015, ridership in Greater Minnesota decreased by 499,479. The number of passenger trips is 1,085,519 rides short of the 2015 goal. While in many areas of Greater Minnesota ridership increased, most notably the rural areas, the reduction of ridership in Greater Minnesota metropolitan areas offset the rural gains.

Report on progress for the 2016 goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

COMMENT ON PERFORMANCE:

The ridership decrease is occurring during a period of decreased gasoline prices, without any accompanying reduction in the level of transit service.

Service improvements have been identified in the MnDOT Greater Minnesota Transit Investment Plan, 2017 to improve the quality of urban service, notably span of service, frequency and coverage. Recent research^{xii} indicates that there are seven internal factors, which transit managers and operators have control over, which may have significant impacts on transit travel demand by bus mode. Those seven internal factors include: transit supply; transit fare; average headway; transit coverage; service intensity; revenue hours; and safety. There has not been a significant change to the internal factors to account for the change in ridership.

The research also finds there is one external variable, gas prices, which may have significant impacts on transit travel demand by bus mode. It is believed that the low gas prices are a contributing factor to the decrease in ridership.

Using ridership to measure progress has proven susceptible to external variables, such as gas prices. A more effective metric for measuring the availability of transit services in Greater Minnesota would be the use of service (revenue) hours rather than ridership.

During the verification process the 2014 baseline was found to be lower than expected. The actual 2014 baseline has been verified as 12,067,482. With the adjusted baseline, the reduction in trips compared to

the actual baseline was 23,408. A baseline and annual goal adjustment is being considered through the ongoing Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported ten months after the end of the reporting period.

TRANSPORTATION GOAL THREE: By December 31, 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access. [*Baseline to be established by December 31, 2016]

2016 Goal

- By December 31, 2016, baseline and goals will be established

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the baseline data is reliable and valid. Adjustments to this goal are being addressed through the ongoing Plan amendment process.

TRANSPORTATION GOAL FOUR: By December 31, 2020, transit systems' on time performance will be 90% or greater statewide. [*Baseline and goals for Greater Minnesota to be established by December 31, 2016]

2016 Goal

- By December 2016, baseline and goals for Greater Minnesota will be established.

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the baseline data is reliable and valid. Adjustments to this goal are being addressed through the ongoing Plan amendment process.

HEALTH CARE 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.

2016 Goal

- By December 31, 2016 the number accessing appropriate care will increase by **205** over baseline

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

HEALTH CARE 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.

2016 Goals

- By December 31, 2016 the number of children accessing dental care will increase by **410** over baseline
- By December 31, 2016 the number of adults accessing dental care will increase by **335** over baseline

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

POSITIVE SUPPORTS 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.

2015 Goal

- By June 30, 2015, the number of students experiencing emergency use of restrictive procedures will be reduced by **110**.

Baseline: Use of restrictive procedures in schools is prohibited, except in the case of an emergency. In 2014 the number of students who experienced at least one restrictive procedure in a school setting was 2,740.

RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **in process**.

| Time period | Students who experienced restrictive procedure | Change from previous year |
|-----------------------|--|---------------------------|
| 2014 – 15 school year | 2,779 | +39 |

ANALYSIS OF DATA:

The 2015 goal to reduce by 110 students was not met. Instead there was an increase of 39 students over baseline. Because the data is reported on an annual basis, it is not possible to monitor trends throughout the school year. Prone restraint began to substantially decrease beginning in October of 2014 until its elimination as of August 1, 2015.

The full Minnesota Department of Education report, “A Report on District’s Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools” is available at <http://education.state.mn.us/MDE/Welcome/Legis/LegisRep/2012/index.html>

This 2016 goal is **in process**. The report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

COMMENT ON PERFORMANCE:

Comparison of 2013-14 and 2014-15 School Year Data:

- The 2014-15 special education enrollment numbers reported increased by 1,102 students (per enrollment count on the district restrictive procedure summary forms).
- The percent of all special education students who experienced the use of restrictive procedure during both school years remained constant (2%).

Other possible contributing factors to missing the goal:

- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. The trainings resulted in some changes in how school districts counted restrictive procedure incidents, resulting in increases in the number of incidents for the 2014 -15 school year.
- Restrictive procedure work group members believe the 2014-15 restrictive procedure data is more reflective of the actual baseline.
- This issue is being addressed through the ongoing Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

POSITIVE SUPPORTS GOAL FIVE: By June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251.

2015 Goal

- By June 30, 2015, the number of incidents of emergency use of restrictive procedures will be reduced by **781**.

Baseline: In 2014, school districts (which include charter schools) reported to MDE that there were a total of 19,537 incidents which involved the emergency use of restrictive procedures occurring in schools.

RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **in process**.

| Time period | Number of Reports | Change from previous year |
|-----------------------|-------------------|---------------------------|
| 2014 – 15 school year | 22,119 | +2,582 |

ANALYSIS OF DATA:

The 2015 goal to reduce by 781 incidents was not met. Instead there was an increase of 2,582 emergency incidents of restrictive procedures from the 2013-14 baseline. Because the data is reported on an annual basis, it is not possible to determine trends throughout the school year.

This 2016 goal is **in process**. The report on progress for the 2016 goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

COMMENT ON PERFORMANCE:

- Prone restraint began to substantially decrease beginning in October of 2014 until its elimination as of August 1, 2015.
- The increase in restrictive procedures was mostly attributable to an increase in the emergency use of physical holding.
- 10 school districts (seven traditional and three intermediate districts) accounted for 58.2% of all the reported restrictive procedures statewide.

Comparison of 2013-14 and 2014-15 School Year Data:

- The 2013-14 special education enrollment increased by 1,102 students. (Per enrollment count on the district restrictive procedure summary forms).

Other possible contributing factors:

- During the transition period to eliminate prone restraint (beginning in October of 2014), district staff may have used multiple incidents of physical holds in place of one use of prone restraint.
- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. The trainings resulted in some changes in how school districts counted restrictive procedure incidents, resulting in increases in the number of incidents for the 2014-15 school year.
- Restrictive procedure workgroup members believe the 2014-15 restrictive procedure data is more reflective of the actual baseline.
- This issue is being addressed through the ongoing Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

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.

2016 Goal

- By June 30, 2016, the percent who remain in their community after a crisis will increase to **81%**

Baseline: In State Fiscal Year 2014 of 3,793 episodes, the child remained in their community 79% of the time.

RESULTS:

The 2016 annual goal was **met** (based on six months of data).

| Time period | Total Episodes | Community | Treatment | Other |
|---------------------|----------------|---------------|-------------|-----------|
| January – June 2016 | 1,302 | 1,085 (83.3%) | 172 (13.2%) | 45 (3.5%) |

- 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.

ANALYSIS OF DATA:

The 2016 goal to increase to 81% was met. From January to June 2016, of the 1,302 episodes, the child remained in their community after the crisis 1,085 times or 83.3% of the time.

The 2014 baseline measure included people from age 18 to 21. Under the new reporting system, the measure includes children ages birth to 17. People from age 18 to 21 are now included in the Crisis Services Goal 2 measure for adults.

COMMENT ON PERFORMANCE:

Effective January 1, 2016, Children's Mental Health Crisis Providers were required to report the disposition after a crisis event into the Mental Health Information System (MHIS). The 2016 goal to increase the percent of children who receive mental health crisis services and remain in their community was met based on six months of data.

When children are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

CRISIS SERVICES GOAL TWO: By June 30, 2018, 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 89% or more.

2016 Goal

- By June 30, 2016, the percent who remain in their community after a crisis will increase to **84%**

Baseline: In State Fiscal Year 2014 of 5,051 episodes, the person remained in their community 82% of the time.

RESULTS:

The 2016 annual goal was **not met** (based on six months data).

| Time period | Total Episodes | Community | Treatment | Other |
|---------------------|----------------|---------------|---------------|-------------|
| January – June 2016 | 5,206 | 3,008 (57.8%) | 1,463 (28.1%) | 735 (14.1%) |

- 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.

ANALYSIS OF DATA:

The 2016 goal to increase to 84% was not met. From January to June 2016, of the 5,206 episodes, the person remained in their community 3,008 times or 57.8% of the time. This measure includes persons over the age of 18.

The 2014 baseline counted only Medical Assistance (MA) recipients. Under the new reporting system, DHS counts the number of all people who remained in the community during the reporting period, regardless of the payment source.

COMMENT ON PERFORMANCE:

Effective January 1, 2016, Adult Mental Health Crisis Providers were required to report the location of residence after a crisis event into the Mental Health Information System (MHIS). Prior to January 1, 2016, mental health providers only reported if the individual was admitted to an inpatient psychiatric unit.

During the verification process, the data reporting method was defined to truly reflect the goal's intention. A baseline and annual goal adjustment is being addressed through the ongoing Plan amendment process.

When individuals are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

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.

2016 Goal

- By February, 2016 a baseline and annual goals will be established

RESULTS:

The 2016 goal was **met**. The proposed baselines and measurable goals below were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being addressed through the ongoing Plan amendment process.

This goal measures two things and will be measured using two separate measures. The first measure (Proposed Goal A) represents the percent of people on Medical Assistance (MA) who received community services within 30-days after discharge from a hospital due to a crisis.

The second measure (Proposed Goal B) includes the percent of people that were housed, not housed or in a treatment facility, five months after their discharge date. See Proposed Goal B below for more information on this measure.

PROPOSED GOAL A

- **Proposed Baseline A:** In Fiscal Year 2015, 89.21% people received follow-up services within 30-days after discharge from the hospital compared to 88.56% in Fiscal Year 2014.
- **Proposed Goal A:** Increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)
 - By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.
 - By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

PROPOSED GOAL B

- **Proposed Baseline B:** In Fiscal Year 2015, 81.89% of people discharged from the hospital due to a crisis were housed 5 months after the date of discharge compared to 80.94% in Fiscal Year 2014.
- **Proposed Goal B:** Increase the percent of people who are housed 5 months after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)
 - By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase to 83%.
 - By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase to 84%.

CRISIS SERVICES 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.

2016 Goal

- By January 31, 2016, establish a baseline of the length of time it takes from referral for crisis intervention to the initiation of crisis services and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness.

RESULTS:

The 2016 goal was **met**. The proposed baselines and measurable goals below were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being addressed through the ongoing Plan amendment process.

- **Proposed Baseline:** Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days
- **Proposed Interim Goal:**
 - By June 30, 2017, decrease the average length of a crisis episode to **79** days.
 - By June 30, 2018, decrease the average length of a crisis episode to **77** days.
 - By June 30, 2019, develop and propose a measure that reflects the broader community crisis services and establish a baseline.

Rationale:

Most of the data needed to accurately capture the initiation of crisis services and crisis interventions is collected by other community partners and providers. At this time, the data is not collected systematically or consistently by external partners and providers, so it is not available as a baseline.

As a result, DHS proposes to use an interim measure. The interim measure represents a specific group of people who are referred to DHS because they are in crisis. Generally, this group includes people who have not been able to find other community resources because of their challenging needs, so they are a key target population for the Olmstead Plan. Also, since DHS is helping to serve or coordinate care for them, it is possible to provide consistent, reliable data on the crisis response.

This interim measure focuses on people who are referred to crisis services using the Single Point of Entry (SPE). DHS has established the SPE as part of a continuous improvement project to improve DHS's ability to better respond to requests for assistance in supporting people with disabilities in crisis and to track the coordination of care. Initially, this project is focusing on people with developmental or intellectual disabilities who are in crisis and at risk of losing their current placement.

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.

A) By June 30, 2019 the number of self-advocates will increase to 1,575.

B) 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.

C) By January 4, 2016, a baseline and measurable goals will be established regarding employment of Certified Peer Support Specialists.

A) SELF ADVOCATES**2016 Goal**

- By June 30, 2016, the number of self-advocates will increase by **50** for a total of 1,250.

Baseline: There are 1,200 active self-advocates involved in the Self Advocates Minnesota (SAM) network statewide and participating in Tuesdays at the Capitol.

RESULTS: The 2016 goal was **met**.

| Time period | Number of new self-advocates |
|-----------------------|------------------------------|
| July 2015 – June 2016 | 52 (unduplicated) |

ANALYSIS OF DATA:

The 2016 goal to increase the number of self-advocates by 50 was met. OIO has engaged with various self-advocate groups and organizations around the state and provided Olmstead 101 workshops to self-advocates, families and providers. OIO is working with Advocating for Change Together (ACT), Centers of Independent Living (CILs) and Certified Peer Support Specialists (CPSS) to explore the issues of self-advocacy – recruitment, development and training.

The 52 individuals were involved in one or more of the following ways:

- participated in Leading Transportation Access training
- participated in ACT's Olmstead Academy program
- joined the Self-Advocates Minnesota (SAM) Leadership Circle
- committed to an 18 month process to host the 2017 State Self-Advocacy conference
- assisted with the exploration of creating a Medicaid billable peer-to-peer support program
- certified by ACT to co-facilitate peer to peer trainings to help people working in segregated settings understand their options for alternative employment

COMMENT ON PERFORMANCE:

It was extremely beneficial and effective to collaborate with various groups, i.e., ACT, SAM, CIL, and CPSS to support recruitment, development and training opportunities for self-advocates. The last six months was focused on fact finding and analyzing needs assessments. The data shares that there is a great need for:

- Funding opportunities to support in-depth trainings and promote engagement of Self-Advocates in program/product development and committees.
- Additional support and recognition for self-advocate organizations, including SAM.
- More opportunities for development of structured self-advocacy groups and activities.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

B) PUBLICLY FUNDED PROJECTS

2016 Goal

- By June 30, 2016, the number people with disabilities involved in a publicly funded project will increase by 50 for a total of **92**.

Baseline: There were 42 individuals with disabilities involved in planning 6 publicly funded projects.

RESULTS: The 2016 goal was **met**.

| Time period | Number of self-advocates involved in publicly funded projects |
|-----------------------|--|
| July 2015 – June 2016 | 51 (unduplicated)* |

*The reported number is unduplicated. There were five individuals with disabilities who participated in more than one publicly funded project.

ANALYSIS OF DATA:

The 2016 goal to increase by 50, the number of individuals involved in publicly funded projects was met. There were 51 individuals involved in publicly funded projects as shown below.

- Leading in Transportation Access Project included the training of 12 individuals with disabilities.
 - **12** participants filed a complaint with the local sidewalk supervisor and obtained results.
 - **1** is a member of the committee for the new Soccer Stadium.
 - **1** worked with the transportation office in Duluth.

- Advocating Change Together (ACT) Olmstead Academy. After completing the Olmstead Academy, participants are required to carry out their advocacy plan.
 - **28** implemented Disability Integration Projects in their home communities.
 - **10** committed to an 18 month process to host the 2017 State Self-Advocacy conference.
 - **3** assisted with the exploration of creating a Medicaid billable peer-to-peer support program.
 - **3** were certified by ACT to co-facilitate peer to peer trainings to help people working in segregated settings understand their options for alternative employment.

COMMENT ON PERFORMANCE:

OIO has learned that a clearer definition of “publicly funded projects” is necessary. Individuals with disabilities participate in publicly funded projects in different ways. In some projects they lead and some they follow. It is important to recognize that there is an array of publicly funded projects. The Olmstead Subcabinet has requested that the definition of “publicly funded projects” be clarified. This issue is being addressed through the ongoing Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

C) CERTIFIED PEER SUPPORT SPECIALISTS

2016 Goal

- By January 4, 2016, a baseline and measurable goals will be established regarding employment of Certified Peer Support Specialists.

RESULTS:

The 2016 goal was **met**. The proposed baselines and measurable goals below were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being addressed through the ongoing Plan amendment process.

- **Proposed Baseline:**

As of April 30, 2016, there are 16 individuals employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

- **Proposed Overall Goal:**

By December 31, 2019, the number of Peer Support Specialists who are employed by ACT or IRTS providers will increase by 82.

Proposed Annual Goals:

- By December 31, 2017, the number of employed peer support specialists will increase by 38
- By December 30, 2018, the number of employed peer support specialists will increase by 14
- By December 30, 2019, the number of employed peer support specialists will increase by 30

Rationale:

- Certified peer specialists assist clients in identifying strengths, setting goals, and strengthening self-advocacy skills. In addition, Certified Peer Specialists provide skill building, techniques, teach accessing resources and helping individuals to build relationships and gain confidence in their ability to be active participants in treatment planning activities.

- Certified peer specialists are employed in many parts of mental health services including Adult Mental Health Rehabilitative Services, Crisis services, IRTS, and ACT Teams.
- This measurable goal will focus on the planned increase in use of peer support specialists in the IRTS and ACT services. There are currently 38 IRTS and 27 ACT teams that are the focus of this goals.

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.

Annual goals will be established based on the timetable set forth in the abuse prevention plan.

RESULTS:

The goal was **met**. 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.

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.

2017 Goal

- By January 31, 2017, a baseline and annual goals will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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.

2017 Goal

- By December 31, 2017, a baseline will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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.

2017 Goal

- By July 31, 2017, a baseline and annual goals will be established.

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and the mid-year reviews completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions. The Olmstead Subcabinet reviews and approves workplan implementation, including workplan adjustments proposed by the agencies on an ongoing basis.^{xiii} In the event proposed agency actions are insufficient, the Subcabinet may take remedial action to modify the workplans.

The first review of workplan activities occurred in December 2015 and included activities with deadlines through November 30, 2015. Ongoing monthly reviews began in January 2016 and include activities with deadlines through the month prior and any activities previously reported as an exception.

The summary of those reviews are below.

| Reporting period | Number of Workplan Activities | | | | |
|------------------|-------------------------------|-----------|----------|----------------------|---|
| | Reviewed during time period | Completed | On Track | Reporting Exceptions | Exceptions requiring remedial Subcabinet action |
| December 2015 | 67 | 41 | 19 | 7 | 0 |
| January 2016 | 49 | 18 | 25 | 6 | 0 |
| February 2016 | 42 | 24 | 10 | 8 | 0 |
| March 2016 | 34 | 19 | 10 | 5 | 0 |
| April 2016 | 30 | 13 | 15 | 2 | 0 |
| May 2016 | 28 | 15 | 13 | 0 | 0 |
| June 2016 | 25 | 19 | 5 | 1 | 0 |
| July 2016 | 53 | 47 | 4 | 2 | 0 |
| August 2016 | 30 | 23 | 6 | 1 | 0 |
| September 2016 | 15 | 8 | 6 | 1 | 0 |
| October 2016 | 16 | 10 | 5 | 1 | 0 |

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff complete a mid-year review of all measurable goals that are reported on an annual basis to monitor progress, verify accuracy, completeness and timeliness, and identify risk areas. The OIO Compliance staff report any concerns identified through these reviews to the Subcabinet. Commentary or corrective actions as directed by the Subcabinet are included in the quarterly report following the action.

- Mid-year reviews conducted in June and July 2016 found no exceptions.

VII. ANALYSIS OF TRENDS AND RISK AREAS

The purpose of this section is to summarize areas of the Plan that are at risk of underperforming against the measurable goals. The topic areas are grouped by categories used in the Quarterly Reports.

MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

There are six Transition Services goals in this section. Goal One B, individuals exiting nursing facilities, was met. Goal One C, individuals exiting other segregating settings, and Goal Four, person centered planning and informed choice in transitions, have not yet been reported.

Goals One A, Two and Three were not met. A common theme across these three goals is the need for housing with specialized supports. This requires an understanding of what is important to the individual, development of a plan in support of these choices and a high degree of coordination between the providers and lead agencies to implement the plan. DHS has articulated a number of ways to try to improve performance on these goals, including the February 10, 2016 adoption of a person-centered planning, informed choice and transition protocol. In addition, DHS is working to address barriers to discharge, as well as putting systems in place to monitor the effectiveness of the planning.

- **Transition Services Goal One A:** Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)

The 2015 goal was reported as not met. During the first three quarters of the 2016 goal, the data shows it is on track to meet the 2016 goal. Additional information can be found on page eight of this report.

- **Transition Services Goal Two:** Anoka Metro Regional Treatment Center (AMRTC) timely discharge

The 2016 goal was reported as not met. Data from the last two reported quarters shows a trend moving in a favorable direction. If this trend continues this goal is on track to meet the 2017 goal. Additional information can be found on page twelve of this report.

- **Transition Services Goal Three:** Increase discharge rate at the Minnesota Security Hospital (MSH)

The 2015 goal was reported as not met. During the first three quarters of 2016, the data shows it is not on track to meet the 2016 goal. DHS is taking a number of actions to increase the rate of discharge. This is reported quarterly to the Subcabinet. Additional information can be found on page fourteen of this report.

INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

There are five Positive Supports Goals in this section. Goals One and Two were met.

Goal Three was met in part and not met in part. Goals Four and Five were not met. A common theme across these three goals is that the uses of restrictive procedures are long-standing practices. These practices were developed to manage difficult behaviors that can present a risk of harm to the individual and others. In order to reduce the use of restrictive procedures, state agencies adopted the use of positive supports, which are a proven set of best practices. Implementation requires training in the effectiveness of positive supports and timely access to technical assistance. Tracking of occurrences of

the use of restrictive procedures will help identify areas where additional training and technical assistance is needed.

- **Positive Supports Goal Three:** Reduce the use of mechanical restraint

This goal is measured in two parts, the number of reports of mechanical restraint and the number of individuals approved for use of mechanical restraint. The 2015 and 2016 goals to reduce the number of reports of mechanical restraint were not met. However, the 2015 and 2016 goals to reduce the number of individuals approved for use of mechanical restraint was met. The agency reported that during this reporting period a policy change occurred that increased the number of services for which care givers and other personnel are required to track and report these two factors. This likely accounts for not meeting the first part of the goal. Efforts to train providers and provide technical assistance are expected to reduce the number of uses of mechanical restraint in the next reporting period. Data for this goal is collected and reported to the Subcabinet quarterly. Additional information can be found on page twenty-seven of this report.

- **Positive Supports Goal Four:** Reduce the number of students who experience emergency use of restrictive procedures

The 2015 goal was reported as not met. The goal was to reduce by 110 from the baseline. Instead, there was an increase of 39 over the baseline number of students who experienced the use of restrictive procedures. This increase was likely the result of improvement in reporting and not an actual increase in the use of restrictive procedures. Additional information can be found on page forty-two of this report.

- **Positive Supports Goal Five:** Reduce the number of incidents of emergency use of restrictive procedures with students

The 2015 goal was reported as not met. The goal was to reduce by 781 incidents from the baseline. Instead there was an increase of 2,582 emergency incidents of restrictive procedures. The increase was primarily in the emergency use of manual restraint. This was most likely due to the elimination of the use of prone restraint mandated by state statute in 2015, causing personnel to use other emergency measures. Another contributing factor may have been increased reporting as the agency provided training and guidance to school districts that standardized the requirements for reporting. Additional information can be found on page forty-three of this report.

- **Person Centered Planning Goal Two:** Individual exercise of informed choice

The 2015 goal was reported as not met. The goal was to achieve a rate of 45% or higher for people reporting they had input into major life activities. The actual rate was 44.3%. DHS has initiated major training and technical assistance efforts that should improve performance for the next reporting period. The agency has also begun a process of verifying the performance of lead agencies regarding the utilization of person-centered and informed choice processes state wide. Progress on this measure will be reported beginning in February of 2017. Additional information can be found on page thirty-one of this report.

- **Education Goal Two:** Increase in the number of students entering into integrated post-secondary settings.

The 2016 goal was reported as not met. The goal was to increase by 50 over baseline. Instead there was a decrease of 43 from baseline. The agency reports efforts to utilize technical assistance for school districts to improve performance for the next reporting period. The agency is also seeking a more comprehensive tool to measure progress and will be proposing modifications to the baseline and measurable goals based on this new data system. Additional information can be found on page thirty-six of this report.

- **Transportation Goal Two:** Increase the number of passenger trips on public transportation

The 2015 goal was reported as not met. The goal was to increase the number of passenger trips. Instead, ridership decreased during the reporting period while hours of service remained the same. The ridership in the rural parts of the state increased. The increase, however, was offset by a large reduction in ridership in the metropolitan centers of greater Minnesota. This reduction in ridership was likely caused by lower fuel costs resulting in more trips using personal cars instead of transit. In order to provide a better measure of progress on this goal the agency will propose a modification to this goal. The modification will propose the reporting of increased hours of operation as well as ridership. These measures together will show a more complete picture of access and utilization of the transportation system. Additional information can be found on page forty of this report.

The Subcabinet and OIO will continue to monitor and report on measurable goals that do not meet expected annual performance targets. This will serve to bring attention to activities where goals are not being met and encourage agencies to take the steps necessary to improve performance.

VIII. POTENTIAL AMENDMENTS TO THE PLAN

The Olmstead Subcabinet is engaged in the Plan review and amendment process. An initial public input process was held to inform what amendments were needed to the measurable goals. As a result of that process, agencies developed a number of potential amendments to the measurable goals. The draft potential plan amendments are attached hereto as an Addendum in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet is in the process of obtaining public comment on the draft amendments and the attached drafts are subject to change. In addition to the measurable goal amendments attached hereto, there will be additional proposed changes to the Introduction and Background Information and Plan Management and Oversight sections, and supporting descriptions of the measurable goals. Public comment to the full proposed Plan will be sought in January. After the proposed amendments are finalized and approved by the Subcabinet, final amendments will be reported to the Court on or before February 28, 2017.

During the initial public comment period the Subcabinet received numerous comments regarding the need to have a necessary direct support workforce available to provide services and supports for individuals with disabilities. DHS and DEED are working together to determine the best way to address this concern in the Olmstead Plan process, which may include additional strategies and workplan activities.

ENDNOTES

ⁱ Some Olmstead Plan goals have multiple subparts or components that are measured and evaluated separately. Each subpart or component is treated as a measurable goal in this report.

ⁱⁱ Goals that are in process include goals that have not yet reached the annual goal date, and goals that have not been reported on to date. On track and not on track designations are not included in the table as they indicate progress on annual goals to be reported on in 2017.

ⁱⁱⁱ 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.

^{iv} A baseline is not available because there is no standardized informed choice process currently in place to determine how many individuals in segregated settings would choose or not oppose moving to an integrated setting. Once this baseline is established, the goals will be re-evaluated and revised as appropriate.

^v 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.

^{vi} 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.

^{vii} The sampling strategy is based upon requirements approved by CMS.

^{viii} Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.

^{ix} "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

^x "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

^{xi} The Post School Outcome Survey is done annually and includes one-fifth of all public school districts, including charter schools. The number of students in each year's cohort will vary based on the size of the district and number of those who can be reached and choose to participate in the survey.

^{xii} MTI Report 12-30: Investigating the Determining Factors for Transit Travel Demand by Bus Mode in US Metropolitan Statistical Areas, Mineta Transportation Institute, 2015.

^{xiii} All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the annual workplan review and adjustment process.

ADDENDUM

Addendum to Annual Report on Olmstead Plan Implementation

Draft Potential Amendments to Measurable Goals

December 19, 2016

This addendum includes the draft potential amendments to fifteen Olmstead Plan measurable goals that were developed by the Olmstead Subcabinet agencies after an initial public comment period. The Olmstead Subcabinet reviewed and provisionally approved these amendments on December 19, 2016. These draft potential amendments are being included with the Annual Report in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet is in the process of obtaining public comment on these draft amendments and these amendments are subject to change.

The measurable goals appear in the order that they occur in the Plan, with the page number and the reason for the change noted. Redline changes indicate the edits to the original language from the Plan.

Table of Contents

| Measurable Goal | Page |
|---|-------------|
| Transition Services 2 | 3 |
| Transition Services 3 | 5 |
| Lifelong Learning and Education 2 | 7 |
| Transportation 1 | 9 |
| Transportation 2 | 11 |
| Transportation 3 | 13 |
| Transportation 4 | 15 |
| Positive Supports 4 | 17 |
| Positive Supports 5 | 19 |
| Crisis Services 2 | 21 |
| Crisis Services 3 | 23 |
| Crisis Services 4 | 25 |
| Crisis Services 5 | 27 |
| Community Engagement 1 | 29 |
| Employment 4 (formerly Community Engagement 1C) | 31 |

TRANSITION SERVICES – GOAL TWO (page 44 of Plan)

REASON FOR CHANGE

The overall goal and annual goals are not changing. The proposed change is to focus the goal on people under mental health commitment. Individuals at AMRTC are there under two statuses:

- 1) Individuals under mental health commitment
- 2) Individuals under criminal court Rule 20 competency restoration commitment who are there for competency restoration.

For individuals under mental health commitment, discharge planning and discharge are under the authority of the AMRTC and the lead agency. For individuals under criminal court Rule 20 competency restoration commitment, discharge planning and discharge are under the authority of the criminal court.

The proposed change is to measure progress on the timely discharge of individuals under mental health commitment. Quarterly reporting will include the data separated into the two categories.

- 1) Individuals under mental health commitment
- 2) Individuals under criminal court Rule 20 competency restoration commitment

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 setting¹ will be reduced to 30% (based on daily average).

Baseline: In State Fiscal Year 2014, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 33% on a daily average. During State Fiscal Year 2015, a change in utilization of AMRTC (see Rationale section for description of change) caused an increase in the percent of the target population to 36% (above the 2014 level) which resulted in the need to adjust the goal over the next four years.

Annual Goals to reduce the percent of people at AMRTC awaiting discharge:

- By June 30, 2016 the percent awaiting discharge will be reduced to $\leq 35\%$
- By June 30, 2017 the percent awaiting discharge will be reduced to $\leq 33\%$
- By June 30, 2018 the percent awaiting discharge will be reduced to $\leq 32\%$
- By June 30, 2019 the percent awaiting discharge will be reduced to $\leq 30\%$

¹ 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.

TRANSITION SERVICES – GOAL THREE (page 44 of Plan)

REASON FOR CHANGE

The initial overall goal and annual goals were calculated based on all discharges from Minnesota Security Hospital (MSH). The baseline, overall goal and annual goals are being adjusted to measure only movement from MSH to more integrated settings. Quarterly reports will continue to report on all discharges.

Goal Three: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 1014 individuals per month.

Baseline: In Calendar Year 2014, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting was 4.69 individuals per month.

Annual Goals to increase average monthly number of individuals leaving Minnesota Security Hospital:

- By December 31, 2015 the average monthly number of discharges will increase to ≥ 10 ¹
- By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 7.11
- By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 8.12
- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 9.13
- By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 10.14

¹ The December 2015 goal was established utilizing the original 2014 baseline, which included all discharges from MSH. Performance on the December 2015 goal was reported in the February 2016 Quarterly Report. The December 2016 through December 2019 goals are based on the adjusted 2014 baseline which measures only those individuals who left MSH to a more integrated setting.

LIFELONG LEARNING AND EDUCATION – GOAL TWO (page 59 of Plan)

REASON FOR CHANGE

- Initially progress on this goal was measured using the annual Post School Outcome Survey, using a limited sample of students who voluntarily participated.
- A broader data system, the Minnesota's Statewide Longitudinal Education Data System (SLEDs), is now available. By using this data system, MDE will be able to more accurately measure statewide, the number of students with disabilities who enroll in integrated postsecondary settings, within one year of graduating from secondary education.
- MDE requested access to summary level data residing in Minnesota's Statewide Longitudinal Education Data System (SLEDs) on November 10, 2016 for students who graduated in 2015. SLEDs data is one year behind. The requested data pull will occur on an annual basis between January and April. The verifiable data pull will include the number of special education students who graduated the prior school year and enrolled in a postsecondary institution within one year of graduation. In addition, the summary data will be grouped by student's racial/ethnic group and primary type of disability.

Goal Two: By ~~October 1 June 30~~, 2020 the number of students with disabilities who have enrolled entered into an integrated postsecondary setting within one year of leaving high school secondary education will increase by 250 425 (39%) (from 225 2,174 to 475 2,599).

Baseline: Using the 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDs), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,174 (32.2%) attended an integrated postsecondary institution from August 2014 to July 2015.

~~Using the 2014 Post School Outcome Survey, of the 962 students with disabilities who participated in the survey, 225 (23.3%) entered into an integrated postsecondary setting within one year of leaving secondary education.~~

Annual Goals to increase the number of students entering an integrated postsecondary education setting are:

- By October 1, 2016 there will be an increase of 50 over baseline to 275¹
- By ~~October 1 June 30~~, 2017 there will be an increase of 100 (34%) over baseline to 2,274 275
- By ~~October 1 June 30~~, 2018 there will be an increase of 150 225 (36%) over baseline to 2,399 325
- By ~~October 1 June 30~~, 2019 there will be an increase of 200 325 (37%) over baseline to 2,499 375
- By ~~October 1 June 30~~, 2020 there will be an increase of 250 425 (39%) over baseline to 2,599 425

¹ The October 2016 goal was established utilizing the 2014 baseline, which used a limited sample of students who took the Post School Outcome Survey. Performance on the October 2016 goal was reported in the February 2016 Quarterly Report. The June 2017 through June 2020 goals are based on a new baseline using SLEDs data which is a more complete measure.

TRANSPORTATION – GOAL ONE (page 71 of Plan)

REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. The proposed baseline and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the ongoing Plan amendment process.

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%) and 30 miles of sidewalks. By January 31, 2016 a target will be established for sidewalk improvements.~~

A) Curb Ramps

Baseline: In 2012, 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

- By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps¹ bringing the percentage of compliant ramps to approximately 38%.

B) Accessible Pedestrian Signals

Baseline: In 2009, 10% of eligible state highway intersections with accessible pedestrian signals (APS) were installed.

- By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

Annual Goals to increase the number of APS installations:

- By December 31, 2015 an additional 50 APS installations will be provided
- By December 31, 2016 an additional 50 APS installations will be provided
- By December 31, 2017 an additional 50 APS installations will be provided
- By December 31, 2018 an additional 50 APS installations will be provided
- By December 31, 2019 an additional 50 APS installations will be provided

C) Sidewalks

Baseline: In 2012, MnDOT maintained 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standard and Public Right of Way (PROW) guidance.

- By October 31, 2021 improvements will be made to an additional 30 miles of sidewalks

Annual Goals to improve sidewalks:

- By October 31, 2017 improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2019, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2020, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2021, improvements will be made to an additional 6 miles of sidewalks

¹ ADA Title II Requirements for curb ramps at www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm

TRANSPORTATION – GOAL TWO (page 72 of Plan)

REASON FOR CHANGE

Service (revenue) hours are a more effective metric for measuring the availability of transit service in Greater Minnesota than ridership. The Minnesota Department of Transportation (MnDOT) Office of Transit currently tracks and reports on the number of service hours by system in the Annual Transit Report. Beginning with the 2001 Greater Minnesota Transit Plan, the number of service hours of transit have been used in describing the future level of service to address the transit need/demand. This metric is also one of the factors mentioned in recent research that impacts the transit travel demand (ridership).

The number of hours listed depicts the number of hours to implement all service including expansion. The hours are incrementally ramped up each year by 57,000. Of the total 57,000 additional hours each year, 28,500 will be added to urban systems and 28,500 to small urban and rural transit systems combined. The 57,000 additional hours will provide service needed to increase ridership to meet the 90 percent of demand target by 2025.

In addition to data on service hours, annual reporting will also include data on passenger trips.

MnDOT is monitoring emerging issues in alternatives to public transportation and the impact that such alternatives may have on public transportation.

Goal Two: By 2025, ~~additional rides and the annual number of~~ service hours will increase ~~the annual number of passenger trips~~ to 1,713.8 million in Greater Minnesota (approximately 50% increase).

Baseline: In 2014 the annual number of ~~service hours was 1,200,000~~ ~~passenger trips was 12,543,553~~

Annual Goals to increase the annual number of ~~service hours by 57,000 per year~~ ~~passenger trips:~~

- By 2015 the annual number of passenger trips will increase to 13,129,593¹
- ~~By 2020 the annual number of passenger trips will increase to 16,059,797~~
- ~~By 2025 the annual number of passenger trips will increase to 18,800,000~~
- By December 31, 2017, the annual number of service hours will increase to 1,257,000
- By December 31, 2018, the annual number of service hours will increase to 1,314,000
- By December 31, 2019, the annual number of service hours will increase to 1,371,000
- By December 31, 2020, the annual number of service hours will increase to 1,428,000
- By December 31, 2021, the annual number of service hours will increase to 1,485,000
- By December 31, 2022, the annual number of service hours will increase to 1,542,000
- By December 31, 2023, the annual number of service hours will increase to 1,599,000
- By December 31, 2024, the annual number of service hours will increase to 1,656,000
- By December 31, 2025, the annual number of service hours will increase to 1,713,000

¹ The 2015 goal was established utilizing a 2014 baseline for passenger trips. Performance on the 2015 goal was reported in the November 2016 Quarterly Report.

TRANSPORTATION – GOAL THREE (page 72 of Plan)

REASON FOR CHANGE

The proposed change to the overall target date of 2025, provides consistency with the Greater MN Transit Investment Plan (GMTIP). The proposed deadline change for baseline establishment is being driven by the extended timeline of the development of the GMTIP. The change to the timeline is in response to stakeholder request to extend the timeframe to submit feedback on the draft version of the GMTIP.

Goal Three: By ~~2025~~2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

Transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT "[Greater Minnesota Transit Investment Plan](#)."¹

Baseline: A baseline for access will be established ~~in 2016~~ by April 30, 2017.

¹ Greater Minnesota Transit Investment Plan is available at www.dot.state.mn.us/transit/reports/investmentplan

TRANSPORTATION - GOAL FOUR (page 72 of Plan)

REASON FOR CHANGE

The proposed change to the overall target date to 2025, provides consistency with the Greater MN Transit Plan (GMTIP) timelines.

The proposed changes to the five year goals for on time performance is to make the performance numbers published in the Olmstead Plan consistent with the Metro Transit's long standing goal of 95%. The 95% goal is the performance goal used in Metro Transit's service contracts that is reported to the Federal Transit Administration, so deviation from the adopted standard should be avoided.

Metro Transit has provided a detailed explanation to the Subcabinet on the necessity of making this change.

Goal Four: By ~~2020~~ 2025, transit systems' on time performance will be 90% or greater statewide.

Reliability will be tracked at the service level, and as reliability increases, the attractiveness of public transit for persons needing transportation may increase.

Baseline for on time performance in 2014 was:

- Transit Link – 97% within a half hour
- Metro Mobility – 96.3% within a half hour timeframe
- Metro Transit – 86% within one minute early – four minutes late
- Greater Minnesota – Baseline to be developed in 2016

Five year goals to improve on time performance:

- Transit Link – maintain ~~current~~ performance of 95% ~~{97% within a half hour}~~
- Metro Mobility – maintain ~~current~~ performance of 95% ~~{96.3% within a half hour timeframe}~~
- Metro Transit – improve to a service level of 90% or greater
- Greater Minnesota – To be developed in 2016

POSITIVE SUPPORTS – GOAL FOUR (page 84 of Plan)

REASON FOR CHANGE

- The number of students receiving special education services varies each year. Reporting by number of incidents alone does not accurately reflect performance. A secondary measure of a percentage reduction is being added to allow for fluctuations in the total number of students.
- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. During this training it became evident that there were different definitions of reporting across school districts and across the State. In order to better measure progress, a new baseline has been established using the common definitions for reporting during the 2015-2016 school year. Annual targets are being adjusted accordingly.

Goal Four: By June 30, 2020 ~~17~~, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 ~~6~~ students or decrease to 1.98% of the total number of students receiving special education services.

Annual Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 147,360 students. Accordingly, during school year 2015-2016, 2.06% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

~~Use of restrictive procedures in schools is prohibited, except in the case of an emergency. In 2014 the number of students who experienced at least one restrictive procedure in a school setting was 2,740:~~

Annual Goals to reduce the number of students experiencing restrictive procedures at school:

- By June 30, 2015, the number of students experiencing emergency use of restrictive procedures will be reduced by 110.¹
- ~~• By June 30, 2016, the number of students experiencing emergency use of restrictive procedures will be reduced by 105~~
- ~~By June 30, 2017, the number of students experiencing emergency use of restrictive procedures will be reduced by 101~~
- By June 30, 2017 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.
- By June 30, 2018 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.
- By June 30, 2019 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.

¹ The June 2015 goal was established utilizing the 2014 baseline, which occurred prior to establishment of common definitions for reporting. Performance on the June 2015 goal was reported in the May 2016 Quarterly Report. The June 2017 through June 2020 goals are based on the new baseline data from school year 2015-2016, after the establishment of common definitions for reporting.

- By June 30, 2020 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.

POSITIVE SUPPORTS – GOAL FIVE (page 84 of Plan)

REASON FOR CHANGE

- The number of students experiencing restrictive procedures varies each year. Reporting by number of incidents alone does not accurately reflect performance. A secondary measure of a rate per student is being added to allow for fluctuations in the total number of students experiencing restrictive procedures.
- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. During this training it became evident that there were different definitions of reporting across school districts and across the State. In order to accurately measure progress, a new baseline has been established using the common definitions for reporting using the 2015-2016 school year. Annual targets are being adjusted accordingly.

Goal Five: By June 30, 2020~~17~~, 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.

Annual Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported 22,028 incidents of emergency use of a restrictive procedure in the school setting. In school year 2015-2016, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,034 students receiving special education services. Accordingly, during school year 2015-2016 there were 7.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

~~In 2014, school districts (which include charter schools) reported to MDE that there were a total of 19,537 incidents which involved the emergency use of restrictive procedures occurring in schools.~~

Annual Goals to reduce the number of incidents of restrictive procedures in school:

- By June 30, 2015, the number of incidents of emergency use of restrictive procedures will be reduced by 781¹
- ~~• By June 30, 2016, the number of incidents of emergency use of restrictive procedures will be reduced by 750~~
- ~~• By June 30, 2017, the number of incidents of emergency use of restrictive procedures will be reduced by 720~~
- By June 30, 2017, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

¹ The June 2015 goal was established utilizing the 2014 baseline, which occurred prior to establishment of common definitions for reporting. Performance on the June 2015 goal was reported in the May 2016 Quarterly Report. The June 2017 through June 2020 goals are based on the new baseline data from school year 2015-2016, after the establishment of common definitions for reporting.

- By June 30, 2018, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- By June 30, 2019, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- By June 30, 2020, the number of incidents of emergency use of restrictive procedures will be reduced by 562 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

CRISIS SERVICES - GOAL TWO (page 89 of Plan)

REASON FOR CHANGE:

The 2014 baseline counted only Medical Assistance (MA) recipients. Under the new reporting system, DHS counts the number of all people who remained in the community during the reporting period, regardless of the payment source.

Effective January 1, 2016, Adult Mental Health Crisis Providers were required to report the location of residence after a crisis event into the Mental Health Information System (MHIS). Prior to January 1, 2016, mental health providers only reported if the individual was admitted to an inpatient psychiatric unit.

The proposed new baseline and annual goals will provide more accurate measurement on outcomes after a crisis episode.

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 settings) will increase to ~~62%~~ 89% or more.

Baseline: From January to June 2016, of the 5,206 episodes, for persons over 18, the person remained in their community 3,008 times or 57.8% of the time.

In State Fiscal Year 2014 of 5,051 episodes, the person remained in their community 82% of the time:

Annual Goals to increase the percent of adults who remain in their community after a crisis:

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 84%¹
- By June 30, 2017, the percent who remain in their community after a crisis will increase to ~~60%~~ 86%
- ~~By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%~~ 89%
- By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%

¹ The June 30, 2016 goal was established utilizing the 2014 baseline, which included only Medical Assistance recipients. Performance on the June 2016 goal was reported in the November 2016 Quarterly Report. The June 2017 through June 2019 goals are based on the 2016 baseline which includes individuals regardless of payment source.

CRISIS SERVICES – GOAL THREE (page 89 of Plan)

REASON FOR CHANGE

This is a technical change. The original goal states “45% or less”; the intention was “45 people”.

Goal Three: By June 30, 2017, the number ~~and percent~~ of people who discontinue waiver services after a crisis will decrease to 45% people or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

Baseline: State Fiscal Year 2014 baseline of 62 people who discontinued waiver services (3% of the people who received crisis services through a waiver):

Annual Goals to decrease the number of people who discontinue waiver services after a crisis:

- By June 30, 2015, the number will decrease to no more than 60 people ~~(percent will adjust in relation to total number served in FY 15).~~
- By June 30, 2016, the number will decrease to no more than 55 people ~~(percent will adjust in relation to total number served in FY 16).~~
- By June 30, 2017, the number will decrease to no more than 45 people ~~(percent will adjust in relation to total number served in FY 17).~~

CRISIS SERVICES – GOAL FOUR (page 89 of Plan)

REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. The proposed baselines and measurable goals were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the ongoing Plan amendment process.

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.

- By February, 2016 a baseline and annual goals will be established.

This goal measures two things and will be measured using two separate measures. The first measure (Goal A) represents the percent of people on Medical Assistance (MA) who received community services within 30-days after discharge from a hospital due to a crisis.

The second measure (Proposed Goal B) includes the percent of people that were housed, not housed or in a treatment facility, five months after their discharge date. See Proposed Goal B below for more information on this measure.

GOAL A

Baseline A: In Fiscal Year 2015, 89.21% people received follow-up services within 30-days after discharge from the hospital compared to 88.56% in Fiscal Year 2014.

Goal A: Increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

ANNUAL GOALS

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

GOAL B

Baseline B: In Fiscal Year 2015, 81.89% of people discharged from the hospital due to a crisis were housed 5 months after the date of discharge compared to 80.94% in Fiscal Year 2014.

Goal B: Increase the percent of people who are housed 5 months after discharge from the hospital.

(Note: the percent adjusts in relation to the total number of people served in the fiscal year)

ANNUAL GOALS

- By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase to 83%.
- By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase to 84%.

CRISIS SERVICES – GOAL FIVE (page 90 of Plan)

REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. These proposed baselines and measurable goals were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the ongoing Plan amendment process.

The baseline and the 2017, 2018 and 2019 goals for the average length of a crisis episode is a proxy measure for access to crisis services. By June 30, 2019 based on the crisis services system experience, a new baseline and measurable goals will be established.

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.

- By January 31, 2016, establish a baseline of the length of time it takes from referral for crisis intervention to the initiation of crisis services and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness.

Baseline: Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days. (The average length of a crisis episode is a proxy measure for access to crisis services.)

Annual Goals:

- By June 30, 2017, decrease the average length of a crisis episode to **79** days.
- By June 30, 2018, decrease the average length of a crisis episode to **77** days.
- By June 30, 2019, decrease the average length of a crisis episode to **75** days.
- By June 30, 2019, develop and establish ~~propose~~ a baseline and measurable goals that reflect the broader community crisis services ~~and establish a baseline~~.

COMMUNITY ENGAGEMENT - GOAL ONE (page 95 of Plan)

REASON FOR CHANGE

This is a technical change to clarify the targeted groups to track progress.

Goal One: By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. ~~(This includes increases in the numbers of: self-advocates and individuals involved in publicly funded projects, and Certified Peer Support Specialists.)~~

Baseline: As of June 30, 2014, the number of individuals engaged in their community as self-advocates, in leadership roles (such as governor appointed councils) or in publicly funded projects is 1,242.

Self-Advocates

- **By June 30, 2019 the number of self-advocates or people with disabilities involved in leadership opportunities (such as governor-appointed boards and councils) will increase to 1,575.**

Baseline: There are 1,200 active self-advocates involved in the Self Advocates Minnesota (SAM) network statewide and participating in Tuesdays at the Capitol¹.

Annual Goals to increase the number of self-advocates:

- By June 30, 2016, the number of self-advocates will increase by 50 for a total of 1,250.
- By June 30, 2017, the number of self-advocates will increase by 75 for a total of 1,325.
- By June 30, 2018, the number of self-advocates will increase by 100 for a total of 1,425.
- By June 30, 2019, the number of self-advocates will increase by 150 for a total of 1,575.

Involvement in Publicly Funded Projects

- **By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.) at the Subcabinet agency level will increase to 417.**

Baseline: There were 42 individuals with disabilities involved in planning 6 publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.).

Annual Goals to increase the number of people involved in publicly funded planning projects:

- By June 30, 2016, the number people with disabilities involved in a publicly funded project will increase by 50 for a total of 92.
- By June 30, 2017, the number people with disabilities involved in a publicly funded project will increase by 75 for a total of 167.
- By June 30, 2018, the number people with disabilities involved in a publicly funded project will increase by 100 for a total of 267.

¹ Self-Advocates Minnesota is a statewide network of regional self-advocacy groups coordinated through Advocating Change Together. Tuesdays at the Capitol is coordinated by the Minnesota Consortium for Citizens with Disabilities and brings together self-advocates, families, providers, law makers and agency staff for policy discussions every Tuesday during the legislative session.

- By June 30, 2019, the number people with disabilities involved in a publicly funded project will increase by 150 for a total of 417.

EMPLOYMENT – GOAL FOUR (page 96 of Plan)

REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. The proposed baselines and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the Plan amendment process in February 2017.

The changes indicated are changes since the provisional approval. This goal is being moved from Community Engagement to Employment as it will measure employment of certified peer specialists. The overall target number is the same, but the annual goal numbers have been adjusted to allow for gradual growth.

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.~~

Annual Goal

- ~~By January 4, 2016, a baseline and measurable goals will be established regarding employment of Certified Peer Support Specialists~~

EMPLOYMENT GOAL FOUR

By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service ~~ACT or IRTS~~ providers will increase by 82.

Baseline:

As of April 30, 2016, there are 16 certified peer support specialists ~~individuals~~ employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

Annual Goals:

- By December 31, 2017, the number of employed peer support specialists will increase by 1438
- By December 30, 2018, the number of employed peer support specialists will increase by 3014
- By December 30, 2019, the number of employed peer support specialists will increase by 3830

