



Minnesota Department of Human Services
Commissioner's Office
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February 27, 2017

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

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT
February 2017 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the February 27, 2017 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through January 31, 2017. This report is filed pursuant to this Court's Order for Reporting on Olmstead Plan dated February 22, 2016 (Doc. No. 544) and the Court's Order dated June 21, 2016 (Doc. No. 578).

This report was approved by the Olmstead Subcabinet on February 27, 2017 and is filed by the Department on its behalf.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Johnson', with a long horizontal stroke extending to the right.

Charles E. Johnson
Deputy Commissioner

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

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through January 31, 2017

DATE APPROVED BY SUBCABINET

February 27, 2017

Contents

I. PURPOSE OF REPORT	3
EXECUTIVE SUMMARY	3
II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS	4
QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED	4
TRANSITION SERVICES GOAL ONE	5
TRANSITION SERVICES GOAL TWO	10
TRANSITION SERVICES GOAL THREE	11
TRANSITION SERVICES GOAL FOUR	13
III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS	15
WAITING LIST GOAL ONE	15
WAITING LIST GOAL TWO	16
WAITING LIST GOAL THREE	17
WAITING LIST GOAL FIVE	18
IV. QUALITY OF LIFE MEASUREMENT RESULTS	20
V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION	21
PERSON-CENTERED PLANNING GOAL ONE	21
POSITIVE SUPPORTS GOAL ONE	23
POSITIVE SUPPORTS GOAL TWO	24
POSITIVE SUPPORTS GOAL THREE	25
CRISIS SERVICES GOAL THREE	27
EMPLOYMENT GOAL ONE	29
EDUCATION GOAL ONE	30
EDUCATION GOAL TWO	31
TRANSPORTATION GOAL ONE	32
TRANSPORTATION GOAL FOUR	34
POSITIVE SUPPORTS GOAL FOUR	35
POSITIVE SUPPORTS GOAL FIVE	36
VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS	39
VII. ADDENDUM	40
ENDNOTES	40

I. PURPOSE OF REPORT

This quarterly report to the Court and the public provides the status of work being completed by State agencies to implement the Olmstead Plan. 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 in every quarterly report.

Reports are compiled on a quarterly basis. For the purpose of reporting, the measurable goals are grouped in four categories:

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

This quarterly report of February 27, 2017 includes data acquired through January 31, 2017. Progress on each measurable goal will be reported either quarterly, semi-annually, or annually in accordance with the Court Orders issued on February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578).ⁱ

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on mid-year reviews of measurable goals and status of workplans.

EXECUTIVE SUMMARY

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

Status of Goals February 2017 Quarterly Report	Number of Goals
Met annual goal	7
On track to meet annual goal	3
In Process	8
Not on track to meet annual goal	2
Did not meet annual goal	5
Goals Reported	25

Several important annual goals were reported as met this quarter. These include: Employment Goal One to increase the number of people in integrated competitive employment; Education Goal One to increase the number of students receiving instruction in the most integrated setting; and Transportation Goal One B to increase the number of accessible pedestrian signals. In addition, monitoring of the CADI waiver services continues to show that no one is on the waiting list.

Goals reported this quarter that need improvement include: Education Goal Two to increase the number of students who enter an integrated postsecondary setting within one year of leaving secondary education; Positive Supports Goal Four to reduce the number of students experiencing the use of emergency use of restrictive procedures; and Positive Supports Goal Five to reduce the number of incidents of emergency use of restrictive procedure.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Apr – June 2016	28
• Nursing Facilities	Apr – June 2016	171
• Other segregated settings	Quarterly average	*262
• Anoka Metro Regional Treatment Center (AMRTC)	Oct – Dec 2016	18
• Minnesota Security Hospital (MSH)	Oct – Dec 2016	8
Net number who moved from segregated to integrated settings		487

*Quarterly number is calculated based on the annual number reported for the 2016 goal. Future quarterly reports will provide an actual quarterly number instead of an average.

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

Data Note: In preparing this report, the Department of Human Services (DHS) identified issues that need further examination with the Nursing Facilities and ICFs/DD data for the previous four quarters. The OIO Compliance staff will conduct a verification review with DHS and report findings and recommendations to the Subcabinet in March 2017.

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

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

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

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

2016 goal

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

Baseline: January - December 2014 = 72

RESULTS:

The 2016 goal was **met***.

Time Period	Total number of individuals leaving	Transfers^{iv} (-)	Deaths (-)	Net moved to integrated setting
July 2014 - June 2015	158	24	63	71
Quarter 1 (July – September 2015)	37	7	14	16
Quarter 2 (October – December 2015)	57	11	23	23
Quarter 3 (January – March 2016)	63	5	24	34
Quarter 4 (April – June 2016)	57	11	18	28
Annual Total (July 2015 – June 2016)	214	34	79	101

* In preparing this report, DHS identified issues that need further examination with the Nursing Facilities and ICFs/DD data for the previous four quarters. OIO Compliance staff will conduct a verification review with DHS and report the findings and recommendations to the Subcabinet in March 2017.

¹ Baseline is for Fiscal Year 2014 (July 2013 – June 2014)

ANALYSIS OF DATA:

From July 2015 – June 2016, the number of people who moved from an ICF/DD to a more integrated setting was 101. The 2016 goal of 84 was met.

COMMENT ON PERFORMANCE:

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

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

A Person-Centered Planning, Informed Choice and Transition Protocol was approved in February 2016. Work is being completed to increase education and technical assistance on housing subsidies, methods of working with landlords, and services available to do so, as well as different services that are available to support people as they move from an ICF/DD to an integrated setting.

Several providers, including Minnesota State Operated Community Services and private providers, have expressed an interest in voluntary closures of ICFs/DD. Several ICFs/DD closures are currently in process. DHS is working to support the planning process for integrated community service development. These closures would permanently reduce bed capacity.

Beginning in December 2015, Section 811 rent subsidies became available to some individuals moving from institutional settings. Since that time, sixty individuals with a disability, including fourteen who have moved from institutional settings, have been housed using Section 811 rent subsidies. One of these individuals moved from an ICF/DD.

TIMELINESS OF DATA:

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

B) NURSING FACILITIES**2016 goal**

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

Baseline: January - December 2014 = 707

RESULTS:

This 2016 goal was **met***.

Time Period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015	1,509	203	527	779
Quarter 1 (July – September 2015)	374	23	171	180
Quarter 2 (October – December 2015)	511	59	221	231
Quarter 3 (January – March 2016)	370	26	159	185
Quarter 4 (April – June 2016)	299	22	106	171
Annual Total (July 2015 – June 2016)	1,554	130	657	767

* In preparing this report, DHS identified issues that need further examination with the Nursing Facilities and ICFs/DD data for the previous four quarters. OIO Compliance staff will conduct a verification review with DHS and report the findings and recommendations to the Subcabinet in March 2017.

ANALYSIS OF DATA:

From July 2015 – June 2016, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 767. The 2016 goal of 740 was met.

COMMENT ON PERFORMANCE:

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

Beginning in December 2015, Section 811 rent subsidies became available to some individuals moving from institutional settings. Sixty individuals with a disability, including fourteen who have moved from institutional settings, have been housed using Section 811 rent subsidies to date.

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

TIMELINESS OF DATA:

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

C) SEGREGATED HOUSING

This goal was established in 2015 using an interim measure. Progress on the 2015 goal was reported in the February 2016 Quarterly Report and Annual Report using the interim measure. The interim measure was the same data that was used to measure Housing and Services Goal One and included individuals who moved to integrated housing of their choice, where they have a signed lease, and receive financial support for the cost of housing.

An interim baseline was established and approved by the Subcabinet on February 22, 2017 and is included below. In light of the new baseline, the 2015 goal is being reported again utilizing the new baseline. The 2016 goal is also being reported.

2015 and 2016 goals

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

Interim Baseline: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting. A standardized informed choice process is being implemented. When data from this process is deemed reliable and valid, baseline and goals will be re-evaluated and revised as appropriate.

RESULTS:

The 2015 goal was **met**.

The 2016 goal was **met**.

Time Period	Total moves	Receiving Medical Assistance (MA)			
		Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
July 2013 – June 2014	5,694	1,121 (19.7%)	509 (8.9%)	3,845 (67.5%)	219 (3.9%)
July 2014 – June 2015	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
July 2015 – June 2016	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)

ANALYSIS OF DATA:

From July 2014 – June 2015, of the 5,703 individuals moving from segregated housing, 1,137 individuals (19.9%) moved to a more integrated setting. The 2015 goal of 50 was met.

From July 2015 – June 2016, of the 5,603 individuals moving from segregated housing, 1,051 individuals (18.7%) moved to a more integrated setting. The 2016 goal of 250 was met.

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

COMMENT ON PERFORMANCE:

Among the moves that can be identified there were significantly more individuals who moved to more integrated settings than moved to congregate settings. This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

COMMENT ON TABLE HEADINGS:

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

Total Moves: Total number of people in one of the following settings for 90 days or more:

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

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

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

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

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

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

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

No Longer on MA: Not currently open on public programs in MAXIS or MMIS.

Not Receiving Residential Services: People in this group are on Medical Assistance to pay for basic care, drugs, mental health treatment, Tax Equity and Fiscal Responsibility Act (TEFRA), etc. This group does not use other DHS paid services such as waivers, home care or institutional services. The data used to

identify moves comes from two different data systems: Medicaid Management Information System (MMIS) and MAXIS. People may have addresses or living situations identified in either or both systems. DHS is unable to use the address data to determine if the person moved to a more integrated setting or a congregate setting; or if a person's new setting was obtained less than 90 days after leaving a congregate setting.

TIMELINESS OF DATA:

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

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

2017 goal

- By June 30, 2017, the percent of people at AMRTC awaiting discharge will be $\leq 33\%$

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

RESULTS:

This goal is **not on track** to meet the 2017 goal of $\leq 33\%$.

Time Period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting	% awaiting discharge
July 2015 – June 2016	281	167	0	114	Avg = 42.5%
Quarter 1 (July – September 2016)	61	27	0	34	Avg = 37.0%
Quarter 2 (October – December 2016)	57	38	1	18	Avg = 38.6%

ANALYSIS OF DATA:

From October – December 2016, the average percent of people at AMRTC awaiting discharge was 38.6% compared to 37% in the previous quarter. If this trend continues, the 2017 goal will not be met.

COMMENT ON PERFORMANCE:

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

In order to meet timely discharge, individual treatment planning is necessary for patients under mental health commitment who no longer need hospital level of care.

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

- A lack of housing vacancies and closed waiting lists for housing.

- Low reimbursement rates for patients over the age of 65 due to the limits of Elderly Waiver per diem rates.
- Community providers who lack capacity to serve individuals who exhibit these behaviors:
 - Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
 - Predatory or sexually inappropriate behavior;
 - High risk for self-injury (i.e. swallowing objects, suicide attempts); and
 - Unwillingness to take medication in the community.

To help address individuals under Rule 20 commitment, DHS is increasing capacity to provide additional community-based residential competency restoration services for individuals who no longer need hospital level of care at AMRTC. The Community Competency Restoration Program (CCRP) was developed in late 2016 and began serving individuals in January 2017.

An amendment to this goal was approved by the Subcabinet on February 22, 2017. The amended goal focuses measurement of progress for individuals under mental health commitment. Reporting on the amended goal will begin in the May 2017 Quarterly Report.

TIMELINESS OF DATA:

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

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

2016 goal

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

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

RESULTS:

The 2016 goal was **not met**.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
January – December 2015	188	107	8	73 Average = 6.1
Quarter 1 (January – March 2016)	40	23	1	16 Average = 5.3
Quarter 2 (April – June 2016)	47	26	1	20 Average = 6.7
Quarter 3 (July – September 2016)	45	21	1	23 Average = 7.7
Quarter 4 (October – December 2016)	52	27	0	25 Average = 8.3
Totals (January – December 2016)	184	97	3	84 Average = 7

ANALYSIS OF DATA:

From January – December 2016, the average monthly number of individuals leaving MSH was 7. The 2016 annual goal to increase to ≥ 11 was not met.

From October – December 2016, the monthly average number of discharges from MSH to a more integrated setting increased to 8.3 compared to 7.7 in the previous quarter. There has been an increase in the net number of people moving to integrated settings over the past four quarters.

COMMENT ON PERFORMANCE:

DHS efforts continue to expand community capacity. In addition, MSH continues to work towards the mission of Olmstead through identifying individuals who could be served in more integrated settings. While MSH serves individuals throughout Minnesota under a variety of civil commitments, the program is the State's primary provider in addressing treatment needs for those civilly committed as Mentally Ill and Dangerous (MI&D). The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approvals for community-based placement (Minnesota Stat. 253B.18).

Effective January 1, 2016, the Minnesota statute governing MI&D processes was updated to require that each person under MI&D commitment be reviewed every three years to consider appropriateness for a reduction in custody. A reduction in custody could include a transfer from MSH to a non-secure treatment setting, provisional discharge, or dismissal from civil commitment. This new action will help to ensure that those under MI&D commitment are also considered within Olmstead's mission, and are being assessed for the most integrated setting.

To support this initiative, MSH worked to establish an internal committee in June 2016, the Forensic Review Panel (FRP). The FRP is responsible for conducting a thorough and comprehensive review of individuals' clinical progress and risk management factors in order to make recommendations for changes in custody. The FRP may also provide clinical recommendations to treatment representatives, and strives to ensure that the facility is prepared for each individual's upcoming Special Review Board (SRB) hearing. The focus for reviews has initially been dedicated to those individuals requiring a three year review, but is expanding to include individuals who require customized treatment interventions to successfully complete programming and a thorough facility review of all cases prior to a SRB hearing.

Amendments to this goal were approved by the Subcabinet on February 22, 2017. The amended goal adjusted the annual goals to measure progress of individuals moving to more integrated settings. Reporting on the amended goal will begin in the May 2017 Quarterly Report.

TIMELINESS OF DATA:

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

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

The Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Subcabinet Executive Committee on February 10, 2016. When people express an interest and are making a transition, lead agency staff are required to apply the protocol.

The first time data became available for this goal was July 2016. A new baseline was established and approved by the Subcabinet on February 27, 2017 and is included below. This is the first time quarterly report using the new baseline.

2017 Goal²

- By June 30, 2017, the percent of those choosing to move to a more integrated setting who have a plan that adheres to transition protocols that meet the principles of person-centered planning and informed choice will increase to 30%.

Baseline: From July – September 2016, of the 31 transition cases reviewed, four cases (12.9%) adhered to transition protocols that meet the principles of person-centered planning and informed choice.

RESULTS:

This goal is in process.

Time Period	Total Number of Cases Reviewed (Disability Waivers)	Number of Transition Cases Reviewed (Disability Waivers)	Number of Cases Meeting Protocols	Percent of Cases Meeting Protocols
Quarter 1 July – Sept. 2016	289	31	4	12.9%

ANALYSIS OF DATA:

The DHS Lead Agency Review implemented case file review protocols beginning July 2016 to monitor lead agencies implementation of the Person-Centered, Informed Choice and Transition Protocol. A sample of people who have been identified as having a transition in their living setting were added to the case file review.

DHS reviewed 289 case files through the lead agency review process to determine the percent of people choosing to move to a more integrated setting who have a plan that “adheres to transition protocols that meet the principles of person-centered planning and informed choice”. Of these case files, 31 indicated a transition had occurred. Four cases (12.9%) of the 31 cases met the criteria of person-centered planning and informed choice.

COMMENT ON PERFORMANCE:

The Person-Centered, Informed Choice and Transition Protocols were initiated with lead agencies in July of 2016. DHS will monitor implementation and between July 2016 and March 2017 provide lead agencies feedback on each file reviewed. Lead agencies will be provided technical assistance and training to ensure the protocol is applied effectively.

² Data was not available to measure progress on the 2016 goal.

Beginning in January 2018, DHS will begin to take corrective action and require individual remediation when lead agencies do not comply with the person-centered protocols.

If all eight items below are present in the plan during a case file review, the plan is considered to meet the person-centered protocols:

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

If all ten items below are present in the plan during a case file review, the plan is considered to meet the transition protocols:

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

III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

This section reports progress on the movement of individuals from the home and community-based services waiting lists. A new urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The new system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace standards have been established for each of these categories.

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:

The CADI waiting list remains at zero and is **on track** to stay at zero. CADI waiver services continues to show that no one is on the waiting list.

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

ANALYSIS OF DATA:

As of October 1, 2016 the Community Access for Disability Inclusion (CADI) waiver waiting list was eliminated. As of December 1, 2016 the CADI waiver waiting list remains at zero.

COMMENT ON PERFORMANCE:

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

DHS will continue to monitor data and work with lead agencies to ensure that individuals that are eligible for the CADI waiver, are allocated the waiver and do not end up on the waiting list.

TIMELINESS OF DATA:

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

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

Baseline: In April 2015, there were 3,586 individuals on the DD waiver waiting list. The 2015 baseline was based on the previous reporting system and cannot be used for direct comparison with current waiting list data. Now that a full year of urgency data has been collected, a new baseline will be developed when the data is reliable and valid, four months after the end of the reporting period. Once a new baseline is approved by the Subcabinet, it will be utilized in future quarterly reports.

RESULTS: This goal is in process.

Reporting Period: January – March 2016

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

Reporting Period: April – June 2016

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

Reporting Period: July – September 2016

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Still on waiting list
Institutional Exit	20	8 (40%)	5 (25%)	7 (35%)
Immediate Need	100	56 (56%)	30 (30%)	14 (14%)
Defined Need	285	125 (44%)	72 (25%)	88 (31%)
Totals	405	189 (47%)	107 (26%)	109 (27%)

ANALYSIS OF DATA:

From July – September 2016, of the 405 individuals on the Developmental Disabilities (DD) waiver waiting list, 189 individuals (47%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 480 individuals assessed, 212 individuals (44%) had funding approved within 45 days of assessment. There has been overall improvement in the percent of individuals moving off the waiting list at a reasonable pace.

COMMENT ON PERFORMANCE:

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

Compared to the previous quarter, the number of people on the waiting list increased for some categories. This is expected as data collection continues during the first year.

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

TIMELINESS OF DATA:

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

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

RESULTS: This goal is in process.

INSTITUTIONAL EXIT CATEGORY

Time Period	Number of people assessed	Still on waiting list
January – March 2016	14	1 (7%)
April – June 2016	31	9 (29%)
July – September 2016	20	7 (35%)

IMMEDIATE NEED CATEGORY

Time Period	Number of people assessed	Still on waiting list
January – March 2016	93	10 (11%)
April – June 2016	126	10 (8%)
July – September 2016	100	14 (14%)

ANALYSIS OF DATA:

From July – September 2016, for persons in the Institutional Exit category, seven individuals remained on the DD waiver waiting list at the end of the reporting period. For persons in the Immediate Need category, fourteen individuals remained on the DD waiver waiting list at the end of the reporting period.

COMMENT ON PERFORMANCE:

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

DHS has focused recent technical assistance on approving funding for people in the Institutional Exit category. Some lead agencies may hesitate to approve access to waiver funding for planning to begin for persons leaving an institutional setting because service planning for persons leaving these settings may take an extended period of time. This may explain the higher proportion of people in this category still on the waiting list. DHS has informed lead agencies that approving access to waiver funding in these cases may occur before service planning begins.

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

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

TIMELINESS OF DATA:

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

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

RESULTS: This goal is in process.

DEFINED NEED CATEGORY

Time Period	Number of people assessed	Still on waiting list
January – March 2016	217	74 (34%)
April – June 2016	323	102 (32%)
July – September 2016	285	88 (31%)

ANALYSIS OF DATA:

From July – September 2016, for persons in the Defined Need category, 88 people out of 285 people remained on the Developmental Disabilities waiver waiting list.

COMMENT ON PERFORMANCE:

DHS encourages lead agencies to approve funding for persons in the Defined Need category following approval of persons in the Institutional Exit and Immediate Need categories and as waiver budget capacity allows. If a lead agency makes a determination that it does not have sufficient capacity to approve funding for persons in the Defined Need category, DHS expects the lead agency to maintain a

budget reserve of 3% or less, pursuant to Minnesota statute. If sufficient funding is unavailable to serve all people in the Defined Need category, DHS may use this information to determine the level of funding required for elimination of the DD waiver waiting list. Additionally, some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year.

TIMELINESS OF DATA:

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

The 2015 National Core Indicators (NCI) survey results were reported in the May 2016 Quarterly Report. The 2016 NCI survey results will be reported as they become available.

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

The Improve Group has:

- Received the sample data set from DHS and the Department of Employment and Economic Development
- Conducted analysis of data set to determine readiness and appropriateness for survey implementation
- Initiated communications with lead agencies and service providers and coordinated communications with OIO and the agencies
- Begun outreach efforts to recruit and train interviewers and begin scheduling interviews
- Initiated the Quality of Life Survey

The OIO and the Improve Group are meeting weekly to provide support, troubleshoot problems, and monitor survey implementation.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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

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

The Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Subcabinet Executive Committee on February 10, 2016. Interim quarterly reporting began in May 2016 and included the total number of cases, the number of sample cases reviewed, identification of the counties participating in the audit, and recommendations provided to lead agencies.

The first time data became available for this goal was July 2016. A new baseline was established and approved by the Subcabinet on February 22, 2017 and is included below. This is the first quarterly report using the new baseline. The quarterly reports will continue to include information about the counties participating in the review process.

2017 goal³

- By June 30, 2017, the percent of plans that meet the required protocols will increase to 50%.

Baseline: From July – September 2016, 289 cases were reviewed. Of those cases, 47 (16.3%) were identified as having plans that met the person-centered protocols. During the period July 2014 – June 2015, there were 38,550 people served by disability home and community based services.

RESULTS:

This goal is **in process**.

Time Period	Total Number of Cases (Disability Waivers)	Sample of Cases Reviewed (Disability Waivers)	Number of Cases Meeting Protocols	Percent of Cases Meeting Protocols
Quarter 1 July – Sept 2016	1,682	289	47	16.3%

ANALYSIS OF DATA:

From July 2016-September 2016, 289 files were reviewed. Of those files, 47 (16.3%) were identified as having plans that were person-centered.

The DHS Lead Agency Review implemented new person-centered case file review protocols beginning July 2016 to monitor lead agency implementation of the Person-Centered, Informed Choice and Transition Protocol. Though lead agencies are responsible to ensure each person has a support plan that includes all required person-centered elements, the Lead Agency Review is focusing on key areas of the protocol.

³ Data was not available to measure progress on the 2016 goal.

Twenty-five person-centered items were added to the case file review protocols for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmentally Disabled (DD)). Of those twenty-five items, eight were identified as being cornerstones of a person-centered plan. If all eight items are present, the plan is considered to meet the person-centered protocols.

The eight key areas include:

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

The Lead Agency Review looks at documentation dated up to 364 days prior to the site visit. Many support plans reviewed will not be in compliance with the Person-Centered, Informed Choice, and Transition Protocol because they were written prior to the implementation of the protocol. By March 1, 2018, it is expected that 100% of plans will have been developed in accordance with the protocol.

Counties Participating in Audits*

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

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

COMMENT ON PERFORMANCE:

During July 2016 – December 2017, the review team will provide feedback to the lead agencies on each person-centered item in every file reviewed. This will assist in identifying the need for technical assistance and training to ensure that everyone is able to apply the protocol in its entirety.

In January 2018, DHS will begin to take corrective action and require remediation when lead agencies do not comply with the person-centered review protocols. When findings from case file review indicate

files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections must be made within 60 days of the Lead Agency Review site visits.

Of the agencies reviewed in this reporting period, all have received recommendations relating to person-centered planning and thinking. The recommendations encourage lead agencies to set expectations for the quality and content of support plans as well as to seek out training for their staff on providing person-centered services. This may involve changes in agency practices as well as changes to how agencies work with their community partners.

TIMELINESS OF DATA:

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

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.

2017 Goal

- By June 30, 2017, the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 49 individuals**

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

RESULTS:

This goal is **in process**. The results on the annual goal will be reported in November 2017.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
Quarter 1 (July - September 2016)	297 (duplicated)	N/A- quarterly status of annual goal

ANALYSIS OF DATA:

From July to September 2016, the number of individuals who experienced a restrictive procedure was 297, compared to 316 in the previous quarter.

COMMENT ON PERFORMANCE:

There were 297 individuals who experienced a restrictive procedure this quarter:

- 266 individuals were only subject to Emergency Use of Manual Restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.

- 31 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

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

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL TWO: By June 30, 2018, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will decrease by 1,596.

Annual Goals

- By June 30, 2017, the number of reports of restrictive procedures will be reduced by **388**.

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

RESULTS:

This goal is **in process**. The results on the annual goal will be reported in November 2017.

Time period	Number of BIRF Reports	Reduction from previous year
2015 Annual (July 2014 – June 2015)	5,124	3,478
2016 Annual (July 2015 – June 2016)	4,008	1,116
Quarter 1 (July – September 2016)	960	N/A – quarterly status of annual goal

ANALYSIS OF DATA:

From July to September 2016, the number of BIRF reports was 960 compared to 1,006 in the previous quarter, with a downward trend continuing.

COMMENT ON PERFORMANCE:

There were 960 reports of restrictive procedure this quarter.

- 775 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary. Under the Positive Supports Rule, the External Program Review Committee (convening in March 2017) will have the duty to review and respond to BIRF reports involving EUMRs. It is anticipated the Committee’s work will help reduce the number of people who experience emergency restraints (see Positive Supports Goal One) and the number of EUMRs through the guidance they will provide to license holders regarding specific uses of EUMR.
- 185 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures other than EUMRs. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL THREE: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544^{vi}, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

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

2017 Goal

- By June 30, 2017, reduce mechanical restraints to no more than
 - **277** reports of mechanical restraint
 - **19** individuals approved for emergency use of mechanical restraint

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

RESULTS:

The goal for number of reports is **not on track** to meet the 2017 goal.

The goal for number of individuals is **on track** to meet the 2017 goal.

Time period	Number of Reports during the time period	Number of individuals at end of time period
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
Quarter 1 (July – September 2016)	161	13

ANALYSIS OF DATA:

This goal has two measures. One of the measures is on track to meet the 2017 goal, and the other is not on track to meet the goal.

From July to September 2016, the number of reports of mechanical restraint was 161. Although the number of reports decreased from 184 in the previous quarter, the goal is not on track to meet the 2017 annual goal.

From July to September 2016, the number of individuals for whom the EUMR was approved was 13. The goal is on track to meet the 2017 annual goal.

COMMENT ON PERFORMANCE:

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

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

Of the 161 BIRFs reporting use of mechanical restraint:

- 80 reports involved the 13 people with review by the IRP and approval by the Commissioner for the emergency use of mechanical restraints.
- 60 reports* involving 5 people, were submitted by providers whose use is within the phase out period.
- 16 reports* were submitted for 2 people who have been determined by the IRP to apply and use a restraint device on themselves voluntarily and independently. The IRP continues to monitor this case although the devices are not used against them as a restraint.
- 3 reports, involving 2 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 1 report* involving 1 person, was inaccurately coded and did not involve the use of mechanical restraint by a DHS license holder.
- 1 report* involving 1 person, included the unapproved use of mechanical restraint. Prior to the TA call from DHS staff, the provider had identified the use as unauthorized and taken corrective action (staff retraining, and revising their behavior intervention protocol) to prevent reoccurrence.

*DHS staff follows up on these reports with a phone call to the license holder to review the reported intervention and provide technical assistance.

TIMELINESS OF DATA:

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

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

2016 Goal

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

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

RESULTS:

The 2016 goal was **not met**.

Time period	Number of People Who Discontinued Disability Waiver Services After a Crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
Quarter 1 (July – September 2015)	26 (duplicated)
Quarter 2 (October – December 2015)	20 (duplicated)
Quarter 3 (January – March 2016)	26 (duplicated)
Quarter 4 (April – June 2016)	22 (duplicated)
2016 Annual (July 2015 – June 2016)	71 (unduplicated)

ANALYSIS OF DATA:

From July 2015 – June 2016, the number of people who discontinued disability waiver services after a crisis was 71. The 2016 annual goal of 55 was not met.

Annual numbers represent an unduplicated count of people who discontinue disability waiver services after a crisis. From July 1, 2015 to June 30, 2016, the number of people who discontinued waiver services after a crisis was 71 or 2.98% out of 2,379 individuals who received crisis services through the disability waivers.

COMMENT ON PERFORMANCE:

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

In December 2016, DHS awarded license capacity to serve 38 more people at any given time in out-of-home crisis respite services. This will increase the system's ability to provide crisis stabilization services for people on a waiver in a home and community-based services environment, rather than in more segregated settings. This new capacity is scheduled to begin in March 2017.

This is in addition to ongoing efforts under other Olmstead workplan activities to establish and expand training for providers, lead agencies, people with disabilities and those who support them on implementing positive support and person-centered practices.

An amendment to this goal was approved by the Subcabinet on February 22, 2017. The amended goal was a technical change to clarify language. Reporting on the amended goal will begin in the May 2017 Quarterly Report.

TIMELINESS OF DATA:

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

SEMI-ANNUAL AND ANNUAL GOALS

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

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals⁴ receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

2016 Goal

- By September 30, 2016, the number of new individuals with disabilities working in competitive integrated employment will be **2,911**.

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

RESULTS:

The 2016 goal was **met**.

Time period	Number of Individuals Achieving Employment Outcomes		
	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Total
October 2014 – September 2015	3,104	132	3,236
October 2015 – September 2016	3,115	133	3,248

ANALYSIS OF DATA:

From October 2015 – September 2016, the number of people with disabilities working in competitive integrated employment was 3,248. The 2016 annual goal of 2,911 was met. This number represents an increase over the previous year, and an increase of 510 over baseline.

COMMENT ON PERFORMANCE:

During October 2015 – September 2016, Minnesota's economy was strong. The health of the state's economy and the demand for qualified workers was a positive factor affecting the number of people with disabilities successfully achieving competitive integrated employment.

TIMELINESS OF DATA:

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

⁴ "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

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

2015 Goal

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

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

RESULTS:

The 2015 goal was **met**.

Time Period	Students with disabilities in most integrated setting	Total number of students with disabilities (ages 6 – 21)
January – December 2014	68,434 (62.1%) (517 over baseline)	110,141
January – December 2015	69,749 (62.1%) (1,832 over baseline)	112,375

ANALYSIS OF DATA:

During 2015, the number of students with disabilities receiving instruction in the most integrated setting increased by 1,832 over baseline to 69,749. The 2015 goal of an increase of 300 to 68,217 was met. Although the number of students in the most integrated setting increased, the percentage of students in the most integrated setting when compared to all students with disabilities ages 6 – 21 remains unchanged from the previous year due to an increase in the total number of students with disabilities. The February 2016 Quarterly Report and Annual Report inadvertently reported that the 2015 goal was met based on 2014 data. The progress on the 2015 goal is now being reported using the 2015 data. This does not change the conclusion that the 2015 goal was met.

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

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

2016 Goal

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

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

RESULTS:

The 2016 goal was **not met**.

Time Period	Students Entering Integrated Post-Secondary Setting (2 and 4 year college/university)
2015 Post School Outcome Survey ^{ix} (April 2015 – September 2015)	182 (29.3%) Decrease of 43 from baseline
2016 Post School Outcome Survey ^{ix} (April 2016 – September 2016)	173 (24.9% of 696) Decrease of 52 from baseline

ANALYSIS OF DATA:

Using data from the 2016 Post School Outcome Survey, 696 out of 1,284 students with disabilities completed the survey for a response rate of 55.1%. Of the 696 students surveyed, 173 (24.9%) were enrolled in an integrated two or four year college or university. The October 1, 2016 goal to increase by 50 over baseline to 275 was not met. Although the percent (based on the number of students responding to the survey) increased from the baseline of 23.3% to 24.9%, it was a decrease in percentage from the previous year.

From this cohort of 696 students surveyed, 309 or 44.4% were in competitive integrated employment. In terms of additional information regarding integrated postsecondary education settings, there were an additional 38 students (31.1%) in this reporting cohort who were enrolled in other integrated postsecondary programs, such as a nine or twelve month certificate program, for a total of 211 students enrolled in an integrated postsecondary setting within one year of leaving secondary education.

The reporting cohort will change annually based on the numbers of participating districts, students and the number of completed surveys.

COMMENT ON PERFORMANCE:

MDE will continue working with the colleges and universities in the Minnesota State system to provide technical assistance to local education agencies for the purpose of increasing the number of students with disabilities who are enrolled in an integrated (two and four year colleges and universities) postsecondary education setting by 2020.

An amendment to this goal was approved by the Subcabinet on February 22, 2017. The amended goal uses a broader data system to more accurately measure statewide progress on the goal. Reporting on the amended goal will begin in the August 2017 Quarterly Report.

TIMELINESS OF DATA:

- In order for this data to be reliable and valid, it is reported once a year on February 1st of the following year.

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 October 31, 2021, improvements will be made to 30 miles of sidewalks.

A) Curb Ramps

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

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

RESULTS:

The goal is **on track** to meet the 2020 goal.

Time Period	Curb Ramp Improvements	PROW Compliance Rate
Calendar Year 2014	1,139	24.5%
Calendar Year 2015	1,594	28.5%

ANALYSIS OF DATA:

In 2015, the total number of curb ramps improved was 1,594, bringing the system to 28.5% compliance under PROW.

COMMENT ON PERFORMANCE:

In 2015, MnDOT constructed more curb ramps than in any other previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be lower.

TIMELINESS OF DATA:

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

B) Accessible Pedestrian Signals

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

2016 Goal

- By December 31, 2016, an additional 50 APS installations will be provided.

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

RESULTS:

The 2016 goal was **met** (using Calendar Year 2015 data).

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

ANALYSIS OF DATA:

In Calendar Year 2015, an additional 69 APS installations were provided. Based on the 2015 data, the 2016 goal to increase by 50 was met.

COMMENT ON PERFORMANCE:

MnDOT has already met its goal of 50% system compliance. MnDOT will propose measurable goal adjustments to the Subcabinet for provisional approval.

TIMELINESS OF DATA:

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

C) Sidewalks

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

2017 Goal:

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

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

RESULTS:

This goal is **in process**.

An amendment to this goal was approved by the Subcabinet on February 22, 2017. The amended goal established a baseline and annual goals. Reporting on the amended goal will begin once the data is reliable and valid.

The table below provides information on progress towards this goal to date.

Time Period	Sidewalk Improvements	PROW Compliance Rate
Calendar Year 2014	N/A	46%
Calendar Year 2015	12.41 miles	47.3%

TRANSPORTATION GOAL FOUR: By December 31, 2025, transit systems' on time performance will be 90% or greater statewide.

2016 Goal:

- In 2016, establish baseline and goals for on time performance for Greater Minnesota.

RESULTS:

The 2016 goal to establish baseline and goals was **met**.

Baseline and goals for on time performance for Greater Minnesota were approved by the Subcabinet on February 22, 2017. The approved baseline and goals are included in the revised February 2017 Plan. The bold text reflects the new baseline and goals. Reporting on the amended goal will begin once the data is reliable and valid.

Established Baseline and Goal for Greater Minnesota

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

Baseline for on time performance in 2014 was:

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

Ten year goals to improve on time performance:

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

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.

2016 Goal

- By June 30, 2016, the number of students experiencing emergency use of restrictive procedures will be reduced by **105**.

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

RESULTS:

The 2016 goal was **not met**.

Time period	Students who experienced restrictive procedure	Change from previous year
2014-15 school year	2,779	+39
2015-16 school year	3,034	+255

ANALYSIS OF DATA:

The 2016 goal to reduce by 105 students was not met. Instead there was an increase of 255 students over baseline. Although the goal was not met, the average number of restrictive procedure per restricted student decreased. The full Minnesota Department of Education (MDE) report, "A Report on District's Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" is available at: <http://education.state.mn.us/MDE/about/rule/leg/rpt/rep17/>

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 has been reviewed and clarified as needed. The data included all public schools, including intermediate districts, charter schools and special education cooperatives.

2015-16 school year:

- Physical holding was used with 2,743 students and seclusion was used with 848 students. These numbers differ from the data reported in the 2016 legislative report, which reported 2,541 physical holds and 840 seclusions.
- Compared to the 2014-15 school year, the average number of physical holds per physically held student was 5.7, down from 6.1; the average number of uses of seclusion per secluded student was 7.6, down from 7.8; and the average number of restrictive procedures per restricted student was 7.3, down from 8.0.
- School districts reported 147,360 students receiving special education services. Restrictive procedures were used with 3,034 of those students. The actual number of reported special education students increased by 7,375 from the 2014-15 school year. The percentage of students who experienced the use of a restrictive procedures slightly increased to 2.06 percent of the special education population for the 2015-16 school year.

While the number of students who have experienced the use of restrictive procedures has increased over the last two years, the percentage of students remained the same in 2014-15 and went up very

slightly in 2015-16. This is due in part to better and more consistent data reporting by districts, and the increase in the number of students receiving special education services.

COMMENT ON PERFORMANCE:

- Prone restraint is now a prohibited procedure. It is believed that this caused an increase in the use of other restrictive procedures.
- The Restrictive Procedures stakeholder's work group (2016 Work Group) is focusing its attention on reducing the use of restrictive procedures, and specifically to eliminate the use of seclusion. Districts are in need of capacity building and the 2016 Work Group requested funding for the upcoming legislative session so students can remain in more inclusive settings. District staff need more tools to avoid the need for restrictive procedures.
- The requested funding in the 2017 legislative report would be used to provide resources so school districts can have experts observe and consult with students with behavioral needs to ensure effective and consistent programming is in place, and professional development of administrators and special education and general education direct providers on trauma informed practices. This will enable districts to reduce the number of students experiencing, and/or the frequency of use of, restrictive procedures.
- The 2016 Work Group is moving forward to implement the 2016 statewide plan contained in the 2017 legislative report. The focus for the upcoming year is on problem solving with focus areas in data analysis, training, developing a framework for a Teacher Exchange program, and making resources available to school district administrators, staff, parent advocacy groups, and parents. The 2016 Work Group will also review the quarterly seclusion data as it works on the focus areas.
- In the 2016-17 school year, 43 new schools entered PBIS cohort training. This increases the active number of PBIS schools in the state to 576 (28% of MN schools). MDE staff will be reviewing the list of trained PBIS schools and cross referencing it with the list of schools that have reported use of restrictive procedures and will include this in future reports.
- An amendment to this goal was approved by the Subcabinet on February 22, 2017. The amended goal adjusted the annual goals to include a secondary measure to adjust for fluctuations in the number of students. Reporting on the amended goal will begin when the data is considered to be valid and reliable.

TIMELINESS OF DATA:

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

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

2016 Goal

- By June 30, 2016, the number of incidents of emergency use of restrictive procedures will be reduced by 750.

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

RESULTS:

The 2016 goal was **not met**.

Time period	Number of Reports	Change from previous year
2014 – 15 school year	22,119	+2,582
2015 – 16 school year	22,028	-91

ANALYSIS OF DATA:

The 2016 goal to reduce by 750 incidents was not met. Instead there was a decrease of 91 emergency incidents of restrictive procedures from the previous year. The full MDE report, "A Report on District's Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" is available at:

<http://education.state.mn.us/MDE/about/rule/leg/rpt/rep17/>

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 has been reviewed and clarified as needed. The data included all public schools, including intermediate districts, charter schools and special education cooperatives.

2015-16 school year:

- Across the state, during the 2015-16 school year, school districts reported 15,584 physical holds and 6,425 uses of seclusion for a total of 22,028 restrictive procedures incidents.
- This was a decrease of approximately 0.4 percent from the 2014-15 school year reporting.
- The decrease occurred even though the total number of reported students with disabilities increased by 7,375 for the 2015-16 year.
- When comparing the data from the last two reporting periods, there has been a decrease in the use of restrictive procedures during the 2015-16 school year, and specifically, a reduction in the use of seclusion and an increase in the use of physical holds. This may be due in part to MDE's discussions with school districts to ensure that districts report a physical hold if one is used to escort a student (with more than minimal resistance) to seclusion.

COMMENT ON PERFORMANCE:

- Prone restraint is now a prohibited procedure. It is believed that this caused an increase on the use of other restrictive procedures.
- The Restrictive Procedures stakeholder's work group (2016 Work Group) is focusing its attention on reducing the use of restrictive procedures, and specifically to eliminate the use of seclusion. Districts are in need of capacity building and the 2016 Work Group requested funding for the upcoming legislative session so students can remain in more inclusive settings. District staff need more tools to avoid the need for restrictive procedures.
- The requested funding would be used to provide resources so school districts can have experts observe and consult with students with behavioral needs to ensure effective and consistent programming is in place, and professional development of administrators and special education and general education direct providers on trauma informed practices. This will enable districts to reduce the number of students experiencing and/or the frequency of use of restrictive procedures.
- The 2016 Work Group is implementing the 2016 statewide plan contained in the 2017 legislative report. The focus for the upcoming year is on problem solving with focus areas in data analysis,

training, developing a framework for a Teacher Exchange program, and making resources available to school districts administrators and staff and parent advocacy groups and parents. The 2016 Work Group will also review the quarterly seclusion data as it works on the focus areas.

- In the 2016-2017 school year, 43 new schools entered PBIS cohort training. This increases the active number of PBIS schools in the state to 576 (28% of MN schools). MDE staff will be reviewing the list of trained PBIS schools and cross referencing it with the list of schools who have reported use of restrictive procedures and will include this in future reports.
- An amendment to this goal was approved by the Subcabinet on February 22, 2017. The amended goal adjusted the annual goals to include a secondary measure to adjust for fluctuations in the number of students. Reporting on the amended goal will begin when the data is considered to be valid and reliable.

TIMELINESS OF DATA:

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

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

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

WORKPLAN ACTIVITIES

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions. The Olmstead Subcabinet reviews and approves workplan implementation, including workplan adjustments on an ongoing basis.^x

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

The summary of those reviews are below.

Reporting period	Number of Workplan Activities				
	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
December 2015	67	41	19	7	0
January 2016	49	18	25	6	0
February 2016	42	24	10	8	0
March 2016	34	19	10	5	0
April 2016	30	13	15	2	0
May 2016	28	15	13	0	0
June 2016	25	19	5	1	0
July 2016	53	47	4	2	0
August 2016	30	23	6	1	0
September 2016	15	8	6	1	0
October 2016	16	10	5	1	0
November 2016	25	21	4	0	0
December 2016	14	11	3	0	0
January 2017	40	35	2	3	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

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.

There were no mid-year reviews completed during this quarter.

VII. ADDENDUM

There is no addendum to this quarterly report.

ENDNOTES

ⁱ As required by the Court's June 21, 2016 Order (Doc. 578), the annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. In light of that Order, Person-Centered Planning Goal Two, Waiting List Goal Four, Health Care and Health Living Goals One and Two, and Transportation Goal 3 will be reported in subsequent Quarterly Reports once the data is determined to be reliable and valid.

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

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

^{iv} Transfers refer to individuals exiting segregated settings who are not going to an integrated setting. Examples include transfers to chemical dependency programs, mental health treatment programs such as Intensive Residential Treatment Settings, nursing homes, ICFs/DD, hospitals, jails, or other similar settings. These settings are not the person's home, but a temporary setting usually for the purpose of treatment.

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

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

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

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

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

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

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

VERIFICATION OF MICHAEL TESSNEER

Minnesota Department of Human
Services, et al.,

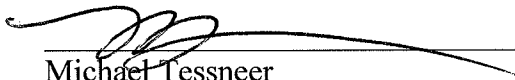
Defendants.

SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION

I confirm that all data included in the "Minnesota Olmstead Subcabinet Quarterly Report on Olmstead Plan Measurable Goals, February 27, 2017" is reliable and valid, and verify that all statements made in the Report are accurate, complete, timely and verified.

Affirmed and submitted to the Court.

By:

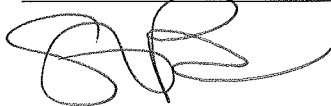


Michael Tessneer
Director of Compliance
Olmstead Implementation Office

February 28, 2017

Subscribed and sworn to before me on

Feb. 28, 2017



NOTARY PUBLIC

