



Minnesota Department of Human Services
Commissioner's Office
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November 26, 2018

The Honorable Donovan W. Frank
United States District Court
District of Minnesota
724 Federal Building
316 North Robert Street
St. Paul, Minnesota 55101

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT
November 2018 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the November 26, 2018 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through October 31, 2018. This report is filed pursuant to this Court's Order for Reporting on Olmstead Plan dated February 22, 2016 (Doc. No. 544), the Court's Order dated June 21, 2016 (Doc. No. 578), and the Court's Order dated July 19, 2018 (Doc. No. 693).

This report was approved by the Olmstead Subcabinet on November 26, 2018 and is filed by the Department on its behalf.

Sincerely,

A handwritten signature in black ink, appearing to be 'C. Johnson', written over a horizontal line.

Charles E. Johnson
Deputy Commissioner

cc: Magistrate Judge Becky R. Thorson
Shamus O'Meara, Attorney for Plaintiffs
Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities
Mary Tingerthal, Chair, Olmstead Subcabinet

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through October 31, 2018

DATE APPROVED BY SUBCABINET

November 26, 2018

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I. PURPOSE OF REPORT

This quarterly report provides the status of work being completed by State agencies to implement the Olmstead Plan. The goals related to the number of people moving from segregated settings into more integrated settings; the number of people approved for waiver funding at a reasonable pace; and the quality of life measures will be reported in every quarterly report.

Reports are compiled on a quarterly basis. 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. Timeliness of waiver funding
3. Quality of life measurement results
4. Increasing system capacity and options for integration

This quarterly report includes data acquired through October 31, 2018. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Information reported for each goal includes: the overall goal, annual goal, baseline, results for the reporting period, analysis of data, comment on performance and the universe number when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on the status of workplans. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead.

EXECUTIVE SUMMARY

This quarterly report covers twenty-seven measurable goals.ⁱⁱ As shown in the chart below, thirteen of those goals were either met or on track to be met. Nine goals were categorized as not on track, or not met. For those nine goals, the report documents how the agencies will work to improve performance on each goal. Five goals are in process.

| Status of Goals – November 2018 Quarterly Report | Number of Goals |
|--|-----------------|
| Met annual goal | 10 |
| On track to meet annual goal | 3 |
| Not on track to meet annual goal | 2 |
| Did not meet annual goal | 7 |
| In Process | 5 |
| Goals Reported | 27 |

Progress on movement of people with disabilities from segregated to integrated setting

- During this quarter, 36 individuals left ICF/DD programs to more integrated settings. After three quarters, the number is 140 which exceeds the annual goal of 72. (Transition Services Goal One A)
- During this quarter, 195 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After three quarters, 79% of the annual goal has been achieved. (Transition Services Goal One B)
- During this quarter, 272 individuals moved from other segregated settings to more integrated settings. After three quarters, the total number is 867 which exceeds the annual goal of 500. (Transition Services Goal One C)

- Planning for individuals experiencing a transition has improved through adherence to Transition Protocols. Current performance is at 88.5% compliance. (Transition Services Goal Four)
- The utilization of the Person Centered Protocols has improved over the last four quarters. Of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Four of the eight elements show progress over the previous quarter, and three of the eight are at 90% or greater in this quarter. (Person-Centered Planning Goal One)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 73% of individuals were approved for funding within 45 days. Another 20% had funding approved after 45 days.

Increasing system capacity and options for integration

- The number of individuals experiencing a restrictive procedure is lower, at 644 individuals this year compared to 692 in the previous year. (Positive Supports Goal One)
- The number of reports of use of emergency use of manual restraints is lower, at 843 reports this quarter compared to 904 in the previous quarter. (Positive Supports Goal Two)
- The number of individuals approved for the emergency use of mechanical restraints at the end of the quarter is 13, which met the annual goal of 13. (Positive Supports Goal Three B)
- The number of individuals in competitive integrated employment increased by 814 in the past year. (Employment Goal Two)
- The number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 27,270, which is an increase of 5,877 over baseline. (Health Care and Health Living Goal One)
- The number of children and adults with disabilities who had an annual dental visit was 33,746 over baseline. (Health Care and Healthy Living Goal Two)
- The percentage of people receiving community services within 30 days after discharge from the hospital was 94.1% and met the annual goal of 91%. (Crisis Service Four B)
- The percentage of people receiving crisis services within ten days of referral was 88.9%. This met the annual goal of 87%. (Crisis services Goal Five)

Listed below are measurable goals targeted for improvement. Proposed steps for improvement are included in this report.

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Positive Supports Goal Three A to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Housing and Services Goal One to increase the number of people living in the most integrated housing of their choice.
- Lifelong Learning and Education Goal Two to increase the number of students with disabilities enrolling in integrated postsecondary education settings.
- Crisis Services Goal Four A to increase the percent of people who are housed five months after discharge from the hospital (due to a crisis).

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

The table below indicates the cumulative net number of individuals who moved from various segregated settings to integrated settings for each of the five goals included in this report. The reporting period for each goal is based on when the data collected can be considered reliable and valid.

| 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) | January – March 2018 | 36 |
| • Nursing Facilities | January – March 2018 | 195 |
| • Other segregated settings | January – March 2018 | 272 |
| • Anoka Metro Regional Treatment Center (AMRTC) | July – September 2018 | 20 |
| • Minnesota Security Hospital (MSH) | July – September 2018 | 15 |
| Net number who moved from segregated to integrated settings | | 538 |

More detailed information for each specific goal is included below. The information includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

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 (A) ICFs/DD; (B) nursing facilities; and (C) other segregated housing to more integrated settings are set forth in the following table.

| | 2014 Baseline | June 30, 2015 | June 30, 2016 | June 30, 2017 | June 30, 2018 |
|--|------------------|------------------|------------------|------------------|------------------|
| A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD) | 72 | 84 | 84 | 84 | 72 |
| B) Nursing Facilities (NF) under age 65 in NF > 90 days | 707 | 740 | 740 | 740 | 750 |
| C) Segregated housing other than listed above | 1,121 | 50 | 250 | 400 | 500 |
| Total | | 874 | 1,074 | 1,224 | 1,322 |

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

2018 goal

- For the year ending June 30, 2018 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

Baseline: January - December 2014 = 72

RESULTS:

The goal is **on track** to meet the 2018 goal of 72.

| Time period | Total number of individuals leaving | Transfers ^{iv} (-) | Deaths (-) | Net moved to integrated setting |
|--|---|--------------------------------|---------------|---------------------------------------|
| 2015 Annual (July 2014 – June 2015) | 138 | 18 | 62 | 58 |
| 2016 Annual (July 2015 – June 2016) | 180 | 27 | 72 | 81 |
| 2017 Annual (July 2016 – June 2017) | 263 | 25 | 56 | 182 |
| 2018 Quarter 1 (July – September 2017) | 48 | 1 | 5 | 42 |
| 2018 Quarter 2 (October – December 2017) | 81 | 2 | 17 | 62 |
| 2018 Quarter 3 (January – March 2018) | 62 | 6 | 20 | 36 |
| Totals (Q1 + Q2 + Q3) | 191 | 9 | 42 | 140 |

ANALYSIS OF DATA:

From January – March 2018, the number of people who moved from an ICF/DD to a more integrated setting was 36. This is 26 fewer people than in the previous quarter. During the first three quarters, the total number is 140 which exceeds the annual goal of 72.

COMMENT ON PERFORMANCE:

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. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move.

For those leaving an institutional setting, such as an ICF/DD, the Olmstead Plan reasonable pace goal 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.

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services. A total of 12 out of 15 MSOCS ICFs/DD converted since January 2017 for a reduction of 72 state-operated ICF/DD beds. DHS is working with one county to determine the best way to serve the 12 adults currently being served in the remaining three settings. No timeline for conversion of these homes has been confirmed.

For the period January through June 2018, a total of 51 ICF/DD beds were decertified in six locations. One facility decertified 8 beds that were vacant. The remaining five facilities (43 beds) were closed.

UNIVERSE NUMBER:

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

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

2018 goal

- For the year ending June 30, 2018, 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 **750**.

Baseline: January - December 2014 = 707

RESULTS:

The goal is **on track** to meet the 2018 goal of 750.

| Time period | Total number of individuals leaving | Transfers (-) | Deaths (-) | Net moved to integrated setting |
|--|-------------------------------------|---------------|------------|---------------------------------|
| 2015 Annual (July 2014 – June 2015) | 1,043 | 70 | 224 | 749 |
| 2016 Annual (July 2015 – June 2016) | 1,018 | 91 | 198 | 729 |
| 2017 Annual (July 2016 – June 2017) | 1,097 | 77 | 196 | 824 |
| 2018 Quarter 1 (July – September 2017) | 264 | 14 | 48 | 202 |
| 2018 Quarter 2 (October – December 2017) | 276 | 21 | 54 | 201 |
| 2018 Quarter 3 (January – March 2018) | 259 | 20 | 44 | 195 |
| Totals (Q1 + Q2 + Q3) | 799 | 55 | 146 | 598 |

ANALYSIS OF DATA:

From January – March 2018, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 195. This is 6 fewer people than in the previous quarter. After three quarters, the number is 79% of the annual goal of 750. The goal is on track.

COMMENT ON PERFORMANCE:

DHS reviews data and notifies lead agencies of people who accepted or did not oppose a move to 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.

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 and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

UNIVERSE NUMBER:

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

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**2018 goal**

- For the year ending June 30, 2018, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.

BASELINE: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting.

RESULTS:

The goal is **on track** to meet the 2018 annual goal of 500.

| Time period | Total moves | Receiving Medical Assistance (MA) | | | No longer on MA |
|---|--------------|-----------------------------------|-----------------------------|------------------------------------|-----------------|
| | | Moved to more integrated setting | Moved to congregate setting | Not receiving residential services | |
| 2015 Annual (July 2014 – June 2015) | 5,703 | 1,137 (19.9%) | 502 (8.8%) | 3,805 (66.7%) | 259 (4.6%) |
| 2016 Annual (July 2015 – June 2016) | 5,603 | 1,051 (18.8%) | 437 (7.8%) | 3,692 (65.9%) | 423 (7.5%) |
| 2017 Annual July 2016 – June 2017 | 5,504 | 1,054 (19.2%) | 492 (8.9%) | 3,466 (63.0%) | 492 (8.9%) |
| 2018 Quarter 1 (July – September 2017) | 1,461 | 298 (20.4%) | 110 (7.5%) | 922 (63.1%) | 131 (9.0%) |
| 2018 Quarter 2 (October – December 2017) | 1,381 | 297 (21.5%) | 116 (8.4%) | 854 (61.8%) | 114 (8.3%) |
| 2018 Quarter 3 (January – March 2018) | 1,522 | 272 (17.9%) | 143 (9.4%) | 972 (63.8%) | 135 (8.9%) |
| Total (Q1 + Q2 + Q3) | 4,364 | 867 (19.9%) | 369 (8.5%) | 2,748 (62.9%) | 380 (8.7%) |

ANALYSIS OF DATA:

From January – March 2018, of the 1,522 individuals moving from segregated housing, 272 individuals (17.9%) moved to a more integrated setting. During the first three quarters, the total number is 867 which exceeds the annual goal of 500.

COMMENT ON PERFORMANCE:

There were significantly more individuals who moved to more integrated settings (17.9%) than those who moved to congregate settings (9.4%). This analysis also shows the number of individuals who are not receiving residential services and those no longer on MA. These categories are defined below.

The data indicates that a large percentage (63.8%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

The language below provides context and data definitions for the headings in the table above.

Total Moves: Total number of people in one of the following settings for 90 days or more and had a change in status during the reporting period:

- Adult corporate foster care
- Supervised living facilities
- Supported living services (DD waiver foster care or in own home)
- Board and Care or Board and Lodge facilities

Moves are counted when someone moves to one of the following:

- More Integrated Setting (DHS paid)
- Congregate Setting (DHS paid)
- No longer on Medical Assistance (MA)
- Not receiving residential services (DHS paid)
- Deaths are not counted in the total moved column

Moved to More Integrated Setting: Total number of people that moved from a congregate setting to one of the following DHS paid settings for at least 90 days:

- Adult family foster care
- Adult corporate foster care (when moving from Board and Care or Board and Lodge facilities)
- Child foster care waiver
- Housing with services
- Supportive housing
- Waiver non-residential
- Supervised living facilities (when moving from Board and Care or Board and Lodge facilities)

Moved to Congregate Setting: Total number of people that moved from one DHS paid congregate setting to another for at least 90 days. DHS paid congregate settings include:

- Board and Care or Board and Lodge facilities
- Intermediate Care Facilities (ICFs/DD)
- Nursing facilities (NF)

Not Receiving Residential Services: People in this group are on Medical Assistance to pay for basic care, drugs, mental health treatment, etc. This group does not use other DHS paid services such as waivers, home care or institutional services. The data used to identify moves comes from two different data systems: Medicaid Management Information System (MMIS) and MAXIS. People may have addresses or living situations identified in either or both systems. DHS is unable to use the address data to determine if the person moved to a more integrated setting or a congregate setting; or if a person's new setting was obtained less than 90 days after leaving a congregate setting.

Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of these people are housed in their own or their family's home and are not in a congregate setting.

No Longer on MA: People who currently do not have an open file on public programs in MAXIS or MMIS data systems.

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.

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting^v will be reduced to 30% (based on daily average).

2019 goal

- By June 30, 2019, the percent of people at AMRTC awaiting discharge will be reduced to $\leq 30\%$

Baseline: From July 2014 - June 2015, 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 36% on a daily average.¹

RESULTS:

This goal is **not on track** to meet the 2019 goal of $\leq 30\%$.

| Time period | Percent awaiting discharge (daily average) | |
|--|--|---|
| 2016 Baseline (July 2015 – June 2016) | Daily Average = 42.5% ² | |
| | Mental health commitment | Committed after finding of incompetency |
| 2017 Annual (July 2016 – June 2017) | 44.9% | 29.3% |
| 2018 Annual (July 2017 – June 2018) | 36.9% | 23.8% |
| 2019 Quarter 1 (July – September 2018) | 50.9% | 27.7% |

ANALYSIS OF DATA:

From July – September 2018, 50.9% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. This percentage is higher than 7 of the last 8 quarters. The goal is not on track to meet the 2019 goal to reduce the percentage awaiting discharge to 30%.

From July – September 2018, 17 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

¹ The baseline included individuals at AMRTC under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency).

² This data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported for the two categories.

| Time period | Total number of individuals leaving | Transfers | Deaths | Net moved to integrated setting | Moves to integrated setting by | |
|------------------------------|-------------------------------------|-----------|--------|---------------------------------|--------------------------------|---|
| | | | | | Mental health commitment | Committed after finding of incompetency ^{vi} |
| July 2016 – June 2017 | 267 | 155 | 2 | 110 | 54 | 56 |
| July 2017 – June 2018 | 274 | 197 | 0 | 77 | 46 | 31 |
| Quarter 1 (July – Sept 2018) | 71 | 51 | 0 | 20 | 17 | 54 |

COMMENT ON PERFORMANCE:

AMRTC continues to serve a large number of individuals who no longer need hospital level of care, including those who need competency restoration services prior to discharge.

The percentage of patients hospitalized at AMRTC who are civilly committed after being found incompetent continues to increase and is currently around 75%.

The percentage of patients hospitalized at AMRTC who are under mental health commitment only is around 25%. With the continued decrease in the number of patients hospitalized at AMRTC under only mental health commitments, every patient not needing hospital level of care has greater impact on the overall percentage.

During the last year there was a higher percentage of individuals awaiting discharge for those under mental health commitment (50.9%) than for those who were civilly committed to AMRTC after being found incompetent (27.7%). However, the percentage of patients hospitalized at AMRTC who are civilly committed after being found incompetent continues to increase and is currently around 75%.

Individuals under mental health commitment have more complex mental health and behavioral support needs. When they move to the community, they may require 24 hour per day staffing or 1:1 or 2:1 staffing. Common barriers that can result in delayed discharges for those at AMRTC include a lack of housing vacancies and housing providers no longer accepting applications for waiting lists.

Community providers often lack capacity to serve individuals who exhibit these behaviors:

- 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); and
- Unwillingness to take medication in the community.

Ongoing efforts are facilitated to improve the discharge planning process for those served at AMRTC:

- Improvements in the treatment and discharge planning process to better facilitate collaboration with county partners. AMRTC has increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.
- Improvements in AMRTC's notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the individual's status and resources are allocated towards discharge planning.
- Improvements in AMRTC's notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.

In order to meet timely discharge, individual treatment planning is necessary for individuals under mental health commitment who no longer need hospital level of care. This can involve the development of living situations tailored to meet their individualized needs which can be a very lengthy process. AMRTC continues to collaborate with county partners to identify, expand, and develop integrated community settings.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to the community. Counties and community providers will be consulted and engaged in this effort as well. Annual reporting to the Olmstead Subcabinet on the status of these efforts will begin by December 31, 2018.

UNIVERSE NUMBER:

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

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 to a more integrated setting will increase to 10 individuals per month.

2018 goal

- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 9

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

RESULTS:

The goal is **not on track** to meet the 2018 goal of 9.

| Time period | Total number of individuals leaving | Transfers ^{iv} (-) | Deaths (-) | Net moved to integrated setting |
|-------------------------------|-------------------------------------|--------------------------------|---------------|---------------------------------|
| January – December 2015 | 188 | 107 | 8 | 73 Average = 6.1 |
| January – December 2016 | 184 | 97 | 3 | 84 Average = 7.0 |
| January – December 2017 | 199 | 114 | 9 | 76 Average = 6.3 |
| Quarter 1 (Jan – March 2018) | 64 | 47 | 2 | 15 Average = 5.0 |
| Quarter 2 (April – June 2018) | 53 | 32 | 0 | 21 Average = 7.0 |
| Quarter 3 (July – Sept 2018) | 44 | 28 | 1 | 15 Average = 5.0 |

ANALYSIS OF DATA:

From July – September 2018, the average monthly number of individuals leaving Forensic Services³ to a more integrated setting was 5. The average number moving to an integrated setting decreased from 7 in the previous quarter. The goal is not on track to meet the annual goal of 9.

Beginning January 2017, Forensic Services began categorizing discharge data into three areas. These categories allow analysis surrounding continued barriers to discharge. The table below provides detailed information regarding individuals leaving Forensic Services, including the number of individuals who moved to integrated settings (those civilly committed after being found incompetent on a felony or gross misdemeanor charge, those who are committed as Mentally Ill and Dangerous (MI&D), and Other committed).

³ MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home and the Competency Restoration Program at St Peter. These four programs are collectively called Forensic Services.

| Time period | Type ^{vi} | Total moves | Transfers | Deaths | Moves to integrated |
|----------------------------------|--|-------------|------------|----------|----------------------|
| January – December 2015 | Committed after finding of incompetency | 99 | 67 | 1 | 31 |
| | MI&D committed | 66 | 24 | 7 | 35 |
| | Other committed | 23 | 16 | 0 | 7 |
| | Total | 188 | 107 | 8 | (Avg. 6.1) 73 |
| January – December 2016 | Committed after finding of incompetency | 93 | 62 | 0 | 31 |
| | MI&D committed | 69 | 23 | 3 | 43 |
| | Other committed | 25 | 15 | 0 | 10 |
| | Total | 187 | 100 | 3 | (Avg. 7.0) 84 |
| January – December 2017 | Committed after finding of incompetency | 133 | 94 | 2 | 27 |
| | MI&D committed | 55 | 17 | 6 | 32 |
| | Other committed | 11 | 3 | 1 | 7 |
| | Total | 199 | 114 | 9 | (Avg. 6.3) 76 |
| Quarter 1 (Jan – March 2018) | Committed after finding of incompetency | 45 | 36 | 0 | 9 |
| | MI&D committed | 19 | 11 | 2 | 6 |
| | Other committed | 0 | 0 | 0 | 0 |
| | Total | 64 | 47 | 2 | (Avg. 5.0) 15 |
| Quarter 2 (April – June 2018) | Committed after finding of incompetency | 31 | 24 | 0 | 7 |
| | MI&D committed | 21 | 8 | 0 | 13 |
| | Other committed | 1 | 0 | 0 | 1 |
| | Total | 53 | 32 | 0 | (Avg. 7.0) 21 |
| Quarter 3 (July – Sept 2018) | Committed after finding of incompetency | 31 | 20 | 0 | 11 |
| | MI&D committed | 12 | 7 | 1 | 4 |
| | Other committed | 1 | 1 | 0 | 0 |
| | Total | 44 | 8 | 1 | (Avg. 5.0) 15 |

COMMENT ON PERFORMANCE:

MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program (CRP) at St. Peter serve different populations for different purposes. Together the four programs are known as Forensic Services. DHS efforts continue to expand community capacity. In addition, Forensic Services continues to work towards the mission of Olmstead through identifying individuals who could be served in more integrated settings.

Legislation in 2017 increased the base funding for state operated facilities to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment. These positions are primarily in direct care positions such as registered nurses, forensic support specialists and human services support specialists. As of September 2018, 97% of professional positions are filled and 96.2% of direct care positions were filled.

MI&D committed and Other committed

MSH and Transition Services primarily serve persons committed as Mentally Ill and Dangerous (MI&D), providing acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment services. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approval for community-based placement (Minnesota Stat. 253B.18). MSH also serves persons under other commitments. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

One identified barrier is the limited number of providers with the capacity to serve:

- Individuals with Level 3 predatory offender designation;
- Individuals over the age of 65 who require either adult foster care, skilled nursing, or nursing home level care;
- Individuals with DD/ID with high behavioral acuity; and
- Individuals who are undocumented.
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual

Some barriers to discharge identified by the Special Review Board (SRB), in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:

- The patient lacks an appropriate provisional discharge plan
- A placement that would meet the patient's needs is being developed
- Funding has not been secured

Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment.
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services).
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting.
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. As a result of these efforts, through November 2018, Forensic Services recommended reductions-in-custody to the Special Review Board for 73 individuals, 55 of which were granted thus far, with 11 results pending.
- Collaboration within DHS to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Forensics also admits and treats individuals who are civilly committed after being found incompetent on felony or gross misdemeanor charges. These individuals are provided mental health treatment and competency education.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well. Annual reporting to the Olmstead Subcabinet on the status of these efforts will begin by December 31, 2018.

UNIVERSE NUMBER:

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

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

[Revised March 2018]

Baseline: For the period from October 2017 – December 2017, of the 26 transition case files reviewed, 3 people opted out of using the My Move Plan Summary document and 1 person did not inform their case manager that they moved. Of the remaining 22 case files, 15 files (68.2%) adhered to the transition protocol.

RESULTS:

This goal is **in process**.

| Time period | Number of transition case files reviewed | Number opted out | Number not informing case manager | Number of remaining files reviewed | Number not adhering to protocol | Number adhering to protocol |
|--------------------------------|--|------------------|-----------------------------------|------------------------------------|---------------------------------|-----------------------------|
| Quarter 1 July – Sept 2017 | 29 | 6 | 0 | 23 | 11 of 23 (47.8%) | 12 of 23 (52.2%) |
| Quarter 2 Oct – Dec 2017 | 26 | 3 | 1 | 22 | 7 of 22 (31.8%) | 15 of 22 (68.2%) |
| Quarter 3 Jan – March 2018 | 25 | 5 | 3 | 17 | 2 of 17 (11.8%) | 15 of 17 (88.2%) |
| Quarter 4 April – June 2018 | 34 | 6 | 2 | 26 | 3 of 26 (11.5%) | 23 of 26 (88.5%) |

ANALYSIS OF DATA:

For the period from April – June 2018, of the 34 transition case files reviewed, 6 people opted out of using the My Move Plan document and 2 people did not inform their case manager that they were

moving. Of the remaining 26 case files, 23 files (88.5%) adhered to the transition protocol. Adherence to the transition protocols has improved over the last three quarters.

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

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

In addition to reviewing for adherence to the transition protocols (use of the My Move Plan document), case files are reviewed for the presence of person-centered elements. This is reported in Person-Centered Planning Goal One.

COMMENT ON PERFORMANCE:

In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of non-compliance are evident. Because the move occurred prior to the Lead Agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated. However, Lead Agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

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.

III. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

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

Baseline: From January – December 2016, of the 1,500 individuals assessed, 707 individuals or 47% moved off the DD waiver waiting list at a reasonable pace. The percent by urgency of need category was: Institutional Exit (42%); Immediate Need (62%); and Defined Need (42%).

Assessments between January – December 2016

| Urgency of Need Category | Total number of people assessed | <u>Reasonable Pace</u> Funding approved within 45 days | Funding approved after 45 days |
|--------------------------|---------------------------------|---|--------------------------------|
| Institutional Exit | 89 | 37 (42%) | 30 (37%) |
| Immediate Need | 393 | 243 (62%) | 113 (29%) |
| Defined Need | 1,018 | 427 (42%) | 290 (30%) |
| Totals | 1,500 | 707 (47%) | 433 (30%) |

RESULTS:

This goal is in process.

Time period: July – September 2017

| Urgency of Need Category | Total number of people assessed | <u>Reasonable Pace</u> Funding approved within 45 days | Funding approved after 45 days | Pending funding approval |
|--------------------------|---------------------------------|---|--------------------------------|--------------------------|
| Institutional Exit | 29 | 21 (72%) | 6 (21%) | 2 (7%) |
| Immediate Need | 122 | 83 (68%) | 32 (26%) | 7 (6%) |
| Defined Need | 297 | 189 (64%) | 80 (27%) | 28 (9%) |
| Totals | 448 | 293 (66%) | 118 (26%) | 37 (8%) |

Time Period: October – December 2017

| Urgency of Need Category | Total number of people assessed | <u>Reasonable Pace</u> Funding approved within 45 days | Funding approved after 45 days | Pending funding approval |
|--------------------------|---------------------------------|---|--------------------------------|--------------------------|
| Institutional Exit | 28 | 14 (50%) | 12 (43%) | 2 (7%) |
| Immediate Need | 110 | 74 (67%) | 34 (31%) | 2 (2%) |
| Defined Need | 229 | 141 (62%) | 71 (31%) | 17 (7%) |
| Totals | 367 | 229 (62%) | 117 (32%) | 21 (6%) |

Time Period: January - March 2018

| Urgency of Need Category | Total number of people assessed | Reasonable Pace Funding approved within 45 days | Funding approved after 45 days | Pending funding approval |
|---------------------------------|--|--|---------------------------------------|---------------------------------|
| Institutional Exit | 19 | 16 (84%) | 2 (11%) | 1 (5%) |
| Immediate Need | 114 | 79 (69%) | 26 (23%) | 9 (8%) |
| Defined Need | 256 | 177 (69%) | 63 (25%) | 16 (6%) |
| Totals | 389 | 272 (70%) | 91 (24%) | 26 (7%) |

Time Period: April - June 2018

| Urgency of Need Category | Total number of people assessed | Reasonable Pace Funding approved within 45 days | Funding approved after 45 days | Pending funding approval |
|---------------------------------|--|--|---------------------------------------|---------------------------------|
| Institutional Exit | 20 | 12 (60%) | 6 (30%) | 2 (10%) |
| Immediate Need | 121 | 89 (74%) | 26 (21%) | 6 (5%) |
| Defined Need | 311 | 227 (73%) | 61 (20%) | 23 (7%) |
| Totals | 452 | 328 (73%) | 93 (20%) | 31 (7%) |

ANALYSIS OF DATA:

From April – June 2018, of the 452 individuals assessed for the Developmental Disabilities (DD) waiver, 328 individuals (73%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 389 individuals assessed, 272 individuals (70%) had funding approved within 45 days of assessment. This quarter achieved the highest proportion of people being approved for funding within 45 days since the measure has been in place, even with a greater number of people receiving assessments.

COMMENT ON PERFORMANCE:

Lead agencies receive monthly updates regarding the people who are still waiting for DD funding approval through a web-based system. Using this information, lead agencies can view the number of days a person has been waiting for DD funding approval and whether reasonable pace goals are met. If reasonable pace goals are not met for people in the Institutional Exit or Immediate Need categories, DHS directly contacts the lead agency and seeks remediation. DHS continues to allocate funding resources to lead agencies to support funding approval for people in the Institutional Exit and Immediate Need categories.

Lead agencies may encounter individuals pending funding approval on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When these issues arise, a lead agency may be unfamiliar with the reasonable pace funding requirement due to the infrequency of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as pending funding approval issues occur and has added staff resources to monitor compliance with reasonable pace goals.

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.

Below is a summary table with the number of people still waiting for funding approval at specific points of time. Also included is the average and median days waiting of those individuals who are still waiting for funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal. The total number of people still waiting for funding approval as of July 1, 2018 (94) has decreased since October 1, 2017 (152).

People Pending Funding Approval as of April 1, 2017

| Category | Number of people pending funding approval | Average days pending | Median days pending |
|--------------------|--|-----------------------------|----------------------------|
| Institutional Exit | 13 | 91 | 82 |
| Immediate Need | 16 | 130 | 93 |
| Defined Need | 172 | 193 | 173 |
| Total | 201 | | |

People Pending Funding Approval as of July 1, 2017

| Category | Number of people pending funding approval | Average days pending | Median days pending |
|--------------------|--|-----------------------------|----------------------------|
| Institutional Exit | 13 | 109 | 103 |
| Immediate Need | 26 | 122 | 95 |
| Defined Need | 198 | 182 | 135 |
| Total | 237 | | |

People Pending Funding Approval as of October 1, 2017

| Category | Number of people pending funding approval | Average days pending | Median days pending |
|--------------------|--|-----------------------------|----------------------------|
| Institutional Exit | 12 | 136 | 102 |
| Immediate Need | 36 | 120 | 82 |
| Defined Need | 104 | 183 | 137 |
| Total | 152 | | |

People Pending Funding Approval as of January 1, 2018

| Category | Number of people pending funding approval | Average days pending | Median days pending |
|--------------------|--|-----------------------------|----------------------------|
| Institutional Exit | 1 | 144 | 144 |
| Immediate Need | 22 | 108 | 74 |
| Defined Need | 66 | 184 | 140 |
| Total | 89 | | |

People Pending Funding Approval as of April 1, 2018

| Category | Number of people pending funding approval | Average days pending | Median days pending |
|--------------------|--|-----------------------------|----------------------------|
| Institutional Exit | 5 | 65 | 61 |
| Immediate Need | 20 | 109 | 73 |
| Defined Need | 35 | 154 | 103 |
| Total | 60 | | |

People Pending Funding Approval as of July 1, 2018 ⁴

| Category | Number of people pending funding approval | Average days pending | Median days pending |
|--------------------|--|-----------------------------|----------------------------|
| Institutional Exit | 6 | 360 | 118 |
| Immediate Need | 26 | 115 | 85 |
| Defined Need | 62 | 120 | 70 |
| Total | 94 | | |

People Pending Funding Approval as of October 1, 2018

| Category | Number of people pending funding approval | Average days pending | Median days pending |
|--------------------|--|-----------------------------|----------------------------|
| Institutional Exit | 12 | 112 | 74 |
| Immediate Need | 26 | 110 | 78 |
| Defined Need | 76 | 132 | 106 |
| Total | 114 | | |

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.

⁴ During the verification process for the August 2018 Quarterly Report, DHS identified a data discrepancy for the Institutional Exit category. It was determined that there were coding errors for two individuals that inflated the numbers in the average days pending and median days pending columns. DHS worked with the counties to update the data and correct the error. Although the error has been resolved, because this is a point in time measure the data cannot be recreated to show the updated data in the table.

IV. QUALITY OF LIFE MEASUREMENT RESULTS

The results for the 2017 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were published in September 2018. 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. In Minnesota, the overall sample size for the 2017 survey was 2,199.

Summary of National Core Indicator Survey Results from Minnesota in 2016 - 2017

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. The summary below shows the answers that people gave to some of the NCI survey questions.

| Question | 2015 - 2016 | | 2016-2017 | |
|---|-------------|-----|-----------|-----|
| | Yes | No | Yes | No |
| 1. Do you have a paid job in your community? | 41% | 59% | 35% | 65% |
| 2. Would you like a job in the community | 52% | 48% | 47% | 53% |
| 3. Do you like where you work? | 92% | 8% | 89% | 11% |
| 4. Do you want to work somewhere else? | 34% | 66% | 28% | 72% |
| 5. Did you go out shopping in the past month?* | 92% | 8% | 92% | 8% |
| 6. Did you go out on errands in the past month?* | 91% | 9% | 89% | 11% |
| 7. Did you go out for entertainment in the past month?* | 83% | 17% | 82% | 18% |
| 8. Did you go out to eat in the past month?* | 86% | 14% | 89% | 11% |
| 9. Did you go out for a religious or spiritual service in the past month?* | 46% | 54% | 47% | 53% |
| 10. Did you participate in community groups or other activities in community in past month? | 37% | 63% | 43% | 57% |
| 11. Did you go on vacation in the past year? | 58% | 42% | 48% | 52% |
| 12. Did you have input in choosing your home? | 56% | 44% | 45% | 55% |
| 13. Did you have input in choosing your roommates? | 34% | 66% | 22% | 78% |
| 14. Do you have friends other than staff and family? | 83% | 17% | 82% | 18% |
| 15. Can you see your friends when you want to? | 77% | 23% | 81% | 19% |
| 16. Can you see and/or communicate with family whenever you want? | 94% | 6% | 87% | 13% |
| 17. Do you often feel lonely? | 11% | 89% | 10% | 90% |
| 18. Do you like your home? | 89% | 11% | 88% | 12% |
| 19. Do you want to live somewhere else? | 29% | 71% | 26% | 74% |
| 20. Does your case manager ask what you want? | 89% | 11% | 84% | 16% |
| 21. Are you able to contact case manager when you want? | 87% | 13% | 89% | 11% |
| 22. Is there at least one place you feel afraid or scared? | 30% | 70% | 18% | 82% |
| 23. Can you lock your bedroom? | 42% | 58% | 45% | 55% |
| 24. Do you have a place to be alone at home? | 99% | 1% | 98% | 2% |
| 25. Have you gone to a self-advocacy meeting? | 30% | 70% | 29% | 71% |

*Asked the number of times an activity occurred in the past month. The "No" percentage indicates an answer of 0 times.

QUALITY OF LIFE SURVEY

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

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

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

The difference between the baseline survey and follow-up surveys will be used to better understand whether increased community integration and self-determination are occurring for people with disabilities receiving services in selected settings.

The first follow-up survey is currently underway. The 2018 Quality of Life Survey began in June 2018 and will continue throughout November 2018. The goal is to capture 500 completed surveys. The surveys will be analyzed and compared to the results from the baseline survey.

As of November 14, 2018, of the 500 individuals, 453 individuals (91%) have been interviewed. Of the 47 interviews remaining to reach 500, 44 individuals are scheduled for an interview.

Summary of activities:

- 3,482 calls made
- 496 consents received
- 453 interviews completed
- 44 interviews scheduled

Other key activities that have occurred to date include:

- Outreach to providers, guardians and individuals with disabilities to establish interviews;
- Interviews are being conducted;
- Regular meetings with Olmstead Implementation Office, DHS, DEED, Quality of Life Advisory Group and the Improve Group to monitor progress; and
- Development of research questions and analysis plan for the final report.

The 2018 Quality of Life Survey Results report is expected to be presented to the Olmstead Subcabinet by December 31, 2018.

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. The information for each goal includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number, when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

PERSON-CENTERED PLANNING GOAL ONE: By June 30, 2020, plans for people using disability home and community-based waiver services will meet protocols. Protocols are based on the principles of person-centered planning and informed choice. [Revised March 2018]

Baseline: In state fiscal year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below.

1. The support plan describes goals or skills that are related to the person's **preferences**. (74%)
2. The support plan includes a global statement about the person's **dreams and aspirations**. (17%)
3. Opportunities for **choice** in the person's current environment are described. (79%)
4. The person's current **rituals and routines** are described. (62%)
5. **Social**, leisure, or religious **activities** the person wants to participate in are described. (83%)
6. Action steps describing what needs to be done to assist the person in achieving his/her **goals** or skills are described. (70%)
7. The person's preferred **living** setting is identified. (80%)
8. The person's preferred **work** activities are identified. (71%)

RESULTS:

This goal is in process.

| Time Period | (1) Preferences | (2) Dreams Aspirations | (3) Choice | (4) Rituals Routines | (5) Social Activities | (6) Goals | (7) Living | (8) Work |
|--------------------------------|--------------------|------------------------------|---------------|----------------------------|-----------------------------|--------------|---------------|-------------|
| Baseline April – June 2017 | 74% | 17% | 79% | 62% | 83% | 70% | 80% | 71% |
| Quarter 1 July – Sept 2017 | 75.9% | 6.9% | 93.1% | 37.9% | 93.1% | 79.3% | 96.6% | 93.1% |
| Quarter 2 Oct – Dec 2017 | 84.6% | 30.8% | 92.3% | 65.4% | 88.5% | 76.9% | 92.3% | 92.3% |
| Quarter 3 Jan – March 2018 | 84.6% | 47.3% | 91.6% | 68.9% | 93.5% | 79.6% | 97.5% | 94.1% |
| Quarter 4 April – June 2018 | 80.2% | 40.1% | 92.8% | 67.1% | 94.5% | 89.5% | 98.7% | 78.9% |

ANALYSIS OF DATA:

For the period from April – June 2018, in the 237 case files reviewed, the eight required criteria were present in the percentage of files shown above. Performance on all eight elements has improved over the 2017 baseline. Four of the eight elements showed progress from the previous quarter. Three of the eight are at 90% or greater this quarter.

Total number of cases and sample of cases reviewed

| Time Period | Total number of cases (disability waivers) | Sample of cases reviewed (disability waivers) |
|-------------------------------------|---|--|
| Quarter 1 (July – September 2017) | 934 | 192 |
| Quarter 2 (October – December 2017) | 1,419 | 186 |
| Quarter 3 (January – March 2018) | 8,613 | 628 |
| Quarter 4 (April – June 2018) | 1,226 | 237 |

Counties Participating in Audits⁵

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

| July – September 2016 | October – December 2016 | January – March 2017 | April – June 2017 |
|-----------------------|------------------------------|----------------------|--------------------------------------|
| 30. Hubbard | 38. Cook | 44. Chisago | 47. MN Prairie Alliance ⁶ |
| 31. Cass | 39. Fillmore | 45. Anoka | 48. Morrison |
| 32. Nobles | 40. Houston | 46. Sherburne | 49. Yellow Medicine |
| 33. Becker | 41. Lake | | 50. Todd |
| 34. Clearwater | 42. SW Alliance ⁷ | | 51. Beltrami |
| 35. Polk | 43. Washington | | |
| 36. Clay | | | |
| 37. Aitkin | | | |

⁵ Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS).

⁶ The MN Prairie Alliance includes Dodge, Steele, and Waseca counties.

⁷ The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

| July – September 2017 | October – December 2017 | January – March 2018 | April – June 2018 |
|-----------------------|-------------------------|----------------------|---|
| 52. Pennington | 58. Stearns | 61. Dakota | 64. Big Stone |
| 53. Winona | 59. McLeod | 62. Scott | 65. Des Moines Valley Alliance ⁸ |
| 54. Roseau | 60. Kandiyohi | 63. Ramsey | 66. Kanabec |
| 55. Marshall | | | 67. Nicollet |
| 56. Kittson | | | 68. Rice |
| 57. Lake of the Woods | | | 69. Sibley |
| | | | 70. Wilkin |

COMMENT ON PERFORMANCE:

The Lead Agency Review team looks at twenty-five person-centered items for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD). Of those twenty-five items, DHS selected eight items as being cornerstones of a person-centered plan.

In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of non-compliance are evident. For the purposes of corrective action person-centered measures are grouped into two categories: development of a person-centered plan and support plan record keeping.

For the lead agencies reviewed during this time period, most counties reviewed were required to develop corrective action plans in at least one category for at least one disability waiver program. Big Stone County was not required to develop corrective action plans in the area of person-centered practices.

UNIVERSE NUMBER:

In Fiscal year 2017 (July 2016 – June 2017), 47,272 individuals received disability home and community-based services.

TIMELINESS OF DATA:

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

⁸ The Des Moines Valley Health and Human Services Alliance includes Cottonwood and Jackson counties.

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.

2018 Goal

- By June 30, 2018, the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 46 individuals**

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 2018 goal to reduce by 5% from the previous year or 46 individuals was **met**.

| Time period | Individuals who experienced restrictive procedure | Reduction from previous year |
|--|---|---------------------------------------|
| 2015 Annual (July 2014 – June 2015) | 867 (unduplicated) | 209 |
| 2016 Annual (July 2015 – June 2016) | 761 (unduplicated) | 106 |
| 2017 Annual (July 2016 - June 2017) | 692 (unduplicated) | 69 |
| 2018 Annual (July 2017 - June 2018) | 644 (unduplicated) | 48 |
| Quarter 1 (July - September 2017) | 260 (duplicated) | N/A – quarterly status of annual goal |
| Quarter 2 (October - December 2017) | 265 (duplicated) | N/A – quarterly status of annual goal |
| Quarter 3 (January - March 2018) | 267 (duplicated) | N/A – quarterly status of annual goal |
| Quarter 4 (April – June 2018) | 284 (duplicated) | N/A – quarterly status of annual goal |

ANALYSIS OF DATA:

The 2018 goal to reduce the number of people experiencing a restrictive procedure by 5% from the previous year or 46 individuals was met. From July 2017 – June 2018, the number of individuals who experienced a restrictive procedure decreased from 692 to 644. This was a 7% reduction of 48 from the previous year. It's important to note that the June 30, 2018 overall goal to reduce the number of people experiencing restrictive procedures by 200 was met in the first year of implementation.

COMMENT ON PERFORMANCE:

There were 284 individuals who experienced a restrictive procedure this quarter:

- 255 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 29 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the External Program Review Committee (EPRC) provide follow up and technical assistance for all reports involving restrictive procedures *other than* 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 Three).

Under the Positive Supports Rule, the EPRC convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint.

During Quarter 4, the EPRC conducted case reviews and offered technical assistance for 25 people identified as having high-frequency use of EUMR as reported through BIRF reports.

UNIVERSE NUMBER:

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

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

- By June 30, 2018, the number of reports of restrictive procedures will be reduced by 369.

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 2018 goal to reduce by 369 to 7,006 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 |
| 2017 Annual (July 2016 – June 2017) | 3,583 | 425 |
| 2018 Annual (July 2017 – June 2018) | *3,739 | + 156 |
| Quarter 1 (July – September 2017) | 991 | N/A – quarterly status of annual goal |
| Quarter 2 (October – December 2017) | 955 | N/A – quarterly status of annual goal |
| Quarter 3 (January – March 2018) | 904 | N/A – quarterly status of annual goal |
| Quarter 4 (April – June 2018) | 843 | N/A – quarterly status of annual goal |

* The annual total of 3,739 is greater than the sum of the four quarters or 3,693. This is due to late submissions of 46 BIRF reports of restrictive procedures throughout the four quarters.

ANALYSIS OF DATA:

From July 2017 - June 30, 2018 the number of restrictive procedures reports was 3,739. The 2018 goal to reduce to 7,006 was met. During Quarter 4, there was a decrease of 61 from 904 during the previous quarter. It is important to note that the 2018 overall goal was met in the first year of implementation.

COMMENT ON PERFORMANCE:

There were 843 reports of restrictive procedures this quarter. Although the overall number of reports of restrictive procedures continues to decrease, there are more instances of increased use with specific people. The biggest driver is the increase in the emergency use of manual restraint; this is where engagement/intervention by the External Program Review Committee is increasing.

Of the 843 reports:

- 665 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted 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 (EPRC) has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.

- Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
- This quarter shows a decrease of 41 reports of EUMR from the previous quarter.
- 178 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). The EPRC provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee's purview. DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. 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 Three.
 - There was a decrease of 20 non-EUMR restrictive procedure reports from the previous quarter.
- 25 uses of seclusion involving 7 people were reported this quarter:
 - 15 uses involving 4 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
 - 8 uses involving 1 person occurred as part of an approved Positive Support Transition Plan during the 11-month phase out period.
 - 1 use involved an individual at the Minnesota Sex Offender Program in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
 - 1 report involving the unapproved use of seclusion with an individual was also reported. DHS provided technical assistance to the provider and the report was referred to Licensing intake for investigation

UNIVERSE NUMBER:

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

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^{vii}, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

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

2018 Goal

- By June 30, 2018, reduce mechanical restraints to no more than
 (A) 185 reports of mechanical restraint
 (B) 13 individuals approved for emergency use of mechanical restraint

Baseline: From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

RESULTS:

(A) The 2018 goal to reduce to 185 reports was **not met**.

(B) The 2018 goal to reduce to no more than 13 individuals was **met**.

| Time period | (A) Number of reports during the time period | (B) Number of individuals at end of time period |
|---|--|---|
| 2015 Annual (July 2014 – June 2015) | 912 | 21 |
| 2016 Annual (July 2015 – June 2016) | 691 | 13 |
| 2017 Annual (July 2016 – June 2017) | 664 | 16 |
| 2018 Annual (July 2017 – June 2018) | *671 | 13 |
| Quarter 1 (July – September 2017) | 192 | 15 |
| Quarter 2 (October – December 2017) | 167 | 13 |
| Quarter 3 (January – March 2018) | 158 | 13 |
| Quarter 4 (April – June 2018) | 153 | 13 |

* The annual total of 671 is greater than the sum of the four quarters or 670. This is due to late submission of 1 BIRF report of mechanical restraints throughout the four quarters.

ANALYSIS OF DATA:

This goal has two measures.

- From July 2017 – June 2018, the number of reports of mechanical restraints was 671. This is an increase of 7 from the previous year. The 2018 goal to reduce to 185 was not met.
- At the end of the reporting period (June 2018), the number of individuals for whom the emergency use of mechanical restraint was approved was 13. This remains unchanged from the previous year. The 2018 goal to reduce to no more than 13 individuals was met.

COMMENT ON PERFORMANCE:

Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of serious injury due to self-injurious behavior and the use of mechanical restraints has not been

successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use.

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether or not they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC 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 EPRC includes a written list of person-specific recommendations to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members. Prior to February 2017, the duties of the EPRC were conducted by the Interim Review Panel.

Of the 153 BIRFs reporting use of mechanical restraint in Quarter 4:

- 125 reports involved 11 of the 13 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
 - This is a decrease of 2 reports from Quarter 3.
 - For 2 people approved for emergency use reported, there were no uses of mechanical restraint during this quarter.
- 22 reports, involving 7 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 4 reports involving 1 person was submitted by a provider whose use was within the 11-month phase out period.
- 2 reports indicating mechanical restraint for 2 individuals were, upon investigation, coding errors by the provider.

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 of people who discontinue waiver services after a crisis will decrease to 45 or fewer. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

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 2017 overall goal was reported in the February 2018 Quarterly Report. The status of the goal will continue to be reported.

| Time period | Number of people who discontinued disability waiver services after a crisis |
|-------------------------------------|---|
| 2015 Annual (July 2014 – June 2015) | 54 (unduplicated) |
| 2016 Annual (July 2015 – June 2016) | 71 (unduplicated) |
| 2017 Annual (July 2016 – June 2017) | 62 (unduplicated) |
| Quarter 1 (July – September 2017) | 17 (duplicated) |
| Quarter 2 (October – December 2017) | 17 (duplicated) |
| Quarter 3 (January – March 2018) | 15 (duplicated) |

ANALYSIS OF DATA:

From January to March 2018, the number of people who discontinued disability waiver services after a crisis was 15. The quarterly numbers are duplicated counts. People may discontinue and resume 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.

COMMENT ON PERFORMANCE:

Given the small number of people identified in any given quarter as part of this measure, as of March 2017, DHS staff is conducting person-specific research to determine the circumstances and outcome of each identified waiver exit. This will enable DHS to better understand the reasons why people are exiting the waiver within 60 days of receiving a service related to a behavioral crisis and target efforts where needed most to achieve this goal.

Of the 15 people who discontinued waiver services because of a behavior crisis in Quarter 3:

- 9 people have since reopened to waiver services
- 6 people did not reopen to waiver services
 - 2 people and/or their guardians chose to return to the community without waiver services
 - 1 person was placed out of state in children's residential treatment
 - 2 people were civilly committed as Mentally Ill and Dangerous (MI&D) and admitted to or are awaiting admission to MSH – St Peter
 - 1 person was civilly committed as Chemically Dependent and admitted to chemical dependency treatment

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 being reported semi-annually or annually. 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 (A) major life decisions and (B) everyday decisions, and to be (C) always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

| | 2014 Baseline | 2015 Goal | 2016 Goal | 2017 Goal |
|--|---------------|----------------|----------------|----------------|
| (A) Major life decisions | 40% | 45% or greater | 50% or greater | 55% or greater |
| (B) Everyday decisions | 79% | 84% or greater | 85% or greater | 85% or greater |
| (C) Always in charge of their service and supports | 65% | 70% or greater | 75% or greater | 80% or greater |

(A) INPUT INTO MAJOR LIFE DECISIONS

2017 Goal

- By 2017, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions will increase to 55% or higher

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

RESULTS:

The 2017 goal was **not met**.

| Time Period | Number Surveyed | Percent reporting they have input into major life decisions |
|------------------------|-----------------|---|
| 2014 survey (Baseline) | -- | 40% |
| 2015 survey | 400 | 44.3% |
| 2016 survey | 427 | 64% |
| 2017 survey | 1,987 | 51% |

ANALYSIS OF DATA:

The 2017 NCI survey results indicated that 51% of people reported they have input into major life decisions. The 2017 goal of 55% or higher was not met. The 2017 results of 51% are a decrease from the previous year results of 64%. However, when looking at the four data points (including the baseline) the 2016 results for this measure of 64% appears to be an outlier in the trend line.

The data for this measure is taken from the NCI-DD survey. The population surveyed included adults with Intellectual or Developmental Disabilities (I/DD) who get case management services and at least one other service. In odd numbered years, starting in 2017, the NCI-DD survey is used to look for trends at the regional level. This requires a larger sample. Therefore the sample size in odd numbered years will

be substantially larger than the sample size in even numbered years. While there are some differences on individual questions among the regions there does not appear to be systematic regional variation.

COMMENT ON PERFORMANCE:

The percent of individuals reporting they have input into major life decisions decreased in 2017 as compared to 2016. One possible reason is that people are more aware of their rights and/or they may have changing expectations as they become more aware of different options. The table below shows the percentage by the setting that people live in (ICF/DD, community group residential setting, own home or parent/family home). There is substantial variation in the results of the measure based on setting.

Percent of individuals reporting they have input into major life decisions by setting

| Residential setting | 2016 | 2017 |
|----------------------------|-------------|-------------|
| Own home | 80% | 74% |
| Live with family | 77% | 64% |
| ICF/DD | 61% | 48% |
| Group Residence | 50% | 41% |
| Foster/host | -- | 42% |

TIMELINESS OF DATA:

The NCI survey is completed annually. Survey results are available once the results are determined to be accurate and verifiable.

(B) INPUT INTO EVERYDAY DECISIONS

2017 Goal

- By 2017, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input in everyday decisions to 85% or higher

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

RESULTS:

The 2017 goal was met.

| Time Period | Number Surveyed | Percent reporting they have input in everyday decisions |
|------------------------|------------------------|--|
| 2014 survey (Baseline) | -- | 79% |
| 2015 survey | 400 | 84.9% |
| 2016 survey | 427 | 87% |
| 2017 survey | 2,043 | 92% |

ANALYSIS OF DATA:

The 2017 NCI survey results indicated that 92% of people reported they have input in everyday decisions. The 2017 goal of 85% or greater was met.

The data for this measure was taken from the NCI-DD survey. The population surveyed included adults with Intellectual or Developmental Disabilities (I/DD) who get case management services and at least one other service. In odd numbered years, starting in 2017, the NCI-DD survey is used to look for trends at the regional level. This requires a larger sample. Therefore the sample size in odd numbered years will be substantially larger than the sample size in even numbered years.

COMMENT ON PERFORMANCE:

While there are some differences on individual questions among the regions there does not appear to be systematic regional variation.

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.

(C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS

2017 Goal

- By 2017, increase the percent of people with disabilities other than I/DD who are always in charge of their services and supports to 80% or higher

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

RESULTS:

The 2017 goal was **not met**.

| Time Period | Number Surveyed | Percent reporting they are always in charge of their services and supports |
|------------------------|-----------------|--|
| 2015 survey (Baseline) | -- | 65% |
| 2016 survey | 1,962 | 72% |
| 2017 survey | 377 | 63% |

ANALYSIS OF DATA:

The 2017 NCI survey results indicated that 63% of people reported they are always in charge of their services and supports. The 2017 goal of 80% or greater was not met.

The data for this measure was taken from the NCI-AD survey. The population surveyed included adults with a physical disability as identified on a long-term services and supports assessment for Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Brain Injury (BI) waivers, Home Care services or Developmental Disability screening document and who receive case management and at least one other service. In even numbered years the NCI-AD is used to look for trends at the regional level. This requires a larger sample. Therefore the sample size in even numbered years will be substantially larger than the sample size in odd numbered years.

COMMENT ON PERFORMANCE:

The percent of individuals reporting they are always in charge of their services and supports decreased in 2017 as compared to 2016. Further investigation was conducted on this measure. There is substantial variation based on where a person resides. The overall change from 2016 to 2017 is statistically significant. However, when testing the changes by the different residential setting, the only change that is statistically significant is the change in 'Group Home'. Therefore, the primary driver of the decrease in the percent of people who feel that they are always in control of their services and supports appears to be the change in the people who reside in Group Homes.

Percent reporting they are always in charge of their services and supports by setting

| Residential setting | 2016 | 2017 |
|---------------------|------|------|
| Own home | 74% | 68% |
| Group home | 71% | 49% |
| Foster home | 77% | 65% |

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.

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).

2018 Goal

- By June 30, 2018, 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 4,009 over baseline to 10,026 (about 67% 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 goal.

RESULTS:

The 2018 annual goal to increase by 4,009 over baseline was **not met**.

| Time period | People in integrated housing | Change from previous year | Increase over baseline |
|---------------------------------------|------------------------------|---------------------------|------------------------|
| 2014 Baseline (July 2013 – June 2014) | 5,995* | -- | -- |
| 2015 Annual (July 2014 – June 2015) | 6,910* | +915 | 915 (15.3%) |
| 2016 Annual (July 2015 – June 2016) | 7,605* | +695 | 1,610 (26.8%) |
| 2017 Annual (July 2016 – June 2017) | 8,745* | +1,140 | 2,750 (45.8%) |
| 2018 Annual (July 2017 – June 2018) | 9,869 | +1,263 | 3,852 (64.2%) |

*See the Addendum for information about discrepancies in these reporting periods from previously reported data.

ANALYSIS OF DATA:

From July 2017 through June 2018 the number of people living in integrated housing increased by 3,852 (64%) over baseline to 9,869. Although the 2018 goal was not met, the increase of 3,852 was 96% of the annual goal of 4,009. The increase in the number of people living in integrated housing from July 2017 to June 2018 was 1,263 compared to an increase of 998 in the previous year.

As reported in the addendum, a new methodology is being used to report the data in this measure. All previously reported numbers dating back to 2014 were recalculated using the new method. Data was corrected back to the beginning of reporting of this measure and is included above. A change to the baseline will be proposed through the Olmstead Plan amendment process beginning in December 2018.

COMMENT ON PERFORMANCE:

Although the 2018 annual goal was not met, the growth was larger than the previous year. A contributing factor to missing the goal may be the tight housing market. When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with public assistance, limited rental history or other similar factors.

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 TWO: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,000 over baseline to 11,137 in competitive integrated employment.

2018 Goal

- By June 30, 2018, the number of individuals in competitive integrated employment will increase to 8,737.

Baseline: In 2014, of the 50,157 people age 18-64 in Medicaid funded programs, 6,137 were in competitive integrated employment. Medicaid funded programs include: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD).

RESULTS:

The 2018 annual goal to increase the number of individuals in competitive integrated employment to 8,737 was met.

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

| Time period | Total MA recipients | Number in CIE (\$600+/month) | Percent of MA recipients in CIE | Change from previous year | Increase over baseline |
|--|---------------------|------------------------------|---------------------------------|---------------------------|------------------------|
| Baseline (July 2013 – June 2014) | 50,157 | 6,137 | 12.2% | -- | -- |
| July 2014 – June 2015 | 49,922 | 6,596 | 13.2% | 459 | 459 |
| 2017 Annual Goal (July 2015 – June 2016) | 52,383 | 8,203 | 15.7% | 1,607 | 2,066 |
| 2018 Annual Goal (July 2016 – June 2017) | 54,923 | 9,017 | 16.4% | 814 | 2,880 |

ANALYSIS OF DATA:

During July 2016 – June 2017, there were 9,017 people in competitive integrated employment earning at least \$600 a month. The 2018 goal to increase the number of individuals in competitive integrated employment to 8,737 was met.

The data reported is a proxy measure to track the number of individuals in competitive integrated employment from certain Medicaid programs and includes the number of people who have monthly earnings of over \$600 a month. This is calculated by dividing the annual earnings of an individual (as reported by financial eligibility workers during re-qualification for Medicaid) by the number of months they have worked in a given fiscal year.

During development of the employment data dashboard in 2015, DHS tested the use of \$600 a month as a proxy measure for competitive integrated employment. This was done by reviewing a random sample of files across the state. DHS staff verified that information from the data system matched county files and determined that when people were working and making \$600 or more, the likelihood was they were in competitive integrated employment.

COMMENT ON PERFORMANCE:

Possible contributing factors to explain the increase in the number of people in certain Medicaid programs in competitive integrated employment include:

- **Improving economy:** During the same time period of this data, the overall unemployment rate in Minnesota fell from 4.2% in June of 2014 to 3.5% in June of 2017.
- **Increased awareness and interest:** Providers and lead agencies are paying attention to the goals of people to work in competitive integrated employment.
- **Implementation of the Workforce Innovation and Opportunities Act (WIOA):** Signed into law in July 2014, this act amended Section 511 of the Rehabilitation Act and placed additional requirements on employers who hold special wage certificates to pay people with disabilities subminimum wages. In response to WIOA requirements, some employers may have increased wages to above minimum wage or some service providers may have put greater emphasis on services leading to competitive integrated employment. During this time period, however, there was not a similar growth in employment among people with disabilities at the national level.
- **Interagency efforts to increase competitive integrated employment:** During the time period of this data, DHS, DEED, and MDE have all made efforts to meet Minnesota's Employment First Policy and Olmstead Plan goals. This included interagency coordination and projects contained as part of the employment section of Minnesota's Olmstead Plan.

Moving Forward

Moving forward, DHS continues to work to ensure that all Minnesotans with disabilities have the option of competitive integrated employment. DHS seeks to meet its Olmstead Plan measurable goal and continuously improve efforts around employment. Part of these efforts include:

- **Providing three new employment services in the Medicaid Home and Community Based Services (HCBS) waivers:** Minnesota has received federal approval for HCBS waiver amendments that allow the state to offer three new employment services: Exploration, Development, and Support. These services are now available to waiver recipients and current recipients are transitioning their services at annual reevaluations. The Minnesota Department of Human Services is providing training and technical assistance to implement these services.
- **Implementing employment innovation grants:** DHS is has executed innovation grants and is currently selecting recipients for the latest round of innovation to promote innovative ideas to improve outcomes for people with disabilities in the areas of work, living, and connecting with others in their communities.

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

2018 Goal

- By June 30, 2018, the number of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase by 230 over baseline to 2,337.

Baseline: Based on 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 2,107 enrolled in the fall of 2014 into an integrated postsecondary institution.

RESULTS:

The 2018 goal of 2,337 was **not met**.

| Time Period | Students with disabilities graduating | Students enrolling in accredited institution of higher education | Change from baseline |
|--|---------------------------------------|--|----------------------|
| 2016 Baseline – 2014 SLEDs (August 2014 – July 2015 data) | 6,749 | 2,107 (31.2%) | -- |
| 2017 Annual Goal – 2015 SLEDs (August 2015 – July 2016 data) | 6,722 | 2,241 (33.3%) | 134 (2.1%) |
| 2018 Annual Goal – 2016 SLEDs (August 2016 – July 2017 Data) | 6,648 | 2,282 (34.3%) | 175 (3.1%) |

ANALYSIS OF DATA:

Of the 6,648 student with disabilities who graduated in 2016, there were 2,282 students (34.3%) who enrolled in an accredited institution of higher education in fall 2016. This was an increase of 175 over the baseline. The 2018 goal to increase to 2,337 was not met.

Beginning with the 2015 SLEDs data, additional data was provided by student race and ethnicity. This supplemental information includes the percentage of high school students with disabilities within each of five racial or ethnic groups that graduated from high school and subsequently enrolled in an accredited institution of higher education in the fall of that year. For example, in 2015, 22% of the American Indian or Alaskan Native students with disabilities who graduated from high school that year subsequently enrolled in accredited institutions of higher education.

Percentage of graduates with disabilities in each racial/ethnic group enrolling in accredited institutions of higher education

| Racial or Ethnic Group | 2015 SLEDs | 2016 SLEDs |
|-----------------------------------|------------|------------|
| American Indian or Alaskan Native | 22% | 23% |
| Asian or Pacific Islander | 35% | 35% |
| Hispanic | 27% | 28% |
| Black, not of Hispanic Origin | 28% | 28% |
| White, not of Hispanic Origin | 35% | 36% |

COMMENT ON PERFORMANCE:

While Minnesota saw an increase in the number of students enrolled in institutions of higher education in the fall 2016, the increase was not enough to meet the annual goal. Students may be choosing to enter into short term certificate programs, within a technical college for specific skills training. To be considered enrolled in an accredited institution of higher education for the purposes of SLEDs reporting, a student must be on a credit earning track towards a certificate, diploma, two or four year degree, or other formal award.

In addition, Minnesota continues to have a strong employment outlook and many students with disabilities are choosing to enter the job market in entry-level positions, gaining experience, independence or saving money for college, as higher education expenses continue to be on the rise. SLEDs 2016 data reported that 2,901 (44%) of students with disabilities were employed in competitive integrated employment. The SLEDs website is located at <http://sleds.mn.gov/>.

Based on a review of disaggregated data, a targeted activity was designed to increase successful postsecondary enrollment results for Black and American Indian students with disabilities. This aligns with MDE's current federal State Systemic Improvement Plan (SSIP). For school year 2017-18, MDE staff collaborated with TRIO Student Support Services currently serving students at institutions of higher education. Using a scale-up approach, for school year 2018-19, MDE will disseminate additional Minnesota Postsecondary Resource Guides at Minneapolis Technical and Community College, Hennepin Technical College and Fond Du Lac Technical College. In addition, MDE staff will share on-line training resources that are currently located on Normandale Community College website at <http://www.normandale.edu/osdresources>.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 16 months after the end of the reporting period.

TRANSPORTATION GOAL THREE: By 2025, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

Greater Minnesota 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."⁹

BASELINE:

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

RESULTS:

This goal is in process.

Percentage of public transportation meeting minimum service guidelines for access

| Time period | Weekday | Saturday | Sunday |
|--------------------------|---------|----------|--------|
| December 2016 (Baseline) | 47% | 12% | 3% |
| December 2017 | 47% | 16% | 5% |

ANALYSIS OF DATA:

In Greater Minnesota the larger communities providing fixed route and complimentary para-transit are attaining the weekday span of service. Smaller communities (less than 7,500) are not yet meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday service. This is mainly due to limited demand for service. The increase in Sunday service is attributed to the addition of service in Rochester.

COMMENT ON PERFORMANCE:

Each year in January the transit systems will be analyzed for the level of service they have implemented. Transit systems do include unmet needs in their applications, but the actual service implemented can vary based on a host of factors including; lack of drivers and limited local funding share and local service priorities. Transit systems are in the process of developing their Five Year Plans which will provide greater detail on future service design.

Additional Information

Minimum service guidelines for Greater Minnesota are established based on service population (see table below). In Greater Minnesota the larger communities are attaining the weekday span of service. Smaller communities (less than 7,500) are not yet meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday Service. This is mainly due to limited demand for service.

⁹ Greater Minnesota Transit Investment Plan is available at www.dot.state.mn.us/transitinvestment.

Minimum Service Guidelines for Greater Minnesota¹⁰

| Service Population | Number of Hours in Day that Service is Available | | |
|-----------------------|--|----------|--------|
| | Weekday | Saturday | Sunday |
| Cities over 50,000 | 20 | 12 | 9 |
| Cities 49,999 – 7,000 | 12 | 9 | 9 |
| Cities 6,999 – 2,500 | 9 | 9 | N/A |
| County Seat Town | 8 (3 days per week)* | N/A | N/A |

*As systems performance standards warrant

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.

HEALTHCARE AND HEALTHY LIVING GOAL ONE: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care¹¹ focusing specifically on cervical cancer screening and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.

2017 Goal

- By December 31, 2017 the number accessing appropriate care will increase by 518 over baseline

Baseline: In 2013 the number of women receiving cervical cancer screenings was 21,393.

RESULTS:

The 2017 goal was met.

| Time Period | Number receiving cervical cancer screenings | Change from previous year | Change from baseline |
|-------------------------|---|---------------------------|----------------------|
| January – December 2013 | 21,393 | Baseline Year | Baseline Year |
| January – December 2014 | 28,213 | 6,820 | 6,820 |
| January – December 2015 | 29,284 | 1,071 | 7,891 |
| January – December 2016 | 27,902 | <1,382> | 6,509 |
| January – December 2017 | 27,270 | <632> | 5,877 |

ANALYSIS OF DATA:

During calendar year 2017 the number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 27,270. The 2017 annual goal to increase by 518 over baseline was met. The number accessing cervical cancer screenings increased steadily from the 2013 baseline through the 2015 reporting period. Although, the number decreased in 2016 and 2017 from the 2015 reporting period, the December 31, 2018 overall goal to increase by 833 has already been reached.

¹⁰ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

¹¹ Appropriate care will be measured by current clinical standards.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. DHS will continue to work on improving access and quality of preventive care for people with disabilities.

The March 2018 Olmstead Plan included a new strategy to develop and implement measures for health outcomes. The health outcome includes monitoring and reporting the number and percentage of adult public program enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days. The first reporting of that measure is included below. The information is broken down in three groupings.

Adults with disabilities with serious mental illness (SMI)

| Time Period | Acute inpatient hospital stay | Unplanned acute readmission within 30 days | Readmission rate |
|-------------------------|-------------------------------|--|------------------|
| January – December 2014 | 14,796 | 3,107 | 21.00% |
| January – December 2015 | 16,511 | 3,438 | 20.82% |
| January – December 2016 | 12,701 | 2,673 | 21.05% |
| January – December 2017 | 12,659 | 2,504 | 19.78% |

Adults with disabilities without serious mental illness (SMI)

| Time Period | Acute inpatient hospital stay | Unplanned acute readmission within 30 days | Readmission rate |
|-------------------------|-------------------------------|--|------------------|
| January – December 2014 | 13,977 | 2,780 | 19.89% |
| January – December 2015 | 15,117 | 2,931 | 19.39% |
| January – December 2016 | 12,593 | 2,469 | 19.61% |
| January – December 2017 | 13,467 | 2,549 | 18.93% |

Adults without disabilities

| Time Period | Acute inpatient hospital stay | Unplanned acute readmission within 30 days | Readmission rate |
|-------------------------|-------------------------------|--|------------------|
| January – December 2014 | 3,735 | 295 | 7.90% |
| January – December 2015 | 5,351 | 386 | 7.21% |
| January – December 2016 | 2,522 | 159 | 6.30% |
| January – December 2017 | 3,109 | 239 | 7.69% |

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), dropped slightly from 2016 to 2017. A dropping rate of hospital readmissions is a positive trend. This means that people with disabilities are not experiencing a “bounce-back” to the hospital as frequently as they were in previous years. No single cause has been pinpointed for the improvement between 2016 and 2017. Health plans and hospitals have many reasons to strive toward improving these numbers, including the Integrated Care Systems Partnership initiative in Special Needs Basic Care.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

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

A) CHILDREN ACCESSING DENTAL CARE

2017 Goal

- By December 31, 2017 the number of children accessing dental care will increase by 820 over baseline

Baseline: In 2013, the number of children with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 16,360.

RESULTS:

The 2017 goal was met.

| Time period | Number of children with disabilities who had annual dental visit | Change from previous year | Change from baseline |
|-------------------------|--|---------------------------|----------------------|
| January – December 2013 | 16,360 | Baseline Year | Baseline Year |
| January – December 2014 | 25,395 | 9,035 | 9,035 |
| January – December 2015 | 26,323 | 928 | 9,963 |
| January – December 2016 | 25,990 | <333> | 9,630 |
| January – December 2017 | 21,439 | <4,551> | 5,079 |

ANALYSIS OF DATA:

During calendar year 2017 the number of children with disabilities who had an annual dental visit was 21,439. This was an increase of 5,079 over baseline. The 2017 annual goal to increase by 820 over baseline was met. There were significant gains between the 2013 baseline year and 2014 reporting period. The number of children with disabilities accessing dental care increased slightly in 2015 and then has decreased by 4,884 since 2015. It's important to note that the December 31, 2018 overall goal to increase by 1,229 has already been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. During 2017, the reduction in the number of children with an annual dental visit is likely due to how they are counted. The annual dental visit measure only counts children who were continuously enrolled with a Managed Care Organization (MCO) or as a Fee-for-Service recipient for 11 of a 12 month period. During this time frame a large MCO ended its contract with DHS in many counties. This resulted in families switching health plans and not being counted in the measure. The measure counted only people with continuous coverage in a single health plan.

The March 2018 Olmstead Plan includes a new strategy to develop and implement measures for health outcomes. This measure includes monitoring and reporting the number of enrollees (adults and children with disabilities) who used an emergency department for non-traumatic dental services. The intention is to get a more complete picture of level of access of people with disabilities to dental care.

| Time period | Number of children with emergency department visit for non-traumatic dental care | Change from previous year |
|-------------------------|--|---------------------------|
| January – December 2014 | 314 | |
| January – December 2015 | 330 | 16 |
| January – December 2016 | 324 | <6> |
| January – December 2017 | 185 | <139> |

During 2016 and 2017, there has been a reduction in the number of children using emergency departments for non- traumatic dental care. This may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

B) ADULTS ACCESSING DENTAL CARE

2017 Goal

- By December 31, 2017 the number of adults accessing dental care will increase by 670 over baseline

Baseline: In 2013, the number of adults with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 21,393.

RESULTS:

The 2017 goal was met.

| Time period | Number of adults with disabilities who had annual dental visit | Change from previous year | Change from baseline |
|-------------------------|--|---------------------------|----------------------|
| January – December 2013 | 21,393 | Baseline Year | Baseline Year |
| January – December 2014 | 52,139 | 30,746 | 30,746 |
| January – December 2015 | 55,471 | 3,332 | 34,078 |
| January – December 2016 | 51,410 | <4,061> | 30,017 |
| January – December 2017 | 50,060 | <1,350> | 28,667 |

ANALYSIS OF DATA:

During calendar year 2017 the number of adults with disabilities who had an annual dental visit was 50,060. This was an increase of 28,667 over baseline. The 2017 annual goal to increase by 670 over baseline was met. There were significant gains between the 2013 baseline year and the 2014 reporting period. The number of children with adults accessing dental care increased slightly in 2015 and then has decreased by 5,411 since 2015. It's important to note that the December 31, 2018 overall goal to increase by 1,055 has already been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. During 2017, the reduction in the number of adults with an annual dental visit is likely due to how they are counted. The annual dental visit measure only counts adults who were continuously enrolled with a Managed Care Organization (MCO) or as a Fee-for-Service recipient for 11 of a 12 month period. During this time frame a large MCO ended its contract with DHS in many counties. This resulted in families switching health plans and not being counted in the measure. The measure counted only people with continuous coverage in a single health plan.

The March 2018 Olmstead Plan added a new strategy to develop and implement measures for health outcomes. This measure includes monitoring and reporting the number of enrollees (adults and children with disabilities) who used an emergency department for non-traumatic dental services. The intention is to get a more complete picture of level of access of people with disabilities to dental care.

| Time period | Number of adults with emergency department visit for non-traumatic dental care | Change from previous year |
|-------------------------|--|---------------------------|
| January – December 2014 | 3,884 | -- |
| January – December 2015 | 4,233 | 349 |
| January – December 2016 | 4,110 | <123> |
| January – December 2017 | 2,685 | <1,425> |

During 2016 and 2017, there has been a reduction in the number of adults using emergency departments for non- traumatic dental care. This may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 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.

A) STABLE HOUSING

2018 Goal

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

Baseline: From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year.

RESULTS:

This 2018 goal was **not met**.

| Time period | Discharged from hospital | Status five months after discharge from hospital | | | | | |
|-----------------------|--------------------------|--|------------|--------------------|---------------------------|----------|-------------------------------------|
| | | Housed | Not housed | Treatment facility | Not using public programs | Deceased | Unable to determine type of housing |
| 2016 Baseline | 13,786 | 11,290 | 893 | 672 | 517 | 99 | 315 |
| July 2014 – June 2015 | | 81.9% | 6.5% | 4.9% | 3.7% | 0.7% | 2.3% |
| 2017 Annual Goal | 15,027 | 11,809 | 1,155 | 1,177 | 468 | 110 | 308 |
| July 2015 – June 2016 | | 78.6% | 7.7% | 7.8% | 3.1% | 0.7% | 2.1% |
| 2018 Annual Goal | 15,237 | 12,017 | 1,015 | 1,158 | 559 | 115 | 338 |
| July 2016 – June 2017 | | 78.8% | 6.9% | 7.6% | 3.7% | 0.8% | 2.2% |

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

ANALYSIS OF DATA:

From July 2016 – June 2017, of the 15,237 individuals hospitalized due to a crisis, 12,017 (78.8%) were housed within five months of discharge. This was a 0.2% increase from the previous year. In the same time period there was a 0.2% decrease of individuals in a treatment facility within five months of discharge. The 2018 goal to increase to 84% was not met.

COMMENT ON PERFORMANCE:

There has been an overall increase in the number of individuals receiving services. In June 2017, the number of people receiving services in a treatment facility was nearly double the amount of people receiving treatment in a treatment facility at baseline. This indicates more people are receiving a higher level of care after discharge. This includes Intensive Residential Treatment Services (IRTS) and

chemical dependency treatment programs that focus on rehabilitation and the maintenance of skills needed to live in a more independent setting.

Additionally, a contributing factor to missing the goal may be the tight housing market. When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with limited rental history or other similar factors.

DHS is working to sustain and expand the number of grantees utilizing the Housing with Supports for Adults with Serious Mental Illness grants. These grants support people living with a serious mental illness and residing in a segregated setting, experiencing homelessness or at risk of homelessness, to find and maintain permanent supportive housing. The grants began in June of 2016, with a fourth round of grants planned for 2019.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

B) COMMUNITY SERVICES

2018 Goal

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

Baseline: From July 2014 – June 2015, 89.2% people received follow-up services within 30-days after discharge from the hospital compared to 88.6% in the previous year.

RESULTS:

This 2018 goal was **met**.

| Time period | # of people who went to a hospital due to crisis and were discharged | # and percentage of individuals who received community services within 30-days after discharge | |
|---|---|---|--------------|
| 2016 Baseline July 2014 – June 2015 | 13,786 | 12,298 | 89.2% |
| 2017 Annual Goal July 2015 – June 2016 | 15,027 | 14,153 | 94.2% |
| 2018 Annual Goal July 2016 – June 2017 | 15,237 | 14,343 | 94.1% |

ANALYSIS OF DATA:

From July 2016 – June 2017, of the 15,237 individuals hospitalized due to a crisis, 14,343 (94.1%) received community services within 30 days after discharge. This was a 0.1% decrease from the previous year. The 2018 goal to increase to 91% was met.

COMMENT ON PERFORMANCE:

Follow-up services include mental health services, home and community-based waiver services, home care, physician services, pharmacy, and chemical dependency treatment.

Mental health services that are accessible in local communities allow people to pursue recovery while remaining integrated in their community. People receiving timely access to services at the right time, throughout the state, help people remain in the community. Strengthening resources and services across the continuum of care, from early intervention to inpatient and residential treatment, are key for people getting the right supports when they need them. Community rehabilitation supports like Adult Rehabilitative Mental Health Services (ARMHS), Assertive Community Treatment (ACT), and Adult Day Treatment provide varying intensity of supports within the community. Intensive Residential Rehabilitative Treatment Services (IRTS) and Residential Crisis services can be used as a stepdown or diversion from in-patient, hospital services. DHS continues to fund grants and initiatives aimed at providing community-based mental health services throughout the state and across the care continuum.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

CRISIS SERVICES GOAL FIVE: By June 30, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

2018 Goal

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

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

RESULTS:

This 2018 goal was **met**.

| Time period | Number referred for crisis services | Number receiving services within 10 days | Percentage receiving services within 10 days | Average days for service |
|-------------------------------------|-------------------------------------|--|--|--------------------------|
| July 2015 – June 2016 (Baseline) | 808 | 690 | 85.4% | 2.3 |
| July 2016 – June 2017 | 938 | 843 | 89.9% | 2.0 |
| July 2017 – June 2018 | 2,258 | 2,008 | 88.9% | 2.1 |

ANALYSIS OF DATA:

From July 2017 – June 2018, of the 2,258 people referred for crisis services, 2,008 of them (88.9%) received services within 10 days. This was an increase of 3.5% over baseline and a decrease of 1.0% from

the previous year. The average number of days waiting for services was 2.1. The 2018 goal to increase to 87% was met.

COMMENT ON PERFORMANCE:

After a crisis intervention, individuals are referred to crisis stabilization services. Crisis stabilization services are mental health services to help the recipient to return to/maintain their pre-crisis functioning level. These services are provided in the community and are based on the crisis assessment and intervention treatment plan.

These services:

- consider the need for further assessment and referrals;
- update the crisis stabilization treatment plan;
- provide supportive counseling;
- conduct skills training;
- collaborate with other service providers in the community; and/or
- provide education to the recipient's family and significant others regarding mental illness and how to support the recipient.

An infusion of funding during the 2016-2017 biennium supported the expansion of crisis services to 24/7 availability across the state. These crisis services include referral to stabilization services that help ensure that clients are able to return to and maintain their pre-crisis levels of functioning. Referrals to stabilization services are often made with a "warm hand-off" that is expected to ensure that clients access the new service to which they have been referred. For example, a crisis staff may sit with the client while they make the phone call to schedule the crisis stabilization service within 10 days following the crisis event. In addition, workforce development activities are underway to help ensure that an adequate number of providers are available to meet the needs of clients experiencing crisis and needing crisis stabilization services following an initial assessment and/or intervention.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

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.

2018 Goal

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

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

RESULTS:

This 2018 goal was met.

| Time Period | Number of schools with three or more investigations | Number of students with disabilities identified as alleged victims |
|-----------------------|---|--|
| July 2013 - June 2016 | 13 | 66 |
| July 2016 - June 2017 | 1 | 14 |
| July 2017 - June 2018 | 1 | 8 |

ANALYSIS OF DATA:

Thirteen baseline schools were identified as having three or more investigations of maltreatment involving allegations of physical abuse of students with a disability during a three year period (July 2013-June of 2016). The identified schools were encouraged to participate in an approved Positive Behavioral Interventions and Supports (PBIS) training to help with de-escalation and behavior management skills of staff. It was expected that with participation in PBIS training the number of students with a disability who were identified as alleged victims of maltreatment (physical abuse) within the 13 identified schools would decrease.

The results in subsequent years show a reduction in the number of reports of physical abuse in those schools and number of involved students, however, a correlation between PBIS training and reduction of investigations, as well as involved number of students with disabilities as alleged victims, could not be substantiated. The observed reductions may be attributable to other involved factors, such as enhanced training opportunities on abuse and neglect, and increased online resources regarding mandated reporting and increased school accountability.

COMMENT ON PERFORMANCE:

There has been a reduction in reports of physical abuse in the majority of the identified schools. Upon further review of the data and subsequent meetings with OIO Compliance Office, MDE will propose a revision to this goal during the 2019 Plan Amendment process. Goal revision will focus more closely on reducing actual incidence of student maltreatment with preventative strategies that are aligned with other Prevention of Abuse and Neglect activities in the Olmstead Plan.

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and review of measurable goals 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 on an ongoing basis.^{viii}

The first review of workplan activities occurred in December 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 Subcabinet action |
| December 2015 – December 2016 | 428 | 269 | 125 | 34 | 0 |
| January – December 2017 | 284 | 251 | 32 | 8 | 1 |
| January 2018 | 46 | 45 | 0 | 1 | 0 |
| February 2018 | 20 | 16 | 2 | 2 | 0 |
| March 2018 | 18 | 16 | 2 | 0 | 0 |
| April 2018 | 21 | 19 | 1 | 1 | 0 |
| May 2018 | 9 | 9 | 0 | 0 | 0 |
| June 2018 | 15 | 15 | 0 | 0 | 0 |
| July 2018 | 49 | 49 | 0 | 0 | 0 |
| August 2018 | 8 | 8 | 0 | 0 | 0 |
| September 2018 | 9 | 9 | 0 | 0 | 0 |
| October 2018 | 7 | 7 | 0 | 0 | 0 |

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff engages in regular and ongoing monitoring of measurable goals to track progress, verify accuracy, completeness and timeliness of data, and identify risk areas. These reviews were previously contained within a prescribed mid-year review process. OIO Compliance staff found it to be more accurate and timely to combine the review of the measurable goals with the monthly monitoring process related to action items contained in the workplans. Workplan items are the action steps that the agencies agree to take to support the Olmstead Plan strategies and measurable goals.

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

VII. ADDENDUM

Data Discrepancy: Housing and Services Goal One

The measure used to report progress on Housing and Services Goal One includes data provided by Minnesota Housing on housing achieved through the Bridges rental assistance program. While preparing the numbers for the November 2018 Quarterly Report, Minnesota Housing detected an issue in how the outcomes were being reported. The reporting going forward will to use the new method to accurately report performance.

As a result of this work, all previously reported numbers dating back to 2014 were recalculated using the new method. Data was corrected back to the beginning of reporting of this measure and is updated in the November 2018 Report. With the updated data, the 2017 annual goal for Housing and Services was met.

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).

Previously Reported

| Time period | People in integrated housing | Change from previous year | Increase over baseline | Annual Goal |
|--|------------------------------|---------------------------|------------------------|-----------------------------------|
| 2014 Baseline (July 2013 – June 2014) | 6,017 | -- | -- | -- |
| 2015 Annual (July 2014 – June 2015) | 6,920 | +903 | 903 (15%) | Increase by 617 Goal Met |
| 2016 Annual (July 2015 – June 2016) | 7,608 | +688 | 1,591 (26.4%) | Increase by 1,580 Goal Met |
| 2017 Annual (July 2016 – June 2017) | 8,606 | +998 | 2,589 (43%) | Increase by 2,638 Goal Not met |

Updated Reporting (including updated baseline)

| Time period | People in integrated housing | Change from previous year | Increase over baseline | Status of Goal |
|--|------------------------------|---------------------------|------------------------|-------------------------------|
| 2014 Baseline (July 2013 – June 2014) | 5,995 | -- | -- | -- |
| 2015 Annual (July 2014 – June 2015) | 6,910 | +915 | 915 (15.3%) | Increase by 617 Goal Met |
| 2016 Annual (July 2015 – June 2016) | 7,605 | +695 | 1,610 (26.8%) | Increase by 1,580 Goal Met |
| 2017 Annual (July 2016 – June 2017) | 8,745 | +1,140 | 2,750 (45.8%) | Increase by 2,638 Goal Met |

ENDNOTES

ⁱ Reports are also filed with the Court in accordance with Court Orders. Timelines to file reports with the Court are set out in the Court's Orders dated February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). The annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. See Doc. 578.

ⁱⁱ 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.

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} 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.

^v 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.

^{vi} As of the May 2018 Quarterly Report The terminology changed from "Restore to Competency" to "Committed after Finding of Incompetency." The change clarifies the status of the individual when they enter the program that works on competency (Rule 20). The population being measured in this goal did not change.

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

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

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,
Plaintiffs,

Case No. 09-cv-01775 DWF/BRT

vs.

VERIFICATION OF MICHAEL TESSNEER

Minnesota Department of Human
Services, et al.,

Defendants.

SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION

I confirm that all data included in the "Minnesota Olmstead Subcabinet Quarterly Report on Olmstead Plan Measurable Goals, November 26, 2018" is reliable and valid, and verify that all statements made in the Report are accurate, complete, timely and verified.

Affirmed and submitted to the Court.

By:

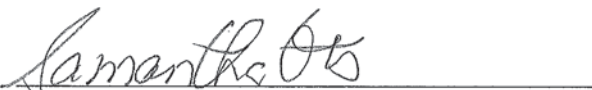


Michael Tessneer
Director of Compliance
Olmstead Implementation Office

November 27, 2018

Subscribed and sworn to before me on

November 27, 2018


NOTARY PUBLIC