



**Minnesota Department of Human Services**  
**Commissioner's Office**  
**P.O. Box 64998**  
**St. Paul, MN 55164-0998**

December 19, 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  
December 2018 Annual Report on Olmstead Plan Implementation

Dear Judge Frank:

Enclosed please find the December 17, 2018 Annual Report on Olmstead Plan Implementation, 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) and the Court's Order dated June 21, 2016 (Doc. No. 578).

This report was approved by the Olmstead Subcabinet on December 17, 2018 and is filed by the Department on its behalf.

Sincerely,

A handwritten signature in blue ink, appearing to read '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**

### **Annual Report on Olmstead Plan Implementation**



#### **REPORTING PERIOD**

**Data acquired through October 31, 2018**

#### **DATE REPORT APPROVED BY SUBCABINET**

**December 17, 2018**

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## I. PURPOSE OF REPORT

This Annual Report provides the status of work being done by State agencies to implement the Olmstead Plan. The Annual Report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2018).<sup>1</sup>

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

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

This Annual Report dated December 17, 2018 includes data acquired through October 31, 2018. Progress on each measurable goal is reported when data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. More details on the progress of the goals can be found in the quarterly reports.

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

## EXECUTIVE SUMMARY

This Annual Report covers the forty-seven measurable goals<sup>i</sup> in the Olmstead Plan. As shown in the chart below, twenty-seven of the annual goals were either met or are on track to meet the annual goal.<sup>ii</sup> Fifteen of the annual goals were not met or not on track to meet the annual goals. For those fifteen goals, the report documents how the agencies will work to improve performance on each goal. Five goals are in process.

| Status of Goals - 2018 Annual Report | Number of Goals |
|--------------------------------------|-----------------|
| Met annual goal                      | 25              |
| On track to meet annual goal         | 2               |
| Not on track to meet annual goal     | 0               |
| Did not meet annual goal             | 15              |
| In Process                           | 5               |
| <b>Goals Reported</b>                | <b>47</b>       |

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

<sup>1</sup> Quarterly Reports and other related documents are available on the Olmstead Plan website [[www.Mn.gov/Olmstead](http://www.Mn.gov/Olmstead)].

There are a number of major activities that have been completed or are in process designed to make improvements in Olmstead Plan implementation this year.

- In September 2018, the Olmstead Subcabinet examined a Strategic Review of Plan implementation over the three-year period. This review identified significant accomplishments in measurable goals and strategies and workplans as well as areas where lack of progress on measurable goals that relate to the improvement in the lives of people with disabilities.
- In October 2018, the Olmstead Subcabinet completed the third comprehensive review of the Olmstead Plan workplans. The annual results of the review of workplans can be found on page 77 of this report. Of the 231 workplan activities reviewed this year, only 5 were reported as exceptions.
- The Subcabinet has initiated the third annual Olmstead Plan amendment process. This review will include multiple opportunities for people with disabilities and the public to review and offer suggestions. The process will be completed in March 2019.
- During 2017, the Quality of Life Survey was completed. This survey established a baseline. The [Olmstead Plan Quality of Life Survey Baseline Report](#) was accepted by the Olmstead Subcabinet on March 26, 2018. Subsequent surveys will use the baseline to measure progress on the Plan's impact on improving quality of life for people with disabilities. The first follow up survey is expected to be completed in December of 2018.

The following is a more detailed list of Plan accomplishments as well as goals needing more attention.

#### **Progress on Movement of People with Disabilities from Segregated Settings to Integrated Settings**

During this reporting period, people with disabilities continued to move from segregated to integrated settings. These movements are tracked in the following areas:

- In the first three quarters of the 2018 goal, 140 individuals left Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) programs to more integrated settings. This exceeds the 2018 annual goal of 72. (Transition Services Goal One A)
- In the first three quarters of the 2018 goal, 598 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This is 79% of the 2018 annual goal. (Transition Services Goal One B)
- In the first three quarters of the 2018 goal, 867 individuals moved from other segregated settings to more integrated settings. This exceeds the 2018 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**

There continues to be increased capacity and options for integration in housing and employment. During this reporting period:

- More people gained access to integrated housing. There was an increase of 1,263 individuals accessing housing or 96% of the annual goal. (Housing and Services Goal One)
- There was an increase in the number of individuals obtaining competitive integrated employment. Over 3,830 new individuals found employment. (Employment Goals One, Two, Three and Four)

The emergency use of manual restraint continues to decrease.

- Fewer people are experiencing emergency use of manual restraint. There was a reduction of 48 individuals or 7% from the previous year.

**The following measurable goals have been targeted for improvement:**

Goals below have been identified as not meeting projected targets. The agencies, OIO compliance staff, and the Subcabinet are providing increased oversight until projected targets are met.

- Transition Services Goal Two to decrease the percentage 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.
- Lifelong Learning and Education Goal Two to increase the number of students with disabilities enrolling in integrated postsecondary education settings.
- Positive Supports Goal Three A to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Positive Supports Goal Four to reduce the number of students experiencing emergency use of manual restraints.
- Crisis Services Goals One and Two to increase the percentage of children and adults who remain in the community after a mental health crisis.
- Crisis Services Goal Four A to increase the percentage of people who are housed five months after discharge from the hospital (due to a crisis).

The Olmstead Plan is not intended to be a static document that establishes a one-time set of goals for State agencies. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet's vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings. The dynamic nature of the Plan means that the Olmstead Subcabinet regularly examines the goals, strategies, and workplan activities to ensure that they are the most effective means to achieve meaningful change.

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

## II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

### ANNUAL SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

| Net number of individuals who moved from segregated to integrated settings as reported for the annual goal: |                         |              |
|-------------------------------------------------------------------------------------------------------------|-------------------------|--------------|
| Setting                                                                                                     | Annual Reporting period | Number moved |
| • Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)                    | July 2016 – June 2017   | 182          |
| • Nursing Facilities                                                                                        | July 2016 – June 2017   | 824          |
| • Other segregated settings                                                                                 | July 2016 – June 2017   | 1,054        |
| • Anoka Metro Regional Treatment Center (AMRTC)                                                             | July 2017 – June 2018   | 77           |
| • Minnesota Security Hospital (MSH)                                                                         | January – December 2017 | 76           |
| Net number who moved from segregated to integrated settings                                                 |                         | 2,213        |

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

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

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

|                                                                                           | 2014<br>Baseline | June 30,<br>2015 | June 30,<br>2016 | June 30,<br>2017 | June 30,<br>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              |
| <b>Total</b>                                                                              | <b>1,900</b>     | <b>874</b>       | <b>1,074</b>     | <b>1,224</b>     | <b>1,322</b>     |

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

##### Annual Goals

- **2017 Goal:** For the year ending June 30, 2017 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**
- **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 2017 goal was **met**. [Reported in February 2018]

The 2018 goal is **on track**. [Last reported in November 2018]

| Time period                              | Total number of individuals leaving | Transfers <sup>iv</sup><br>(-) | Deaths<br>(-) | 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                              |
| <b>Totals (Q1 + Q2 + Q3)</b>             | <b>191</b>                          | <b>9</b>                       | <b>42</b>     | <b>140</b>                      |

##### ANALYSIS OF DATA:

The 2017 goal of 84 was met. From July 2016 – June 2017, the number of people moving from an ICF/DD to a more integrated setting was 182. For the 2018 goal, during the first three quarters, 140 people moved from an ICF/DD to a more integrated setting 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 to other uses 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.

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**B) NURSING FACILITIES****Annual Goals**

- **2017 Goal:** For the year ending June 30, 2017 the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **740**
- **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 2017 goal was **met**. [Reported in February 2018]

The 2018 goal is **on track**. [Last reported in November 2018]

| 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                             |
| <b>Totals (Q1 + Q2 + Q3)</b>             | 799                                 | 55            | 146        | 598                             |

**ANALYSIS OF DATA:**

The 2017 goal of 740 was met. From July 2016 – June 2017, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 824.

For the 2018 goal, during the first three quarters, 598 people under the age of 65 moved to a more integrated settings. This is 79% of the annual goal of 750. If moves continue at approximately the same rate, the 2018 goal is on track to be met.

**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****Annual Goals**

- **2017 Goal:** For the year ending June 30, 2017 the number of people who have moved from other segregated housing to a more integrated setting will be **400**.
- **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 2017 goal was **met**. [Reported in February 2018]

The 2018 goal is **on track**. [Last reported in November 2018]

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

**ANALYSIS OF DATA:**

The 2017 goal of 400 was met. From July 2016 – June 2017, of the 5,504 individuals moving from segregated housing, 1,054 individuals (19.2%) moved to a more integrated setting. For the 2018 goal, during the first three quarters, 867 individuals moved to a more integrated setting which exceeds the annual goal of 500.

**COMMENT ON PERFORMANCE:**

During the first three quarters reported for the 2018 goal, there were significantly more individuals who moved to more integrated settings (19.9%) than those who moved to congregate settings (8.5%). 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 (62.9%) 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)

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

**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.

#### **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.

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**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<sup>v</sup> will be reduced to 30% (based on daily average).

---

#### **Annual Goals**

- **2018 Goal:** By June 30, 2018, the percent of people at AMRTC awaiting discharge will be reduced to no more than **32%**
- **2019 Goal:** By June 30, 2019 the percent of people at AMRTC awaiting discharge will be reduced to no more than **33%**

**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.<sup>2</sup>

#### **RESULTS:**

The 2018 goal was **not met**. [Reported in August 2018]

The 2019 goal is **not on track**. [Last reported in November 2018]

| Time period                                 | Percent awaiting discharge (daily average) |                                         |
|---------------------------------------------|--------------------------------------------|-----------------------------------------|
| 2016 Baseline (July 2015 – June 2016)       | Daily Average = 42.5% <sup>3</sup>         |                                         |
|                                             | 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 Goal Quarter 1 (July – September 2018) | 50.9%                                      | 27.7%                                   |

<sup>2</sup> The baseline included individuals at AMRTC under mental health commitment and restore to competency.

<sup>3</sup> 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.

**ANALYSIS OF DATA:**

The 2018 goal to reduce to no more than 32% was not met. From July 2017 – June 2018, 36.9% of those under mental health commitment at AMRTC no longer meet hospital level of care and were awaiting discharge to the most integrated setting.

For the 2019 goal, during the first quarter, 50.9% of those under mental health commitment at AMRTC no longer met hospital level of care and were 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 2017 – June 2018, 77 individuals at AMRTC under mental health commitment left and moved to an integrated setting. An additional 20 individuals moved to an integrated setting in Quarter 1. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and under restore to competency who moved to integrated settings.

| 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 <sup>vi</sup> |
| 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.

During Quarter 1, 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.



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**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.

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#### Annual Goals

- **2017 goal:** By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting will increase to **8 or more**
- **2018 Goal:** By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting will increase to **9 or more**

**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 2017 goal was **not met**. [Reported in February 2018]

The 2018 goal is **not on track**. [Last reported in November 2018]

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

#### ANALYSIS OF DATA:

The 2017 goal of 8 or more was not met. From January – December, 2017, the average monthly number of individuals leaving Forensic Services<sup>4</sup> to a more integrated setting was 6.3.

For the 2018 goal, in the first three quarters, the average monthly number of individuals leaving Forensic Services to a more integrated setting was 5.7. This goal is not on track to meet the 2018 goal of 9 or more.

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).

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<sup>4</sup> MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program at St Peter. These four programs are collectively referred to as Forensic Services.

| Time period                              | Type <sup>vi</sup>                      | Total moves | Transfers  | Deaths   | Moves to integrated  |
|------------------------------------------|-----------------------------------------|-------------|------------|----------|----------------------|
| 2015 Annual<br>(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                    |
|                                          | <b>Total</b>                            | <b>188</b>  | <b>107</b> | <b>8</b> | <b>(Avg. 6.1) 73</b> |
| 2016 Annual<br>(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                   |
|                                          | <b>Total</b>                            | <b>187</b>  | <b>100</b> | <b>3</b> | <b>(Avg. 7.0) 84</b> |
| 2017 Annual<br>(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                    |
|                                          | <b>Total</b>                            | <b>199</b>  | <b>114</b> | <b>9</b> | <b>(Avg. 6.3) 76</b> |
| 2018 Quarter 1<br>(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                    |
|                                          | <b>Total</b>                            | <b>64</b>   | <b>47</b>  | <b>2</b> | <b>(Avg. 5.0) 15</b> |
| 2018 Quarter 2<br>(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                    |
|                                          | <b>Total</b>                            | <b>53</b>   | <b>32</b>  | <b>0</b> | <b>(Avg. 7.0) 21</b> |
| 2018 Quarter 3<br>(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                    |
|                                          | <b>Total</b>                            | <b>44</b>   | <b>8</b>   | <b>1</b> | <b>(Avg. 5.0) 15</b> |

**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.

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**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]<sup>5</sup>

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**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**. [Last reported in November 2018]

| 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<br>July – Sept 2017  | 29                                       | 6                | 0                                 | 23                                 | 11 of 23<br>(47.8%)             | 12 of 23<br>(52.2%)         |
| Quarter 2<br>Oct – Dec 2017    | 26                                       | 3                | 1                                 | 22                                 | 7 of 22<br>(31.8%)              | 15 of 22<br>(68.2%)         |
| Quarter 3<br>Jan – March 2018  | 25                                       | 5                | 3                                 | 17                                 | 2 of 17<br>(11.8%)              | 15 of 17<br>(88.2%)         |
| Quarter 4<br>April – June 2018 | 34                                       | 6                | 2                                 | 26                                 | 3 of 26<br>(11.5%)              | 23 of 26<br>(88.5%)         |

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<sup>5</sup> This goal was revised in the March 2018 Olmstead Plan to use the current measure. The February 2018 Quarterly Report (Doc 680-1) included results using the previous measure.

**ANALYSIS OF DATA:**

For the last quarter reported (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 four quarters and over baseline.

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

- a. Where is the person moving?
- b. Date and time the move will occur.
- c. Who will help the person prepare for the move?
- d. Who will help with adjustment during and after the move?
- e. Who will take the person to new residence?
- f. How will the person get his or her belongings?
- g. Medications and medication schedule.
- h. Upcoming appointments.
- i. 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?
- j. 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. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

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]<sup>6</sup>

**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 percentages by urgency of need category were: Institutional Exit (42%); Immediate Need (62%); and Defined Need (42%).

#### Assessments between January – December 2016

| Urgency of Need Category | Total number of people assessed | Reasonable Pace<br>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%)                      |
| <b>Totals</b>            | <b>1,500</b>                    | <b>707 (47%)</b>                                   | <b>433 (30%)</b>               |

#### RESULTS:

This goal is **in process**. [Last reported in November 2018]

#### Time period: January – March 2017

| Urgency of Need Category | Total number of people assessed | Reasonable Pace<br>Funding approved within 45 days | Funding approved after 45 days | Pending funding approval |
|--------------------------|---------------------------------|----------------------------------------------------|--------------------------------|--------------------------|
| Leaving an Institution   | 31                              | 22 (71%)                                           | 5 (16%)                        | 4 (13%)                  |
| Immediate Need           | 90                              | 60 (67%)                                           | 18 (20%)                       | 12 (13%)                 |
| Defined Need             | 288                             | 155 (54%)                                          | 52 (18%)                       | 81 (28%)                 |
| <b>Totals</b>            | <b>409</b>                      | <b>237 (58%)</b>                                   | <b>75 (18%)</b>                | <b>97 (24%)</b>          |

<sup>6</sup> This goal was added to the March 2018 Olmstead Plan to replace Waiting List Goals One – Five. The February 2018 Quarterly Report (Doc 680-1) included reporting for this goal under the Waiting List Goals.



**Time period: April – June 2017**

| <b>Urgency of Need Category</b> | <b>Total number of people assessed</b> | <b><u>Reasonable Pace</u><br/>Funding approved within 45 days</b> | <b>Funding approved after 45 days</b> | <b>Pending funding approval</b> |
|---------------------------------|----------------------------------------|-------------------------------------------------------------------|---------------------------------------|---------------------------------|
| Leaving an Institution          | 36                                     | 15 (42%)                                                          | 16 (44%)                              | 5 (14%)                         |
| Immediate Need                  | 117                                    | 63 (54%)                                                          | 37 (32%)                              | 17 (14%)                        |
| Defined Need                    | 353                                    | 163 (46%)                                                         | 127 (36%)                             | 63 (18%)                        |
| <b>Totals</b>                   | <b>506</b>                             | <b>241 (48%)</b>                                                  | <b>180 (35%)</b>                      | <b>85 (17%)</b>                 |

**Time period: July – September 2017**

| <b>Urgency of Need Category</b> | <b>Total number of people assessed</b> | <b><u>Reasonable Pace</u><br/>Funding approved within 45 days</b> | <b>Funding approved after 45 days</b> | <b>Pending funding approval</b> |
|---------------------------------|----------------------------------------|-------------------------------------------------------------------|---------------------------------------|---------------------------------|
| 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%)                         |
| <b>Totals</b>                   | <b>448</b>                             | <b>293 (66%)</b>                                                  | <b>118 (26%)</b>                      | <b>37 (8%)</b>                  |

**Time Period: October – December 2017**

| <b>Urgency of Need Category</b> | <b>Total number of people assessed</b> | <b><u>Reasonable Pace</u><br/>Funding approved within 45 days</b> | <b>Funding approved after 45 days</b> | <b>Pending funding approval</b> |
|---------------------------------|----------------------------------------|-------------------------------------------------------------------|---------------------------------------|---------------------------------|
| 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%)                         |
| <b>Totals</b>                   | <b>367</b>                             | <b>229 (62%)</b>                                                  | <b>117 (32%)</b>                      | <b>21 (6%)</b>                  |

**Time Period: January - March 2018**

| <b>Urgency of Need Category</b> | <b>Total number of people assessed</b> | <b><u>Reasonable Pace</u><br/>Funding approved within 45 days</b> | <b>Funding approved after 45 days</b> | <b>Pending funding approval</b> |
|---------------------------------|----------------------------------------|-------------------------------------------------------------------|---------------------------------------|---------------------------------|
| 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%)                         |
| <b>Totals</b>                   | <b>389</b>                             | <b>272 (70%)</b>                                                  | <b>91 (24%)</b>                       | <b>26 (7%)</b>                  |

**Time Period: April - June 2018**

| <b>Urgency of Need Category</b> | <b>Total number of people assessed</b> | <b>Reasonable Pace Funding approved within 45 days</b> | <b>Funding approved after 45 days</b> | <b>Pending funding approval</b> |
|---------------------------------|----------------------------------------|--------------------------------------------------------|---------------------------------------|---------------------------------|
| 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%)                         |
| <b>Totals</b>                   | <b>452</b>                             | <b>328 (73%)</b>                                       | <b>93 (20%)</b>                       | <b>31 (7%)</b>                  |

**ANALYSIS OF DATA:**

For the most recent quarter reported (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 October 1, 2018 (114) has decreased since October 1, 2017 (152).

**People Pending Funding Approval as of April 1, 2017**

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

**People Pending Funding Approval as of July 1, 2017**

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

**People Pending Funding Approval as of October 1, 2017**

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

**People Pending Funding Approval as of January 1, 2018**

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

**People Pending Funding Approval as of April 1, 2018**

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

**People Pending Funding Approval as of July 1, 2018**

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

**People Pending Funding Approval as of October 1, 2018**

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

**TIMELINESS OF DATA:**

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



## IV. QUALITY OF LIFE MEASUREMENT RESULTS

The results for the 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](http://www.nationalcoreindicators.org). The Minnesota state reports are also available on the NCI website at [www.nationalcoreindicators.org/states/MN](http://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]<sup>7</sup>

**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**. [Last reported November 2018]

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

<sup>7</sup> This goal was revised in the March 2018 Olmstead Plan to use the current measure. The February 2018 Quarterly Report (Doc 680-1) included results using the previous measure.

**ANALYSIS OF DATA:**

During the last quarter reported (April – June 2018), of 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<br>(disability waivers) | Sample of cases reviewed<br>(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 Audits<sup>8</sup>**

| 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. Mahnommen          | 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 <sup>9</sup> |
| 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 <sup>10</sup> |                      | 51. Beltrami                         |
| 35. Polk              | 43. Washington                |                      |                                      |
| 36. Clay              |                               |                      |                                      |
| 37. Aitkin            |                               |                      |                                      |

<sup>8</sup> Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS).

<sup>9</sup> The MN Prairie Alliance includes Dodge, Steele, and Waseca counties.

<sup>10</sup> 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 <sup>11</sup> |
| 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.

<sup>11</sup> The Des Moines Valley Health and Human Services Alliance includes Cottonwood and Jackson counties.

**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 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**. [Reported in November 2018]

| Time Period                | Number Surveyed | Percent reporting they have input into major life decisions |
|----------------------------|-----------------|-------------------------------------------------------------|
| Baseline (2014 survey)     | --              | 40%                                                         |
| 2015 Annual (2015 survey ) | 400             | 44.3%                                                       |
| 2016 Annual (2016 survey)  | 427             | 64%                                                         |
| 2017 Annual (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 from the national vendor once the results are determined to be reliable and valid.

**B) INPUT IN EVERYDAY DECISIONS**

**2017 Goal**

- By 2017, increase the percent of people with intellectual and developmental disabilities who report they make or 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**. [Reported in November 2018]

| Time Period                | Number Surveyed | Percent reporting they have input in everyday decisions |
|----------------------------|-----------------|---------------------------------------------------------|
| Baseline (2014 survey)     | --              | 79%                                                     |
| 2015 Annual (2015 survey ) | 400             | 84.9%                                                   |
| 2016 Annual (2016 survey)  | 427             | 87%                                                     |
| 2017 Annual (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 report they 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**. [Reported in November 2018]

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

| <b>Residential setting</b> | <b>2016</b> | <b>2017</b> |
|----------------------------|-------------|-------------|
| 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.

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**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).

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**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 with 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 measure.

**RESULTS:**

The 2018 goal to increase by 4,009 over baseline was **not met**. [Reported in November 2018]

| <b>Time period</b>                    | <b>People in integrated housing</b> | <b>Change from previous year</b> | <b>Increase over baseline</b> |
|---------------------------------------|-------------------------------------|----------------------------------|-------------------------------|
| 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%)                 |

**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 of November 2018 a new methodology is being used to report the data in this measure. All previously numbers dating back to 2014 were recalculated using the new method. 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 result 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 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.

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

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**2017 Goal**

- By September 30, 2017, the number of new individuals with disabilities working in competitive integrated employment will be **2,969**.

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

**RESULTS:**

The 2017 goal was **not met**. [Reported in February 2018]

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

**ANALYSIS OF DATA:**

From October 2016 – September 2017, the number of people with disabilities working in competitive integrated employment was 2,807. The 2017 annual goal of 2,969 was not met. This number represents a decrease from the previous year, and an increase of 69 over baseline.

**VRS:** In FFY 17, the number of applications and completed plans increased over FFY 16 (applications increased 2.8%; plans completed increased 6%). Despite those increases, the number of employment outcomes for FFY 17 dropped to 2,713, a 12.9% decrease from FFY 16.

**SSB:** In FFY 17 the total number of customers served was 1,054. This is a decrease from the two previous years, (1,289 in FFY 16 and 1,265 in FFY 15). SSB continues to receive a steady number of applications, 279 in FFY 17. In FFY 17 SSB served a higher proportion of first time customers (38.3%) compared to 36.0% in FFY 16 and 35.4% in FFY 15. SSB also served a higher proportion of youth 14-21

years (26.5%) in FFY 17, compared to 19.5% in FFY 16 and 23.8% in FFY 15. This is a shift that will likely continue under WIOA's emphasis on transition students.

**COMMENT ON PERFORMANCE:**

**VRS:** This reduction in the number of individuals who achieved competitive integrated employment is a reflection of the changing demographics of persons being served and the increased complexity of their circumstances. Since the passage of the Workforce Innovation and Opportunity Act (WIOA), VRS has only been able to serve persons in category 1—those with the most significant disabilities. Additionally, the number of youth with intellectual and developmental disabilities being served has increased by 93% since FFY 15, largely due to the WIOA Section 511 mandate. This population requires intensive and long-term services in order to achieve an employment outcome.

The performance targets for this goal were set in early 2015, well before it was possible to fully comprehend the impact that WIOA would have on the public VR program. WIOA mandates have led to dramatic changes in the demographics of persons being served and have reduced the dollars available to assist participants in securing and maintaining competitive integrated employment. WIOA has also implemented new federal performance measures which focus on the individual's attainment of credentials and measurable skill gains.

**SSB:** The data provided in the table above must be interpreted within the context of the current customer demographics and policies. The time and effort needed to obtain employment depends upon each customer's specific circumstances and the policies that define the processes that staff must adhere to. Although the total number of SSB customers who obtained employment in FFY 17 decreased, the data show that, under recent policy changes, SSB is serving customers with more complex and longer-term needs.

In mid-FFY 17, SSB received guidance from Rehabilitation Services Administration that cases could not be closed until a customer maintained employment for at least 90 days without any substantive services and expanded upon the previous services that were permitted during this time. SSB immediately changed its policy and directed staff to hold closures and return customers to active enrollment status where appropriate. SSB operated under these guidelines for much of FFY 17, during which case closures were delayed. Following a recent consultation with WINTAC (a federal technical assistance center), SSB overturned the policy. This may have contributed to reducing the number individuals who were counted as achieving competitive integrated employment.

Additionally, SSB has been operating under an Order of Selection for two years, which prioritizes applicants with more functional limitations and higher needs. First time customers, youth, and those with more functional limitations typically require more services and training than repeat customers or adults, leading to longer enrollment times and a slower turnover rate.

**TIMELINESS OF DATA:**

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

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**EMPLOYMENT GOAL TWO:** By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive, integrated employment.

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**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. [Reported in November 2018]

**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<br>(July 2013 – June 2014)    | 50,157              | 6,137                        | 12.2%                           | --                        | --                     |
| July 2014 – June 2015                  | 49,922              | 6,596                        | 13.2%                           | 459                       | 459                    |
| 2017 Annual<br>(July 2015 – June 2016) | 52,383              | 8,203                        | 15.7%                           | 1,607                     | 2,066                  |
| 2018 Annual<br>(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.

**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.



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**EMPLOYMENT GOAL THREE:** By June 30, 2020, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive integrated employment will be 763.

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**2018 Goal**

- By June 30, 2018, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive integrated employment will be 150.

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

2017 group total in competitive integrated employment = 450 (50%) (N=900)

**RESULTS:**

The 2018 goal of 150 was met. [Reported in August 2018]

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

**ANALYSIS OF DATA:**

The 2018 goal of 150 students in competitive integrated employment was met. During the 2017 - 2018 school year, 179 students with developmental cognitive disabilities (101 males and 78 females) ranging in ages from 19-21, participated in competitive integrated employment. All students worked part-time as their primary job is that of being a secondary student. Students were employed in a variety of businesses with wages ranging from \$9.50 to \$14.00 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, assistive technology, job placement and the provision of bus cards.

**COMMENT ON PERFORMANCE:**

Twenty school districts provided supports to students through the Employment Capacity Building Cohort (ECBC) during the 2017-2018 school year. The ECBC teams surpassed the competitive, integrated employment goal by 29 students because they used multiple strategies learned during the ECBC training sessions. Impactful team activities included: information sessions on Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator sessions; utilization of the Informed Choice Conversation and Informed Choice Toolkit materials; piloting a new customized Minnesota Career Information System (MCIS) for students with disabilities; conducting individual career interest and learning style inventories; and learning about essential job development strategies.

The local ECBC teams are ensuring that students with developmental cognitive disabilities, ages 19-21 have choices and opportunities for competitive, meaningful, and sustained employment in the most integrated setting before exiting from secondary education. All of the 2017-2018 ECBC teams have expressed interest in continuing in the cohort model. In addition, two additional district teams will be invited to the ECBC for the 2018-2019 school years.

**TIMELINESS OF DATA:**

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

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

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**2017 Goal**

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

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

**RESULTS:**

The 2017 goal was met. [Reported in February 2018]

| Time Period ending                    | Number of employed peer support specialists | Increase over baseline |
|---------------------------------------|---------------------------------------------|------------------------|
| Baseline (As of April 30, 2016)       | 16                                          | N/A                    |
| 2017 Annual (As of December 31, 2017) | 46                                          | 30                     |

**ANALYSIS OF DATA:**

As of December 31, 2017 there were 46 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS). The 2017 goal to increase the number of peer support specialists to 30 (14 over baseline) was met.

**COMMENT ON PERFORMANCE:**

During the month of December 2017, DHS contacted all of the Assertive Community Treatment (ACT) team or Intensive Residential Treatment Services (IRTS) providers to get a count of the number of employed certified peer support specialists.

DHS continues to refine the application and interview approach and are more successful in getting individuals who are more “work ready” than in the past. In the current peer training class, 6 of the 24 participants have a promise of employment upon successful completion of the training.

Contracted facilitators will be piloting a new format for the training. This training will be offered evenings and weekends for 3-4 weeks for working individuals to accommodate parents who have day care considerations.

DHS staff are meeting with providers to offer technical assistance for the implementation of peer services.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it is reported the month after it is collected. The data is collected for a point in time only.

**LIFELONG LEARNING AND EDUCATION GOAL ONE:** By December 1, 2019 the number of students with disabilities<sup>vii</sup>, receiving instruction in the most integrated setting<sup>viii</sup>, will increase by 1,500 (from 67,917 to 69,417)

**2016 Goal**

- By December 1, 2016 the number of students receiving instruction in the most integrated settings will increase by **600** over baseline to **68,517**

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

**RESULTS:**

The 2016 goal was met. [Reported in February 2018]

| Time Period                            | Students with disabilities in most integrated setting | Total number of students with disabilities (ages 6 – 21) |
|----------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| Baseline<br>(January – December 2013)  | 67,917 (62.1%)                                        | 109,332                                                  |
| January – December 2014                | 68,434 (62.1%)<br>(517 over baseline)                 | 110,141                                                  |
| 2015 Annual<br>January – December 2015 | 69,749 (62.1%)<br>(1,832 over baseline)               | 112,375                                                  |
| 2016 Annual<br>January – December 2016 | 71,810 (62.3%)<br>(3,893 over baseline)               | 115,279                                                  |

**ANALYSIS OF DATA:**

During 2016, the number of students with disabilities receiving instruction in the most integrated setting increased by 3,893 over baseline to 71,810. The 2016 goal of an increase of 600 over baseline to 68,517 was met. Although the number of students in the most integrated setting increased, the percentage of students in the most integrated setting when compared to all students with disabilities ages 6 – 21 remains almost unchanged from the previous year. This is due to an increase in the total number of students with disabilities.

**COMMENT ON PERFORMANCE:**

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

**TIMELINESS OF DATA:**

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

**LIFELONG LEARNING AND 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**. [Reported in November 2018]

| 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 sixteen months after the end of the reporting period.

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

#### 2018 Goal

- By June 30, 2018, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 94%.

**Baseline:** From October – December 2016, of the 28 students with IEPs, 26 (92.8%) had active consideration of assistive technology during their annual IEP team meeting.

#### RESULTS:

The 2018 goal to increase to 94% was **met**. [Reported in August 2018]

| Time period                         | Number of student IEP team meetings | Number with active consideration of AT | Percent with active consideration |
|-------------------------------------|-------------------------------------|----------------------------------------|-----------------------------------|
| Baseline (Oct – Dec 2016)           | 28                                  | 26                                     | 92.8%                             |
| January – June 2017                 | 80                                  | 77                                     | 96.3%                             |
| 2018 Annual (July 2017 – June 2018) | 274                                 | 260                                    | <b>94.9%</b>                      |

#### ANALYSIS OF DATA:

During the 2017-2018 school year, Assistive Technology Teams Project (ATTP) members in 21 school districts completed a total of 274 *Assistive Technology (AT) Consideration Surveys* with all district teams responding. Almost ninety-five percent (94.9%) of the completed surveys reported that the IEP teams met the criteria for active consideration of AT during the IEP meeting. The 2018 annual goal of 94% was met. During the 2017-2018 school year, there were 38,547 students with IEPs in the 21 school districts.

Active consideration is defined as IEP team consideration of at least one element of the *Student, Environments, Tasks and Tools (SETT) Framework* as measured by the *AT Consideration Survey*. For the 5.1% in which the criteria for active consideration were not met, ATTP team members reported that teams considered the student, environment, task(s), and/or tool(s) of the *SETT Framework* but not specifically in the context of AT. This is the first full school year that specific data was collected regarding active consideration including student factors, environment(s), task(s) and tool(s) in the *SETT Framework*.

#### COMMENT ON PERFORMANCE:

To support the implementation of the *SETT Framework*, MDE offers the AT Teams Project (ATTP), an intensive, three-year project to support schools and districts to meet their AT needs through a cohort design that includes professional development. For the 2018-19 school year, 14 districts will continue into the second and third year ATTP training cohorts, and 11 new districts will begin the first year cohort. All regions in Minnesota are represented within the 2018-19 cohort. Based on statewide scale-up of the ATTP, MDE expects a larger number of sampled IEP meetings, for a larger number of students with disabilities, while improving the percentage of those IEP meetings in which criteria are met for



active consideration of AT. MDE looks forward to sharing additional data under the new annual goal set for June 30, 2019.

**TIMELINESS OF DATA:**

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

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

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**A) Curb Ramps**

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

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

**RESULTS:**

The goal is **on track** to meet the 2020 goal. [Reported in February 2018]

| Time Period        | Curb Ramp Improvements | PROW Compliance Rate |
|--------------------|------------------------|----------------------|
| Calendar Year 2014 | 1,139                  | 24.5%                |
| Calendar Year 2015 | 1,594                  | 28.5%                |
| Calendar Year 2016 | 1,015                  | 35.0%                |

**ANALYSIS OF DATA:**

In 2016, the total number of curb ramps improved was 1,015, bringing the system to 35.0% compliance under PROW.

**COMMENT ON PERFORMANCE:**

In 2016, MnDOT constructed fewer curb ramps than in the previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be lower.

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**B) Accessible Pedestrian Signals**

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

**2017 Goal**

- By December 31, 2017 an additional 50 APS installations will be provided.

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

**RESULTS:**

The 2017 goal was **met** (using Calendar Year 2016 data). [Reported in February 2018]

| Time Period        | Total APS in place               | Increase over previous year | Increase over 2009 baseline |
|--------------------|----------------------------------|-----------------------------|-----------------------------|
| Calendar Year 2014 | 523 of 1,179 APS (44% of system) | --                          | 405                         |
| Calendar Year 2015 | 592 of 1,179 APS (50% of system) | 69                          | 474                         |
| Calendar Year 2016 | 692 of 1,179 APS (59% of system) | 100                         | 574                         |

**ANALYSIS OF DATA:**

In Calendar Year 2016, an additional 100 APS installations were provided. Based on the 2016 data, the 2017 goal to increase by 50 was met.

**COMMENT ON PERFORMANCE:**

MnDOT has already met its goal of 50% system compliance.

**C) Sidewalks**

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

**2017 Goal:**

- By October 31, 2017, improvements will be made to an additional 6 miles of sidewalks.

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

**RESULTS:**

The 2017 goal was **met** (using Calendar Year 2016 data). [Reported in February 2018]

| Time Period        | Sidewalk Improvements | PROW Compliance Rate |
|--------------------|-----------------------|----------------------|
| Calendar Year 2014 | N/A                   | 46%                  |
| Calendar Year 2015 | 12.41 miles           | 47.3%                |
| Calendar Year 2016 | 18.8 miles            | 49%                  |

**TIMELINESS OF DATA:**

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

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

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**2017 Goal**

- By December 31, 2017, the annual number of service hours will increase to 1,257,000

**Baseline:** In 2014 the annual number of service hours was 1,200,000.

**RESULTS:**

The 2017 goal was **met** (using Calendar Year 2016 data). [Reported in February 2018]

| Time Period                   | Service Hours | Change from baseline |
|-------------------------------|---------------|----------------------|
| Baseline – Calendar Year 2014 | 1,200,000     | N/A                  |
| Calendar Year 2015            | 1,218,787     | 18,787               |
| Calendar Year 2016            | 1,454,701     | 254,701              |

**ANALYSIS OF DATA:**

During 2016, the total number of service hours increased to 1,454,701. The 2017 goal was met. The increase in the number of service hours is ahead of the 2020 goal of 1,428,000.

**COMMENT ON PERFORMANCE:**

The rapid increase in service hours was due in part to an off year solicitation to expand service under the New Starts Program in which operational and capital funds were provided to introduce new routes.

**TIMELINESS OF DATA:**

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

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**TRANSPORTATION GOAL THREE:** By 2025, expand transit coverage so that 90% of the public transportation service areas in Greater Minnesota will meet minimum service guidelines for access. [Revised in March 2018]

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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."<sup>12</sup>

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**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**. [Reported in November 2018]

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<sup>12</sup> Greater Minnesota Transit Investment Plan is available at [www.dot.state.mn.us/transitinvestment](http://www.dot.state.mn.us/transitinvestment).

**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.

**Minimum Service Guidelines for Greater Minnesota<sup>13</sup>**

| 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.

<sup>13</sup> Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

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

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

**Baseline** for on time performance in 2014 was:

- Transit Link – 97% within a half hour
- Metro Mobility – 96.3% within a half hour timeframe
- Metro Transit – 86% within one minute early – four minutes late
- Greater Minnesota – 76% within a 45 minute timeframe

Ten year goals to improve on time performance:

- Transit Link – maintain performance of 95% within a half hour
- Metro Mobility – maintain performance of 95% within a half hour
- Metro Transit – improve to 90% or greater within one minute early – four minutes late
- Greater Minnesota – improve to a 90% within a 45 minute timeframe

**RESULTS:**

This goal is **on track** to meet the 2025 on time performance goal of 90%. [Reported in February 2018]

| Service level                                                                                                                           | 2014 baseline | 2016 on-time performance                                                                                                                               | Increase over baseline |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Transit Link                                                                                                                            | 97%           | 98.5%                                                                                                                                                  | 1.5%                   |
| Metro Mobility                                                                                                                          | 96.3%         | 96.8%                                                                                                                                                  | 0.5%                   |
| Metro Transit                                                                                                                           | 86%           | 87.1%                                                                                                                                                  | 1.1%                   |
| <ul style="list-style-type: none"> <li>• Bus</li> <li>• Green light rail</li> <li>• Blue light rail</li> <li>• Commuter rail</li> </ul> |               | <ul style="list-style-type: none"> <li>• Bus..... 85.1%</li> <li>• Green..... 82.9%</li> <li>• Blue..... 87.2%</li> <li>• Commuter... 93.2%</li> </ul> |                        |
| Greater Minnesota                                                                                                                       | 76%           | 76%                                                                                                                                                    | No change              |

**ANALYSIS OF DATA:**

The 2016 on-time performance improved from 2014 for transit link, Metro Mobility and Metro Transit. The on-time performance stayed the same in Greater Minnesota.

**COMMENT ON PERFORMANCE:**

The average on-time performance for 2016 was 89.6%. If this trend continues, this goal is on track to meet the 2025 goal.

**TIMELINESS OF DATA:**

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

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**TRANSPORTATION GOAL FIVE:** By 2040, 100% percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area. [Adopted March 2018]

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**2018 Goal**

- By April 30, 2018, annual goals will be established

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

| Time Period          | Market Area 1 | Market Area 2 | Market Area 3 |
|----------------------|---------------|---------------|---------------|
| Baseline – June 2017 | 95%           | 91%           | 67%           |

**RESULTS:**

The 2018 goal to establish annual goals was **met**. [Reported in August 2018]

**Proposed Annual Goal:**

- By 2025, the percentage of target population served by regular route level of service for each market area will be:
  - Market Area 1 will be 100%
  - Market Area 2 will be 95%
  - Market Area 3 will be 70%

The percentage for each market area will be reported on an annual basis to determine if progress is being made toward the goals.

**COMMENT ON PERFORMANCE:**

Metro Area Public Transit utilization is measured by distinct market areas for regular route level of service. This measure estimates demand potential for all users of the regular route system. The market area is created based on analysis that shows the demand for regular route service is driven primarily by population density, automobile availability, employment density and intersection density (walkable distance to transit). This measure is based on industry standards incorporated into the Transportation Policy Plan's - Regional Transit Design Guidelines and Performance Standards. The Metro Area also provides non-regular route services in areas that are not suitable for regular routes, such as dial-a-ride transit. Policy Plan Guidelines/Standards <https://metro council.org/METC/files/63/6347e827-e9ce-4c44-adff-a6afd8b48106.pdf>

**TIMELINESS OF DATA:**

Data will be collected in January of each year. In order for this data to be reliable and valid, it will be reported four months after the end of the reporting period.



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**HEALTH CARE AND HEALTHY LIVING GOAL ONE:** By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care<sup>14</sup> focusing specifically on cervical cancer screening will increase by 833 people compared to the baseline. [Revised in March 2018]

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**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. [Reported in November 2018]

| 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.

**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.

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<sup>14</sup> Appropriate care will be measured by current clinical standards.

**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.

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**HEALTH CARE 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.

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**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. [Reported in November 2018]

| 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.

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#### **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**. [Reported in November 2018]

| 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.

| <b>Time period</b>      | <b>Number of adults with emergency department visit for non-traumatic dental care</b> | <b>Change from previous year</b> |
|-------------------------|---------------------------------------------------------------------------------------|----------------------------------|
| 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.

**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**

**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**. [Reported in November 2018]

| 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                                    |
| <b>2018 Annual (July 2017 – June 2018)</b> | <b>644 (unduplicated)</b>                         | <b>48</b>                             |
| 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:

DHS conducts further analysis regarding the number of individuals who experienced a restrictive procedure during the quarter. Each Quarterly Report includes the following information:

- The number of individuals who 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.
- The number of individuals who 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 External Program Review Committee 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 External Program Review Committee conducted outreach to providers in response to EUMR reports. It is anticipated 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. The impact of this work toward reducing the number of EUMR reports is tracked, monitored and reported in the quarterly 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.

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**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.

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#### 2018 Goal:

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

**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**. [Reported in November 2018]

| 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                                   |
| <b>2018 Annual (July 2017 – June 2018)</b> | <b>*3,739</b>          | <b>+ 156</b>                          |
| 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:**

DHS conducts further analysis regarding the reports of restrictive procedures during the quarter. Each Quarterly Report includes the following information:

- The number of reports 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 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 External Program Review Committee 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.
- The number of reports that involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). 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 External Program Review Committee provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee’s purview. 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.
- The number of uses of seclusion and the number of individuals involved.

**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<sup>ix</sup>, 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  $\leq 93$  reports and  $\leq 7$  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 (Behavior Intervention Reporting Form) BIRF reports of mechanical restraints involving 85 unique individuals.

**RESULTS:**

- (A) The 2018 goal to reduce to 185 reports was **not met**. [Reported in November 2018]
- (B) The 2018 goal to reduce to no more than 13 individuals was **met**. [Reported in November 2018]

| 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                                              |
| <b>2018 Annual ( July 2017 – June 2018)</b> | <b>*671</b>                                  | <b>13</b>                                       |
| 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.

DHS conducts further analysis regarding the number of reports of mechanical restraint and the number of individuals approved for the use of mechanical restraints and is included in each Quarterly Report.

#### **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.

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**POSITIVE SUPPORTS GOAL FOUR:** By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

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#### **2017 Goal**

- By June 30, 2017, the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.

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

#### **RESULTS:**

The 2017 goal was **not met**. [Reported in February 2018]

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

#### **ANALYSIS OF DATA:**

School districts reported that of the 151,407 students receiving special education services, restrictive procedures were used with 3,476 of those students (2.3%). This was an increase of 442 students from the previous year and an increase of 0.2 percent. The 2017 goal to reduce by 80 students was not met.

The actual number of reported special education students increased by 4,047 from the 2015-16 school year.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2016-17 has been reviewed and clarified as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2018 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2016-17 school year data. The legislative report is available at:

<http://education.state.mn.us/MDE/about/rule/leg/rpt/2018reports/>

2016-17 school year:

- Physical holds were used with 3,172 students, up from 2,743 students in 2015-2016.
- Seclusion was used with 976 students, up from 848 students in 2015-2016.
- Compared to the 2015-16 school year, the average number of physical holds per physically held student is 5.5, down from 5.7; the average number of uses of seclusion per secluded student was 7.3, down from 7.6; and the average number of restrictive procedures per restricted student was 7.0, down from 7.3.

While the number of students who have experienced the use of restrictive procedures has increased from the previous year, the percentage of students went up very slightly in 2016-17. This is due in part to better and more consistent data reporting by districts, and the increase in the number of students receiving special education services.

#### **COMMENT ON PERFORMANCE:**

- The MDE Restrictive Procedures Stakeholders Workgroup (2017 Workgroup) is focusing its attention on reducing the use of restrictive procedures, and specifically to eliminate the use of seclusion. Districts are requesting more tools to avoid the need for restrictive procedures.
- The 2017 Workgroup and MDE made significant progress in implementation of the 2016 statewide plan. See the 2018 legislative report for more details.
- The 2017 Workgroup and MDE continue to work toward ensuring the accuracy of data reporting for use in its development of improvement strategies.
- The 2017 Workgroup and MDE continue to work toward availability of mental health services across the state; and improving the capacity of school districts to provide professional development in support of progress toward this activity's annual goals.

#### **TIMELINESS OF DATA:**

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

**POSITIVE SUPPORTS GOAL FIVE:** By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

#### 2017 Goal

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

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

#### RESULTS:

The 2017 goal to reduce by 0.2 incidents per student was **met**. [Reported in February 2018]

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

#### ANALYSIS OF DATA:

During the 2016-17 school year there were 24,285 incidents of emergency use of restrictive procedures. There were 7.0 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. Although there was an increase of 2,257 incidents from the previous year, there was a decrease of 0.3 incidents per student. The 2017 goal to reduce by 0.2 incidents per student was met.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2016-17 has been reviewed and clarified as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2018 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2016-17 school year data. The report is available at: <http://education.state.mn.us/MDE/about/rule/leg/rpt/2018reports/>

#### 2016-17 school year:

- There were 24,285 restrictive procedures incidents. This was an increase of approximately 10.2 percent up from the 22,028 reported in 2015-16.
- There were 17,200 physical holds reported, up from 15,584 in 2015-16.
- There were 7,085 uses of seclusion, up from 6,425 in 2015-16.
- The total number of reported students with disabilities increased by 3,625 from 2015-16.



**COMMENT ON PERFORMANCE:**

- The MDE Restrictive Procedures Stakeholders Workgroup (2017 Workgroup) is focusing its attention on reducing the use of restrictive procedures, and specifically to eliminate the use of seclusion. Districts are requesting more tools to avoid the need for restrictive procedures.
- The 2017 Workgroup and MDE made significant progress in implementation of the 2016 statewide plan. See the 2018 legislative report for more details.
- The 2017 Workgroup and MDE continue to work toward ensuring the accuracy of data reporting for use in its development of improvement strategies.
- The 2017 Workgroup and MDE continue to work toward availability of mental health services across the state; and improving the capacity of school districts to provide professional development in support of progress toward this activity's annual goals.

**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.

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**CRISIS SERVICES GOAL ONE:** By June 30, 2018, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

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**2017 Goal**

- By June 30, 2017, the percent who remain in their community after a crisis will increase to 83%

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

**RESULTS:**

The 2017 goal was **not met**. [Reported in February 2018]

| Time period                                        | Total Episodes | Community            | Treatment   | Other      |
|----------------------------------------------------|----------------|----------------------|-------------|------------|
| Annual Goal (6 months data)<br>January – June 2016 | 1,318          | 1,100 (83.5%)        | 172 (13.2%) | 46 (3.5%)  |
| July – December 2016                               | 1,128          | 922 (81.7%)          | 142 (12.6%) | 64 (5.7%)  |
| January – June 2017                                | 1,521          | 1,196 (78.6%)        | 264 (17.4%) | 61 (4%)    |
| <b>Annual Total*</b><br>July 2016 – June 2017      | 2,653          | <b>2,120 (79.9%)</b> | 407 (15.3%) | 126 (4.8%) |

\*The Annual totals are greater than the sum of the two semi-annual reports. This is due to the late submission of four reports during the last reporting period.

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

**ANALYSIS OF DATA:**

From July 2016 to June 2017, of the 2,653 crisis episodes, the child remained in their community after the crisis 2,120 times or 79.9% of the time. This is slightly above the baseline. The annual goal of 83% was not met.

**COMMENT ON PERFORMANCE:**

There has been an overall increase in the number of episodes of children receiving mental health crisis services, with likely more children being seen by crisis teams. In particular the number of children receiving treatment services after their mental health crisis has increased by more than 30% since baseline and by almost 50% since December of 2016. While children remaining in the community after crisis is preferred, it is important for children to receive the level of care necessary to meet their needs at the time. DHS will continue to work with mobile crisis teams to identify training opportunities for serving children in crisis, and to support the teams as they continue to support more children with complex conditions and living situations.

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

Mobile crisis teams focus on minimizing disruption in the life of a child during a crisis. This is done by utilizing a child's natural supports the child already has in their home or community whenever possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with individuals with complex conditions/situations effectively.

**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.

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

#### 2017 Goal

- By June 30, 2017, the percent who remain in their community after a crisis will increase to 60%

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

#### RESULTS:

The 2017 goal was **not met**. [Reported in February 2018]

| Time period                                        | Total Episodes | Community     | Treatment     | Other         |
|----------------------------------------------------|----------------|---------------|---------------|---------------|
| Annual Goal (6 months data)<br>January – June 2016 | 5,436          | 3,136 (57.7%) | 1,492 (27.4%) | 808 (14.9%)   |
| July – December 2016                               | 5,554          | 3,066 (55.2%) | 1,657 (29.8%) | 831 (15.0%)   |
| January – June 2017                                | 5,263          | 2,778 (52.8%) | 1,785 (33.9%) | 700 (13.3%)   |
| Annual Total*<br>July 2016 – June 2017             | 10,825         | 5,848 (54.0%) | 3,444 (31.8%) | 1,533 (14.2%) |

\*The Annual totals are greater than the sum of the two semi-annual reports. This is due to the late submission of eight reports during the last reporting period.

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

#### ANALYSIS OF DATA:

From July 2016 to June 2017, of the 10,825 crisis episodes, the person remained in their community 5,848 times or 54% of the time. This is a decrease from the baseline. The 2017 goal was not met.

#### COMMENT ON PERFORMANCE:

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

Mobile crisis teams focus on minimizing disruption in the life of an adult during a crisis by utilizing the natural supports an individual already has in their home or community for support whenever possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with more complex clients/situations effectively.

**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.

**CRISIS SERVICES GOAL THREE:** By June 30, 2017, the number of people who discontinue waiver services after a crisis will decrease to 45 or fewer. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.) [Revised in February 2017]

**2017 Goal**

- By June 30, 2017, the number will decrease to no more than 45 people

**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 goal was **not met**. [Reported in February 2018]

| 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)                                                           |
|                                             |                                                                             |
| Quarter 1 (July – September 2016)           | 16 (duplicated)                                                             |
| Quarter 2 (October – December 2016)         | 10 (duplicated)                                                             |
| Quarter 3 (January – March 2017)            | 16 (duplicated)                                                             |
| Quarter 4 (April – June 2017)               | 18 (duplicated)                                                             |
| <b>Annual Total (July 2016 – June 2017)</b> | <b>62 (unduplicated)</b>                                                    |

**ANALYSIS OF DATA:**

From July 2016 – June 2017, the number of people who discontinued disability waiver services after a crisis was 62. The 2017 annual goal of 45 or fewer was not met. 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. The annual number reported represents an unduplicated count of people who discontinue disability waiver services after a crisis during the four quarters.

**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.

**TIMELINESS OF DATA:**

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

**CRISIS SERVICES GOAL 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**. [Reported in November 2018]

| 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<br>July 2014 – June 2015    | 13,786                   | 11,290<br>81.9%                                  | 893<br>6.5%   | 672<br>4.9%        | 517<br>3.7%               | 99<br>0.7%  | 315<br>2.3%                         |
| 2017 Annual Goal<br>July 2015 – June 2016 | 15,027                   | 11,809<br>78.6%                                  | 1,155<br>7.7% | 1,177<br>7.8%      | 468<br>3.1%               | 110<br>0.7% | 308<br>2.1%                         |
| 2018 Annual Goal<br>July 2016 – June 2017 | 15,237                   | 12,017<br>78.8%                                  | 1,015<br>6.9% | 1,158<br>7.6%      | 559<br>3.7%               | 115<br>0.8% | 338<br>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.

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**(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**. [Reported in November 2018]

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

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**CRISIS SERVICES GOAL FIVE:** By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

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#### **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<br>(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.

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**COMMUNITY ENGAGEMENT GOAL ONE:** By June 30, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members. [Revised March 2018]

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#### **2018 Goal**

- By June 30, 2018, the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet will increase to 184.

**Baseline:** Of the 3,070 members listed on the Secretary of State's Boards and Commissions website, 159 members (5%) self-identified as an individual with a disability. In 2017, the Community Engagement Workgroup and the Specialty Committee had 16 members with disabilities.

#### **RESULTS:**

The 2018 goal of 184 was met.

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

**ANALYSIS OF DATA:**

Of the 3,240 members listed on the Secretary of State's Boards and Commissions website, 171 members (approximately 5%) self-identify as an individual with a disability. In addition, 26 individuals on Olmstead Subcabinet workgroups (Community Engagement Workgroup and Preventing Abuse and Neglect Specialty Committee) self-identified as individuals with a disability. The 2018 goal to increase the number to 184 was met. While, the number of individuals on Boards and Commissions with a disability increased, the percentage of members with disabilities remained the same (at 5 percent).

The number of individuals may contain duplicates if a member participated in more than one group throughout the year. There may also be duplicates from year to year if an individual was a member of a group during the previous year and the current year.

**COMMENT ON PERFORMANCE:**

The Minnesota Department of Human Rights, the Olmstead Implementation Office (OIO) and the Governor's Office collaborated to engage in outreach and recruitment efforts in both the Metro area and Greater Minnesota. A project was initiated which included two types of sessions. The first included a series of five informational sessions held throughout the state with people of color and individuals with disabilities. The purpose was to help participants learn more about serving on Governor-appointed Boards and Councils and the process for applying for and receiving an appointment. The second type of session was a facilitated training session for members of Governor's appointed Boards and Commissions on strategies for creating more accessible and inclusive Boards and Councils.

The outcome of these efforts produced very small numbers of individuals with disabilities who attended the events and who subsequently applied for positions with Boards and Commissions. The number of individuals with disabilities appointed was extremely small. The collaborators agreed that new measures will be taken to strategically outreach and recruit people with disabilities. A revamped effort with regional forums will take place in October 2018. The planning session is currently underway for new series of targeted outreach activities. The events will obtain evaluation results and data will be analyzed for impact.

**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. Data is accessed through the Secretary of State's website.

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

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**2018 Goal** to increase the number of individuals involved in planning publicly funded projects:

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

**RESULTS:**

The 2018 goal to establish a baseline was **not met**.

**COMMENT ON PERFORMANCE:**

To achieve this goal of establishing a baseline and annual goals, the Olmstead Implementation Office (OIO) reviewed the 2017 bonding bills that were approved through legislation. It was determined that

the OIO would select one bonding bill to analyze and learn more about tracking the impact of the law and any engagement with people with disabilities. With this information, a baseline and annual goals would be established.

OIO identified the “accommodation for hard of hearing in state-funded capital projects” as the focus for this task. This law went into effect in January 2018.

After researching the project and meeting with a variety of experts in the area, OIO concluded that it is not possible to establish a baseline or maintain consistency with a tracking system. The findings to support this decision include:

- The law requires that commissioners or agency heads may only approve a contract for publicly funded capital improvement when it meets the conditions for accommodating hard of hearing.
- There is no requirement for this project or any bonding project to engage with people with disabilities or to track such engagement efforts.
- Because there is no requirement to track the engagement of individuals with disabilities in this process, there is no reliable or valid data available.

OIO will propose a new goal that focuses on engagement efforts with people with disabilities and the impact of those efforts. The new proposed goals and strategies are expected to be presented to the Subcabinet in December 2018.

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

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**RESULTS:**

The Olmstead Subcabinet reviewed and accepted the [Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities](#) on January 29, 2018. The Subcabinet directed that staff from DHS, MDH, MDE and OMHDD will review the report and identify the recommendations that can be implemented by adding and updating existing strategies and workplan items. Following Subcabinet approval of changes to strategies and workplans, The Subcabinet expects to work with members of the Specialty Committee and others to identify recommendations that might be best addressed through broader community action.

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

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**2018 GOAL:**

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

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

**RESULTS:**

The 2018 goal was **not met** (due to unreliable data). [Reported in August 2018]

**COMMENT ON PERFORMANCE:**

The strategy targeted in this measurable goal was to utilize data from the Minnesota hospitals to identify vulnerable individuals who had been the victim of abuse and neglect. This data would be used to identify patterns and geographic locations for targeted prevention strategies.

The Minnesota Department of Health (MDH) identified the codes used to identify cases of abuse or neglect associated with treatment provided by the hospitals. After analysis of the data, it was determined that this data source would not be valid or reliable for this purpose.

MDH is proposing a collaboration with DHS to determine which databases they maintain that could be used as a data source. The data would be utilized by MDH epidemiologists to identify patterns of abuse and neglect and geographic locations for targeted prevention strategies.

A new measurable goal, associated strategies, and a baseline will be proposed at the December, 2018 Subcabinet meeting. The intent is to describe trends across person, place and time and thus offer Minnesota a public health surveillance indicator.

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**PREVENTING ABUSE AND NEGLECT GOAL THREE:** By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

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**2017 Goal**

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

**RESULTS:**

The 2017 goal to establish a baseline was met. The annual goals previously established can remain unchanged. The baseline was incorporated into the March 2018 Olmstead Plan. The annual goals remained unchanged. [Reported in February 2018]

**BASELINE:**

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

| Time Period                      | Total Number of People | Number of Repeat Episode |
|----------------------------------|------------------------|--------------------------|
| Baseline (July 2015 - June 2016) | 2,835                  | 126 (4.4%)               |

**ANALYSIS OF DATA:**

From July 2015 – June 2016, 2835 people had a substantiated or inconclusive abuse or neglect episode. Of those people, 126 (4.44%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

Data is from reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center (MAARC) by mandated reporters and the public when a county was responsible for response. Maltreatment reports when DHS licensing or Minnesota Department of Health (MDH) were responsible for the investigation of an individual associated with a licensed provider involved are not included in this report.

**COMMENT ON PERFORMANCE:**

Counties have responsibility under the state's vulnerable adult reporting statute to assess and offer adult protective services to safeguard the welfare of adults who are vulnerable and have experienced maltreatment. The number of substantiated and inconclusive allegations is impacted by the number of maltreatment reports opened for investigation.

**TIMELINESS OF DATA:**

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



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**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.

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**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**. [Reported in November 2018]

| 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 the mid-year reviews completed by OIO Compliance staff.

### WORKPLAN ACTIVITIES

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

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

The summary of those reviews are below.

| Reporting period | Number of Workplan Activities |            |          |                      |                                                 |
|------------------|-------------------------------|------------|----------|----------------------|-------------------------------------------------|
|                  | Reviewed during time period   | Completed  | On Track | Reporting Exceptions | Exceptions requiring remedial Subcabinet action |
| November 2017    | 15                            | 14         | 0        | 1                    | 0                                               |
| December 2017    | 14                            | 14         | 0        | 0                    | 0                                               |
| 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                                               |
| <b>Totals</b>    | <b>231</b>                    | <b>221</b> | <b>5</b> | <b>5</b>             | <b>0</b>                                        |

### 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. ANALYSIS OF TRENDS AND RISK AREAS**

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

### **MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS**

For the third year, progress continues on people with disabilities moving from segregated settings into more integrated settings. Annual goals on movement from ICF/DD, nursing facilities, and other segregated settings were achieved. Goals for the timely movement from the AMRTC and MSH were not met.

People with disabilities are achieving competitive integrated employment in greater numbers. The number of students with developmental cognitive disabilities and people with disabilities in vocational programs funded by medical assistance both exceeded their annual goals to get people into competitive integrated employment.

These trends are being supported by changes in state processes such as annual review of services by Lead agencies. This process is now informed by person centered principles that are sensitive to the expressed desires of the individual about where they live and work and how services are provided.

At the federal level, changes to the home and community based services regulations and the Workforce Innovation and Opportunities Act have adopted person centered principles requiring individual choice for where people live and work. These changes will continue to positively influence people with disabilities opportunity to choose a more integrated life.

### **INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION**

Progress continued this year on people with disabilities accessing authorization to waiver services. The number of individuals with developmental disabilities authorized for waiver services at a reasonable pace continues to show improvement.

The ability of people with disabilities to access housing continues to improve. This year 1,263 individuals obtained housing or 96% of the annual goal.

Fewer people with disabilities are experiencing the use of emergency manual restraint. There was a reduction of 48 individuals which exceeded the annual goal of 46 individuals.

These positive achievements are important but more work is to be done. The following measurable goals have been targeted for improvement:

- 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 individuals living in integrated housing.

- Lifelong Learning and Education Goal Two to increase the number of students with disabilities enrolling in an integrated postsecondary education setting.
- Crisis Services Goals One and Two to increase the percent of children and adults who remain in the community after a mental health crisis.
- Crisis Services Goal Four A to increase the percent of people housed five months after being discharged from the hospital

These areas have been highlighted for the agencies and the Subcabinet as areas in need of increased monitoring. Each agency has identified plans bring each goal into the specified performance criteria.

## **VIII. POTENTIAL AMENDMENTS TO THE PLAN**

The Olmstead Subcabinet is engaged in the Plan review and amendment process. Agencies have developed a number of potential amendments to the measurable goals. Initial draft potential plan amendments are attached hereto as an Addendum in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet will begin obtaining public comment on the draft amendments on December 20, 2018 and the attached drafts are subject to change.

In addition to the measurable goal amendments attached hereto, there will be additional proposed changes to the Introduction and Background Information and Plan Management and Oversight sections, and supporting descriptions of the measurable goals. Public comment to the full proposed Plan will be sought throughout March. After the proposed amendments are finalized and approved by the Subcabinet, final amendments will be reported to the Court on or before March 31, 2019.



## ENDNOTES

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<sup>i</sup> 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.

<sup>ii</sup> Goals that are in process include goals that have not yet reached the annual goal date, and goals that have not been reported on to date. On track and not on track designations are not included in the table as they indicate progress on annual goals to be reported on in 2019.

<sup>iii</sup> 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.

<sup>iv</sup> 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.

<sup>v</sup> 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.

<sup>vi</sup> 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.

<sup>vii</sup> "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

<sup>viii</sup> "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

<sup>ix</sup> Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.

<sup>x</sup> All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the annual workplan review and adjustment process.

## **ADDENDUM**

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# **Addendum to Annual Report on Olmstead Plan Implementation**

## **Draft Potential Amendments to Measurable Goals**

December 17, 2018

This addendum includes the draft potential amendments to Olmstead Plan measurable goals and strategies being proposed by the Olmstead Subcabinet agencies.

The Olmstead Subcabinet reviewed these amendments on December 17, 2018. These draft potential amendments are being included with the Annual Report in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet will begin obtaining public comment on these draft amendments on December 20, 2018 and these amendments are subject to change.

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

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## HOUSING AND SERVICES GOAL ONE (page 48 of Plan)

### REASON FOR CHANGE

The measure used to report progress on Housing and Services Goal One includes data on housing achieved through the Bridges rental assistance program. While preparing the numbers for the November 2018 Quarterly Report, an issue was detected in how the outcomes were being reported. All previously reported numbers dating back to 2014 were recalculated using the new method. The baseline was recalculated using the same methodology and needs to be incorporated into the Plan.

**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 5,569 5,547 (from 5,995 6,017 to 11,564 or about a 92% increase).**

Baseline: In State Fiscal Year 2014, there were an estimated 38,079 people living in segregated settings.<sup>1</sup> Over the last 10 years, 5,995 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.<sup>2</sup>

**Annual Goals** to increase the number of individuals living in the most integrated housing with a signed lease:

- ~~• By June 30, 2015, there will be an increase of 617 over baseline to 6,634 (about 10% increase)~~
- ~~• By June 30, 2016, there will be an increase of 1,580 over baseline to 7,597 (about 26% increase)~~
- ~~• By June 30, 2017, there will be an increase of 2,638 over baseline to 8,655 (about 44% increase)~~
- ~~• By June 30, 2018, there will be an increase of 4,009 over baseline to 10,026 (about 67% increase)~~
- By June 30, 2019, there will be an increase of 5,569 5,547 over baseline to 11,564 (about a 92% increase)

### NO PROPOSED CHANGES TO STRATEGIES

<sup>1</sup> Based on "[A Demographic Analysis, Segregated Settings Counts, Targets and Timelines Report](#)" and information from ICFs/DD and Nursing Facilities.

<sup>2</sup> The programs that help pay for housing included in this measure are: Group Residential Housing (three setting types which require signed leases), Minnesota Supplemental Aid Housing Assistance, Section 811, and Bridges.



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## LIFELONG LEARNING AND EDUCATION GOAL ONE (page 58 of Plan)

### REASON FOR CHANGE

The number of students with disabilities varies each year. Reporting by the number of students does not accurately reflect performance. Changing the goal to a percentage allows for fluctuations in the total number of students with disabilities. The number of students with disabilities receiving instruction in the most integrated setting will continue to be reported to the Subcabinet.

**Goal One: By December 1, ~~2021~~2019 the percentage number of students with disabilities<sup>3</sup>, receiving instruction in the most integrated setting<sup>4</sup>, will increase to 63% by 1,500 (from 67,917 to 69,417).**

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.1%) received instruction in the most integrated setting.

**Annual Goals** to increase the percentage number of students with disabilities receiving instruction in the most integrated settings:

- ~~• By December 1, 2015 there will be an increase of 300 over baseline to 68,217~~
- ~~• By December 1, 2016 there will be an increase of 600 over baseline to 68,517~~
- ~~• By December 1, 2017 there will be an increase of 900 over baseline to 68,817~~
- ~~• By December 1, 2018 there will be an increase of 1,200 over baseline to 69,117~~
- ~~• By December 1, 2019 there will be an increase of 1,500 over baseline to 69,417~~
- By December 1, 2019 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 62.5%.
- By December 1, 2020 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 62.75%.
- By December 1, 2021 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 63%.

### NO PROPOSED CHANGES TO STRATEGIES

<sup>3</sup> "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

<sup>4</sup> "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

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## LIFELONG LEARNING AND EDUCATION GOAL TWO (page 58 of Plan)

### REASON FOR CHANGE

The number of students with disabilities varies each year. Reporting by the number of students does not accurately reflect performance. Changing the goal to a percentage allows for fluctuations in the total number of students with disabilities. The number of students with disabilities enrolling in an integrated postsecondary education setting will continue to be reported to the Subcabinet. A strategy is being added to support progress on the goal.

**Goal Two:** By June 30, 2020 the percentage number of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 36% by 492 (from the 2016 baseline of 31% 2,107 to 2,599).

Baseline: Based on 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDs), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,107 (31%) enrolled in the fall of 2014 into an integrated postsecondary institution.

**Annual Goals** to increase the percentage number of students with disabilities enrolling in an integrated postsecondary education setting in the fall after graduating are:

- ~~• By June 30, 2018, the number will increase to 2,337~~
- By June 30, 2019, the percentage number will increase to 35% 2,467
- By June 30, 2020, the percentage number will increase to 36% 2,599

### PROPOSED CHANGES TO STRATEGIES

#### Goal Two

#### Increase the Number of Students with Disabilities Pursuing Post-Secondary Education

- Utilize the "Postsecondary Resource Guide-Successfully Preparing Students with Disabilities." This resource guide and training modules provide regional technical assistance to IEP teams including youth and families, to increase the number of students with disabilities who enter into integrated, postsecondary settings.
- MDE will continue working with the National Secondary Transition Technical Assistance Center (NSTTAC) to provide regional capacity building training for the purpose of increasing the number of students with disabilities who are in a postsecondary education setting by 2020.
- For school year 2017-18, MDE staff collaborated with three 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 the Normandale Community College website at <http://www.normandale.edu/osdresources>.

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## LIFELONG LEARNING AND EDUCATION GOAL THREE (page 59 of Plan)

### REASON FOR CHANGE

Based on lessons learned during the initial year of plan implementation, amendments are being proposed to expand the measures for the goal. The measures will report the number of school districts being trained on active consideration of assistive technology and the number of students potentially impacted by that training. In addition to reporting on these measures, strategies have been added to analyze the data collected to determine the impact of the school district trainings.

**Goal Three: By June 30, 2020, ~~96% of students with disabilities in 31 target school districts~~ will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. ~~The framework to measure a~~Active consideration ~~will be is~~ based upon the "special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.**

There are two measures for this goal:

#### (A) School districts trained in active consideration

Baseline: From December 2016 to December 2018, fifteen school districts have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting.

Annual Goals to increase the number of school districts that completed MDE training in active consideration of assistive technology (AT):

- By June 30, 2019, the number of school districts that completed AT training will increase to 21.
- By June 30, 2020, the number of school districts that completed AT training will increase to 31.

#### (B) Students with disabilities in districts trained in active consideration

Baseline: From December 2016 to December 2018, 11.1% (15,106 of 136,245) of students with disabilities statewide (K-12) are served in school districts that have completed MDE training in active consideration of AT during the student's annual individualized education program (IEP) team meeting to ensure education in the most integrated setting.<sup>5</sup>

Annual Goals to increase the percentage of students with disabilities statewide in school districts that have completed training in active consideration of assistive technology during their annual IEP team meeting.

- By June 30, 2019, the percentage of students with disabilities in school districts that have completed MDE training will increase to 15%.
- By June 30, 2020, the percentage of students with disabilities in school districts that have completed MDE training will increase to 20%.

<sup>5</sup> Source: MDE 2017 Child Count data for trained school districts and the state total, not including intermediate school districts and educational cooperatives.



~~Baseline: From October – December 2016, of the 28 students with IEPs, 26 (92.8%) had active consideration of assistive technology in their IEP.~~

~~Annual Goals to increase the percent of students who have active consideration of assistive technology during their annual IEP team meeting:~~

- ~~• By June 30, 2018, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 94%~~
- ~~• By June 30, 2019, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 95%.~~
- ~~• By June 30, 2020, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 96%~~

## **PROPOSED CHANGES TO STRATEGIES**

### **Goal Three**

#### **Expand Effectiveness of Assistive Technology Teams Project**

- Continue to host AT Teams Projects, designed to support school district AT Teams in providing services that are in alignment with legal standard and best practices in AT. Target districts for this goal will be AT Teams Project participants. There are currently 31 school districts actively participating in the AT Teams Project.
- Develop protocols for consideration of AT that includes documentation to record the four potential outcomes and to demonstrate that AT consideration was effective.
- Each target district will gather baseline data on the outcome of consideration of AT for the students on whose IEP team they serve. A matrix of potential determinations will be provided to each team member, which will then be provided to MDE as part of the team's agreement for participation in the AT Teams Project.
- It is a best practice to document the decision making process used to consider the student's need for assistive technology. For example a statement regarding the discussion of assistive technology needs may be documented in the minutes of the IEP meeting and may be included in other components of the IEP.
- MDE will develop an implementation fidelity and scale-up measures to evaluate the extent to which school districts apply MDE training for active consideration of AT in individualized education program (IEP) meetings. This data will be used to evaluate implementation and impact in school districts for students with disabilities.

#### **Analyze Data to Determine Impact of Training on Active Consideration**

- Compare the percentages of students with disabilities educated in the most integrated setting (ED 1) of school districts completing MDE training, compared to their own previous annual percentages, to measure impact of training within the school district.
- Compare the percentages of students with disabilities educated in the most integrated setting (ED 1) of school districts completing MDE training, compared to all other school districts, to measure impact of training within the school district and in annual state data,
- Annually review the effectiveness of current MDE training strategies for school districts to use active consideration of assistive technology as a strategy for ensuring the education of students with disabilities in the most integrated setting (ED 1).
- Develop alternative measures to evaluate the impact of AT training for students with disabilities who may remain in the same instructional setting, but may experience quality of life improvements as a result of the school district completing AT training.

## TRANSPORTATION GOAL ONE (page 68 of Plan)

### REASON FOR CHANGE

Based on the data reported for Calendar Year 2016, the 2020 overall goal has been achieved. Because the goal has been exceeded, new targets are being set.

**Goal One: By December 31, 2020, accessibility improvements will be made to: (A) ~~6,600~~ 4,200 curb ramps (increase from base of 19% to ~~49%~~ 38%); (B) ~~380~~ 250 accessible pedestrian signals (increase from base of 10% to ~~70%~~ 50%); and (C) by October 31, 2021, improvements will be made to ~~55~~ 30 miles of sidewalks (~~increase from base of 46% to 60%~~).**

#### (A) Curb Ramps

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

- By December 31, 2020 accessibility improvements will be made to ~~an additional 6,600~~ 4,200 curb ramps<sup>6</sup> bringing the percentage of compliant ramps to approximately ~~49%~~ 38%.

#### (B) Accessible Pedestrian Signals

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

- By December 31, ~~2020~~ 2019, an additional ~~380~~ 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to ~~70%~~ 50%.

#### ~~Annual Goals to increase the number of APS installations:~~

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

#### (C) Sidewalks

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

- By October 31, 2021 improvements will be made to an additional ~~55~~ 30 miles of sidewalks bringing total system compliance to 60%.

#### ~~Annual Goals to improve sidewalks:~~

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

<sup>6</sup> ADA Title II Requirements for curb ramps at [www.fhwa.dot.gov/civilrights/programs/doj\\_fhwa\\_ta\\_glossary.cfm](http://www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm)

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

#### **NO PROPOSED CHANGES TO STRATEGIES**

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## TRANSPORTATION GOAL FIVE (page 70 of Plan)

### REASON FOR CHANGE

Transportation Goal Five was adopted in the March 2018 Revised Olmstead Plan provides that by April 30, 2018, annual goals will be established. The annual goal below was reviewed and approved by the Subcabinet at the August 27, 2018 meeting. The annual goal need to be incorporated into the Plan.

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

Baseline: The percentage of target population served by regular route level of service for each market area is as follows: Market Area 1 = 95%; Market Area 2 = 91%; and Market Area 3 = 67%. <sup>7</sup>

- ◆ ~~By April 30, 2018, annual goals will be established.~~
- ◆ By 2025, the percentage of target population served by regular route level of service for each market area will be:
  - Market Area 1 will be 100%
  - Market Area 2 will be 95%
  - Market Area 3 will be 70%

The percentage for each market area will be reported on an annual basis to determine if progress is being made toward the goals.

### NO PROPOSED CHANGES TO STRATEGIES

<sup>7</sup> **Transit Market Area I** has the highest density of population, employment and lowest automobile availability in the region. These are typically Urban Center communities and has the highest potential for transit ridership in the region.

**Transit Market Area II** has high to moderately high population and employment densities. Much of this area is categorized as Urban but has approximately half the ridership potential of TMA I.

**Transit Market Area III** has moderate density. These areas are typically Urban with large portions of Suburban and Suburban Edge communities and has approximately half the ridership potential of TMA II.

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**POSITIVE SUPPORTS GOAL THREE** (page 80 of Plan)**REASON FOR CHANGE**

The goal to reduce the number of individuals approved for emergency use of mechanical restraint essentially acts as a quota. While the number of individuals is not expected to increase, it may never reach zero because new people continue to enter the system. It is expected that the number will remain low. However, an actual number cannot be assigned as a goal as it substitutes for the judgment of the clinicians that serve on the External Program Review Committee (the body that considers requests for emergency use of procedures) and the commissioner's delegated decision maker on those requests. Instead of evaluating individual needs on a case-by-case basis, the Department is put in the position of either disregarding the best interests of the individual or failing to meet the goal.

This goal also includes a measure of the number of reports of mechanical restraint. Both the number of reports and the number of individuals approved have been drastically reduced since the implementation of the Olmstead Plan. At this point, the agency suggests that the measure based on the number of individuals approved for emergency use of mechanical restraint be deleted and continue only the measure to decrease the number of reports of mechanical restraint.

**Goal Three: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544<sup>8</sup>, 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)  $\leq 93$  reports; and (B)  $\leq 7$  individuals.**

Baseline: In SFY 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

**Annual Goals to reduce the use of mechanical restraints:**

- ~~By June 30, 2015, reduce mechanical restraints to no more than~~  
~~(A) 461 reports of mechanical restraint~~  
~~(B) 31 individuals approved for emergency use of mechanical restraint~~
- ~~By June 30, 2016, reduce mechanical restraints to no more than~~  
~~(A) 369 reports of mechanical restraint~~  
~~(B) 25 individuals approved for emergency use of a mechanical restraint~~
- ~~By June 30, 2017, reduce mechanical restraints to no more than~~  
~~(A) 277 reports of mechanical restraint~~  
~~(B) 19 individuals approved for emergency use of a mechanical restraint~~
- ~~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 a mechanical restraint~~
- By June 30, 2019, reduce mechanical restraints to no more than  
 (A) 93 reports of mechanical restraint  
 (B) 7 individuals approved for emergency use of a mechanical restraint

<sup>8</sup> Minnesota Security Hospital (MSH) is governed by the Positive Supports Rule when serving people with a developmental disability.



**NO PROPOSED CHANGES TO STRATEGIES**

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## POSITIVE SUPPORTS GOAL FOUR/FIVE (pages 80-81 of Plan)

### REASON FOR CHANGE

MDE is proposing to add new strategies to improve progress in achieving Positive Supports Goals Four and Five. Amendments are based upon lessons learned during the initial plan implementation, including information gathered through the restrictive procedures workgroup.

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

**Goal Five: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.**

### PROPOSED CHANGES TO STRATEGIES

#### Reduce the Use of Restrictive Procedures in Working with People with Disabilities

- Monitor data systems that: (1) assess progress in the reduction of the emergency use of restrictive procedures; (2) assess the number of individuals experiencing restrictive procedures and the number of incidents or applications of restrictive procedures; and (3) to identify situations to be targeted for technical assistance.
- MDE will improve data reporting tools for improved data quality.
- Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints that are used to prevent imminent risk of serious injury due to self-injurious behaviors. The external review committee provides oversight and technical assistance.
- Publish annual reports on the progress in reducing the use of restrictive procedures and recommendations.
- Work with the Department of Health to evaluate opportunities to coordinate tracking with DHS and reduce use of restrictive procedures for people with disabilities in MDH-licensed facilities.
- Continue to implement MDE's Statewide Plan to Reduce the Use of Restrictive Procedures and Eliminate the Use of Prone Restraint. (Statewide Plan) If the legislature acts to eliminate the use of seclusion in schools, MDE will adjust goals four and five as needed to reflect the changes.
- MDE will document progress in Statewide Plan implementation and summarize restrictive procedure data in the annual legislative report submitted February 1 of each year. MDE will track individual uses of seclusion on students receiving special education services by requiring districts to submit individual incident reports of each use of seclusion. These reports will assist MDE and the Restrictive Procedures Work Group in identifying areas of concern and developing strategies for eliminating the use of seclusion.
- In alignment with the statewide plan, MDE will identify and recruit districts with the highest per capita use of physical holds and seclusion to partner with MDE to develop a district level team and conduct a district readiness assessment to initiate implementation of evidence-based practices that match the district's needs in an active implementation framework.

- Restrictive procedures may only be used in the school setting in an emergency, by licensed professionals, who have received training which includes positive behavioral interventions, de-escalation, alternatives to restrictive procedures, and impacts of physical holding and seclusion.
- MDE will provide evidence-based strategies to use with students with disabilities who have significant needs that result in self-injurious or physically aggressive behaviors.
- MDE will collaborate with DHS to expand the list of effective evidence-based strategies for districts to use to increase staff capacity and reduce the use of restrictive procedures.

#### **Reduce the Use of Seclusion in Educational Settings**

- Engage the Restrictive Procedures Work Group<sup>9</sup> at least annually to review restrictive procedure data, review progress in implementation of the Statewide Plan, and discuss further implementation efforts and revise the Statewide Plan as necessary.
- Engage the Restrictive Procedures Work Group to make recommendations to MDE and the 2016 legislature on how to eliminate the use of seclusion in schools on students receiving special education services and modify the Statewide Plan to reflect those recommendations. The recommendations shall include the funding, resources, and time needed to safely and effectively transition to a complete elimination of the use of seclusion on students receiving special education services.
- MDE has hired a consultant to facilitate the Restrictive Procedures Stakeholder Work Group meetings beginning in December of 2018 for increased stakeholder engagement in recommending to the Commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures.

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<sup>9</sup> Statute 125A.0942 states the Commissioner of MDE must consult with interested stakeholders, including representatives of advocacy organizations, special education directors, teachers, paraprofessionals, intermediate school districts, school boards, day treatment providers, county social services, state human services staff, mental health professionals, and autism experts.

### CRISIS SERVICES GOAL THREE (page 86 of Plan)

#### REASON FOR CHANGE

DHS is proposing to remove the goal. The reporting period has ended. Throughout the reporting of this goal, comments on performance have indicated that the majority of people have reopened on waived services and the remaining individuals are moving into a setting appropriate to their situation. DHS will continue to monitor this measure and annually report the information to the Subcabinet.

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~~Goal Three: By June 30, 2017, the number of people who discontinue waiver services after a crisis will decrease to 45 people 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);~~

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

- ~~• By June 30, 2015, the number will decrease to no more than 60 people.~~
- ~~• By June 30, 2016, the number will decrease to no more than 55 people.~~
- ~~• By June 30, 2017, the number will decrease to no more than 45 people.~~

DRAFT



## COMMUNITY ENGAGEMENT GOAL TWO/THREE (page 92 of Plan)

### REASON FOR CHANGE

As reported in the August 2018 Quarterly Report, OIO concluded that it is not possible to establish a baseline or maintain consistency with a tracking system to measure the existing goal. Two new goals are being proposed to replace Goal Two.

~~Goal Two: By June 30, 2020, the number of individuals with disabilities involved in planning publicly funded projects identified through bonding bills will increase by 5% over baseline.~~

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

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

### Goal Two

- By March 31, 2020, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities will increase by 5% over baseline.
- By April 30, 2019, a baseline will be established using 2018-2019 Public Input opportunities data.

### Goal Three

- By December 31, 2021, the number of engagement activities for Olmstead Plan's measurable goals that are evaluated utilizing the Civic Engagement Evaluation Framework will increase by 5% over baseline.
- By December 31, 2019, a baseline will be established.



DRAFT

## PREVENTING ABUSE AND NEGLECT GOAL TWO (page 94 of Plan)

### REASON FOR CHANGE

During the first year of implementation, it was determined that the data source being used contained some unexplained inconsistencies. Analysis of the data showed intermittent reporting from hospitals across the state. As a result, MDH staff began training hospital staff to improve identification and reporting of abuse and neglect of vulnerable individuals. The new goal is being expanded to include gathering data from other medical settings other than emergency rooms and hospitals in order to provide a more complete picture of reporting of abuse and neglect in health care settings.

New strategies are being added to analyze and validate claims data and to continue training hospital and medical clinic staff to improve consistent and timely reporting.

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**Goal Two: By January 31, 2020, the number of ~~emergency room (ER) visits and hospitalizations cases~~ of vulnerable individuals ~~being treated~~ due to abuse and neglect will decrease by ~~30%~~ 50% compared to baseline.**

There are two measures for this goal:

#### (A) Emergency room visits and hospitalizations

Annual Goals to decrease number of emergency room visits and hospitalizations due to abuse and neglect

- By April 30, 2019, establish a baseline
- By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2021, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 20% compared to baseline
- By January 31, 2022, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline

#### (B) Medical treatment(s) other than emergency room or hospital

Annual Goals to decrease number of medical treatments other than emergency room visits and hospitalizations due to abuse and neglect

- By April 30, 2019, establish a baseline
- By January 31, 2020, the number of medical treatments due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2021, the number of medical treatments due to abuse and neglect will be reduced by 20% compared to baseline
- By January 31, 2022, the number of medical treatments due to abuse and neglect will be reduced by 30% compared to baseline

**Baseline:**

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

~~Annual Goals to reduce the number of ER visits and hospitalizations due to abuse and neglect:~~

- ~~• By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline~~
- ~~• By January 31, 2019, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline~~
- ~~• By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 50% compared to baseline~~

**PROPOSED CHANGES TO STRATEGIES**

**Goal Two**

**Use Data to Identify Victims and Target Prevention**

- Analyze MHA data on vulnerable individuals who have been the victim of abuse and neglect.
- Analyze provider claims data and validate data from the electronic health records.
- Continue to train hospital and clinic-based health information management staff charged with coding clinicians' notes in order to improve accuracy of codes assigned.
- Identify patterns and geographic areas for targeted prevention efforts.

**Monitor and Improve Accountability of Providers**

- Report semi-annually~~quarterly~~ to the Olmstead Subcabinet the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities that document failure to report abuse, neglect and other maltreatment. Also included will be the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required by Minnesota Statute 626.557 subd.14 (b).

## PREVENTING ABUSE AND NEGLECT GOAL FOUR (page 95 of Plan)

### REASON FOR CHANGE

Amendment of this goal is proposed based upon lessons learned during the initial year of plan implementation, specifically the importance of:

- Incorporating determinations rather than allegations into the metric in order to use the true incidence of maltreatment as a continuous improvement measure.
- Having the primary and annual measure be the number of students with disabilities identified as victims in determinations of maltreatment in order use the true incidence of maltreatment as a continuous improvement measure, and for that measure to be as directly related to impact on children with disabilities as possible. Patterns of determinations in school districts and buildings continues to be valuable in analysis and root cause determinations, and will continue to be a component of data analysis for this goal and reporting to the Olmstead Subcabinet.
- Using an annual measure that reviews statewide data on the number of students with disabilities each year as a measure of progress, while still analyzing cumulative data to identify schools and specific issues with a multi-year pattern of needing MDE training and technical assistance.
- Using an annual measure of the number of students with disabilities in determinations of maltreatment rather than the state percentage of students with disabilities because the latter percentage would be too small for meaningful communication of the impact on identified students, as well as strategies and progress for this goal.

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

Baseline: From July 2015 to June 2016, there were 20 students with a disability statewide identified as victims in determinations of maltreatment.

**Annual Goals:** to reduce the number of students with disabilities statewide identified as victims in determinations of maltreatment:

• By July 31, 2019, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 19 students.

• By July 31, 2020, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10% from baseline to 18 students.

Annual reporting to the Subcabinet of number of students with disabilities identified as victims in determinations of maltreatment will also include explanation of this number as a percentage of the state population of students with disabilities, and in relation to the number of reports received by MDE annually.



**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.~~

~~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:~~

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

- ~~• By July 31, 2018, the number of identified schools and students will decrease by 10% from baseline~~
- ~~• By July 31, 2019, the number of identified schools and students will decrease by 25% from baseline~~
- ~~• By July 31, 2020, the number of identified schools and students will decrease by 50% from baseline~~

## PROPOSED CHANGES TO STRATEGIES

### Goal Four

#### Utilize School Tracking Database

- Utilize database to track and identify schools that have multiple investigations of alleged maltreatment of students with a disability in order to provide those schools with focused MDE training and technical assistance. The number of schools in this category will continue to be annually reported to the Olmstead Subcabinet in a data table.

#### Continue and Expand Training for School Personnel

- ~~• Continue the expansion of the MDE approved School Wide PBIS system to include schools that demonstrate a higher number of reports of alleged maltreatment of students.~~
- Provide targeted MDE technical assistance, training, and support to schools through:
  - Annual training for schools on child maltreatment and mandated reporting requirements, PBIS, restrictive procedures, and discipline.
  - Development of web based trainings and informational materials on relevant topic areas (mandated reporting, child maltreatment, PBIS, etc.) to distribute to schools and incorporate into school/staff development trainings.

#### Improve School Accountability for Training

- Collect annual verification from school districts indicating all school employees have been trained on mandated reporter duties and protections from retaliation when a report is made in good faith. Targeted MDE technical assistance and training will be provided to schools that cannot provide annual verification.

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

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 Annual Report on Olmstead Plan Implementation, December 17, 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

December 19, 2018

Subscribed and sworn to before me on

19<sup>th</sup> day, December, 2018

  
NOTARY PUBLIC