



Minnesota Olmstead Subcabinet

February 12, 2016

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

Re: Proposed Compliance Evaluation, Verification and Oversight of the Minnesota Olmstead Plan

Dear Judge Frank:

Thank you for the opportunity to work with Magistrate Judge Thorson to develop the following proposal for Compliance, Evaluation, Verification and Oversight of Minnesota's Olmstead Plan.

The September 29, 2015 Court order approving the Minnesota Olmstead Plan includes the following language:

"3. The Court reserves the right to exercise its continuing jurisdiction with respect to the revised *Olmstead* Plan to ensure that compliance with the Settlement Agreement is verified going forward. This paragraph contemplates that the Court will continue to carry out its oversight responsibility to oversee the State's efforts in following through with the significant commitments it has made." (Page 15 - Court Order)

The purpose of this letter is to set forth the procedures that the Olmstead Implementation Office (OIO), under the guidance of the Olmstead Subcabinet, intends to use in carrying out its role of quality assurance and accountability, including compliance evaluation, verification and oversight. We discussed the proposed oversight process and reporting format with the Court at the mediation session on October 26, 2015. We have revised the proposed oversight process and reporting format based on those discussions and subsequent discussions with Magistrate Judge Thorson. This letter and its attachments replace the letter and proposal for reporting filed with the court on November 12, 2015.

The approved Olmstead Plan contains the following language about reports to the public and to the Court:

"The Subcabinet will provide periodic written reports to the public detailing progress on the measurable goals. These reports will also be provided to the Court by the Department of Human Services while the implementation of the Plan remains under the jurisdiction of the Court." (Page 96 - Olmstead Plan)

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Oversight Process

The following provides an outline of the evaluation, verification and oversight process that the Subcabinet proposes to utilize in monitoring the results achieved toward the measurable goals.

- OIO Compliance staff will publish an annual schedule for reporting of results achieved toward the measurable goals. (See Attachment A – Proposed OIO Compliance Review and Reporting schedule for 2015-2016 and Attachment B – Quarterly Reporting Schedule for Olmstead Plan Measurable Goals)
- OIO Compliance staff will establish a report format for agencies to report measurable goal results.
- Based upon this schedule and using the report format, agencies will provide performance data and information on measurable goal results to OIO Compliance staff.
- Each agency will define and use an internal compliance monitoring and verification process to ensure reporting is accurate, complete and verifiable.
- OIO Compliance staff will on a quarterly basis:
 - Monitor and verify accuracy, completeness and timeliness of data and information reported;
 - Analyze data for trends and risk areas;
 - Work with agency sponsors/leads to prepare for Subcabinet meetings when results are presented; and
 - Follow up with agency sponsors/leads on corrective actions as directed by the Subcabinet and summarize the remedial actions taken in a subsequent report.
- OIO Compliance staff will develop a verification process that will include unannounced verification of measurable goals.
- OIO Compliance staff will prepare quarterly status reports for submission to the Subcabinet. (See Attachment C for a draft of the Olmstead Plan Quarterly Report on Measurable Goals template)
- Any actions taken by the Subcabinet relating to the measurable goals will be documented and attached to the quarterly reports.
- Additionally, OIO Compliance staff will complete a mid-year review of all measurable goals that are reported on an annual basis to monitor progress, verify accuracy, completeness and timeliness, and identify risk areas. The OIO Compliance staff will report any concerns identified through these reviews to the Subcabinet. Commentary or corrective actions as directed by the Subcabinet will be included in the quarterly report following the action. (Attachment B includes the schedule for mid-year reviews)
- Upon review and acceptance of the quarterly status reports by the Subcabinet, the report will be made available to the public and the Department of Human Services will submit the report to the Court.

Annual Report on Olmstead Plan Implementation

- OIO Compliance staff will prepare an annual report to the Subcabinet summarizing overall annual measurable goal results, analysis of trends and risk areas. Each Annual Report will also include any potential amendments to the Olmstead Plan to be considered by the Subcabinet. The Annual Report will cover the time period of October 1st – September 30th. The Subcabinet will review and approve the report in December of each year. The report will be made available to the public and the Department of Human Services will submit the report to the Court by December 31st of each year. (See Attachment D for a draft of the Olmstead Plan Annual Report template)

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Updating and Extending the Olmstead Plan

- As part of the annual review process outlined in the approved Olmstead Plan, the Subcabinet agencies and the OIO will be given the opportunity to propose amendments to the Olmstead Plan that are for good cause. As part of the process for proposing amendments, the agencies and the OIO will describe the processes they used for engaging with individuals with disabilities, families and advocates in formulating the amendments. The OIO Compliance staff will prepare a report on the proposed amendments for review by the Subcabinet, including a summary of how input from people with disabilities, families, and advocates was taken into account in formulating the amendments. Based on the recommendations, the Subcabinet will take action to approve a set of proposed amendments to the Olmstead Plan, which will be posted for review by the public and the Court, and will allow for a specific public comment period of at least 30 days. Following the comment period, the Subcabinet will consider whether any changes to the proposed amendments are warranted based on public comments. Any subsequent changes to the proposed amendments will be posted for a brief public review period prior to adoption of the amendments to the Plan by the Subcabinet. Once adopted by the Subcabinet, the Department of Human Services will submit the amendments to the Court while the implementation of the Plan remains under the jurisdiction of the Court.

Establishing Measurable Goals in the Areas of Assistive Technology and Prevention of Abuse and Neglect

The Subcabinet proposes the following timeline for the establishment of the measurable goals for Assistive Technology and Prevention of Abuse and Neglect:

- The first draft of measurable goals were submitted to the OIO Compliance staff in early December 2015.
- OIO will work with the agencies to get the measurable goals in the final format to be submitted to the Court for mediation in February 2016.
- Once the proposed measurable goals are agreed to in mediation, the Subcabinet Executive Committee will approve the draft goals.
- The proposed measurable goals will be posted for public comment.
- The measurable goals will be reviewed and approved by the Subcabinet at the March 28, 2016 Subcabinet meeting.
- The approved measurable goals will be submitted by the Department of Human Services to the Court by March 31, 2016.
- Once the goals are approved by the Subcabinet, the agencies will develop workplans for the new goals and submit them to OIO by April 28, 2016.
- OIO will work with the agencies to get the workplans in the final format to be reviewed and approved by the Subcabinet at the May 23, 2016 meeting.
- The approved workplans will be submitted by the Department of Human Services to the Court by May 31, 2016.

Quarterly Reporting on Measurable Goal Results

We recognize that there are several existing Court orders that address reporting issues that will need to be reconciled as the Court and the parties agree on reporting frequency and content for future reporting on the Olmstead Plan. These include:

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On January 22, 2014 the Court directed the Subcabinet to report progress “on a 60-day report system.” (Page 4 – Court Order)

On September 18, 2014, the court ordered:

“Reports to the Court must be accurate, complete, and verifiable. The Court requires the State to report on the following: (1) the number of people who have moved from segregated settings into more integrated settings; (2) the number of people who are no longer on the waiting list; and (3) the quality of life measures. With respect to the first inquiry, any calculation must consider admissions, readmissions, discharges, and transfers—reflecting the dynamic movement of individuals through segregated settings—to determine the net number of people who have moved into more integrated settings. Regarding the second inquiry, the State must evaluate whether the movement is at a reasonable pace. Finally, with respect to the third inquiry, the State must summarize and submit to the Court any available data and highlight any gaps in information.” (Page 6 – Court Order)

The Subcabinet proposes a quarterly reporting process on measurable goal results prepared for the Subcabinet, as described above. These reports will be made available to the public and will be submitted to the Court by the Department of Human Services. This process has been proposed as part of the proposal being presented to the Court by the Department of Human Services.

Additionally on January 22, 2014 the Court directed the progress report “shall not exceed 20 pages.” In order to accommodate the number of measurable goals reported quarterly, the Subcabinet proposes that the quarterly report shall not exceed 35 pages.

Quarterly Report Format

Reports will be compiled on a quarterly basis. For the purpose of reporting, the measurable goals will be 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 (for goals with due dates in the quarter)

Information in each category will include:

- Identification of the measurable goal(s)
- Results during defined reporting period
- Analysis of data for trends and risks
- Commentary on performance, including verification of accuracy, completeness and timeliness

Quarterly Reports will also include OIO Compliance summary reports on mid-year reviews of measurable goals, status of workplans, and any adjustments needed to workplans.

Progress on each measurable goal will be reported either quarterly, semi-annually, or annually. Attachment B indicates the timing and frequency of reporting for each measurable goal and the rationale/authority for the reporting frequency. Attachment B also includes the timing for mid-year reviews for goals reported annually.

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Gap Report

On June 18, 2015, during mediation between the parties, the Court temporarily stayed reporting obligations. The Gap Report was a one-time report that covered the reporting period during the stay, up to the point when the Court approved the August 10, 2015 Plan and covered the time period of March 1, 2015 through September 30, 2015. The report included: the number of people who have moved from segregated settings into more integrated settings; the number of people who are no longer on waiting lists; and the results of any quality of life measures, as directed in the September 18, 2014 Court order. The Gap Report was reviewed by the Subcabinet Executive Committee on December 23, 2015. The final draft was approved on January 4, 2016 and submitted to the Court on January 5, 2016.

Workplans Review and Reporting

In order to achieve the measurable goals, the OIO and State agencies developed specific strategies and workplans which were submitted to the Court on October 10, 2015. The Court approved the workplans on November 6, 2015. The OIO Compliance staff conducted the first monthly workplan review in December 2015, beginning with activities due to be completed through November, 2015. The OIO Compliance staff completed its second monthly workplan review in January, 2016. The OIO Compliance staff completed its reviews and reported any exceptions to the Subcabinet. Any adjustments made to the workplans by the Subcabinet were documented in the meeting minutes.

This workplan review process will be conducted on a monthly basis. In its review, OIO Compliance will verify agency efforts to engage people with disabilities, families, and advocates and agency efforts to recruit and develop racially and ethnically diverse service providers.

Quarterly reports on measurable goals will include a summary report on status of workplans including any workplans that need to be adjusted by the Subcabinet.

The workplans will be reviewed and adjusted annually by the agencies, based on criteria adopted by the Subcabinet. Annual review of the workplans will occur in September of each year. The first annual review will cover a partial year and include the time period of October 2015 through June 2016. Subsequent annual reviews will cover the time period of July through June. OIO Compliance staff will oversee the review and adjustment of workplans. Workplans, including any recommended adjustments, will be submitted to the Subcabinet for review and approval at the September 2016 Subcabinet meeting. Once approved, the Department of Human Services will submit the workplans to the Court by September 30, 2016 and will be made available to the public on the Olmstead website. This process will be replicated on an annual basis.

Assessment of Court Orders Pertaining to Olmstead Plan Implementation and Reporting

As requested during the October 26 mediation session, we have conducted a review of Court Orders pertaining to Olmstead Plan implementation and reporting. We have prepared a chart showing each relevant Court Order, the relevant provision(s) of the each Order and how the proposed implementation plan addresses each provision. This chart is included as Attachment E – Orders Pertaining to Olmstead Plan Implementation.

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Potential Reporting Conflicts between Jensen and Olmstead

A review of the reporting requirements of the Jensen Comprehensive Plan of Action (CPA) and the Olmstead Plan was completed. Only one area of conflict was identified relating to Evaluation Criteria (EC) 79, Olmstead Plan implementation. The Jensen CPA currently proposes semi-annual reporting whereas the Olmstead Subcabinet proposes quarterly reporting. The Olmstead Subcabinet proposes to adopt the quarterly reporting, in place of the Jensen requirement for EC 79. The Jensen CPA reporting proposal will be modified to propose "according to the Olmstead Plan reporting process" for EC 79 instead of "semi-annual."

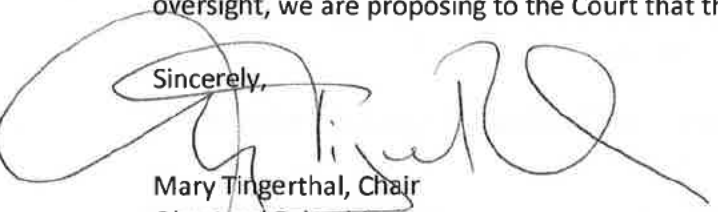
Olmstead Subcabinet's Role for Monitoring Compliance and Oversight Implementation

In its order of September 29, 2015, the Court acknowledged the responsibility of the Olmstead Subcabinet to monitor compliance and oversee the implementation of the Olmstead Plan:

"Key to the plan's successful implementation into the future is the central role of the Olmstead Implementation Office ("OIO") with the dual roles of "(1) quality assurance and accountability, including compliance evaluation, verification and oversight; and (2) engagement with the community, especially people with disabilities, including on-going management of communications and the Quality of Life survey." (Id. at 95.) (Page 9 – Court Order)

Based upon the Subcabinet's role, including responsibility for compliance evaluation, verification and oversight, we are proposing to the Court that there is no need for additional external monitoring.

Sincerely,



Mary Tingerthal, Chair
Olmstead Subcabinet

Att.: Attachment A - Proposed OIO Compliance Review and Reporting Schedule for 2015-2016
Attachment B - Quarterly Reporting Schedule for Olmstead Plan Measurable Goals
Attachment C - Quarterly Report on Olmstead Plan Measurable Goals Template
Attachment D - Annual Report on Results of Olmstead Plan Implementation Template
Attachment E - Orders Pertaining to Olmstead Plan Implementation

CC: Magistrate Judge Becky R. Thorson
Amy Akbay
Mark Azman
Alex Bartolic
Rick Figueroa
Al Gilbert
Jeremy Hanson Willis
Scott Ikeda
Charles E. Johnson
Daron Korte
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Karen Sullivan Hook
Emily Johnson Piper
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Mike Tessneer
Roberta Opheim
Megan Ryan
Beth Sullivan
Rosalie Vollmar
Colleen Wieck
Darlene Zangara

**Attachment A - Proposed OIO Compliance Review and Reporting
Schedule for 2015-2016**

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Proposed OIO Compliance Review and Reporting Schedule for 2015-2016

| Report | Purpose | Dates of Subcabinet Review/ Court Submission |
|--|---|--|
| Gap Report | In June 18, 2015 the Court temporarily stayed reporting obligations during mediations between the parties. The Gap Report covered the reporting period during the stay, up to the point when the Court approved the August 10, 2015 Plan, and covered the time period of March 1, 2015 through September 30, 2015. The report included: the number of people who have moved from segregated settings into more integrated settings; the number of people who are no longer on the waiting list; and the results of any quality of life measures, as directed in the September 18, 2014 Court order. | Subcabinet Reviewed on December 23, 2015 January 4, 2016 Submitted to Court January 5, 2016 |
| Quarterly Reports on Measurable Goal Results | Reports will be compiled on a quarterly basis. Progress on each measurable goals will be reported either quarterly, semi-annually, or annually. The timing and frequency of reporting for each measurable goal and the rationale and authority for the reporting frequency is included in Attachment B. | Review February 2016 Submit to Court by February 29, 2016 Review May 2016 Submit to Court by May 31, 2016 Review August 2016 Submit to Court by August 31, 2016 Review November 2016 Submit to Court by November 30, 2016 |
| Mid-year review of measurable goals by OIO Compliance staff | OIO Compliance staff will conduct a mid-year review on all measurable goals that are reported on annually, to check on progress, verify accuracy, completeness and timeliness of data and identify risk areas. The timing for mid-year reviews for each measurable goal that is reported on annually is included in Attachment B. OIO Compliance staff will report any concerns to the Subcabinet. Commentary or corrective actions as directed by the Subcabinet will be included in the subsequent quarterly report. | Mid-year reviews begin February 2016 Subcabinet Review begins with May 2016 quarterly report |

| Report | Purpose | Dates of Subcabinet Review/ Court Submission |
|---|--|--|
| Workplans Review and Reporting | <p>OIO Compliance staff will conduct a workplan review process on a monthly basis. Any exceptions will be reported to the Subcabinet on a monthly basis. Any adjustments made to the workplans by the Subcabinet will be documented in the meeting minutes.</p> <p>-----</p> <p>Workplans will be reviewed and adjusted annually by the agencies and approved by the Subcabinet. OIO Compliance will oversee the review and adjustment of workplans.</p> | <p>Reviewed December 18, 2015 (by exception only) Activities through November 2015</p> <p>Subsequent Reviews - Monthly</p> <p>-----</p> <p>Review September 2016 Covering partial year (October 2015 – June 2016)</p> <p>Submit to Court by September 30, 2016</p> |
| Annual Report on Olmstead Plan Implementation | Annual summary report on overall annual measurable goal results, analysis of trends and risks and recommendations for potential Plan amendments. The time period covered will be October 1 st – September 30 th each year. | <p>Review December 2016</p> <p>Submit to Court by December 31, 2016</p> |
| Updating and Extending the Olmstead Plan | The Olmstead Plan describes an annual amendment process that is intended to maintain the Olmstead Plan as a vital, dynamic document. As part of the annual review process, subcabinet agencies and the OIO will propose amendments to the Olmstead Plan that are necessary to facilitate accomplishment of results under the measurable goals or to add measurable goals, if applicable. In formulating proposed amendments to the Plan, agencies will engage individuals with disabilities, families and advocates. As described in the Olmstead Plan, proposed amendments to the Plan will be posted for a minimum of 30 days of public comment, after which they will be adopted by the subcabinet, taking into account public comments received. The time period covered will be October 1 st – September 30 th each year. | <p>Review December 2016 Identify potential Plan amendments (as part of Annual report)</p> <p>30 day public comment period</p> <p>Review February 2017 Plan amendments adopted by Subcabinet</p> <p>Submit to Court by February 28, 2017</p> |

Attachment B - Quarterly Reporting Schedule for Olmstead Plan Measurable Goals

(This attachment is included with the Proposal for Reporting as Exhibit A)

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Quarterly Reporting Schedule for Olmstead Plan Measurable Goals

Reports will be compiled on a quarterly basis. For the purpose of reporting, the measurable goals will be 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. Measurable goals related to increasing capacity of the system and options for integration

Quarterly Reports will also include summary reports on mid- year reviews of measurable goals, status of workplans, and any adjustments needed to workplans.

Each measurable goal will be reported either quarterly, semi-annually, or annually. The chart below indicates the timing and frequency of reporting for each measurable goal and the rationale/authority for the reporting frequency. The chart also indicates the timeliness of the data at the time of the report. This chart also includes the month of mid-year reviews for each measurable goal that is reported annually.

The columns include the following information:

- Quarterly Report Month – Quarterly reports to the Court will be submitted in February, May, August and November of each year. An X indicates the months in which progress on each specific goal will be reported.
- Rationale/Authority for frequency of reporting – Rationale or authority that determines the frequency of reporting (quarterly, semi-annually, or annually) is presented.
- Timeliness of Data –Timeliness of the data at the time of the quarterly report (*To be determined based on the earliest point the data is reliable. In no case will data be more than 18 months old.)
- Mid-year review Begin Date – A mid-year review will be completed by the OIO Compliance staff on measurable goals reported annually. The date indicates when the first mid-year review will take place.

All quarterly reports and mid-year reviews begin in 2016 unless otherwise noted

| Goals | Rationale/Authority for frequency of reporting | Quarterly Report Month | | | | Time-liness of Data* | Mid-year Review Begin date |
|--|--|------------------------|-----|-----|-----|----------------------|----------------------------|
| | | Feb | May | Aug | Nov | | |
| Person Centered Planning Goal One: By June 30, 2020, plans for people using disability home and community-based waiver services will meet required protocols. Protocols will be based on the principles of person centered planning and informed choice. | Protocols were approved in February 2016 with interim quarterly reporting beginning in May 2016. Baseline will be established in February 2017 | X | X | X | X | | N/A |
| Person Centered Planning Goal Two: By December 31, 2017, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey. | National Core Indicator (NCI) survey used for subgoals A and B is conducted annually and will be reported beginning in February 2016. The NCI survey measure for subgoal C will be implemented in 2016 and will be reported beginning in February 2017. | X | | | | | August 2016 |
| Transition Services Goal One: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings will be 7,138. | Subgoals A, B and C will be reported quarterly beginning February 2016 because of the high priority of this measurable goal. Subgoal C data will initially be interim data beginning in February 2016. A number of data sources will be used to monitor progress on this goal. These sources will be analyzed and validated. Baseline will be established in August 2016. | X | X | X | X | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----|-----|-----|---|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Transition Services Goal Two: By June 30, 2019, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting will be reduced to 30% (based on daily average). | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| Transition Services Goal Three: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital will increase to 14 individuals per month. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| Transition Services Goal Four: By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person centered planning process that adheres to transition protocols that meet the principles of person centered planning and informed choice. | | | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once measure is developed and first reported in August 2016. | | February 2016 |
| Housing & Services Goal One: By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,547 (from 6,017 to 11,564 or about a 92% increase). | | | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once measure is developed and first reported in August 2016. | | February 2016 |
| 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. | | | | X | This information is part of a federal report to the Rehabilitation Services Administration required under the Rehabilitation Act and is due annually. | | May 2016 |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----|-----------|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| 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. | X 2018 | | X 2017 | | The first annual goal is due June 30, 2017 and will be reported semi-annually beginning in August 2017. Data is gathered and verified semi-annually. | | N/A |
| 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. | | | X | | Competitive, integrated employment outcomes for students with developmental cognitive disabilities ages 19-21 is reported by June 30 th of each FFY. This data is required and reported annually per the Individuals with Disabilities Education Act (IDEA). | | February 2016 |
| Education Goal One: By December 1, 2019 the number of students with disabilities, receiving instruction in the most integrated setting, will increase by 1,500 (from 67,917 to 69,417) | X | | | | This data is collected from school districts annually. MDE reports the most currently available data once a year on December 1 st . This data is required and reported annually per the Individuals with Disabilities Education Act (IDEA) and related regulations. | | August 2016 |
| Education Goal Two: By October 1, 2020 the number of students who have entered into an integrated post-secondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475) | X | | | | Integrated postsecondary outcomes for students with disabilities is reported by October 1 st of each FFY. This data is required and reported annually by the Individuals with Disabilities Education Act (IDEA) and related regulations. | | August 2016 |
| Waiting List Goal One: By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|------------------------|-----|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Waiting List Goal Two: By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace. | X 2017 Base-line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADI and DD waiting lists each quarter.</p> | | N/A |
| Waiting List Goal Three: By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b). | X 2017 Base-line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADI and DD waiting lists each quarter.</p> | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Waiting List Goal Four: By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years. | X 2017 Base-line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADl and DD waiting lists each quarter.</p> | | N/A |
| Waiting List Goal Five: By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need. | X 2017 Base-line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADl and DD waiting lists each quarter.</p> | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----------------------------------|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Transportation Goal One: By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%) By January 31, 2016, a target will be established for sidewalk improvements. | X | X 2016 only for Side walk goal | | | Inventories of facilities are required under Section 504 of the Rehabilitation Act 29 U.S.C. 701, however no schedule for updating the inventory is prescribed by law. MnDOT adopted annual reporting to ensure that agency goals in the transition plan are being met, which includes information on all of the accessibility improvements made in the previous construction season. MnDOT collects the information after projects are completed to ensure collection consistency and data integrity. | | August 2016 |
| Transportation Goal Two: By December 31, 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase). | | | | X | Ride reporting is done on an annual basis to the legislature as part of the statutorily required Annual Transit Report (Minn. Stat., Sec. 174.247). Data for 2015 is compiled, verified and will be available beginning in November 2016, and annually thereafter. | | May 2016 |
| Transportation Goal Three: By December 31, 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access. [*Baseline to be established by December 31, 2016] | X Begin 2017 | | | | Baseline for access will be established by December 31, 2016 and will be reported on beginning in February 2017. Information will be gathered through the annual grant solicitation process. The information is also aggregated and reported in the statutorily required Annual Transit Report (Minn. Stat., Sec. 174.247). | | August 2017 |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|------------------------|-----|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Transportation Goal Four: By December 31, 2020, transit systems' on time performance will be 90% or greater statewide. [*Baseline and goals for Greater Minnesota to be established by December 31, 2016] | X Begin 2017 | | | | Baseline and goals will be developed by December 31, 2016 and will be reported beginning February 2017. Information will be gathered through the annual grant solicitation process. The information is also aggregated and reported in the statutorily required Annual Transit Report (Minn. Stat., Sec. 174.247). | | August 2017 |
| Health Care Goal One: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care, focusing specifically on cervical cancer screening, and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline. | X Begin 2017 | | | | The first annual goal is due December 31, 2016 and will be reported annually beginning February 2017. Data is collected and verified annually. | | August 2017 |
| Health Care Goal Two: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline. | X Begin 2017 | | | | The first annual goal is due December 31, 2016 and will be reported annually beginning February 2017. Data is collected and verified annually. | | August 2017 |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|------------------------|-----|-----|-----|---|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| 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. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| 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. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| 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, 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. [*Annual goals are due in June] | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |

| Goals | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date | Quarterly Report Month | | | |
|--|--|----------------------|----------------------------|------------------------|-----------|-----|-----|
| | | | | Feb | May | Aug | Nov |
| Positive Supports Goal Four: By June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 316. | Districts submit their summary restrictive procedures data to MDE on an annual basis. The final counts are included in MDE's annual legislative report submitted on February 1st of each year. This report and data are required by Minnesota Statute 125A.0942. | | February 2016 | | X | | |
| Positive Supports Goal Five: By June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251. | Districts submit their summary restrictive procedures data to MDE on an annual basis. The final counts are included in MDE's annual legislative report submitted on February 1st of each year. This report and data are required by Minnesota Statute 125A.0942. | | February 2016 | | X | | |
| 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. | This will be reported semi-annually beginning in November 2016 because of the high priority of this measurable goal. | | N/A | | X 2017 | | X |
| Crisis Services Goal Two: By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 89% or more. | This will be reported semi-annually beginning in November 2016 because of the high priority of this measurable goal. | | N/A | | X 2017 | | X |
| Crisis Services Goal Three: By June 30, 2017, the number and percent of people who discontinue waiver services after a crisis will decrease to 45% or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.) | This will be reported quarterly beginning in May 2016 and quarterly thereafter, because of the high priority of this measurable goal. | | N/A | X 2017 | X | X | X |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----------------------------------|-----|-----|---|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Crisis Services Goal Four: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care, and will have a stable, permanent home within 5 months after leaving the hospital. [*Baseline and goals developed by February 28, 2016 – Annual goal in June] | | X 2016 Base Line only | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once the measure is developed and reported beginning in August 2016. | | February 2017 |
| 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. [*Baseline and goals developed by January 31, 2016 – Annual goal in June] | | X 2016 Base Line only | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once the measure is developed and reported beginning in August 2016. | | February 2017 |
| Community Engagement Goal One: By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. | | | X | | This goal is made up of three strategies. Workplan calls for baseline data to be gathered over the course of the year, with due dates of December 31, 2015, March 30, 2016 and August 30, 2016. Therefore, it seems reasonable to report results annually. There is no statute or other regulation driving the dates for data collection. | | February 2017 |

Attachment C – Quarterly Report on Olmstead Plan Measurable Goals Template

February 12, 2016

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February 12, 2016

Proposed Template

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



Date of Report _____

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I. PURPOSE OF REPORT

The quarterly report to the court and the public provide the status of work being done by state agencies to implement the Plan. Each quarterly report includes the status of progress on measurable goals with due dates during the reporting period. As directed by the Court, the goals related to the number of people moving from segregated settings into more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures will be reported on in every quarterly report. This report covers the time period of October 1, 2015 through December 31, 2015 any date prior to that period.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

This section reports on the progress of the five Olmstead Plan goals related to the movement of individuals from segregated to integrated settings. The table below indicates the cumulative number of individuals who moved from various segregated settings to integrated settings.

| During the reporting period of _____ the cumulative number of individuals who moved from a segregated setting to an integrated setting: | |
|---|--|
| • Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) | |
| • Nursing Facilities | |
| • Other segregated settings | |
| • Anoka Metro Regional Treatment Center | |
| • Minnesota Security Hospital (MSH) | |
| Net number moving from segregated to integrated settings | |

More 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 settings¹ will be 7,138.

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

2015-2016 goals for the number of people who have moved from ICFs/DD to a more integrated setting

Baseline: Calendar year 2014 = 72

- For the year ending June 30, 2015 the number will be 84
- For the year ending June 30, 2016 the number will be 84

RESULTS:

Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

| Month | Total number of individuals leaving | Transfers | Deaths | Net moved to integrated setting |
|---------------|-------------------------------------|-----------|--------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | |

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

¹This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options being reported under Housing Goal One.

NURSING FACILITIES

2015-2016 goals for 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

Baseline: Calendar Year 2014 = 707

- For the year ending June 30, 2015 the number will be 740
- For the year ending June 30, 2016 the number will be 740

RESULTS:

Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

| Month | Total number of individuals leaving | Transfers | Deaths | Net moved to integrated setting |
|---------------|-------------------------------------|-----------|--------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | |

ANALYSIS OF DATA:**COMMENT ON PERFORMANCE:**

SEGREGATED HOUSING

2015-2016 goals for the number of people who have moved from other segregated housing to a more integrated setting will be:

Baseline: Calendar Year 2014 = not available

- For the year ending June 30, 2015 the number will be 50
- For the year ending June 30, 2016 the number will be 250

RESULTS: Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

| Month | Total number of individuals leaving | Transfers | Deaths | Net moved to integrated setting |
|---------------|-------------------------------------|-----------|--------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | |

ANALYSIS OF DATA:**COMMENT ON PERFORMANCE:**

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting² will be reduced to 30% (based on daily average).

2016 goal for the percent of people at AMRTC awaiting discharge:

Baseline: During State Fiscal Year 2015, a change in utilization of AMRTC caused an increase in the percent of the target population to 36%

- By June 30, 2016 the percent awaiting discharge will be $\leq 35\%$

RESULTS: Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

| Month | Total number of individuals leaving | Transfers | Deaths | Net moved to integrated setting | Percent awaiting discharge |
|---------------|-------------------------------------|-----------|--------|---------------------------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | Average = |

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

² As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

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

2015-2016 goals for the average monthly number of discharges:

Baseline: In Calendar Year 2014 average monthly number of individuals leaving Minnesota Security Hospital was 9 individuals per month.

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

RESULTS: Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

| Month | Total number of individuals leaving | Transfers | Deaths | Net moved to integrated setting |
|---------------|-------------------------------------|-----------|--------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | |

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

SUMMARY OF MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

This section reports progress on the movement of individuals from the home and community based services waiting lists. The table below indicates the cumulative number of individuals who moved from the disability waiver waiting lists³.

Table 1: Net number of individuals moving off waiver waiting lists

This table shows the total net movement off the waiver waiting lists during the reporting period of _____. It includes the number of individuals moving off waiting lists and the number being added to the waiting lists. A month by month breakdown and additional information are available in Tables 3 and 5.

| Number of individuals moving off waiver wait lists during reporting period () | CADI ³ | DD ³ |
|--|-------------------|-----------------|
| Total number of individuals moving off waiting list (authorized for waived services ⁴ , accepted other services, or left for other reasons) | | |
| Total number of individuals added to the waiting list (screened and eligible for waiver services and placed on waiting list) | | |
| Net movement off waiver waiting list | | |

Table 2: Summary of size of waiting lists

This table shows an estimate of progress towards the reduction of the size of the waiting lists during the reporting period. The data is pulled once per month and serves as an estimate of wait list size over time and does not indicate the number of individuals moving on or off the waiting lists during that period. A month by month breakdown are available in Tables 4 and 6.

| Size of waiting list during reporting period: | Disability waiver | |
|--|-------------------|----|
| | CADI | DD |
| Beginning size of waiting list (February 2015) | | |
| Ending size of waiting list (September 2015) | | |
| Net difference | | |

³ Disability Waivers = Developmental Disabilities (DD) and Community Access for Disability Inclusion (CADI)

⁴ Authorized for waived services indicates the funding is approved and service planning can begin

Table 3: Monthly CADI Waiting List Movement

This table shows a month by month breakdown of individuals moving off the CADI waiting list because they were authorized for CADI services (row 1) or accepted other services or left for other reasons (row 2). Row 3 shows the total number of individuals moving from the waiting list (Row 1 + Row 2).

Row 4 includes the number of individuals who were added to the waiting list (screened and eligible for waiver services). Row 5 represents the net difference of rows 3 and 4.

| Movement of individuals on waiting list during the reporting period | Month | Month | Month | Total |
|--|--------------|--------------|--------------|--------------|
| Number of individuals moving off CADI waiting list, authorized for CADI waiver services | | | | |
| Number of individuals moving off CADI waiting list, accepted other services, or left for other reasons | | | | |
| Total number of individuals moving from the waiting list | | | | |
| Total number of individuals added to waiting list | | | | |
| Net difference | | | | |

Table 4: Number of Individuals on CADI Waiver Waiting Lists

This table shows an estimate of progress towards the reduction of the size of the waiting lists, month by month during the reporting period. The data is pulled once per month and serves as an estimate of wait list size over time and does not indicate the number of individuals moving on or off the waiting lists during that period. The beginning size comes from data collected at the end of the previous month and the ending size comes from data collected at the end of the month listed.

| Size of waiting list during reporting period: | Month | Month | Month | Total |
|--|--------------|--------------|--------------|--------------|
| Beginning size of CADI waiting list | | | | |
| Ending size of CADI waiting list | | | | |
| Net difference in size of CADI waiting list | | | | |

Table 5: Monthly DD Waiting List Movement

This table shows a month by month breakdown of individuals moving off the DD waiting list because they were authorized for DD waiver services (row 1) or accepted other services, or left for other reasons (row 2). Row 3 shows the total number of individuals moving from the waiting list.

Row 4 includes the number of individuals who were added to the waiting list (screened and eligible for waiver services). Row 5 represents the net difference of rows 3 and 4.

| Movement of individuals on waiting list during the reporting period | Month | Month | Month | Total |
|--|--------------|--------------|--------------|--------------|
| Number of individuals moving off DD waiting list, authorized for DD waiver services | | | | |
| Number of individuals moving off DD waiting list, accepted other services, or left for other reasons | | | | |
| Total number of individuals moving from the waiting list | | | | |
| Total number of individuals added to waiting list | | | | |
| Net difference | | | | |

Table 6: Number of Individuals on DD Waiver Waiting Lists

This table shows an estimate of progress towards the reduction of the size of the waiting lists, month by month during the reporting period. The data is pulled once per month and serves as an estimate of wait list size over time and does not indicate the number of individuals moving on or off the waiting lists during that period. The beginning size comes from data collected at the end of the previous month and the ending size comes from data collected at the end of the month listed.

| Size of waiting list during reporting period: | Month | Month | Month | Total |
|--|--------------|--------------|--------------|--------------|
| Beginning size of DD waiting list | | | | |
| Ending size of DD waiting list | | | | |
| Net difference in size of DD waiting list | | | | |

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

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

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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

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

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

WAITING LIST GOAL FOUR: By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years.

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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

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

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

Additional reporting will include the number of individuals who, based on urgency of need, went on waived services without ever being on a waiting list.

IV. QUALITY OF LIFE MEASUREMENT RESULTS

This section will include the results of any and all quality of life assessments. Initially this will include National Core Indicators (NCI) survey results as they become available.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section will include reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported on in each quarterly report. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

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

Baseline:

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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.

Baseline:

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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.

Baseline:

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport). By December 31, 2019 the emergency use of mechanical restraints will be reduced to ≤ 93 reports and ≤ 7 individuals.

Baseline:

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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.

Baseline:

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

CRISIS SERVICES GOAL TWO: By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 89% or more.

Baseline:

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

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

Baseline:

RESULTS:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

This section will include reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported on semi-annually or annually as the goal becomes due. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

TOPIC AREA MEASURABLE GOAL (to be specified dependent on reporting schedule):

Baseline:

RESULTS:

GRAPH:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

TOPIC AREA MEASURABLE GOAL (to be specified dependent on reporting schedule):

Baseline:

RESULTS:

GRAPH:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

TOPIC AREA MEASURABLE GOAL (to be specified dependent on reporting schedule):

Baseline:

RESULTS:

GRAPH:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

TOPIC AREA MEASURABLE GOAL (to be specified dependent on reporting schedule):

Baseline:

RESULTS:

GRAPH:

ANALYSIS OF DATA:

COMMENT ON PERFORMANCE:

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section will include a report summarizing the monthly review of workplan activities and the mid-year reviews completed by OIO Compliance staff.

Workplan Activities

| Number of workplan activities reviewed during reporting period | |
|--|--|
| • Number of activities completed | |
| • Number of activities on track | |
| • Number of activities reporting exceptions | |
| • Number of exceptions needing Subcabinet action* | |

Mid-Year Review of Measurable Goals Reported on Annually

| Number of mid-year reviews completed during reporting period | |
|--|--|
| • Number of goals on track | |
| • Number of goals reporting exceptions | |
| • Number of exceptions needing Subcabinet action** | |

*See the Addendum for more information on the subcabinet actions needed for those items reported as exceptions.

VII. ADDENDUM

This section will be used as necessary to include detailed materials explained in the body of the report.

**Attachment D – Annual Report on Results of Olmstead Plan Implementation
Template**

February 12, 2016

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Proposed Template

Minnesota Olmstead Subcabinet

Annual Report on Results of Olmstead Plan Implementation



REPORTING PERIOD

_____ to _____

Date of Report _____

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I. PURPOSE OF REPORT

The annual report to the subcabinet summarizes overall annual measurable goal results, analysis of trends and risk areas. The annual report will also include any proposed amendments to the Olmstead Plan.

II. OVERALL RESULTS ON MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

III. OVERALL RESULTS ON MOVEMENT FROM WAITING LISTS

IV. OVERALL RESULTS ON QUALITY OF LIFE MEASUREMENTS

V. OVERALL RESULTS ON INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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VII. ANALYSIS OF TRENDS AND RISK AREAS

VIII. POTENTIAL AMENDMENTS TO THE PLAN

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Attachment E – Orders Pertaining to Olmstead Plan Implementation

February 12, 2016

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Orders Pertaining to Olmstead Plan Implementation and Reporting

The chart below includes Court Orders pertaining to Olmstead Plan implementation and reporting, the relevant provision(s) of each Order and how the proposed implementation plan addresses each provision.

| Court Order of April 25, 2013 (Doc. 212), p. 6. o Role of Court Monitor | |
|---|---|
| Order Provisions | Current Proposed Implementation Plan |
| <p>...the Court appointed David Ferleger as the Court's independent consultant and monitor.</p> <p>2. Monitor's Investigation and Reports The Monitor will independently investigate, verify, and report on compliance with the Settlement Agreement and the policies set forth therein on a quarterly basis. Those quarterly reports shall inform the Court and the parties whether the Monitor believes, based upon his investigation, without relying on the conclusion of the DHS, that Defendants are in substantial compliance with the Settlement Agreement and the policies set forth therein. The Court expects the reports to set forth the factual basis for any recommendations and conclusions.</p> <p>Further, the reports shall set forth whether the DHS is operating consistent with the best practices pursuant to the Settlement Agreement.</p> | <p>Olmstead Implementation Office (OIO) Compliance staff will:</p> <ul style="list-style-type: none"> • prepare quarterly status reports on progress toward goals for submission to the Subcabinet; • monitor and verify accuracy, completeness, and timeliness of data and information reported by Subcabinet agencies on progress toward measurable goals; • analyze data for trends and risks; • follow-up with agency sponsors/leads to prepare for Subcabinet meetings when results are presented; • follow up with agency sponsors/leads on corrective actions as directed by the Subcabinet; • prepare an annual report. <p>Subcabinet will require corrective action where deficiencies exist in progress toward measurable goals.</p> <p>Department of Human Services will file quarterly status reports with the court, including a record of any commentary or corrective actions directed by the Subcabinet.</p> |

| Court Order of August 28, 2013 (Doc. 224), pp. 5-6 | |
|---|---|
| <ul style="list-style-type: none"> ○ Timetable of tasks and deadlines ○ Requests for modification to Plan | |
| Order Provisions | Current Proposed Implementation Plan |
| <p>5. With regard to implementation of the <i>Olmstead</i> Plan, which is due from the State and the DHS by November 1, 2013 for the Court's review and approval, the State and the DHS shall submit a proposed Implementation Plan within the <i>Olmstead</i> Plan. The <i>Olmstead</i> Plan shall also include a separate chronological timetable of tasks and deadlines to facilitate tracking and reporting and for regular updates to the Court setting forth the status and progress in implementation. Updates to the <i>Olmstead</i> Implementation Plan shall include activities undertaken pursuant to the Plan, documentation of such activities, and any requests for modification of the Plan's deadlines or other elements.</p> | <ul style="list-style-type: none"> • Agencies have prepared workplans for implementing the strategies to achieve measurable goals established in the <i>Olmstead</i> Plan. <ul style="list-style-type: none"> ○ workplans identify the goal addressed, the key activities, the expected outcomes, concrete deadlines, and specify the agencies responsible. ○ workplans are not part of the <i>Olmstead</i> Plan, and are intended to be changed when not producing desired results. ○ The initial set of workplans corresponding to the measureable goals in The <i>Olmstead</i> Plan were approved by the Court on November 6, 2105. • OIO compliance staff will monitor progress on the workplans. |
| <p>6. Any requests for modification of due dates under the above provisions of this Order and Memorandum, or for modification of the Plans' deadlines or other elements, shall be in writing, for good cause shown, and shall, in the first instance, be addressed and resolved by the Court Monitor, subject to review by the Court on written application by any party.</p> | <ul style="list-style-type: none"> • OIO staff will conduct spot check verifications of reported activities undertaken pursuant to the workplans. • OIO compliance staff will report monthly to the Subcabinet on provisions in the workplans that are completed, on track for completion or an exception. Exception reporting will include a remedy to resolve the exception. Workplan reports and any adjustments made to the workplans by the Subcabinet will be noted in Subcabinet meeting minutes and posted on the <i>Olmstead</i> Plan website. • The quarterly reports on measurable goals will include a summary report on status of workplans including any notation of workplans that were adjusted by the Subcabinet. • Modifications to the <i>Olmstead</i> Plan will be in the form of Plan amendments; amendments will be proposed via the annual report; the Subcabinet will consider amendments and adopt amendments according to the process described in the <i>Olmstead</i> Plan. • The current proposed implementation plan does not contemplate requesting Plan modifications from the Court Monitor. |

Court Order of January 22, 2014 (Doc. 265), pp 3-4**o Reporting requirements (timing and content)**

| Order Provisions | Current Proposed Implementation Plan |
|--|--|
| <p>4. The State of Minnesota shall file its first update, including any amendment to the Olmstead Plan and a factual progress report that shall not exceed 20 pages, within 90 days of the date of this Order.</p> <p>The Court expects the parties to address the progress toward moving individuals from segregated to integrated settings; the number of people who have moved from waiting lists; and the results of any and all quality of life assessments. The Court needs to be in a better position to evaluate whether the Settlement Agreement is indeed improving the lives of individuals with disabilities, as promised and contemplated by the Settlement Agreement itself.</p> <p>As the Court ordered on August 28, 2013, updates to the Olmstead Implementation Plan shall include activities undertaken pursuant to the Plan, documentation of such activities, and any requests for modification of the Plan's deadlines or other elements.</p> <p>6. This Court respectfully directs that the Olmstead Subcabinet use all of its combined resources and talents to implement the Olmstead Plan. Further, the Court respectfully directs that the Olmstead Subcabinet cooperate, communicate, and work with the Court Monitor. The Court expects the Olmstead Subcabinet to discuss ongoing implementation with the Court Monitor, as well as the Executive Director of the Governor's Council on Developmental Disabilities and the Ombudsman for Mental Health and Developmental Disabilities, on a 60-day report system, with feedback and communication between all parties, so that true progress can be realized in the lives of the individuals with disabilities intended to benefit from the Settlement Agreement and so their lives can truly be significantly improved.</p> | <ul style="list-style-type: none"> • Department of Human Services will file the quarterly reports and the annual report with the court. • Reports will not exceed 35 pages. • Quarterly reports will report on (1) the net number of people moving from segregated to integrated settings, considering admissions, transfers, discharges, and readmissions; (2) the number of people who are no longer on the waiting list (evaluating whether the movement is at a reasonable pace); and (3) the quality of life measures (summarizing and submitting to the Court any available data and highlighting gaps in information). • OIO compliance staff will report monthly to the Subcabinet on provisions in the workplans that are completed, on track for completion, or an exception. Exception reporting will include a remedy to resolve the exception. Workplan reports and any adjustments made to the workplans by the Subcabinet will be noted in Subcabinet meeting minutes and posted on the Olmstead Plan website. • The quarterly reports on measurable goals will include a summary report on status of workplans including any workplans that need to be adjusted by the Subcabinet. • The current proposed implementation plan does not contemplate working with the Court Monitor. |

| Court Order of September 3, 2014 (Doc. 340), pp. 11 – 14 | |
|---|---|
| o Role of Court Monitor | |
| Order Provisions | Current Proposed Implementation Plan |
| <p>2. The Court Monitor shall make findings of compliance concerning the Defendants' activities under ... the <i>Olmstead</i> Plan.... In addition, the Court Monitor shall make recommendations that will facilitate the goals and objectives of the Court's Orders, including recommendations for contempt, sanctions, fines or additional relief. The Court Monitor may continue to issue reports on compliance and other issues in this case in his discretion; in light of the requirements in this Order, quarterly compliance reports by the Court Monitor are no longer required. ...The Court Monitor shall also continue to issue reports on compliance and other issues in this case at his discretion.</p> <p>3. The Court Monitor has the authority necessary to facilitate and assist Defendants to achieve substantial compliance with Defendants' obligations under the Court's Orders.</p> <p>4. The Court Monitor shall:</p> <ul style="list-style-type: none"> a. Oversee the timely implementation of all procedures and activities related to all outstanding obligations under the Court's Orders. b. Oversee the activities of the Defendants in order to ensure and affirm that the service system provides services and support that comply with the Court's Orders. c. Oversee the activities of the Defendants, including their oversight and monitoring, in order to ensure that their supervision and regulation of counties, contractors, providers, and agents results in substantial compliance with the Court's Orders. d. Oversee the activities of the Defendants related to their communications with other state agencies necessary to achieve substantial compliance with the existing Court's Orders. e. Review existing data collection mechanisms, information management, performance standards, provider review, and quality improvement systems, and, if necessary, identify specific improvements to achieve substantial compliance with the Court's Orders. f. Supervise compliance activities by the Defendants with respect to the Court's Orders. g. Facilitate efforts of the Defendants to achieve substantial compliance with the Court's Orders at the earliest feasible time. h. Evaluate the adequacy of current activities and the implementation of remedial strategies to facilitate substantial compliance with the existing Court's Orders. i. Propose to the Court actions that could be taken to more rapidly achieve substantial compliance, including the need for any additional Court Orders. In developing these actions, to the extent the Court Monitor deems appropriate, he may: <ul style="list-style-type: none"> (1) Develop specific outcome measures or standards of compliance for those areas in which such outcome | <p>The current proposed implementation plan does not contemplate working with the Court Monitor.</p> <p>The Subcabinet working with the OIO Compliance staff has the responsibility for compliance evaluation, verification and oversight of Plan implementation.</p> |

| Court Order of September 3, 2014 (Doc. 340), pp. 11 – 14 | |
|---|--------------------------------------|
| o Role of Court Monitor | |
| Order Provisions | Current Proposed Implementation Plan |
| <p>measures or standards would assist in the determination of substantial compliance;</p> <p>(2) Encourage and allow the Defendants in the first instance to propose timelines, outcome measures, or standards of compliance, should they desire to do so; and</p> <p>(3) Include, when he deems appropriate, timetables for implementation, descriptions of measures necessary to bring the Defendants into substantial compliance or to overcome obstacles to substantial compliance.</p> <p>5. The Court Monitor may make formal, written recommendations if the Court Monitor: (a) determines that any action necessary to achieve substantial compliance with an outstanding obligation under the Court's Orders is not being implemented or is inadequately implemented; (b) finds that Defendants are violating any provision of the Court's Orders; or (c) acts on a party's submission or a <i>sua sponte</i> consideration of a dispute. Such recommendations shall include consideration of the appropriateness of contempt, sanctions, fines, or additional relief. Such recommendations may also include timetables for implementation and descriptions of measures necessary to bring the Defendants into substantial compliance or to overcome obstacles to substantial compliance.</p> <p>6. The Court Monitor shall serve for as long as necessary for Defendants to achieve substantial compliance. However, it is expected that Defendants will substantially comply with the Court's Orders by December 4, 2016. Pursuant to the Settlement Agreement§ XVIII.B and § XVIII.E, and the Court's August 28, 2013 Order, the Court's jurisdiction is extended to December 4, 2016, and the Court expressly reserves the authority and jurisdiction to order an additional extension of jurisdiction, depending upon the status of the Defendants' compliance and absent stipulation of the parties.</p> | |

| Court Order of September 18, 2014 (Doc. 344), pp. 6-8 | |
|--|--|
| ○ Reporting Requirements | |
| Order Provisions | Current Proposed Implementation Plan |
| <p>II. Accurate Reporting</p> <p>Second, and relatedly, the State must ensure accurate progress reporting. Reports to the Court must be accurate, complete, and verifiable. The Court requires the State to report on the following: (1) the number of people who have moved from segregated settings into more integrated settings; (2) the number of people who are no longer on the waiting list; and (3) the quality of life measures. With respect to the first inquiry, any calculation must consider admissions, readmissions, discharges, and transfers—reflecting the dynamic movement of individuals through segregated settings—to determine the net number of people who have moved into more integrated settings. Regarding the second inquiry, the State must evaluate whether the movement is at a reasonable pace. Finally, with respect to the third inquiry, the State must summarize and submit to the Court any available data and highlight any gaps in information.</p> | <ul style="list-style-type: none"> • OIO compliance staff will conduct unannounced spot checks on accuracy, completeness and timeliness of information and will require agencies to verify all information submitted to the OIO regarding progress on the workplans and progress towards the measurable goals. • Quarterly and annual reports will be complete, accurate, and verifiable. • Quarterly reports will report on (1) the net number of people moving from segregated to integrated settings, considering admissions, transfers, discharges, and readmissions; (2) the number of people who are no longer on the waiting list (evaluating whether the movement is at a reasonable pace); and (3) the quality of life measures (summarizing and submitting to the Court any available data and highlighting gaps in information). |

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, as parents,
guardians and next friends of Bradley J.
Jensen; James Brinker and Darren Allen, as
parents, guardians and next friends of
Thomas M. Allbrink; Elizabeth Jacobs, as
parent, guardian and next friend of Jason R.
Jacobs; and others similarly situated,

Plaintiffs,

v.

Minnesota Department of Human Services,
an agency of the State of Minnesota;
Director, Minnesota Extended Treatment
Options, a program of the Minnesota
Department of Human Services, an agency
of the State of Minnesota; Clinical Director,
the Minnesota Extended Treatment Options,
a program of the Minnesota Department of
Human Services, an agency of the State of
Minnesota; Douglas Bratvold, individually,
and as Director of the Minnesota Extended
Treatment Options, a program of the
Minnesota Department of Human Services,
an agency of the State of Minnesota; Scott
TenNapel, individually and as Clinical
Director of the Minnesota Extended
Treatment Options, a program of the
Minnesota Department of Human Services,
an agency of the State of Minnesota; and
State of Minnesota,

Defendants.

Court File No.: 09-cv-01775-DWF-BRT

**DEFENDANTS' PROPOSAL
FOR OLMSTEAD PLAN
COMPLIANCE REPORTING**

This Proposal, including its attached Exhibit A which is incorporated by this reference, is offered by Defendant Minnesota Department of Human Services. Subject to Court approval and upon the entry by the Court of an Order and the occurrence of the

Effective Date, this Proposal together with the terms and conditions contained herein shall serve as the basis for all Actions related to Olmstead Plan compliance reporting.

1. RECITATIONS

1.1. WHEREAS, on December 5, 2011, the Court issued a Final Approval Order for Stipulated Class Action Settlement Agreement (Doc. No. 136), approving the Settlement Agreement (Doc. No. 104), which stated that the “State and the Department shall develop and implement a comprehensive *Olmstead* plan”

1.2. WHEREAS, in an Order and Memorandum issued on April 23, 2013 (Doc. No. 211) and in an Amended Order and Memorandum issued on April 25, 2013 (Doc. No. 212), the Court directed that:

1.2.1. “The Monitor will independently investigate, verify, and report on compliance with the Settlement Agreement and the policies set forth therein on a quarterly basis;” and

1.2.2. “Those quarterly reports shall inform the Court and the parties whether the Monitor believes, based upon his investigation, without relying on the conclusion of the DHS, that Defendants are in substantial compliance with the Settlement Agreement and the policies set forth therein” and “shall set forth whether the DHS is operating consistent with the best practices pursuant to the Settlement Agreement.”

1.3. WHEREAS, in its Amended Order and Memorandum issued on August 28, 2013 (Doc. No. 224), the Court directed that:

1.3.1. By November 1, 2013, “the State and the DHS shall submit a proposed Implementation Plan within the *Olmstead* Plan;”

1.3.2. “The *Olmstead* Plan shall also include a separate chronological timetable of tasks and deadlines to facilitate tracking and reporting and for regular updates to the Court setting forth the status and progress in implementation;”

1.3.3. “Updates to the *Olmstead* Implementation Plan shall include activities undertaken pursuant to the Plan, documentation of such activities, and any requests for modification of the Plan’s deadlines or other elements;” and

1.3.4. “Any requests for modification of ... the Plans’ deadlines or other elements, shall be in writing, for good cause shown, and shall, in the first instance,

be addressed and resolved by the Court Monitor, subject to review by the Court on written application by any party.”

1.4. WHEREAS, in an Order issued on January 22, 2014 (Doc. No. 265), the Court provided direction for adherence to timelines, formats for reporting, and ongoing implementation of the Olmstead Plan as follows:

1.4.1. “The State of Minnesota shall file its first update, including any amendment to the Olmstead Plan and a factual progress report that shall not exceed 20 pages, within 90 days of the date of this Order;”

1.4.2. “As the Court ordered on August 28, 2013, updates to the Olmstead Implementation Plan shall include activities undertaken pursuant to the Plan, documentation of such activities, and any requests for modification of the Plan’s deadlines or other elements;” and

1.4.3. “...the Court respectfully directs that the Olmstead Subcabinet cooperate, communicate, and work with the Court Monitor. The Court expects the Olmstead Subcabinet to discuss ongoing implementation with the Court Monitor, as well as the Executive Director of the Governor’s Council on Developmental Disabilities and the Ombudsman for Mental Health and Developmental Disabilities, on a 60-day report system, with feedback and communication between all parties . . .”

1.5. WHEREAS, in an Order issued on September 3, 2014 (Doc. No. 340), the Court provided direction regarding the role of the Court Monitor with respect to compliance reporting:

1.5.1. “The Court Monitor shall make findings of compliance concerning the Defendants’ activities under . . . the *Olmstead* Plan . . . In addition, the Court Monitor shall make recommendations that will facilitate the goals and objectives of the Court’s Orders, including recommendations for contempt, sanctions, fines or additional relief;”

1.5.2. “The Court Monitor may continue to issue reports on compliance and other issues in this case in his discretion; in light of the requirements in this Order, quarterly compliance reports by the Court Monitor are no longer required. [...] The Court Monitor shall also continue to issue reports on compliance and other issues in this case at his discretion;”

1.5.3. "The Court Monitor has the authority necessary to facilitate and assist Defendants to achieve substantial compliance with Defendants' obligations under the Court's Orders;"

1.5.4. "The Court Monitor shall:

- a. Oversee the timely implementation of all procedures and activities related to all outstanding obligations under the Court's Orders.
- b. Oversee the activities of the Defendants in order to ensure and affirm that the service system provides services and support that comply with the Court's Orders.
- c. Oversee the activities of the Defendants, including their oversight and monitoring, in order to ensure that their supervision and regulation of counties, contractors, providers, and agents results in substantial compliance with the Court's Orders.
- d. Oversee the activities of the Defendants related to their communications with other state agencies necessary to achieve substantial compliance with the existing Court's Orders.
- e. Review existing data collection mechanisms, information management, performance standards, provider review, and quality improvement systems, and, if necessary, identify specific improvements to achieve substantial compliance with the Court's Orders.
- f. Supervise compliance activities by the Defendants with respect to the Court's Orders.
- g. Facilitate efforts of the Defendants to achieve substantial compliance with the Court's Orders at the earliest feasible time.
- h. Evaluate the adequacy of current activities and the implementation of remedial strategies to facilitate substantial compliance with the existing Court's Orders.
- i. Propose to the Court actions that could be taken to more rapidly achieve substantial compliance, including the need for any additional Court Orders. In developing these actions, to the extent the Court Monitor deems appropriate, he may: (1) Develop specific outcome measures or standards of compliance for those areas in which such outcome measures or standards would assist in the determination of substantial compliance; (2) Encourage and allow the Defendants in the first instance to propose timelines, outcome measures, or standards of compliance, should they desire to do so; and (3) Include, when he deems appropriate, timetables for implementation, descriptions of measures necessary to bring the Defendants into substantial compliance or to overcome obstacles to substantial compliance;" and

1.5.5. "The Court Monitor may make formal, written recommendations if the Court Monitor: (a) determines that any action necessary to achieve substantial

compliance with an outstanding obligation under the Court's Orders is not being implemented or is inadequately implemented; (b) finds that Defendants are violating any provision of the Court's Orders; or (c) acts on a party's submission or a *sua sponte* consideration of a dispute. Such recommendations shall include consideration of the appropriateness of contempt, sanctions, fines, or additional relief. Such recommendations may also include timetables for implementation and descriptions of measures necessary to bring the Defendants into substantial compliance or to overcome obstacles to substantial compliance.”

1.6. WHEREAS, in an Order issued on September 18, 2014 (Doc. No. 344), the Court directed that:

1.6.1. “[T]he State must ensure accurate progress reporting. Reports to the Court must be accurate, complete, and verifiable;” and

1.6.2. “The Court requires the State to report on the following: (1) the number of people who have moved from segregated settings into more integrated settings; (2) the number of people who are no longer on the waiting list; and (3) the quality of life measures. With respect to the first inquiry, any calculation must consider admissions, readmissions, discharges, and transfers—reflecting the dynamic movement of individuals through segregated settings—to determine the net number of people who have moved into more integrated settings. Regarding the second inquiry, the State must evaluate whether the movement is at a reasonable pace. Finally, with respect to the third inquiry, the State must summarize and submit to the Court any available data and highlight any gaps in information.”

1.7. WHEREAS, in an Order issued on September 29, 2015 (Doc. No. 510), the Court approved the State’s Olmstead Plan, which includes a section on Plan Management and Oversight and assigns responsibility for quality assurance and accountability, and compliance evaluation, verification and oversight to the Olmstead Subcabinet and the Olmstead Implementation Office.

1.8. WHEREAS, in an Order issued on November 6, 2015 (Doc. No. 521), the Court stated that, “In a subsequent Order, the Court will identify a reporting schedule for the State to submit periodic reports to the Court on the *Olmstead* Plan’s implementation.”

2. NOW, THEREFORE, the Minnesota Department of Human Services hereby proposes the following:

2.1. As used in this Proposal and Exhibit A, in addition to any definitions elsewhere in the Proposal, the following terms shall have the meanings set forth herein:

2.1.1. "Consultants" means the Ombudsman for Mental Health and Developmental Disabilities, and the Executive Director of the Minnesota Governor's Council on Developmental Disabilities;

2.1.2. "Department" means the Minnesota Department of Human Services;

2.1.3. "Quarterly reporting" means reporting on the progress towards the Olmstead Plan's measurable goals by the Olmstead Implementation Office during a fixed three-month period.

2.2. The Department shall file with the Court and submit to Plaintiffs' Class Counsel and the Consultants quarterly status reports and annual reports regarding Olmstead Plan implementation as produced by the Olmstead Implementation Office and approved by the Olmstead Subcabinet based on the schedule listed in the attached **Exhibit A** entitled "Quarterly Reporting Schedule for Olmstead Plan Measurable Goals."

2.2.1. The initial quarterly status report shall include data acquired by the Olmstead Implementation Office through the last day of January 2016, and shall be due on February 29, 2016.

2.2.2. Thereafter, quarterly reporting shall occur according to the following schedule:

2.2.2.1. First Quarter (data acquired by the Olmstead Implementation Office through the last day of April) quarterly status report due date May 31.

2.2.2.2. Second Quarter (data acquired by the Olmstead Implementation Office through the last day of July) quarterly status report due date August 31.

2.2.2.3. Third Quarter (data acquired by the Olmstead Implementation Office through the last day of October) quarterly status report due date November 30.

2.2.2.4. Fourth Quarter (data acquired by the Olmstead Implementation Office through the last day of January) quarterly status report due date February 28.

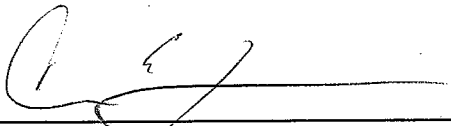
2.2.3. Annual reports shall cover data acquired by the Olmstead Implementation Office during the period of October 1 through September 30 and shall be due on or before the following November 30.

2.2.4. When the reporting date is a Saturday, Sunday, or a legal holiday, the reporting shall be effected on the next day that is not a Saturday, Sunday, or legal holiday, as provided in Federal Rule of Civil Procedure 6(a)(1)(C).

2.2.5. The Department shall consult with Plaintiffs' Class Counsel when changes to the reporting schedule are needed.

3. Prior Orders of the Court related to ongoing compliance reporting (Doc. Nos. 136, 211, 212, 224, 265, 340, and 344) should be superseded by the Court's Order on this Proposal.

MINNESOTA DEPARTMENT OF HUMAN SERVICES



Charles E. Johnson
MN Department of Human Services
540 Cedar Street
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EXHIBIT A
Quarterly Reporting Schedule for Olmstead Plan Measurable Goals

Reports will be compiled on a quarterly basis. For the purpose of reporting, the measurable goals will be 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. Measurable goals related to increasing capacity of the system and options for integration

Quarterly Reports will also include summary reports on mid- year reviews of measurable goals, status of workplans, and any adjustments needed to workplans.

Each measurable goal will be reported either quarterly, semi-annually, or annually. The chart below indicates the timing and frequency of reporting for each measurable goal and the rationale/authority for the reporting frequency. The chart also indicates the timeliness of the data at the time of the report. This chart also includes the month of mid-year reviews for each measurable goal that is reported annually.

The columns include the following information:

- Quarterly Report Month – Quarterly reports to the Court will be submitted in February, May, August and November of each year. An X indicates the months in which progress on each specific goal will be reported.
- Rationale/Authority for frequency of reporting – Rationale or authority that determines the frequency of reporting (quarterly, semi-annually, or annually) is presented.
- Timeliness of Data –Timeliness of the data at the time of the quarterly report (*To be determined based on the earliest point the data is reliable. In no case will data be more than 18 months old.)
- Mid-year review Begin Date – A mid-year review will be completed by the OIO Compliance staff on measurable goals reported annually. The date indicates when the first mid-year review will take place.

All quarterly reports and mid-year reviews begin in 2016 unless otherwise noted

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|---|-----|----------------|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Person Centered Planning Goal One: By June 30, 2020, plans for people using disability home and community-based waiver services will meet required protocols. Protocols will be based on the principles of person centered planning and informed choice. | X 2017 Base-line | X | X | X | Protocols were approved in February 2016 with interim quarterly reporting beginning in May 2016. Baseline will be established in February 2017 | | N/A |
| Person Centered Planning Goal Two: By December 31, 2017, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey. | X Sub-goals A & B X 2017 Sub-goal C | | | | National Core Indicator (NCI) survey used for subgoals A and B is conducted annually and will be reported beginning in February 2016. The NCI survey measure for subgoal C will be implemented in 2016 and will be reported beginning in February 2017. | | August 2016 |
| Transition Services Goal One: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings will be 7,138. | X | X | X Base-line | X | Subgoals A, B and C will be reported quarterly beginning February 2016 because of the high priority of this measurable goal. Subgoal C data will initially be interim data beginning in February 2016. A number of data sources will be used to monitor progress on this goal. These sources will be analyzed and validated. Baseline will be established in August 2016. | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----|-----|-----|---|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Transition Services Goal Two: By June 30, 2019, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting will be reduced to 30% (based on daily average). | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| Transition Services Goal Three: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital will increase to 14 individuals per month. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| Transition Services Goal Four: By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person centered planning process that adheres to transition protocols that meet the principles of person centered planning and informed choice. | | | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once measure is developed and first reported in August 2016. | | February 2016 |
| Housing & Services Goal One: By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,547 (from 6,017 to 11,564 or about a 92% increase). | | | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once measure is developed and first reported in August 2016. | | February 2016 |
| 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. | | | | X | This information is part of a federal report to the Rehabilitation Services Administration required under the Rehabilitation Act and is due annually. | | May 2016 |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|------------------------|-----|-----------|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| 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. | X 2018 | | X 2017 | | The first annual goal is due June 30, 2017 and will be reported semi-annually beginning in August 2017. Data is gathered and verified semi-annually. | | N/A |
| 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. | | | X | | Competitive, integrated employment outcomes for students with developmental cognitive disabilities ages 19-21 is reported by June 30 th of each FFY. This data is required and reported annually per the Individuals with Disabilities Education Act (IDEA). | | February 2016 |
| Education Goal One: By December 1, 2019 the number of students with disabilities, receiving instruction in the most integrated setting, will increase by 1,500 (from 67,917 to 69,417) | X | | | | This data is collected from school districts annually. MDE reports the most currently available data once a year on December 1 st . This data is required and reported annually per the Individuals with Disabilities Education Act (IDEA) and related regulations. | | August 2016 |
| Education Goal Two: By October 1, 2020 the number of students who have entered into an integrated post- secondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475) | X | | | | Integrated postsecondary outcomes for students with disabilities is reported by October 1 st of each FFY. This data is required and reported annually by the Individuals with Disabilities Education Act (IDEA) and related regulations. | | August 2016 |
| Waiting List Goal One: By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|----------------------------|-----|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Waiting List Goal Two: By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace. | X 2017 Base- line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADI and DD waiting lists each quarter.</p> | | N/A |
| Waiting List Goal Three: By March 1, 2017, the DD waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with immediate need as defined by Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b). | X 2017 Base- line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADI and DD waiting lists each quarter.</p> | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Waiting List Goal Four: By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years. | X 2017 Base-line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADI and DD waiting lists each quarter.</p> | | N/A |
| Waiting List Goal Five: By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need. | X 2017 Base-line | X | X | X | <p>This will be reported quarterly beginning in August 2016, because of the high priority of this measurable goal.</p> <p>The baseline will be established after one year, in December 2016, and included in the quarterly report to the Subcabinet at the February 2017 meeting.</p> <p>In the interim, the quarterly reports to the Subcabinet, beginning in February 2016, will report the number of persons on the CADI and DD waiting lists each quarter.</p> | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----------------------------------|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Transportation Goal One: By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%) By January 31, 2016, a target will be established for sidewalk improvements. | X | X 2016 only for Side walk goal | | | Inventories of facilities are required under Section 504 of the Rehabilitation Act 29 U.S.C. 701, however no schedule for updating the inventory is prescribed by law. MnDOT adopted annual reporting to ensure that agency goals in the transition plan are being met, which includes information on all of the accessibility improvements made in the previous construction season. MnDOT collects the information after projects are completed to ensure collection consistency and data integrity. | | August 2016 |
| Transportation Goal Two: By December 31, 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase). | | | | X | Ride reporting is done on an annual basis to the legislature as part of the statutorily required Annual Transit Report (Minn. Stat., Sec. 174.247). Data for 2015 is compiled, verified and will be available beginning in November 2016, and annually thereafter. | | May 2016 |
| Transportation Goal Three: By December 31, 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access. [*Baseline to be established by December 31, 2016] | X Begin 2017 | | | | Baseline for access will be established by December 31, 2016 and will be reported on beginning in February 2017. Information will be gathered through the annual grant solicitation process. The information is also aggregated and reported in the statutorily required Annual Transit Report (Minn. Stat., Sec. 174.247). | | August 2017 |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|------------------------|-----|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Transportation Goal Four: By December 31, 2020, transit systems' on time performance will be 90% or greater statewide. [*Baseline and goals for Greater Minnesota to be established by December 31, 2016] | X Begin 2017 | | | | Baseline and goals will be developed by December 31, 2016 and will be reported beginning February 2017. Information will be gathered through the annual grant solicitation process. The information is also aggregated and reported in the statutorily required Annual Transit Report (Minn. Stat., Sec. 174.247). | | August 2017 |
| Health Care Goal One: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care, focusing specifically on cervical cancer screening, and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline. | X Begin 2017 | | | | The first annual goal is due December 31, 2016 and will be reported annually beginning February 2017. Data is collected and verified annually. | | August 2017 |
| Health Care Goal Two: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline. | X Begin 2017 | | | | The first annual goal is due December 31, 2016 and will be reported annually beginning February 2017. Data is collected and verified annually. | | August 2017 |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|------------------------|-----|-----|-----|---|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| 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. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| 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. | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |
| 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, 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. [*Annual goals are due in June] | X | X | X | X | This will be reported quarterly because of the high priority of this measurable goal. | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|--|------------------------|-----------|-----|-----|--|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Positive Supports Goal Four: By June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 316. | | | X | | Districts submit their summary restrictive procedures data to MDE on an annual basis. The final counts are included in MDE's annual legislative report submitted on February 1st of each year. This report and data are required by Minnesota Statute 125A.0942. | | February 2016 |
| Positive Supports Goal Five: By June 30, 2017, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251. | | | X | | Districts submit their summary restrictive procedures data to MDE on an annual basis. The final counts are included in MDE's annual legislative report submitted on February 1st of each year. This report and data are required by Minnesota Statute 125A.0942. | | February 2016 |
| 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. | | X 2017 | | X | This will be reported semi-annually beginning in November 2016 because of the high priority of this measurable goal. | | N/A |
| Crisis Services Goal Two: By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 89% or more. | | X 2017 | | X | This will be reported semi-annually beginning in November 2016 because of the high priority of this measurable goal. | | N/A |
| Crisis Services Goal Three: By June 30, 2017, the number and percent of people who discontinue waiver services after a crisis will decrease to 45% or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.) | X 2017 | X | X | X | This will be reported quarterly beginning in May 2016 and quarterly thereafter, because of the high priority of this measurable goal. | | N/A |

| Goals | Quarterly Report Month | | | | Rationale/Authority for frequency of reporting | Time-liness of Data* | Mid-year Review Begin date |
|---|------------------------|-----------------------------------|-----|-----|---|----------------------|----------------------------|
| | Feb | May | Aug | Nov | | | |
| Crisis Services Goal Four: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care, and will have a stable, permanent home within 5 months after leaving the hospital. [*Baseline and goals developed by February 28, 2016 – Annual goal in June] | | X 2016 Base Line only | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once the measure is developed and reported beginning in August 2016. | | February 2017 |
| 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. [*Baseline and goals developed by January 31, 2016 – Annual goal in June] | | X 2016 Base Line only | X | | This measure is under development. Frequency of reporting (annually or quarterly) will be determined once the measure is developed and reported beginning in August 2016. | | February 2017 |
| Community Engagement Goal One: By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. | | | X | | This goal is made up of three strategies. Workplan calls for baseline data to be gathered over the course of the year, with due dates of December 31, 2015, March 30, 2016 and August 30, 2016. Therefore, it seems reasonable to report results annually. There is no statute or other regulation driving the dates for data collection. | | February 2017 |